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Lesley Carter trained as a registered nurse in the 1970s specialising in acute and forensic psychiatry and later care of the elderly. Lesley has held various operational, management and director roles. As lead nurse for West Sussex, Lesley focused on improving training and standards of care across mental health. During this time, Lesley also was a visiting lecturer in nursing at Brighton University. In 2005, Lesley moved to the Department of Health, initially working at the London Development Centre, where she undertook a project with the King's Fund. Lesley later extended her work within the Care Services Improvement Partnership, moving her focus from operational delivery to supporting policy development and translating that policy into manageable pieces that could be better delivered to organisations. Lesley has written a number of articles and tools to support policy implementation. Currently, Lesley is seconded into the Department of Health working with the regional deputy director and the public health team, leading the regional implementation of the National Dementia Strategy and as a resource to further promote the spread of dignity in care across the capital.

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Dementia Services Development Centres and has been involved in many key national working groups in dementia care. Jane was a member of the working group that developed the National Dementia Strategy, and is now the National Programme Manager for supporting the implementation of the Strategy. Jane is a visiting professor at the University of the West of England, Bristol.

Mary Godfrey is a senior research fellow at Leeds Institute of Health Sciences within the University of Leeds. Her interests include prevention, the experience of ageing, illness, recovery, mental health and well-being in later life. Her work spans research in partnership with older people on quality of life and unmet needs, and the organisation, delivery and outcomes, of services across health and social care. Her published work includes, *Building a Good Life for Older People in Local Communities* based on participatory research with older people around quality of life and its translation into service strategies (Joseph Rowntree Foundation, 2004); *Depression and Older People: Toward securing well-being in later life* (Policy Press, 2005); and *Prevention and Service Provision: Mental health problems in later life* (www.mhilli.org) for the Inquiry into Later Life Mental Health. Current and recently completed research includes an evaluation of intermediate care, a comparative study of reimbursement and delayed discharge policy, implementation and outcomes for older people in England and Scotland, and an evaluation of Leeds Partnership for Older People's Pilot (POPP) focused on service innovations for older people with mental health problems.

Lisa Haywood provides a unique approach to mental health issues, which has evolved from 20 years of executive and non-executive work at senior level combined with her own personal experience. Among other achievements she ran a charity for six years, doubling the income and increasing staff and volunteers by a third. She was vice chair of national Mind for 12 years, chairing their policies committee, which provided an overview of the parliamentary, legal and policy work. From 2005 to the present as the senior consultant with Haywood Consultancy, her work has broadened out to include interim and project management; supervision and coaching of chief executives and senior trustees in such diverse organisations as Age Concern, Mind and Greenpeace; and service reviews. She has been a Mental Health Act Tribunal member since 2006. Everything she does is coloured by her deep commitment to the participation of service users with an emphasis on self-direction and personal autonomy. She has a particular strength in the development of service user involvement structures in both statutory and voluntary organisations and clients have included the Royal College of Psychiatrists, Haringey Primary Care Trust and the National Survivor User Network.

Philip Hurst works for Age Concern England and Help the Aged in a role that combines influencing national health policy with interpreting policy on health services as it relates to older people. Key priorities in mental health have included arguing for a clearer understanding of age equality in both policy and practice, campaigning for improvements in the diagnosis and treatment of depression in older people, and contributing to the work of the special interest group on older people in the programme to improve access to psychological therapies. Philip was a member of the secretariat for the Independent UK Inquiry into Mental Health and Well-being in Later Life and served on the external reference group for the development of the National Dementia Strategy.

Catherine Jackson was editor of the monthly magazine *Mental Health Today* from its launch in 2000 to 2008. She co-edited the companion Pavilion handbooks *Mental Health Today* and *Child and Adolescent Mental Health Today*. She is currently managing editor of *Bereavement Care* journal and a consultant editor, researcher and journalist.

