

'Depression in later life' Project 2009

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1. The 'Depression in later life' Project

1.1 Project summary and links to other programmes.

Depression is more common than Dementia in older people but has a much lower profile. Untreated Depression has a severe effect on physical and mental functioning, so its prevention and amelioration are vital for maintaining independence for older people.

The risk and protective factors for Depression in later life are well documented but under reported and under implemented.

The 'Depression in later life' project operated from January 2009 to January 2010 and was a partnership with YHIP (Yorkshire and Humber Improvement Partnership) and Age Concern in Yorkshire and Humber. It was part of the national Mental Health in Later Life Programme. The project worked cooperatively with other programmes related to Depression in later life, including:

- The national 'Let's Respect' Campaign
- Age Concern's 'Down but Not Out' Depression campaign
- The Mental Health Foundation's 'Grouchy Old Men' campaign

The project worked locally with:

- The Yorkshire and Humber NHS IAPT (Improving Access to Psychological Therapies) Network
- The YHIP 'Let's Respect' Care Homes project
- Age Concerns in Yorkshire and Humber
- Bradford Positive Minds
- Hull Carers Centre
- North Bank Project
- Hull NHS Trust
- East Riding NHS Trust.

A Steering Group oversaw the progress of the project and made valuable suggestions and contributions to the project staff. It met quarterly and comprised a number of YHIP and Age Concern staff and Age Concern Trustees.

1.2 Project Objectives

The four objectives of the project were to

- Find out more about awareness and practice about Depression in later life with primary care staff and other groups, including older people and Age Concern staff
- Design training material/courses for Age Concern and Primary Care staff
- Provide evidence for prevention services to be useful to commissioners

- Work with other campaigns and increase awareness about Depression in older people

The Final Report details the work involved in meeting the four objectives, and includes the project products that were written to help:

- Older people, including elders within Yorkshire and Humber's BME communities
- Primary care practitioners, including GPs and Practice Nurses
- Primary Care Trust and Yorkshire and Humber Strategic Health Authority
- Age Concern and other 'third sector' staff
- Commissioners in Health and Social Care
- Service Providers and Developers
- Residential Care staff

2. Project Products

The project products include:

2.1 Older People questionnaire report

Information from 251 older people about their health, wellbeing and experience of using primary care services was used to design training material and will be used by Age Concern and Help the Aged for further research.

2.2 Primary Care questionnaire report

154 GPs and Practice Nurses from throughout Yorkshire and Humber returned information now being used by the SHA and IAPT Network on what treatment options for Depression in later life are being used and what training needs are identified by primary care staff, including

- Diagnosis
- Relating to CMHTs
- IAPT and older people

The IAPT network will now recommend use of PHQ2 to practices assessing long term conditions patients and will pilot training and awareness sessions in primary care in 2010 focusing on

- Diagnosis
- IAPT
- Psychosocial intervention
- Identifying community resources for older people

2.3 Age Concern staff questionnaire report

Engagement with Age Concerns within the region raised awareness of the Project and we were able to collate staff experiences of working with old people with Depression. 26 Questionnaires were completed by staff, the findings of which were then used to design a training course (see below).

2.4 Age Concern 'train the trainers' course material

This training package was designed and tailored for Age Concern Staff. It was designed to help staff identify Depression and support older people who have mental health problems. It also looked at what treatment options are available.

The Training course was successfully piloted in November 2009, then evaluated and updated. It will be used by Age Concern in 2010.

2.5 'Preventing Depression in later life' paper

This paper is for use by commissioners and service providers. It contains a summary of the policy context for Prevention services and details good practice in four Age Concern services in Yorkshire including:

- A social inclusion group
- An information and advice service for BME elders
- A physical activity group
- A help at home service

The paper details the services provided, what benefits they gave to service users and their relevance to government objectives.

2.6 Depression DVD for Urdu speakers

This DVD was reproduced from an Age Concern Tower Hamlets DVD produced in Bengali. It was translated into Urdu, the majority south Asian language within Yorkshire and Humber.

It was launched at the Age Concern Conference "The Future of BME Services" in November 2009.

2.7 Using 'Living life to the full' booklets with older people report

Groups of older people were consulted about these booklets which use CBT methodology. Recommendations for more 'older people friendly' booklets were positively received, and work will be undertaken in 2010 to produce an older person's booklet, with other changes being made to the existing booklets to make them more accessible.

2.8 Care home staff and residents views on Depression and wellbeing

Staff at Care Homes in Yorkshire and Humber were asked to complete the questionnaires about their confidence in identifying Depression, how much support staff got from health services and what activities promoted mental health in their home.

Information on this questionnaire was cross referenced with the Primary Care report, and fed into the parallel YHIP 'Let's Respect' project, to aid further training and awareness about Depression.

Care Home residents also completed a short questionnaire though problems of distribution and methodology have limited the usefulness of the material gathered.

