Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association for Family Therapy		General		I am concerned about the emphasis for this document being limited to women under 80yrs, who are english language users. Also the lack of consideration given to ethnic and sexual diversity. Men are also living longer and more people are living beyond 80yrs. People make sense of their reality through language but this process is fluid and is also dependent on the context in which the conversations are taking place. Ethnicity and sexuality will also affect the way a persons reality is experienced and understood.	Thank you for taking the time to read and comment on the documents. The scope of the work aimed to identify evidence of interventions that impact on mental wellbeing in people aged 65 years and over. There were no upper age limits or restriction by sex (i.e. male or female). Evidence of interventions with under researched groups was sought, including those from different ethnic backgrounds or sexual orientation. Further details are given in the review document (Appendix A, p125-127). NICE is aware that particular groups are under represented in the available evidence and the committee will take this into consideration when drafting recommendations.
Association for Family Therapy		General		Cognitive therapy and relaxation techniques may be of benefit to the mentally and physically able but what is being advocated for those older people who are less physically and mentally able?	Thank you for your comment. No group is excluded from the recommendations, as with other areas of service provision, it would be up to practitioners to modify activities to the needs of particular individuals or client groups. The committee will consider gaps in the evidence when drafting recommendations.
Association for Family Therapy		General		As stated in the document many older people don't exist in isolation. They often rely on the support of family, friends and carers. The relationships older people may have with these supporting networks can often be affected by this stage in the human life cycle. Also people in the supporting networks may be experiencing different life cycle issues of their own at the same time. Therefore I would suggest that the provision for making systemic family therapy available to older people be added to this document.	Thank you for your comment. We would agree. However, NICE is unable to recommend the use of a particular therapeutic practice without supporting evidence of effectiveness or cost effectiveness. If you have any evidence available in the public domain which fulfils inclusion/exclusion criteria, we would be

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Systemic family therapy provides a way of working with a person and the relationships they have with their supporting networks. Systemic family therapists work together with the person and their supporting networks. The aim is to generate new understandings of their situation and new solutions to any problems they and their supporting networks may be facing.	pleased to forward it to the review team for examination. Thank you for taking the time to comment on the documents.
British Association for Counselling and Psychotherapy		General		While we understand that we cannot comment on the scope of the review, we would like to note that the concept of well-being has been framed to avoid clinical conceptualisations such as depression and anxiety. The difficulty here is that older participants and researchers may measure well-being in terms of an absence of depression/anxiety/distress. Measures of (absence of, or improvements in) depression and anxiety can also be seen as measuring well-being. Such measures are sometimes used by researchers on non-clinical populations for this very purpose. Some examples of studies of counselling/psychotherapy which use non-clinical populations and have well-being as the main outcome are: O'Leary E et al (2003) Cork Older Adult Intervention Project: outcomes of a gestalt therapy group with older adults. *Counselling Psychology Quarterly* 16,2:131-143 O'Leary E and Nieuwstraten IM (2001) The exploration of memories in Gestalt reminiscence therapy. *Counselling Psychology Quarterly* 14,2:165-180 There are also other studies that could be sited, however they pre-date 1993. **Reference:**	Thank you, we appreciate your comments during the consultation process. Your comment is duly noted, however if the outcome impacted on mental wellbeing the evidence would be included. Thank you for your references, these were all passed to the external review team for examination but were excluded as they did not meet inclusion criteria (e.g. no measure of mental well-being or were aimed at clinical population). The search strategy was designed to identify a broad range of mental wellbeing outcomes researched in non-clinical populations (p127of the review). As you are no doubt aware NICE has to avoid duplicating guidance across its centres. NICE has published clinical practice guidelines that cover depression and anxiety This guideline discusses issues of age and is available at: (http://guidance.nice.org.uk/CG23/niceguidance/pdf/English) For your interest further details of NICE methodology are available at

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Hill, A. and Brettle, A. (2004) Counselling older people: a systematic review. British Association for Counselling and Psychotherapy: Rugby.	http://www.nice.org.uk/page.aspx?o=phmethods This paper was examined by the external review team but excluded as it concerns counselling people with specific mental health problems such as clinical depression which are excluded from the scope of this work. NICE guidelines for depression are at http://www.nice.org.uk/guidance/index.jsp?action=download&o=29615
British Association for Counselling and Psychotherapy	**Effectiveness and cost effectiveness**	6.1	108	In relation to the following 'However, many identified papers used the term 'well-being' while reporting only indicators of psychological dysfunction like anxiety or depression. Though such papers might provide evidence relevant to our goal, they were excluded, not least to avoid overlap with NICE clinical guidance' it is suggested that you reference which NICE clinical guidance you are referring to, otherwise readers will not know where the overlap exists.	Certainly, these guidelines may be found at: • CG23 Depression: NICE guideline http://guidance.nice.org.uk/CG23/niceguidance/pdf/English • TA97 Computerised cognitive behaviour therapy for depression and anxiety: Guidance http://guidance.nice.org.uk/TA97/guidance/pdf/English