Drew Lindon is the policy and development manager for The Princess Royal Trust for Carers. Drew is their national lead on mental health and substance misuse issues, developing strategy and partnerships nationally in these areas, and has written for a range of press publications in the past. He works closely with The Princess Royal Trust for Carers' network of independent carers centres, The Royal College of Psychiatrists, and The Mental Health Foundation amongst other organisations. Drew is also a member of the All Party Parliamentary Group on Mental Health. In addition, Drew has worked extensively with carers for people with mental health problems in local settings, managing the Mental Health Carers Project at Hammersmith and Fulham Carers Centre from late 2004 to mid 2007. Drew has always had a keen interest in mental health and the support of both service users and carers. This was further encouraged by his experiences volunteering for York Nightline, as well as his work for the North and East Yorkshire and Northern Lincolnshire Strategic Health Authority. Drew lives and works in London.

Jill Manthorpe is professor of social work and director of the Social Care Workforce Research Unit at King's College London. She has particular interest in support for older people from social care and other sources. She has completed research into dementia services and services for older people, as well as work on mental capacity and decision-making, elder abuse, individual budgets, inter-professional care and strategies for older people from minority ethnic groups. Current work includes studies of the diagnosis processes related to dementia, international workers in social care, support workers, self-directed support, and adult safeguarding developments related to the Mental Capacity Act (2005). She was a member of the NICE clinical guidelines dementia group and of the programme board for the Department of Health's *No Secrets* review. She has published widely on social work, dementia care and adult safeguarding and risk.

Andrew McCulloch has been chief executive of the Mental Health Foundation for six years. Prior to his appointment, Andrew was director of policy at The Sainsbury Centre for Mental Health for six years, where he established a reputation as a leading authority on mental health policy. He was formerly a senior civil servant in the Department of Health for 16 years and was responsible for mental health and learning disabilities policy from 1992 to 1996. He has spoken and published widely on mental health issues. Andrew's other experience has included being a school governor, the non-executive director of an NHS trust, and the chair of mental health media. He has chaired or served on a range of national advisory committees and is mental health adviser to the National Endowment for Science, Technology and the Arts. He has a PhD in Psychology from the University of Southampton and has a special interest in life span developmental psychology and adjustment to later life. He has sought to draw attention to the importance of social change in an individual's psychological adjustment in old age.

Alisoun Milne has worked at the University of Kent for over 12 years. She is currently a senior lecturer at the Tizard Centre in the University of Kent's School of Social Policy, Sociology and Social Research. Prior to this, she was a research fellow at the Personal Social Services Research Unit and has an extensive background in social work and social work management. Her key research interests are mental health in later life, older carers, carers of people with dementia, and early diagnosis of dementia. Recent research projects include, GP attitudes to early diagnosis of dementia, a review of dementia screening instruments, a study of barriers to employment for carers, and an evaluation of an intermediate care service for people with dementia. Alisoun regularly contributes to the development of training and guidance materials, for example, the Social Care Institute for Excellence e-learning resource *An Introduction to Mental Health of Older People*. She is a member of a number of national and local advisory groups – including the South East Dementia Collaborative Oversight Group, and has published widely for academic and practitioner audiences.

Jane Minter is head of corporate policy and strategy at Housing 21, which is a major, specialist, not for profit, provider of housing, care, support and dementia services for older people. She was previously seconded to the Department of Health promoting the role of housing in health and care for older people. She has worked for Housing Associations' Charitable Trust, the National Housing Federation and Age Concern England in the field of older people's housing. She began her career working in the Citizen's Advice Bureau Service in South London. She was a board member of the Elderly Accommodation Counsel until recently and was on the board of the Age Concern sponsored UK Inquiry into Mental Health in Later Life, which reported last year. She is a member of the Communities and Local Government and Department of Health Housing for Older People Development Group, working to see the strategy for housing in an ageing society implemented.

Bridget Penhale is currently reader in gerontology at the University of Sheffield. She has a first degree in Psychology, and has been qualified as a social worker since 1981. Bridget has specialised in work with older people since 1983, and has worked in urban, rural and city areas in addition to hospitals. After a successful career as a social worker and manager spanning 15 years, she took up an academic post at the University of Hull in 1996, moving to Sheffield in 2004. She is past chair of the British Association of Social Workers Community Care Sub-Committee, and former vice-chair of Action on Elder Abuse. She is currently chair of the Hull Domestic Violence Forum. Bridget also participated in a number of projects with the Social Services Inspectorate of the Department of Health concerning elder abuse, the discharge of frail elderly people from hospital, and older people with dementia living in the community. Bridget is a board member of the International Network for the Prevention of Elder Abuse (INPEA). She has also published material on decision-making and mentally incapacitated adults, and extensively on elder abuse. Her research interests include elder abuse, adult protection, domestic violence, mental health of older people, bereavement in later life, health related social work and intergenerational relationships. She was the principal investigator of the recently completed Department of Health funded research project on adult protection (2004–2007) and provided project management to the UK study on elder abuse. Bridget is also currently involved in a number of other research projects on elder abuse and adult protection, including acting as academic co-ordinator for the RIPfA Change Project on Adult Protection. She is recognised nationally for her work on adult protection and internationally for her work on elder abuse.

