Profile of Older People with Mental Illness – Myths and Perceptions

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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.
# Mental Disorders in Late Life

## Affective Disorders
- Significant Depressive Symptoms: 20%
- Major Depression: 3%
- Mania/Hypomania: 0.5%

## Anxiety Disorders
- (includes phobias, OCD, PTSD, Panic disorder): 5-15%

## Psychoses
- Schizophrenia: 1%

## Alcohol Use Disorders
- 3-4% male, 1% female

## Dementia
- 8.8% aged 65+
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 medical (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
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 be 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 of Older People with Mental Illness

- Older people with mental illness have complex needs due to:
  - Medical comorbidities especially the geriatric syndromes e.g. instability (falls), incontinence, frailty, prone to polypharmacy
  - Functional impairment
  - Cognitive impairment
  - Carer issues and social support
  - Many require comprehensive geriatric assessments and multimodal interventions
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, 2012)
- 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, 2012)

<table>
<thead>
<tr>
<th>Types of Needs on CANE</th>
<th>Patient (n = 97)</th>
<th>Key Worker (n = 92)</th>
<th>Researcher (n = 97)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Needs per patient</td>
<td>Met (%)</td>
<td>Needs per patient</td>
</tr>
<tr>
<td>Home /Food</td>
<td>1.0</td>
<td>81</td>
<td>1.1</td>
</tr>
<tr>
<td>Medical</td>
<td>2.2</td>
<td>96</td>
<td>2.2</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>1.4</td>
<td>83</td>
<td>2.0</td>
</tr>
<tr>
<td>Social</td>
<td>0.8</td>
<td>42</td>
<td>1.2</td>
</tr>
<tr>
<td>Financial</td>
<td>0.3</td>
<td>100</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>5.8</strong></td>
<td><strong>83</strong></td>
<td><strong>7.5</strong></td>
</tr>
</tbody>
</table>
### Type of Mental Illness & Needs

(Futeran & Draper, 2012)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Researcher rated CANE</th>
<th>Key Worker rated CANE</th>
<th>Patient rated CANE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Needs per person</td>
<td>% met Need</td>
<td>Needs per person</td>
</tr>
<tr>
<td>Schizophrenia (N = 50)</td>
<td>7.8</td>
<td>70%</td>
<td>7.0</td>
</tr>
<tr>
<td>Schizoaffective disorder</td>
<td>7.9</td>
<td>80%</td>
<td>7.6</td>
</tr>
<tr>
<td>Bipolar disorder (N = 14)</td>
<td>7.6</td>
<td>88%</td>
<td>7.3</td>
</tr>
<tr>
<td>Unipolar depression</td>
<td>7.4</td>
<td>79%</td>
<td>7.3</td>
</tr>
</tbody>
</table>
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%
Needs of Other Mental Disorders

- Chronic ‘minor’ depression
  - Often accompanies chronic disability, chronic pain, social isolation, loneliness

- Alcohol Use Disorders
  - High falls risk, cognitive disorders, behavioural disorders, other substance use disorders

- Anxiety Disorders
  - Agoraphobia often associated with ‘fear of falling’ e.g. after a stroke
  - Poor recovery from acute physical illness
  - Benzodiazepine dependence
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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