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Association for Counselling and Psychotherapy		6.4 Conclusion	116	We understand the rationale for the scope of the review and note the six evidence statements arising from the review. The conclusion indicates that the sixth and final recommendation is about **non-clinical** psychological interventions. The guidance should stress that this recommendation for **non clinical** psychological interventions should be considered alongside other NICE guidance about the benefits of **psychological** interventions. For example, and in addition to NICE guidance, a systematic review by Andy Hill and Alison Brettle (2004) demonstrates benefits for the mental wellbeing of older people from psychological interventions. We would be concerned if treatments for older people were determined solely with reference to the current evidence review, although we understand the rationale for its narrow scope.	All NICE guidance documents provide references to relevant related guidance available from the weblinks mentioned previously. We share your concern and will pass your reference to the review team for consideration. Though we would point out that some evidence for psychological interventions were identified, though no evidence of cost effectiveness was available. The committee will consider any gaps in the evidence and make recommendations for future areas of research. Thank you for taking the time to comment on the documents. With regard to your reference please see previous comments.
British Psychological Society	Mental Health and Older People: Review of effectiveness and cost effectiveness - Main Report	General		The British Psychological Society welcomes the document as defining the existing data base and identifying future fruitful areas for research. Supporting well being and preventing mental illness supports NSF standard 1. We were however disappointed at the current lack of robust research in the UK and elsewhere. There needs to be more support and investment in cross professional research. The document does not appear to include sexual health, drinking, smoking, influenza campaign, keep warm in winter, financial and social issues which have an influence on mental well being. Neither does it relate to relative access to services.	NICE welcomes comments from the BPS and thank you for taking the time to comment on the documents. We would echo your concerns and hope the BPS will encourage further robust research in this area, bearing in mind the future update of this current guidance. Further information on topic referrals is available at http://www.nice.org.uk/page.aspx?o=ts.home Agreed. As you will have observed from the review document (p125) the reviewers searched for any interventions that examined the impact on mental wellbeing of activities including health promotion, health education, social inclusion, intimacy, diet or alcohol for example. We were disappointed by the lack of evidence that had a tangible outcome measure (whether a standardised measure or self-report) among this population.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
British Psychological Society		General		There is a surprising shortage of high-quality studies that examine factors that benefit the mental health of older people. Applied psychology as a discipline clearly has an opportunity to contribute to improving the research evidence base, and psychologists with their understanding of behaviour change and social and psychological factors that relate to health outcomes and health behaviour would appear to have the requisite skills to make an impact in this area.	Agreed. NICE has very much appreciated the comments from the BPS in the production of guidance for behaviour change. Available at http://guidance.nice.org.uk/page.aspx?o=BehaviourChangeMain
British Psychological Society		General		The narrow scope of the document has little to offer specialist mental health services.	The scope is structured to avoid duplication with work produced by other NICE guidance centres. NICE guidance for specialist mental health services is produced by the Centre for Clinical Practice and the Centre for Health Technology Evaluation These are available at the NICE website http://guidance.nice.org.uk/CG/published
British Psychological Society		General		The exclusion of people with a mental health condition makes an artificial divide between people that are 'well' and those that are not. If mental health conditions are to be seen as a continuum with normality rather than as discrete illness then the scope of the document should have been broader and thus more useful.	This group are not excluded from benefiting from this guidance. The scope of the work excluded research for interventions targeting mental health disorders (see p4 of the Scope document). The difficulty is the lack of robust, generalisable evidence. The topic was referred as intervention guidance which means there are particular limitations on the breadth of the scope. For further methodological information please see NICE methods manual at: http://www.nice.org.uk/page.aspx?o=phmethods This current guidance may be of value to people aged 65 and over, particularly those with most need, living independently or in residential care. As in other areas of service provision, it would be up to

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					each service provider or practitioner to modify activities to the needs and abilities of particular individuals or client groups. The committee will consider the needs of particular groups when drafting recommendations.
British Psychological Society		General		Older peoples' physical health impacts on their well-being and mental health. It is important to include preventing physical health problems and managing the psychological consequences of chronic conditions in the guidelines.	Please see previous comments, other guidance of interest is available at. • http://guidance.nice.org.uk/CG23/niceguidance/pdf/English • TA97 Computerised cognitive behaviour therapy for depression and anxiety: Guidance http://guidance.nice.org.uk/TA97/guidance/pdf/English
British Psychological Society		General		Topics on which to focus would include promoting exercise in older people. The review indicates that exercise has a small-to-moderate impact on the well-being of older people. Health psychologists are well-placed to devise not only programmes of exercise to benefit older people, but also have the expertise to maximise uptake and adherence to such programmes (see Yadley et al., 2007, with reference to strength and balance training). Such expertise would be important in regard to improving the cost-effectiveness of any intervention. There is a need to determine the exact forms of exercise (as well as duration and intensity) that maximise benefit. In particular, it may be easier to convince older people to engage in activities such as walking than it is to engage them in exercise programmes, and so it is important to consider the benefits to mental well-being of partial uptake and adherence to the latter relative to higher levels of engagement and commitment to the former.	Agreed. As you are no doubt aware evidence was identified which supports this proposition. With regard to the involvement of health psychologists if you have evidence of cost effectiveness of implementing such interventions we would be happy to examine it. We would seek robust work that fulfils the inclusion/exclusion criteria of the review (p37 & p38) and forward additional evidence to the external review team if you would forward the full reference. Please see previous comments. Yadley 2007 - Please see NICE guidance on Falls in the Elderly available at http://guidance.nice.org.uk/CG21

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				It would have been helpful if the review considered maintaining wellness after someone has recovered from an episode of depression or other mental health problem.	
British Psychological Society		General		Health promotion is identified as producing small benefits to well-being in older people, although the evidence base is rather weaker here. Again, there would appear to be an opportunity for psychologists to play a role in developing health promotion programmes for older people or contributing to the effectiveness of programmes.	Evidence was identified that supported the use of health promotion information and activities (see page 11, Evidence statement 7 of the review document). Unfortunately evidence of cost effectiveness was only found for such work delivered by Occupational therapists. Please see previous comment with regard to additional evidence.
British Psychological Society		General		The review identifies a lack of evidence in sub-populations of older people – the frail, ethnic and sexual minorities. Applied psychologists would be well-equipped to reach such sub-populations, and develop tailored programmes of (potentially) exercise or activity and health promotion to benefit these groups. Older people with 'sub-clinical' depressive problems may benefit from therapeutic interventions and should have been included.	Please see previous comment re cost effectiveness and delivery of service. Please see previous comments re including particular groups.
British Psychological Society		General		One problem with the research in this area is the number of different instruments are measuring different facets of mental health, and therefore to draw conclusions regarding the benefits of certain interventions to mental well-being in general is something of a speculative leap. We wonder whether the review should have partitioned well-being into discrete components, and determined the effects of interventions on each component.	We agree. As we stated during the initial consultation on the draft scope, there are difficulties surrounding the definition of mental wellbeing. It is often used interchangeably with mental health, mental ill health and mental disorders To avoid overlap with guidance produced by other centres in NICE and in consultation with stakeholders, the term 'mental wellbeing' as defined by NHS Scotland 2003 was used. Agreed but reaching consensus on what constituted the discrete components of 'mental wellbeing' as defined by the literature would still have to be resolved. We would

