National Trends and Local Delivery in Old Age Mental Health Services

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This programme of research at PSSRU Manchester, funded by the National Institute of Health Research and run in partnership with Manchester Mental Health and Social Care Trust, focuses on improving the evidence base to help local practitioners and planners decide on the most appropriate and cost-effective ways to care for older people with mental health problems. More specifically it aims:

- to identify patterns of national variation in the range, delivery and organisation of services
- to explore the costs and benefits of different models of Community Mental Health Teams for Older People (CMHTsOP)
- to identify whether, how, and at what cost the mix of institutional and community-based services could be improved

The programme will use a wide range of research methods, including literature reviews, national surveys and in-depth investigations of services in selected localities.

Results to date

The first strand of the programme – a national survey of CMHTsOP – is now complete. Replies were received from 376 teams (88%), and preliminary analysis has focused on the degree of service integration between health and social care agencies and across professional disciplines. The findings suggest that progress is being made on some national standards, including the availability of key staff, access arrangements and assessment procedures (DH, 2001; DH & CSIP, 2005):

- Whereas in earlier surveys only half of teams had social workers as core team members, and a third had psychologists, our data suggest that these proportions have increased to two-thirds and a half respectively;
- Eighty-eight per cent of teams now have a single point of access compared to 60% in 2004; and
- Seventy per cent use the same assessment documentation compared to 34% in 2004 (Tucker et al., 2007).

However, some aspects of joint working have proved more elusive:

- Health and social care staff were able to access each other’s records in just 32% of teams; and
- Health staff were able to directly commission local authority services in only 15% of teams.

Furthermore, there was less evidence of joint working in those teams managed by a nurse (compared to managers from other professional groups), teams in rural areas and teams covering more than one local authority area. The reasons for this are complex, and will be the subject of more detailed exploration.

References