Aparna Prasanna is currently training to be an old age psychiatrist in the UK. Born in India, she completed medical school gaining distinctions from Mysore University in 2001. Early on in her career in psychiatry, she became interested in the mental health of older people. She became a member of the Royal College of Psychiatrists in 2005. The assessment and management of distress in dementia has formed her core interest. Her other research interests have been in mental capacity and illness perception in dementia. Outside of work, she cherishes her time with her young family.

Kapila Ranasinghe was born in Sri Lanka and attended the University of Peradeniya. After completing primary medical training, Kapila sat for the postgraduate MD examination and then for the MD psychiatry. He was awarded the board certification as a consultant psychiatrist by the Postgraduate Institute of Medicine, University of Colombo in May 2005. After completing the training in Sri Lanka, Kapila was offered further training by the Royal College of Psychiatrists through the consultant assisted sponsorship scheme. Kapila trained as a specialist registrar in old age psychiatry with the Greenwich community mental health team, Oxleas NHS Trust and at the Southbrook Community Mental Health Centre, South London

and Maudsley NHS Trust. Although very few postgraduate doctors return to their country of origin after completing training in the UK, Kapila returned to Sri Lanka to develop psychiatric services there. In October 2006 Kapila assumed duties as an acting consultant psychiatrist at the Angoda hospital. This is one of the biggest psychiatric facilities in south east Asia. Kapila started a plan with other consultant colleagues to improve the quality of care at the hospital. Kapila has also been conducting training programmes in old age psychiatry throughout Sri Lanka in collaboration with the Sri Lanka Alzheimer's Foundation. Kapila is a regular contributor to several journals and publications including regular weekly articles in the national women's newspaper *Rajina*. The articles are targeted at reducing the stigma associated with psychiatric illnesses and imparting knowledge to the general public. He also conducts TV and radio programmes with a view to improving the knowledge of psychiatric service users, their families and general public.

Lynne Read began her career in the NHS back in 1981. She started as an outpatient clerk. Following a six-month period working as a health care assistant, Lynne went on to train as an RMN and qualified in 1988. Throughout her career she has worked primarily in older people's mental health services in a series of senior clinical and management roles. Lynne was recently appointed clinical lead for Ealing older people's mental health service at West London Mental Health NHS Trust.

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Adrian Treloar is consultant in old age psychiatry at Oxleas NHS Trust and visiting senior lecturer at the Institute of Psychiatry, London. In addition to being in charge of Medical Education for Oxleas NHSF Trust from 1999 to 2007, he produced research and helped to write national guidance on the ethics of covert administration of medicines. He has developed considerable expertise in the management of dementia through to death at home, and has lectured nationally and internationally on the palliative care of dementia, as well as delirium and the management of Parkinson's disease. He has pioneered advanced care of dementia at home, enabling several dozen patients to live at home until their death, and has both researched and developed understanding of how this can be achieved. He is currently working with the National Council for Palliative Care as a member of their cross cutting dementia working group. He co-authored their publication *Exploring the Palliative needs of Dementia*.

Jo Warner is a senior lecturer in social work at the University of Kent, having previously held lectureships in health and social care at The Open University and in applied social studies at Oxford. She has a background as a practitioner in community development and social work. Her main research interests include sociological approaches to risk, mental health and social welfare. Her work to date has focused on the way social work practice is constituted in relation to risk work and the impact of cultures of inquiry, fear and blame on professional practice, in general. More recently, she has begun exploring the risk-related concepts of stigma, vulnerability and trust, and how people negotiate 'everyday' risk and insecurity. She is guest editor (with Dr Elaine Sharland) of a forthcoming special issue of the *British Journal of Social Work* on risk and social work in 2010. Selected recent publications include: (2006) inquiry reports as active texts and their function in relation to professional practice in mental health. *Health, Risk and Society*, Vol. 8, No. 3, pp. 223–237; Warner J & Gabe J (2008) Risk, mental disorder and social work practice: a gendered landscape. *British Journal of Social Work* **38** (1) 117–134.