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					then have had the difficulty of deciding on what standardised measures should be included that would exclude research conducted solely on clinical populations.
				It is also necessary to consider the fact that many of the instruments used in these studies to measure well-being in older people were developed on younger populations, and there is a problem in applying them in a different population.	Agreed. This was mentioned as a consideration in the review and is in fact a problem for the majority of standardised measures used across psychology in general.
				The evidence from work on quality of life is that older people value different domains of life to younger people, and therefore quality of life tools developed on younger populations lack validity in older people (See McKee et al., 2002; McKee et al, 2005); this problem of validity is also likely to apply, if on a more restricted level, to the measurement of well-being.	Agreed. The limitations of standardised measures are well documented in the research literature. The compromise is that there is no limit on the search strategy by study design. In not limiting included studies by design, it was anticipated that robust, qualitative evidence would be identified that would enable us to answer the research questions in finer detail. Disappointingly this was not the case. Your references were passed to the External Review team but did not meet inclusion criteria for inclusion in the review (e.g. focus on clinical population and no intervention evaluated).
British Psychological Society		General		The overall message that emerges from the review is that the quality of research carried out in this area is really rather poor. It would appear that many studies are often opportunistic and non-representative of the general population of older people. This may reflect a poor understanding of the importance of adequate sampling	We agree. It was indeed disappointing.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				in practitioners who approach their studies without a full appreciation of research methodology and experimental design.	
British Psychological Society		General		Sudeko, scrabble, foreign language, bingo etc, "use it or lose it" approaches have also been described at conferences and in the literature as ways of keeping people's minds active.	If the BPS has any robust evidence that supports the effectiveness and cost effectiveness of implementing such interventions to promote mental wellbeing, we would be happy to refer it to the external review team for examination.
British Psychological Society			3	Section 1 Mixed exercise: the evidence does not appear to link with the cardiac rehabilitation research on level 4 community exercise programmes or Passport to health initiatives.	Thank you. The search strategies were designed to identify any work that included an outcome of mental wellbeing. As you are aware from the review document this definition was expanded and the limits on study designs removed. However, evaluations of research conducted on clinical populations in rehabilitation would be excluded as it would not be generalisable to a wider population. If colleagues at the BPS have any evidence for programmes that include mental wellbeing please forward it through.
British Psychological Society			4	Section 4 Many GP/PCT initiatives exist on Walking for health. This data could be sought if a data base linked it to outcome measures (e.g. HADS).	Thank you for your comment noted. If these initiatives report a mental well-being outcome they would be very useful for this guidance. Would you please forward any references or relevant published documentation?
British Psychological Society			6	Section 10. There have been a series of article in both Forum and the PSIGE newsletter which would be useful to include. There are clinical psychologists using Mindfulness techniques in groups with older people - Mindfulness approaches have also been used with people experiencing pain and to prevent relapse of depression in the wider population which may have included older people and suggest an	Again, if the BPS has published evidence of the effectiveness and cost effectiveness of such interventions, within the exclusion/exclusion criteria outlined in the scope or review document, we would be happy to pass to the review team. As stated previously, in the case of interventions for

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				approach worthy of further consideration. Other approaches which may have wider applicability to older people are: CBT with Parkinsons SFT group(in Forum) Forum special edition on interventions and older people CBT works with older people Challenging behaviour Falls	Parkinson's Disease we are unable to include work already covered by our colleagues in the NICE Centre for Clinical Practice. This guidance is available at http://guidance.nice.org.uk/CG35/guidance/pdf/English Other evidence related to CBT was identified but lacked a cost effectiveness evidence base (see review document, evidence statement 10, p12) Please see previous comments. Please see NICE guidance on Falls in the Elderly available at http://guidance.nice.org.uk/CG21
British Psychological Society			6	Section 11 Prof [name withheld by NICE] has described using hand held computer games to 'exercise minds'.	Please see previous comments for evidence of effectiveness and cost effectiveness.
British Psychological Society			7	Section12 Gardening - Matchwick and Burley PSIGE Nov 2007 The references would also suggest that 10 articles have been missed on this topic:- Burgess, C.V.P., (1990). Horticulture and its application to the institutionalized elderly. *Activities, Adaptation from Ageing 14 (3), 51-61.* Catlin, P.A., Milliorn, A.B & Milliorn, M>R, (1992). Horticulture therapy promotes "wellness", autonomy in residents. *Provider, 19 (7), 40.* Cohen-Mansfield, J & Werner, P., (1999). Outdoor wandering parks for persons with dementia: A survey of characteristics and use. *Alzheimer Disease and Associated Disordes, 13, 2, 109-117.* Cooper-Marcus, C & Barnes, M., (1995) *Gardens in healthcare Facilities: uses, Therapeutic Benefits and Design Recommendations.* Martinez, CA: The Centre for Health Design. Deitweiler, M.B & Warf, C., (2005). Dementia Wander garden aids	Thank you, these references were passed to the external review team and were subsequently excluded. Unfortunately none met the inclusion criteria outlined in the scope document (e.g. they were either published pre 1993, clinical population, no mental well-being outcome reported or aimed at acute care etc). The external review team were unable to locate Sulavik, C., (2004). Activities for the elderly:Gardening Therapy;Cultivating the Mind. *Newsweek, 53.* We would be grateful if you would forward a copy for evaluatio against inclusion criteria. Thank you. Please see previous comments.

