

CARE MANAGEMENT FOR OLDER PEOPLE WITH SERIOUS MENTAL HEALTH PROBLEMS

Summary

- ◆ *The Care Programme Approach (CPA) should be applied to older people with severe mental illness due to schizophrenia or other psychoses. The assessment of their needs should be based on the Single Assessment Process (SAP) for older people.*
- ◆ *SAP, plus critical aspects of CPA, should be applied to other older people with severe functional or organic mental health problems, who were they younger would be provided for under CPA.*
- ◆ *When individuals subject to CPA reach old age, switches to SAP are not inevitable, and should only be made in the best interests of individuals and the continuity of their care.*

Background

1. The Department of Health has issued guidance to the NHS and councils on the care management of older people with mental health problems.
 - While CPA is focused on adults of working age, guidance issued in 1999 advised that the principles of CPA are relevant to older people with mental health problems (“Effective care co-ordination in mental health services : modernising the Care Programme Approach”, Department of Health). This was repeated in Standard 7.6 of the National Service Framework for Older People (Department of Health, 2001). Standard 7.5 said that older people with severe mental illness due to psychotic illness such as schizophrenia should be provided for within the framework of CPA.
 - Guidance on SAP for older people (HSC 2002/001; LAC (2002)1) advised that SAP applies to all older people with health and social care needs. With regard to older people with mental health problems, the guidance required that “... where agencies are helping older people with mental illness, they should use SAP rather than CPA”.
2. In the light of queries, the Department of Health is able to offer practical clarification in this note.

Older People with severe mental illness due to psychoses

3. For older people with severe mental illness, such as schizophrenia, localities should apply CPA. When doing so, the assessment of care needs should be based on the four types of assessment set out in SAP, and should cover the domains and sub-domains of assessment set out in Annex F of HSC 2002/001; LAC (2002)1).

Older people with other forms of severe mental illness

4. Apart from cases covered in paragraph 3 above, both the assessment and care management aspects of SAP should be applied to all other older people with mental health problems including depression and dementia. If, because of their needs, such older people would have been placed under CPA had they been younger, localities should consider applying critical aspects of CPA to their care. The attached Annex sets out aspects of CPA that could usefully be integrated into SAP for older people with serious mental health problems, apart from schizophrenia or other psychoses. Typically, this integration would be achieved when comprehensive assessment under SAP is undertaken.

Adults on CPA entering old age

5. Continuity of care is important to service users. When adults who are under CPA reach old age, there does not have to be a switch to SAP. CPA should continue to be applied where individuals entering old age continue to experience serious forms of schizophrenia or other psychoses. For other individuals, a switch may be made in time. This can result in SAP, plus the critical aspects of CPA set out in the Annex, being applied in situations where problems lessen to a degree but the illness continues to be relatively serious. Alternatively, it can result in SAP solely being applied in situations when, over time, mental health problems become considerably less prominent. In these instances, the critical aspects of CPA in the Annex may not be required. ***Whether or not switches such as these are made must eventually rely on professionals exercising their judgement in service users' best interests.*** (Of course, in some situations, individuals' care may need to be switched from SAP to CPA.)

Care co-ordination

6. Principles of care co-ordination for people under CPA are set out in the 1999 guidance. When deciding on care co-ordination arrangements for other older people with serious mental illness, the critical principle is that the care co-ordinator should be a mental health professional, best placed to keep in touch with the individual and to co-ordinate all aspects of care. The care co-ordinator could be based with either the NHS or the council.

Local co-ordination

7. In each locality, the lead officer for CPA for the NHS and social care should liaise with the lead officers for SAP from NHS bodies and the council to ensure both systems are effectively co-ordinated.

ANNEX

CARE MANAGEMENT FOR OLDER PEOPLE WITH SERIOUS MENTAL ILLNESS, OTHER THAN PSYCHOTIC ILLNESS, REQUIRING REFERRAL TO SPECIALIST MENTAL HEALTH SERVICES

Important note : the provisions of this Annex do not apply to older people with severe mental illness due to schizophrenia or other psychoses, as these individuals should be subject to the full CPA

So that critical aspects of the Care Programme Approach (CPA) may be applied to ***individual older people with depression, dementia and other mental health problems, of sufficient complexity and severity for specialist mental health services to be involved***, local NHS bodies and councils - when implementing and practising the Single Assessment Process for Older People (SAP) - should :

- Ensure that care pathways into specialist mental health services are agreed by agencies and understood by professionals, older people, their carers and families.
- Ensure that individual older people, and professionals on their behalf, can access specialist mental health services and SAP 24 hours a day, seven days a week, and 365 days of the year.
- Ensure that risk assessment explores not only the safety of the individual, but also the safety of others including carers, family, neighbours and professionals.
- Ensure that the needs of carers and family members are given due consideration and, where appropriate, assessments under the Carers and Disabled Children Act 2000 are undertaken.
- Review the needs of older people, and any services they receive, on discharge from hospital. For the most severely mentally ill, care plans should be “followed up” with a week of discharge from hospital.
- In particular, ensure that the care plans of individuals at risk of suicide include more intensive provision for the first three months after discharge from hospital (or intervention at home), with specific follow-up in the first week.
- Ensure that individual care plans include contingencies for “what to do in a crisis”, and should include information sufficient to enable professionals to continue implementing the care plan in the interim.
- In addition, ensure that care plans record who the user is most responsive to, how to contact that person and previous strategies that have been successful in engaging with the service user if the user is difficult to engage.
- Ensure, subject to the Common Law Duty of Confidentiality and other legal / statutory requirements, that copies of service users’ care plans are given to their GPs and other appropriate professionals.
- Ensure that when care plans are reviewed, individuals’ status under the Mental Health Act 1983 are recorded and reviewed.
- Ensure that health and social care professionals involve the police, probation staff and other officers of the criminal justice system in individual cases as and when appropriate. Where an older person enters prison, community-based health and social care professionals should maintain contact with the individual and make plans for care on the person’s release in collaboration with prison and probation staff as appropriate.
- Ensure that where it is appropriate for older people to move from CPA to SAP (or vice versa), such transitions are effectively managed with minimum or no disruption to the services that are provided.