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the Foundation and managed its programme of research and development on adult mental health issues, with a strong focus on service user involvement. While working for the Foundation Toby was seconded to work in government to support the implementation of the Mental Capacity Act – as head of policy he co-chaired the Making Decisions Alliance, which successfully campaigned in support of the Act. Prior to working at the Foundation Toby worked in adult mental health services where he was involved in setting up, working in, and managing a variety of services in both statutory and non-statutory organisations for people with severe and enduring mental health problems living in the community. He has published a variety on older people's mental health, team working, user involvement, and attitudes and values, and has also designed and delivered training for multidisciplinary mental health teams based in the community. He has both personal and family experience of mental health difficulties, including dementia. For better or for worse, Toby has never acquired a formal mental health qualification although he does have a professional lorry driver's licence – but prefers cycling as a way of looking after his mental health.

Introduction

Toby Williamson

'Old age isn't so bad when you consider the alternative.' (Maurice Chevalier)

Introduction

We are all growing older. We also all have mental health, in the same way that we all have physical health. One in four of us will experience a problem with our mental health and this figure increases as people grow older, particularly beyond the age of 65. But mental health problems are not an inevitable part of growing old and many older people enjoy good mental health and well-being.

This handbook is for staff who work with older people in health and social care services, including the voluntary, independent, and housing sectors, who want to know more about mental health issues. It will also be of interest to students and anyone else who wants greater understanding of older people's mental health.

Each chapter is written by an expert in the field, including practitioners, academics, policy experts, people from the voluntary and housing sectors, and people who have used mental health services.

Part 1 looks at what keeps older people mentally well and healthy, together with relevant policies and legislation. **Part 2** looks at the different types of mental health problems and conditions that older people may experience, together with the types of services and care that are available.

Older people, mental health, and mental health problems

We are living in an ageing society. In the UK there are 10 million people over the age of 65 and this is set to increase by 50% over the next 10 years. The so-called 'baby boomers' who were born after World War II when the birth rate increased significantly are growing into their 60s. Many can expect to live much longer than their parents because of improvements in personal health, housing, health and social care services, and because of living in a more peaceful and prosperous society. They will also continue to be active contributors to society. But most will experience some deterioration in their physical health as they grow older and well over 25% of people over the age of 65 will experience a mental health problem like depression, or condition like dementia. This figure increases significantly as people get older. Many will require support and assistance to manage their physical and mental health. How this will be provided for growing numbers of people and who will pay for it remains unclear. Ensuring that an ageing population can continue to contribute by providing the right kind of support is as big a challenge for 21st century society as that posed by climate change. This handbook examines these issues, both from a 'whole population' perspective as well as looking at their impact in relation to older people who experience mental health problems and the services that they need.

Mental health and mental health problems

When discussing mental health for people of any age, language is important because people's understanding and use of words can change depending upon who they are and the context in which they are being used.

This handbook draws a clear distinction between 'mental health' and 'mental health problems'. It is only in the last 10 years or so that there has been significant attention paid to the concept of 'mental health' or 'mental well-being' as distinct from mental health 'problems', 'illness' or 'conditions'. This will be discussed in more detail but what is important is that good mental health or emotional well-being is not simply an absence of mental health problems, but a positive state of being for a person. This involves a combination of internal and external factors that enable the person to function in society, to their own satisfaction and broadly speaking, the satisfaction of others. **Part 1** of this book explores the mental health and well-being of older people in much more detail.

Mental health 'problems' on the other hand refer to the range of specific difficulties that people may experience with their mental health, over and above the usual range of human emotions that include sadness and anger as a normal reaction to an event or situation. Depression and anxiety are mental health problems that are commonly experienced by older people, although by no means are they an inevitable part of ageing. More serious problems, which many prefer to call mental illnesses, such as schizophrenia and bipolar disorder are much less common among older people but are still significant. The authors in **part 2** where these are discussed use different terms but there is a general recognition that whether one prefers 'problem' or 'illness' the mental health difficulties experienced by older people are the result of a combination of biological, psychological, emotional, individual, social and environmental factors and they may all need to be addressed to resolve the difficulties successfully.