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				post cerebrovascular stroke restorative therapy: A case study. *Alternative Therapies in Health and Medicine, 11, 4, 54-59.* Mather, J.A., Nemeck, D & Oliver, K., (1997). The effect of a walled garden on behaviour of individuals with Alzheimer's. *American Journal of Alzheimer's Disease, 12, 252-257.* Pachana, N.P., McWha, L. & Arathoon, M., (2003). Passive therapeutic gardens: A stuffy on an inpatient geriatric ward. *Journal of Gerontological Nursing, 29, 5, 4-11.* Sulavik, C., (2004). Activities for the elderly:Gardening Therapy;Cultivating the Mind. *Newsweek, 53.* Ulrich, R.S., Simons, R.F., Losito, B.D., Fiorito, E., Miles, M.A & Zelson, M., (1991). Stress recovery during exposure to natural and urban environments. *Journal of Environmental psychology, 11, 201-230.* Ulrich, R.S & Parsons, R., (1992) Influences of passive experience with plants of individual well-being and health. In:D., Relf, (Ed.) *The role of horticulture in human well-being and social development.* Portland, OR:Timber Press. The Expert patient programme may well include people over 65 years for arthritis, pain management, pulmonary rehab, diabetes back pain,	
British Psychological Society				**References please also see** McKee, K.J., Houston, D. & Barnes, S. (2002). Methods for assessing quality of life and well-being in frail older people. *Psychology and Health*, **17**, 737-751. McKee, K.J., Parker, S.G., Elvish, J., Clubb, V.J., El Nahas, M., Kendray, D. & Creamer, N. (2005). Quality of life in older and younger people receiving renal replacement therapy. *Ageing and Society*, **25,** 903-923.	Thank you, these references were passed to the external review team and were excluded as they did not meet inclusion criteria (e.g. no evaluation of effectiveness, clinical population, and published pre-1993). Please see NICE guidance on Falls in the Elderly available at http://guidance.nice.org.uk/CG21 Please note, that while we agree the issue of assessment

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				Yardley, L., Beyer, N., Hauer, K., McKee, K., Ballinger, C. & Todd, C. (2007). Recommendations for promoting the engagement of older people in activities to prevent falls. *Quality and Safety in Health Care*, **16**, 230-234.	and measurement is important, methodological issues were not part of the ministerial referral and as such the scope of this work was limited to evidence for effectiveness of interventions. Likewise, research focussing on clinical conditions does not meet the inclusion/exclusion criteria. Please see previous comments and weblinks to relevant guidance on falls.
Care Services Improvement Partnership and Association of Directors of Social Services (ADASS) – joint response	General	General		We would expect reference to the outcomes that older people want – these are well documented in various reports – and consideration of the role of local authorities in promoting health and wellbeing. (Effectiveness review)	Thank you we appreciate your organisation taking the time to read and comment on the documents. Agreed. Outcome measures included, for example, self-report and interviews in an attempt to capture qualitative work that evaluated the impact of interventions on the mental wellbeing of individuals (see review document p125-127). The lack of available, robust, evidence was disappointing.
Care Services Improvement Partnership and Association of Directors of Social Services (ADASS) – joint response	General	General		The "UK Inquiry into mental health and wellbeing in later life" (Age Concern England, 2006 and 2007) carried out a literature and policy review in 2004; this is available at www.mhilli.org It includes reference to "Promoting health and function in an ageing population" (Andrews, G.R., 2001 BMJ 322: 728-729) which states "Physical activity improves both physical and mental health in people of all ages". It also reflects the views of over 900 older people and their carers and 150 organisations and professionals who	This document was discussed in both the scope document (p2 & 9) and the effectiveness review p33). Although the document is extremely informative in setting out concerns of older people themselves and relevant organisations, it does not contain research or evaluations of discrete interventions with explicit outcomes. Agreed, and evidence for the effectiveness and cost effectiveness of physical activity was identified in the review document. This work is included in the draft guidance which will be sent out for further consultation. Thank you, this reference was passed to the review

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				contributed. (Effectiveness review)	team. The full title is 'Care of older people: promoting health and function in an ageing population" as a short review article with no methods reported and no details of interventions it did not meet inclusion criteria and was subsequently excluded..
Care Services Improvement Partnership and Association of Directors of Social Services (ADASS) – joint response	General	General		The interim report of the national evaluation of the Department of Health POPP programme is to be published any day now. It would be worth including this given the key aim of this programme is to test out ways of shifting resources from acute and intensive types of care to those that promote health and wellbeing. Similarly the work of the Innovations Forum has been externally evaluated. (Both)	Thank you. We are aware of the interim report of the national evaluation of the Department of Health POPP programme, While we are interested in the reported early findings, lessons learnt and key messages from the experience of the POPP pilots to date, at present the impact of the interventions on mental wellbeing has not been reported. We look forward to the reporting of further findings which may be of use when the guidance is updated.
Care Services Improvement Partnership and Association of Directors of Social Services (ADASS) – joint response	General	General		Age Concern England have produced various reports on healthy ageing. An example is "As fit as Butchers' Dogs: a report on healthy lifestyle choice and older people" 2006.	Thank you, this document was examined, but it does not contain research or evaluations of discrete interventions with explicit outcomes which would be considered robust evidence of effectiveness and cost effectiveness. Please see the review document for further detail (pp37, 38 & 127).
Care Services Improvement Partnership and Association of Directors of Social Services (ADASS) – joint response	General	General		Can the review include case studies, service evaluations and the grey literature? Experiential evidence is very important in shaping how services are commissioned and delivered.	Yes. Searches were not limited by study design. We would agree disappointingly there was little robust qualitative evidence identified for the populations of interest. The committee will take into account the limitations and lack of available evidence drafting final recommendations. Thank you for taking time to comment on the documents.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Cruse Bereavement Care	All	General		On Page 34 of the main report you acknowledge the importance of life events, such as bereavement, in old age. You also acknowledge the importance of promoting well-being. We are therefore surprised and concerned that there are only two references to bereavement elsewhere in the documents-on Page 128 of 143 of the main report and some evidence on widowers' support groups on Page 78 of 97 of the evidence tables.	Thank you, we appreciate comments from CRUSE during the consultation process. Agreed, we were disappointed that the extensive search did not identify more good quality studies concerning bereavement which met the inclusion criteria outlined in the scope document (e.g. Review article no methodology; lacking primary data; published pre-1993;no evaluation of an intervention). Thank you for your references, which we did indeed receive. All of these were passed to the external review team for evaluation. Disappointingly these references did not meet the inclusion criteria and thus had to be excluded from the evidence review (for example did not contain research or evaluations of discrete interventions with explicit outcomes which would be considered robust evidence of effectiveness and cost effectiveness or were published pre 1993). We thank you for submitting this information.
Cruse Bereavement Care	All	General		We submitted evidence and details of literature in our submission on the scope of the work. We would be grateful if you would refer back to our submission in the Stakeholder Comments response Table on your website. We would be grateful if you would confirm if and how you have considered that submission. In your comments you acknowledged how you had noted our comments.	Please see previous comment
Cruse Bereavement Care	All	General		Further to the previous comment, in Table 1 of the main report you referred to social and psychological interventions and we would appreciate confirmation that you considered our evidence in the	Please see previous comment.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				context of the interventions that you were considering in Table 1.	
Derby County PCT		General		We feel that the review methods and critical appraisal is robust. However limited data availability makes the economic modelling of doubtful significance. There is a danger in equating data that is not robust with it being evidence if it does not work. Key issues will be around applicability of the evidence in practice and more detailed guidance is needed on the following:	Thank you for your comments. We agree and note your concern. The committee take into consideration the limitations of the evidence when making recommendations, especially in areas where the evidence base is weak. NICE has two methods to evaluate applicability, one is the fieldwork evaluation the second is work conducted by the implementation team. However, NICE has limited resources in the types of evaluations it can conduct. For further information on NICE methodology please see http://www.nice.org.uk/page.aspx?o=phmethods
Derby County PCT		general		Does the evidence suggest minimum criteria that should be fulfilled by an intervention for it to be commissioned?	Thank you for your comment. In this instance this information was not available.
Derby County PCT		general		How long will the intervention run (most of the interventions studied are between 6-12 months). The evidence suggests that well-being benefits only persist as long as people are engaging with the intervention. This has implications for commissioners in terms of sustainability and mainstreaming of such interventions.	Agreed. The length of time that any service is made available is at the discretion of service commissioners and providers and outside the remit of NICE. The guidance will advise on the reported follow-up periods where they appeared in the evidence. It was certainly the case that follow-up periods were limited in the available evidence. We would hope that future research designs would examine these issues as you rightly point out.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Derby County PCT		general		Who will be targeted? Most of the evidence reviewed has used relatively healthy, independent, motivated older people.	The recommendations will be aimed at people aged 65 years and over with particular emphasis on those most in need. The scope of the work aimed to identify evidence of interventions that impact on mental wellbeing in people aged 65 years and over. There were no upper age limits or restriction by sex (i.e. male or female). Evidence of interventions with under researched groups was sought. Further details are given in the review document (Appendix A, p125-127). NICE is aware that particular groups are under represented in the available evidence and the committee will take this into consideration when drafting recommendations.
Derby County PCT		general		What sort of outcomes will we be expecting from any such interventions commissioned?	The outcomes identified by the evidence indicated that mental wellbeing was sustained or improved over time.
Derby County PCT		general		Studies are not all from the UK and cultural differences need to be considered	Agreed, applicability to UK populations is mentioned in the evidence statements and discussed in the review document. The committee are aware of cultural differences and will consider this issue when drafting recommendations.
Derby County PCT		general		Social care work is not formally researched but feedback from users is usually very positive in this area and outcomes are good.	Agreed. Colleagues at the Social Care Institute for Excellence (SCIE) are working with NICE to support the guidance. It is outside the scope of NICE work to undertake service evaluation but the draft recommendations will be tested with social care workers and others.
Derby County		general		Not enough details about size of groups/ skills of leaders etc.	Agreed, this was a major difficulty with most the research