3. Conclusions and recommendations

The work of the project has particular relevance to:

- IAPT older people practice guide
- New Horizons
- The UK Enquiry into Mental Health and Well Being in Later Life

The conclusions and recommendations of the project reflect the breadth of the work undertaken and are presented in five sections:

- Generic conclusions and recommendations
- For older people
- For Primary Care
- For professionals involved with the prevention of Depression
- For Age Concern staff and volunteers

3.1 Generic conclusions and recommendations

Conclusions

- The 'Depression in Later Life project has produced a suite of materials that can be used to improve outcomes for older people.
- The project has met the key outcomes described within the project brief, or put in place plans, tasks and material that can be used by others to achieve them.
- Nearly 400 older people from all over Yorkshire and Humber have been involved in the various tasks of the project, which has added greatly to usefulness of the material produced.
- YHIP and Age Concern's partnership approach has created the 'synergy of communities of interest' described within the project brief.

Recommendations

- That the specific recommendations for the groups described below are supported by YHIP, Age Concern, and Yorkshire and Humber Strategic Health Authority and its NHS Trusts
- That older people from BME communities and those older people living in care homes are the focus for next stage work on awareness raising and prevention of Depression
- That IAPT implementation emphasises the need to offer older people the same opportunities to use talking therapies as the working age population, and that IAPT targets reflect this.

3.2 For older people

Conclusions

- Many older people are still finding it difficult to talk to GPs about their mood, and need to be encouraged to do so.

- Only 12% of older people told us that the GP asked them regularly about their mood, even though a third of the sample had mental health problems.
- Some BME elders are still not getting access to primary care services due to language problems.
- Three quarters of older people surveyed said they had good mental health (reflecting the national estimates). Their biggest problem was lack of energy.

Recommendations

Health and social care services should:

- Continue to raise awareness about Depression as a treatable illness at any stage of life.
- Ensure older people from BME communities are offered relevant resources that recognise cultural and language considerations.
- Encourage use of self help material including booklets, leaflets and internet based sites.
- Encourage older people to seek other forms of treatment including psychological therapies provided through IAPT programme, and recognise the importance of preventative services.
- Encourage older people to use Age Concern and other third sector services to maintain their independence.

3.3 For Primary Care

Conclusions

- GPs and practice nurses were interested in further information and training about recognition and diagnosis of Depression in later life.
- Older people with Depression are presenting in Primary Care on a regular basis. They are mainly seen only by the GP.
- Primary Care staff are interested in knowing more about IAPT.
- Most Primary Care staff found current screening tools inadequate.
- A majority were not interested in a 'Depression in later life' protocol to improve practice.

Recommendations

- More training and awareness should be offered on recognition, diagnosis and management, through the IAPT network.
- There is a level of confusion about IAPT in primary care. To increase referral of older people to IAPT, Primary Care staff need to better understand the difference between, for example, Psychologists , primary care counsellors and IAPT programme workers.
- GP's need to be more proactive about asking older people about their mood, especially if they have a history of mental health problems.

- To improve the screening and recognition of depressive symptoms, patients on long term conditions reviews should be offered the PHQ2 by their practice nurse.
- Primary Care staff and Community Mental Health Teams need improved understanding of each others' contributions to the recognition, support and interventions for older people experiencing Depression.
- To improve psycho-social interventions, primary care staff need to know more about local resources that can be accessed by older people maintain good health and social contacts, and actively use this information with patients.

3.4 For Commissioners and providers involved with developing services that help prevention of Depression

Conclusions

- There is a wealth of government policy and evidence about the usefulness of prevention services.
- Services that boost 'social capital' and provide mentally and physically stimulating activities are particularly useful.
- The policy context is moving in favour of commissioning more preventative services to alleviate pressures on the health and social care system.

Recommendations

- Health and Social Care Commissioners should place greater emphasis on the views of people who use preventative services, and recognise how closely a service meets government policy.
- Their partnership working through Joint Strategic Needs Assessments should promote the development and use of services which help prevent Depression in older people.
- The four Age Concern services detailed within the project 'prevention document' are examples of good practice and other providers should note their objectives and outcomes.
- Primary care and community mental health staff should be aware of local services that have a prevention function and be able to identify when and how to refer to them.

3.5 For Age Concern and other voluntary sector staff

Conclusions

- Staff were regularly seeing older people with mental health problems.
- Loneliness was the main factor identified.
- Staff felt moderately confident about talking with older people about depression, but wanted more information and training.

- Service users often reported negative experiences of seeking help within Primary Care.

Recommendations

- The training package developed for November 2009 should be rolled out to all 'front line' Age Concern staff and their managers.
- Managers and staff should be aware of the 'guidance for Depression' flow chart which describes routes to follow depending on the severity of the illness.
- Age Concern staff need to identify local care pathways for Mental Health services, as they vary with locality.
- The national programme of 'Mental Health First Aid' training will be useful for Age Concern staff.

This report and the project products are available

- In printed format within a folder
- On CD in 'Word' and 'PowerPoint'
- On DVD (the Depression DVD in Urdu)
- On YHIP and Age Concern websites
www.yhip.org.uk/resources
www.ageconcernyorkshireandhumber.org.uk