Dementia, however, does not lend itself well to being described as a problem or illness. People who have been diagnosed with dementia, their families, and staff who work with them generally use the term 'disease' or 'condition'. Dementia is different from mental health problems such as depression or schizophrenia because it is organic, results in steady mental and physical deterioration, and currently the progression is largely untreatable. A term such as 'condition' seems very appropriate in that sense.

Unfortunately, 'mental health' has often been used or interpreted to mean 'mental illness' or 'mental health problems', and the term 'mental' is a somewhat tainted word, frequently used pejoratively. Sadly, stigma and discrimination against people with mental health problems of all ages is still commonplace. Additionally, for all older people, irrespective of whether they have a mental health problem or condition or have experienced one in the past, they are also likely to have experienced prejudice or discrimination concerning an issue common to all – their age.

Age – definitions, differences and discrimination

Defining 'old' is increasingly complex – pensionable age is currently still set at 60 for women and 65 for men, though over the next 10 years it will increase for women born after 1950 to 65. From 2024 it will increase for both men and women to 68. Government has also recently indicated that it will consider an end to the default retirement age altogether (Department for Work and Pensions, 2009). Many mental health services for older people continue to use the threshold of 65 to separate older people's services from services for younger adults. However, a range of high profile older people's organisations, such as Saga and Age Concern/Help the Aged define it as beginning at 50 in terms of eligibility to use their services. There are also variations between what local authorities use in terms of eligibility for their older people's services. Because we are living longer, distinctions have also been drawn between 'young old' (65–75), 'old old' (75–85), and the 'very old' (85+). And of course, older people themselves will vary enormously in how they choose to define themselves in respect of how

old they feel, sometimes irrespective of their chronological age. The process of ageing is addressed in **part 1** also.

Having age thresholds in mental health services certainly creates a sense of separation and some would argue may have prevented older people getting access to the full range of services that are available to adults under the age of 65. However, having age thresholds for services can also help in how services are planned, and reflect some of the changes people experience as they grow older. Perhaps most importantly, the age threshold can also help protect older people's access to services, which otherwise they may not be offered or received because of the effect of ageism and age discrimination in the provision of health and social care services (Mental Health Foundation, 2009).

Society, individuals, personalisation and choice

Recent policies and services that relate to older people's mental health have partly grown out of a growing awareness of our ageing society, with both the numbers of older people and life expectancy increasing significantly as the baby boomer generation grows into their 60s. Their expectations and demands of health and social care are likely to be quite different from their parents' generation (Williamson, 2008). People over the age of 65 are also an increasingly complex demographic group with growing visible diversity in terms of race and ethnicity, sexual orientation, household compositions, lifestyle and beliefs, as a result of the changes that occurred in British society from the end of World War II onwards (Leach *et al*, 2008).

The effects of demographic change have also been reflected in the values and policies affecting health and social care, including mental health services, which have emerged over recent years. Terms such as 'choice and control', 'empowerment', 'personalisation', and 'recovery' have become commonplace and are good indications of the way health and social care is developing to meet changing expectations. 'Patient', 'client', even 'service user' are being replaced by 'consumer' or 'customer' of care. There is a much greater focus on public mental health – promoting good mental health and well-being for all – rather than just concentrating on illnesses and problems. A growing awareness of health inequalities, and the impact that wider socio-economic inequalities have on people's health is taking place. In the age of the internet the saying that 'doctor knows best' or 'just grin and bear it' do not reflect the enormous increase in access that people have to information about health and welfare issues, and possible solutions to mental health problems and conditions. The perspective of older people, and carers, together with the implications of concepts such as 'personalisation' and 'recovery' can be found in **part 2**.