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
PCT					identified. Unless researchers include such detail in their evaluations it is not available for report.
Derby County PCT		general		Accessability must consider both rural and urban issues and the document should say which applies to which example.	Agreed. As you are no doubt aware from both the scope and the review, NICE identified the importance of issues for those living in rural communities (Scope page 5). The better quality research work does report settings and context, though in many cases the detail is limited. Again, little or no robust evidence was identified.
Derby County PCT		general		Ability and capacity of users is a concern; what about the less able and/ or frail or those with mental health problems?	Agreed. There is no reason to exclude any group able to benefit from interventions recommended in the guidance document. As in other areas of service provision, it would be up practitioners to modify activities or advise individuals about the potential benefits or risks associated with participation. Thank you for taking time to comment on the documents.
Ealing Council (responding on behalf of West London Mental Health Trust/Ealing PCT)		General		It is hoped that the guidance will identify the importance of both promotion and prevention, including the need for early intervention to prevent further deterioration i.e. to provide care interventions such as home care or increases in current care packages regardless of whether the individual meets the FACS criteria for Social Services.	Thank you for your comments. The guidance will be limited to the evidence available to promote mental wellbeing as distinguished from mental illness. As you are no doubt aware from the scope and review document, research in this particular area and population was very weak.
Ealing Council (responding on behalf of West London Mental Health Trust/Ealing PCT)		General		It is also hoped that the guidance will provide a model for OPMH primary care.	Unfortunately this would go beyond the remit of this intervention guidance. However, it may be the case that some of the recommendations in the forthcoming guidance would contribute to such a model.
Ealing Council (responding on		General		The guidance needs also to stress and identify the need for PCT's to provide sufficient physical health care services with staff	We note your comments and share your concerns. It is the case that good evidence of an effect on mental well-

