1 Guidance title

Guidance for primary care and residential care on interventions that promote older people’s mental wellbeing

1.1 Short title

Promoting mental wellbeing in older people

2 Background

a) The National Institute for Health and Clinical Excellence (‘NICE’ or ‘the Institute’) has been asked by the Department of Health (DH) to develop guidance on public health interventions aimed at promoting mental health in older people.

b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSFs and other policy documents:

- ‘A new ambition for old age: next steps in implementing the NSF for older people’ (DH 2006a)
- National service framework for mental health – five years on’ (DH 2004)
- ‘National service framework for older people’ (DH 2001a)
• ‘National service framework for mental health’ (DH 1999)
• ‘Our health, our care, our say: a new direction for community services’ (DH 2006b)
• ‘Making it possible: improving mental health and wellbeing in England’ (DH 2005a)
• ‘Independence wellbeing and choice: our vision for the future of social care for adults in England’ (DH 2005b)
• Securing better mental health as part of active ageing’ (DH 2005c)
• ‘Fair access to care services’ (DH 2002)
• ‘Building capacity and partnerships in care’ (DH 2001b)
• ‘Promoting mental health and wellbeing in later life’ (UK Inquiry into Mental Health and Well-Being in Later Life 2006)
• ‘A sure start to later life: ending inequalities for older people’ (ODPM 2006)
• ‘Everybody’s business – integrated mental health services for older adults’ (CSIP 2005)
• ‘Opportunity age – meeting the challenge of ageing in the 21st century’ (DWP 2005).

c) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at professionals and practitioners working in the NHS, in other public sector organisations, the private sector and the voluntary and community sectors. It will also be aimed at carers and/or family members who support older people, either directly or indirectly.

3 The need for guidance

This scope adopts the term ‘mental wellbeing’, as defined by NHS Health Scotland as part of their programme of work on mental health improvement (NHS Health Scotland 2006). (For a summary of the definition see outcomes, section 4.5.)
a) There are 9.7 million people aged 65 and over in the UK. In the next 10 years this figure is predicted to rise by 15%. By 2020, one in five UK citizens will be aged 65 plus (DH 2005c).

b) The UK Inquiry into Mental Health and Well-Being in Later Life (2006) reports that 40% of older people attending GP surgeries, and 60% of those living in residential institutions, have ‘poor mental health’.

c) It also identified five factors that influence the mental health of older people: discrimination (for example, by age or culture); participation in meaningful activity; relationships; physical health (including physical capability to undertake everyday tasks); and poverty.

4 The guidance

a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.

b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered
Older people, including those in residential care homes. In this guidance an older person is defined as someone who is 65 or over.

4.2 Groups that will not be covered
People under the age of 65 years.

4.3 Areas

4.3.1 Areas that will be covered
Interventions and activities that promote mental wellbeing in older people. These are defined as: ‘any activity or action that strengthens or
protects mental health and wellbeing’ (UK Inquiry into Mental Health and Well-Being in Later Life 2006). They include, but are not limited to:

- help with daily tasks, social visits and the provision of home adaptations, by professionals, practitioners, volunteers, carers, family or peers
- interventions that promote independence or increase self-determination in daily life. For example, ensuring that people have ‘a choice over meals and about going to bed, getting up, going out or simply being alone’ (PSSRU 2006). Or ensuring that older people have access to community facilities and services such as benefits advice or educational and volunteering opportunities.

4.3.2 Areas that will not be covered

- Community interventions to improve the physical and social environment that are not specifically aimed at older people (for example, street lighting).
- Pre-retirement and financial planning schemes.
- Assessments for long-term continuing care.
- Pharmacological and psychosocial treatments for mental health disorders and conditions
- Interventions tailored for people in acute or palliative care.

4.4 Comparators

Interventions will be examined, where possible, against no intervention and against each other.

4.5 Outcomes

Outcomes will be assessed using the NHS Health Scotland definition of mental wellbeing (2006). They will include, but are not limited to, standardised and validated measures (including self-report) of:

- quality of life
- psychological wellbeing
- self-esteem.
4.6 Key questions

The following key question will be addressed:

What are the most effective and cost effective ways for primary and residential care services to promote the mental wellbeing of older people?

Subsidiary questions may include:

- What type of intervention works best? (For example, should interventions focus directly on mental wellbeing or on improving independence and the ability to carry out day to day tasks and make choices?)
- What are the most cost effective and appropriate interventions for different groups of older people? For example: men and women of different ages, those with restricted physical abilities, those living in rural or urban areas, those from different cultural backgrounds or who are lesbian, gay, bisexual or transgender?
- What is the frequency, length and duration of an effective intervention?
- Does effectiveness depend on the status or characteristics of those delivering the intervention and if so, what are their significant characteristics?
- Are interventions that involve older people in their design and delivery more effective than interventions that do not?
- Are interventions that involve immediate family members and/or carers more effective than those without any such involvement?
- Does the intervention lead to any adverse or unintended effects?
- What are the barriers to – and facilitators of – effective implementation?

4.7 Target audiences and settings

The guidance will be aimed at professionals and practitioners working in the NHS, in other public sector organisations, the private sector and the voluntary and community sectors. It will also be aimed at volunteers, carers and family members who support older people indirectly or directly.
4.8 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a meeting with stakeholders on 15 December 2006.

5 Further information

The public health guidance development process and methods are described in ‘Methods for development of NICE public health guidance’ (NICE 2006) and ‘The public health guidance development process: an overview for stakeholders, including public health practitioners, policy makers and the public’ (NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

6 NICE related guidance

Published

Clinical guidelines


Appendix A Referral from the Department of Health

The Department of Health asked the Institute to produce:

‘Guidance for primary care and for residential care institutions on the promotion of good mental health in older people.’
Appendix B References