Nevertheless, these changes come also with their challenges. It may prove difficult for many in the current cohort of the so-called 'old old' and 'very old' to adjust to these changes, particularly with the emphasis on personal choice and control over the services they receive, unless they are provided with significant support. Whether the increased diversity of service providers, including the voluntary and private sector together with informal sources of support such as family carers and other mental health service users, can meet increasing need at a time when resources for services are likely to be diminishing also remains to be seen. And tackling complex issues such as social exclusion among older people (especially those with mental health problems), and the inter-relationship between health inequalities and socio-economic inequalities, in order to secure population-wide improvements in older people's mental health is truly a major challenge (Friedli, 2009). This handbook provides a range of perspectives on the practical impact of these challenges and how they might be tackled.

A rapidly changing landscape

We also live in a fast moving world. The planning for this book took place in the spring and summer of 2008, prior to the 'credit crunch' and the onset of perhaps the worst recession in a generation. The impact of that recession on older people's mental health (as well as the rest of the population) is likely to prove enormous and for most, not a positive experience. It will also have a substantial impact on health and social care services including mental health services with, almost inevitably, significant cuts in resources over the coming years. This handbook does not directly address this but readers should have it in their minds (if not their experience) when considering the various issues covered in the different chapters.

The last 12 months have also seen very significant developments in health and social care policy and practice that have important bearing on older people and mental health care. These include the following (not all apply across the UK but governments in Scotland, Wales and Northern Ireland are developing new policies and services to address many of these issues):

- a new strategy for older people for the whole of the UK (Department for Work and Pensions, 2009)
- publishing an equality bill in 2009 (that if passed by Parliament, will ban discrimination in the provision of goods and services including health and social care, on the basis of age, across the UK)
- an end of life care strategy for England (Department of Health, 2008a)
- a public consultation to review the *No Secrets* guidance for safeguarding vulnerable adults (Department of Health, 2008b)
- guidance issued by the National Institute for Health and Clinical Excellence (NICE) on mental well-being and older people (NICE, 2008)
- a national dementia strategy for England (Department of Health, 2009a)
- *New Horizons* – a new strategy for mental health in England, which includes the mental health of older people (Department of Health, 2009b)
- a National Health Service Constitution (Department of Health, 2009c)
- the establishment in 2009 of the Care Quality Commission (CQC) – a new regulation and monitoring body for health and social care services and people detained under the Mental Health Act in England
- a national study of older people's mental health services by the Healthcare Commission, now part of the CQC (Healthcare Commission, 2009)
- undertaking a national review of age discrimination in health and social care
- a green paper on the options for the future of funding for adult social care in England (HM Government, 2009)
- new safeguards in 2009 for people who lack mental capacity who need to be detained in care homes and hospitals, and new regulations allowing people who may lack mental capacity to receive personal budgets and direct payments.

Conclusion

The rate of change and activity currently taking place at both an individual and societal level, which has a bearing on older people's mental health is enormous. What the future holds is difficult to predict but this handbook will give the reader a firm grip on the past and present, and enable them to apply the knowledge and understanding in whatever way they engage with older people's mental health in the future.

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References

- Department of Health (2008a) *End of Life Care Strategy – Promoting high quality care for all adults at the end of life*. London: Department of Health.
- Department of Health (2008b) *Safeguarding Adults: a consultation on the review of the 'No Secrets' guidance*. London: Department of Health.
- Department of Health (2009a) *Living Well with Dementia: A national dementia strategy*. London: Department of Health.
- Department of Health (2009b) *New Horizons*. London: Department of Health.
- Department of Health (2009c) *The National Health Service Constitution*. London: Department of Health.
- Department for Work and Pensions (2009) *Building a Society for all Ages*. London: Department for Work and Pensions.
- Friedli L (2009) *Mental Health, Resilience and Inequalities*. Denmark: World Health Organization.
- Healthcare Commission (2009) *Equality in Later Life*. London: Healthcare Commission.
- HM Government (2009) *Shaping the Future of Care Together*. London: TSO.
- Leach R, Phillipson C, Biggs S & Money A (2008) Sociological perspectives on the baby boomers: an exploration of social change. *Quality in Ageing* **9** 4 19–26.
- Mental Health Foundation (2009) *All Things Being Equal*. London: Mental Health Foundation.
- NICE (2008) *Mental Wellbeing and Older People*. Quick reference guide. London: National Institute for Health and Clinical Excellence.
- Williamson T (2008) From the 60s to their sixties. Baby boomers – challenges and choices for public mental health. *Journal of Public Mental Health* **7** (1) 4–8.