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
behalf of West London Mental Health Trust/Ealing PCT)				appropriately skilled in OPMH e.g. Speech and Language Therapists, Dieticians etc.	being was identified for a more comprehensive health promotion service provided by appropriately trained (see evidence statement 7 p 11 of the review document).
Norfolk Adult Education Services	**General**	General		Effectiveness Review – there is no evidence about reminiscence work. Several good studies exist which indicate that reminiscence can be effective in relieving depression and improving social functioning and general well-being. For example, have you seen the Cochrane Review by Woods et al (2005). While Woods et al conclude that more evidence is needed, they found that there were improvements in cognition, behavioural functioning and depression in people with dementia. Other research papers have indicated that this is also true in people without dementia. The Woods et al systematic review is called 'Reminiscence therapy for dementia' and is available at: www.mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD001120/pdf_fs.html	Thank you for your comment. We are aware of reminiscence therapy and the review you cite. Unfortunately NICE would be unable to recommend the use of a particular therapeutic practice without the benefit of supporting evidence of effectiveness or cost effectiveness. Details of all related research are described in the review document (appendix A, p125-127). The Woods reference you cite deals with research for a specific clinical population and does not meet inclusion criteria for this work. If you have any evidence that fulfils inclusion/exclusion criteria as outlined in both the scope (p3-5) and review (p37-39), we would be pleased to forward it to the external review team for examination. We thank you for taking the time to read and comment on the documents.
Norfolk Adult Education Services	**General**	General		Effectiveness review: We use reminiscence and exercise programmes with older people in residential and nursing homes. Evidence of effectiveness was collected in the 1990s although this related mainly to subjective feelings of well-being after taking part in groups. Both reminiscence and exercise were found to be effective in improving mood.	Thank you for your comment. The search for interventions was not limited by study design, we were particularly interested in qualitative work that explored the impact of interventions using self-report as an outcome for mental wellbeing. Disappointingly, the available evidence was weak. Please see previous comments re submission of further evidence.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Nursing	**General**			The evidence being considered is comprehensive and there are no further comments to be made by the Royal College of Nursing at this stage. The RCN looks forward to participating in the next of this guidance development.	Thank you we hope to hear from you at a later stage in the process.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Executive summary	General		The project appears to make an assumption that the psychological well being of the general population of older people is intrinsically poor. If not the case, this may explain why so many of the studies described in the report had such a limited outcome. Section 2b of the scoping document states that 40% of people attending primary care and 60% in care homes have poor mental health. Yet the commissioned research does not seem to focus on the groups where intervention is likely to have the most impact. It may therefore be more appropriate to recommend that future research should focus on these disadvantaged groups where potential health and well being gain is likely to be greatest.	Thank you for taking the time to read the document and for your comments. We have endeavoured to address your comments as follows. The ministerial referral was to identify interventions that 'promote good mental health among older people'. No a priori assumptions were made of the mental wellbeing of the target population that would limit evidence retrieved by the search strategy, apart from exclusion of work evaluating clinical conditions. It is standard practice that the scope of public health work excludes research involving clinical conditions to avoid duplication with clinical guidelines produced by NICE. Although research from groups with clinical conditions was excluded, no group is excluded from consideration in the development of the guidance. The review was designed to capture evidence from studies that examined mental wellbeing in people aged 65 years and over, there were no upper age boundaries (p1 & 3 of the final Scope document) nor any restriction by sex (i.e. male or female). There also were no restrictions by study design. Particular efforts were made to identify evidence of interventions that promote mental wellbeing in specific groups including 'those from different cultural backgrounds or who are lesbian, gay, bisexual or transgender' (Scope section 4.6, p5; Review

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
					p125-127). NICE is acutely aware that particular groups are under-represented in research and make best efforts to identify work available in the public domain that meets the inclusion/exclusion criteria detailed in the scope and review documents. It was disappointing that a comprehensive search of the literature did not identify work of sufficient quality to answer the questions outlined. This was discussed in section 6.3 p112 of the review document. The committee will consider the limitations and gaps in the evidence when drafting recommendations.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Full report	General		Age inequality has been the key and over-riding theme in all the referenced documents\guidance. The evidence relies on the ?commissioned review from Bangor University, which is thorough for evidence of interventions in the elderly currently available BUT this is not an area that has been extensively investigated. There are many more studies that have been demonstrated in general adult population which may be generalised, but to date the work hasn't been done. We need to acknowledge this, as this could exclude and limit possible effective interventions and hence discriminate this age group	Please see previous comment.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Main report			There appears to be a major lack of research on environmental quality. At any rate these are not discussed in the summary The aims and objectives of the scoping document, and the content of the commissioned research are not consistent. The research document appears to have focussed on general 'well' populations.	Please see previous comments.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Main report	General		We believe that housing, particularly sheltered housing, and the role of the warden is a neglected area, often falling between home and care home. The definition of sheltered housing is often vague and the available support services are often below the expectation of residents and their relatives. Moreover, older people often move away from their own local community, increasing isolation and loneliness. We hope the guidance will provide good practice advice in this area. However it is not discussed in the report.	Please see previous comments. We would agree that some of these topics warrant investigation in their own right. If you are interested in referring a topic to NICE for the development of guidance please see further information on topic referrals available at http://www.nice.org.uk/page.aspx?o=ts.home
Faculty of the Psychiatry of Old Age, Royal				For far too long the care home sector has been isolated and cut off from the wider community. Residents in care homes have little opportunity to leave their care	Please see response in previous comment.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
College of Psychiatrists	Main report	General		home with no access to community services and many lose contact with friends and sometimes even their family. Over 500,000 people live in care homes within the UK. A high proportion are mentally infirm and are already discriminated against. We were therefore pleased that the scoping document highlighted the high level of poor mental health amongst older people in care homes. However effect on mental well being in care homes and ways of improving links with the wider community are not discussed in the report.	We would agree, but again no evidence was identified.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists		General		No mention is made of those elderly people with established mental illness such as dementia. With 5% of the over 65 population having dementia, this is a major public health issue and should be investigated in this review.	Please see previous comment. Research on groups with clinical conditions including dementia was excluded from the review. The NICE clinical guideline on the care and treatment of people with dementia is available from the NICE website http://www.//nice.org.uk/guidance/index.jsp?action=byID&o=10998
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists		General		A high proportion of elderly people receive psychotropic medication for widely different clinical conditions. Many are clinically stable and are taking maintenance treatment to help optimise their level of function or reduce the risk of relapse. The Royal College of Psychiatrists advocates a holistic approach to the treatment and maintaining wellness. Specific pharmacological, psychological and social interventions for mental health are excluded from the proposed guidance. Nevertheless the effect of normal activities, choice and good quality environment may have a significant impact on the mental well being of this group and should be included.	Please see previous comment.
Faculty of the Psychiatry of Old Age, Royal		General		It is disappointing that no interventions that support choice appear to have been assessed	This is not the case. Some evidence for this type of strategy was identified. We would refer you to evidence statement 10 p12 of the review document, which refers to

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
College of Psychiatrists					control-enhancing intervention. Support for choice is a central concern to the committee.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Main report	General		The questions laid out in section 4.6 of the Scoping document do not seem to have been addressed	These questions are reiterated on p30 of the review document and were incorporated into the search terms in the review as mentioned previously. Disappointingly little or no evidence was identified that answered these questions.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Scoping document	3 and 3.c	3	The need for guidance highlights the key document - 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'. 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. Again, the 2 areas are not targeted adequately and the addition 5 factors are not systematically addressed in the document.	Please see previous comment. We would agree the structure of the review does not follow the structure of the UK Inquiry document, however, this did not affect the comprehensiveness of the work undertaken to identify evidence of effectiveness and cost effectiveness in the factors identified. Please see previous comments.
Faculty of the Psychiatry of Old Age, Royal College of Psychiatrists	Scoping document and main report	4.3.1	3	The scoping document gives a definition and suggested areas to be covered: • help with daily tasks.... • interventions that promote independence or increase self-determination in daily life..... BUT the evidence review paper more usefully looks at areas defined as: Self-care interventions (e.g. health promotion, health education, exercise & physical activity, dietary advice, leisure activities, e.g. hobbies, gardening, arts). o Psychological interventions (e.g. cognitive training, relaxation techniques)	Please see previous fuller response. As we have explained the scope for the guidance , key questions and the responses to the consultation on the draft scope informed the search strategy and framework outlined in the evidence review.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				o Social interventions (e.g. peer support, volunteering, group activity or participation, befriending, provision of advice & information, social support) o Environmental interventions (e.g. housing adaptations) This is a more inclusive and useful framework.	

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Royal College of Speech and Language Therapists (RCSLT)	General	General		There is a gap in evidence, or even mention, of people with a learning disability. As more PLD now survive to older age, it is important that clinical solutions are researched for PLD presenting with mental health problems in older age.	Thank you for your comments. NICE is aware that particular groups are under represented in research and make best efforts to identify work available in the public domain. There is no reason to exclude any group from participation in the interventions recommended in the guidance documents. As in other areas of service provision, it would be up to practitioners to modify activities and advice to the needs of individuals or client groups. The committee will consider the lack of available evidence and the weakness of evidence identified.
(RCSLT)	General	General		This document clearly indicates the need for better research into the various aspects thought to add QUALYs to the older person.	We would agree. The committee will consider gaps in the evidence and make recommendations for future research.
RCSLT)	General	General		More cognitive activities need to be considered	We would agree and this may be an area for future research.
RCSLT)				The SLT's role is differential diagnosis. But the consequences of missing depression or misdiagnosing as depression are very detrimental for an older person. See research from Maxim and Bryan 2006 Communication Disability in the Dementias for more information.	Agreed. Issues surrounding the diagnosis of depression are discussed in NICE guidance available at http://guidance.nice.org.uk/CG23/niceguidance/pdf/English
Sussex Partnership NHS Trust	Mental Health and Older People: Review of effectiveness and cost effectiveness -	General		The document has very little of value to offer specialist mental health services as its scope is far too narrow	Thank you for taking the time to read the document and for your comments which we have endeavoured to answer below. The ministerial referral of this topic asked NICE to produce public health guidance on interventions that 'promote good mental health among older people'. It is usual practice that the scope of research to inform public health guidance excludes clinical conditions to avoid

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Main Report				duplication with NICE clinical guidelines. Although research from groups with clinical conditions was excluded from the evidence review, no group is excluded from benefiting from the guidance. As with other areas of service provision, it would be up to practitioners to modify activities to the needs of particular individuals or client groups. Particular efforts were made to identify evidence of interventions that promote mental wellbeing in specific groups including 'those from different cultural backgrounds or who are lesbian, gay, bisexual or transgender' (Scope section 4.6, p5; Review p125-127). The scope of the work was designed to capture evidence from studies that examined mental wellbeing in people aged 65 years and over, there were no upper age boundaries (p1 & 3 of the final Scope document) nor any restriction by sex (i.e. male or female). There also were no restrictions by study design. NICE is acutely aware that particular groups are under represented in research and make best efforts to identify work available in the public domain that meets the inclusion/exclusion criteria detailed in the scope and review documents. It was disappointing that a comprehensive search of the literature did not identify work of sufficient quality to answer the questions outlined. This was discussed in section 6.3 p112 of the review document. The committee will consider the limitations and gaps in the evidence when drafting recommendations.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Sussex Partnership NHS Trust	Mental Health and Older People: Review of effectiveness and cost effectiveness - Main Report	General		The exclusion of people with a mental health diagnosis from consideration in this document makes an artificial divide between people that are 'well' and those that are not. If mental health problems are seen as being on a continuum with normality rather than as discrete illness than the scope of the document would have been broader and more useful.	Please see previous comment. In addition; time and resources do not permit the type of broad approach recommended here. There would also be difficulties identifying cost effectiveness data that would generalise outside NHS settings.
Sussex Partnership NHS Trust	Mental Health and Older People: Review of effectiveness and cost effectiveness - Main Report	General		The lack of studies available to review is a shocking fact in itself and possibly demonstrates an underlying ageist assumption in the academic arena that it is not possible to be well and very old.	Thank you for your comment, we share your concerns.
Sussex Partnership NHS Trust	Mental Health and Older People: Review of effectiveness and cost effectiveness - Main Report	General		Older people with 'sub-clinical' depressive problems may benefit from therapeutic interventions and should have been included in this document.	Please see previous comments.
Sussex Partnership NHS Trust	Mental Health and Older People: Review of effectiveness and cost effectiveness -	General		The review could have been helpful if it had reviewed maintaining wellness after someone has recovered from an episode of depression or other mental health problem.	Agreed. Please see previous comment.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
	Main Report				

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Sussex Partnership NHS Trust	Mental Health and Older People: Review of effectiveness and cost effectiveness - Main Report	General		Older peoples' physical health impacts on well-being and hence their mental health. It is important to include preventing physical health problems in the guidelines and also include managing the psychological consequences of chronic conditions.	Please see previous comments.
Time Banks UK		general		The second report of the Inquiry, entitled 'Improving services and support for older people with mental health problems', was published by Age Concern England earlier this month and I have obtained a copy for our records. The report is a very detailed document and was featured in the press and on the BBC. The Inquiry was launched in 2003 and as it is supported by Age Concern and the Mental Health Foundation it is likely to be taken seriously by policymakers. The immediate point to mention is that the Rushey Green Time Bank is featured on page 72 of the report (the extract is attached). The report identifies a number of issues and concerns which we know time banking can help to address as well as providing some useful statistics. They include: • Depression increases the risk of physical health problems like heart disease, diabetes and stroke. It also slows recovery from illness, increases the risk of readmission to hospital after discharge and increases the risk of premature death. • Depression increases the risk of being a victim of elder	Thank you for your comments and taking the time to bring this information to our attention. We are familiar with the report. However ministers asked NICE to produce public health guidance on interventions that 'promote good mental health among older people'. It is usual practice that the scope of research to inform public health guidance excludes clinical conditions, including depression, to avoid duplication with NICE clinical guidelines. Thank you for the very interesting information about the Time Bank and for the contact details. Unfortunately the committee is unable to recommend the use of a particular therapeutic practice without the benefit of supporting evidence of effectiveness or cost effectiveness. If you have any publicly available evidence of effectiveness and cost effectiveness that meets the inclusion/exclusion criteria identified in the scope for the guidance we would be pleased to forward to the review team. it.

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				abuse. Older people with depression are more than three times more likely to be victims of elder abuse than those without depression. • It is the leading cause of suicide in older people. • Depression is more common in care settings. At least 30% of older people in acute hospitals and 40% of older people in care homes meet the clinical criteria for a diagnosis of depression. • One in seven older people are admitted to hospital each year. • Older people occupy two-thirds of NHS beds. • Many people are not diagnosed with depression. It is often thought to be symptoms of other health problems, or of old age. • Only half of older people in care homes who are diagnosed with depression receive any kind of treatment. • Increasing disability can make previously simple household tasks, such as unscrewing jars, changing light bulbs and cleaning windows, increasingly difficult. These everyday challenges or 'daily hassles' have been shown to increase the risk of depression in older people. • A healthy lifestyle can help to reduce the risk of developing vascular and other dementias. Tips include taking regular exercise, eating healthily, drinking in moderation and not smoking. …Maintaining interests and hobbies, an active social life and mental stimulation…. should all be encouraged. • Social isolation and loneliness can lead to alcohol abuse. • The report states that as far as alcohol and drug abuse is concerned, a cross cutting theme is the importance of social support. It goes onto say that community based initiatives to	

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
				reduce isolation in older people and develop social networks should be prioritised. • Time Banking builds powerful social networks Rushey Green Time Bank: Tackling depression by referring patients to community resources Time banking promotes the exchange of practical help and support between members of a local community. Participants 'deposit' time, rather than money, in a Time Bank by providing practical help and support to others. They are then able to 'withdraw' their time when they need help themselves. Time bank brokers match up 'givers' and 'receivers'. All types of help and support are recognised, ranging from house cleaning to accompanying people on walks to teaching language lessons. Rushey Green Time Bank is based in a GP practice with approximately 130 members of all ages, half of whom are aged 50 and over, some of whom are older people recovering from mental health problems. It was started in 2000 by a GP who was convinced that many of his patients who had symptoms of depression and isolation could be helped by increasing their social contacts and finding a way for them to feel needed by others and useful to society. Feedback from members indicates that time banking has reduced social isolation and improved mental health and well-being. For more information, contact Maria Meska, Tel: 020 7138 1785, Email: rusheygreen@londontimebank.org.uk, or visit www.timebanks.co.uk	

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
West London Mental Health Trust		General		The evaluation of any cost-effective intervention or provision requires a large enough pool of studies to apply a systematic review. The fact that out of 15,388 citation articles, fewer than 100 were deemed to fulfil the inclusion criteria necessarily negates the validity of your technology appraisal. Many of these included studies appear to also have been of poor quality and this further reduces the power of your meta-analysis. We also note that many of the studies felt to be more "credible" are based on United States programmes that have a different sub cultural context for health promotion and exercise regimes. This is further confounded by other incentives such as subsidies on private healthcare for those that engage in health promotion and so are not really applicable to the UK context where low incentives and poor accessibility, particularly in the elderly, are major confounds. The studies appear to reflect little or no consideration of other variables that would impact on the take up of such health promotion regimes such as socio-economic class with lower take up in low and high groups and highest in middle groups and lower take up by black and south Asian ethnic groups who have a higher propensity to morbidity. In having these omissions, it is not possible to extrapolate this data to make any meaningful conclusions of cost –effectiveness in terms of the cited health promotion interventions. We would suggest that the publication of these guidelines are delayed pending prospective studies that are location dependant, and strata-analysed with regard to age, sex, socio-economic and ethnic impact on pertinent QALY indices. These need to also factor *cost-associated with health states* and *utility costs* as well as *acceptability/aversion* factors inherent in the elderly.	Thank you for your helpful comments. The lack of robust evidence was indeed disappointing. The guidance scope sets out the parameters of the guidance, as well as the inclusion and exclusion criteria for the reviews, in order to focus the areas under consideration, and the number of studies incorporated into the reviews reflect these criteria. For further information on NICE methodology please see http://www.nice.org.uk/page.aspx?o=phmethods PHIAC take into consideration the applicability of non-UK evidence when making recommendations, as well as considering the differential effects of interventions within population sub-groups and the implications on equity, particularly given the lack of evidence for such sub-groups. This guidance will be updated in approximately two to three years, when it is hoped the type of work you describe will have been conducted and results made available.
UK Public Health		General		**The UKPHAS is responsible for coordinating the Health**	Thank you for your comment.

Public Health Intervention Guidance

Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care - Consultation on Synopsis of Evidence – Stakeholder Response Table

10th Sept – 8th Oct 2007

Stakeholder Organisation	Evidence submitted	Section	Page Number	Comments Please insert each new comment in a new row.	Response Please respond to each comment
Association				**Housing and Fuel Poverty Forum which** brings together leaders in the health, housing and fuel poverty sectors with the purpose of: seeking collaboration and sharing of information Focusing upon providing energy efficiency and fuel poverty measures to patients that suffer the consequences of living in cold, damp homes Facilitating a collaborative network of professionals across the health, housing and fuel poverty sectors. For over a year now we have been working in close partnership with the LinkAge Plus pilots identifying ways in which we can address health inequalities in the fuel poor vulnerable elderly. A significant but unexpected finding has been that an increase in the temperature in such homes is associated with an improvement in mental health. This work has been carried out by the Sheffield Hallum team who have recommended further research into this area.	Unfortunately NICE is unable to recommend the use of a particular therapeutic practice without the benefit of supporting evidence of effectiveness or cost effectiveness. If you have any documentation (or references to same) available in the public domain that provides such evidence and that meets the inclusion/exclusion criteria outlined in the scope for the guidance, we would be pleased to forward to the review team.