The care of older people with dementia and other mental disorders when they are admitted to General Hospitals: learning from a network of Mental Health Liaison teams

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Dementia UK is a national charity best known for Admiral Nursing and Unitising Carers for Dementia
www.dementiauk.org/

Its presence in the West Midlands is Dementia UK West Midlands, previously known as Dementiaplus and fordmementiaplus

It is understood that people in stressful and potentially isolated situations benefit from linking with others in similar situations for exchange of ideas and experiences and to promote mutual education, advocacy and support. This principle is recognised in provisions for patients www.patient.co.uk/selfhelp.asp

We have begun to support regular network meetings for staff involved in particular niche services within the region. The first of these has been the Memory Clinic network: meetings are well received and provide a powerful means by which professionals learn from the experiences and initiatives of each other as well as from some national figures (1).

The network for staff involved in General Hospital Liaison services for older people with mental health problems including dementia met first in October 2010. We had been stimulated by points made in the National Dementia Strategy (2), and by reports coming from many sources (3, 4, 5, and 6), to identify this arena as the one most in need of support and improvement. There have been three more meetings during 2011.

This has been an impressive learning experience. Attendees have come from 11 of the 14 identified communities in the West Midlands Region. Most are nurses but our lists include doctors, psychologists, occupational therapists, researchers and family carers. Topics covered have included dementia, delirium, depression, approaches to teaching, working with family carers, reviews of recent reports and reviews of recent publications but the greatest learning comes from the accounts of activities generated by the members. The stories which are shared reflect widely differing cultures between hospitals. In some a mature approach to best practice in this field has been developing over a number of years. In others there is only recent evidence of awareness, and in some a positive hostility to the concept of providing services which are sensitive to the mental health needs of older patients who frequently exhibit multiple pathologies.

We hear of heroic attempts and successes to improve the experience of individual patients and their families against the odds within systems which are not patient-centred. We hear of efforts to change systems so that they do reflect a human face within the hospital. Many services are attempting to do a difficult but very important job with pathetically inadequate staffing and other resource

From these exchanges a series of simple powerful messages emerge:

• Adequate care for older people with dementia and other mental disorders requires a multi-faceted, multimodal approach.

• This should usually begin in Primary Care which will provide informed anticipatory support for people at home or in Care Homes (7).

• Admission to a general hospital will rarely be appropriate as a consequence of dementia or another mental disorder per se.

• But dementia or a mental illness in conjunction with other pathology renders individuals very vulnerable and admission will sometime be the optimal course.

• The age structure of our community and the age profile of people being admitted to hospital mean that one in four hospital beds at anyone time is occupied by someone with dementia or a related disorder.

• Thus every General Hospital Trust must own the care of older people with dementia or other mental disorder as one of its main responsibilities. Some general hospitals have begun to restructure to face this challenge.

• The model service being developed and evaluated at New Cross Hospital in Wolverhampton is becoming well known (8). Other hospitals have found their way to similar and very effective patterns of work. The essence is to establish a pool of expertise in dementia care where people experiencing the greatest difficulties as a result of mixed pathologies can be managed competently. In addition this centre encourages education and confidence in dementia care throughout the hospital. These initiatives are to be commended and celebrated.

• Their potential is frustrated if they are under-resourced or their dynamics interfered with for administrative convenience ahead of clinical need.

• They do not function optimally in isolation: appropriate and effective relations with community services at the time of admission and discharge are essential.

• In addition mental health and community perspectives are best served by the availability on site of a Mental Health Liaison service for older people which is part of the Mental Health Trust. These teams require office space, communication equipment: computer, a dedicated telephone line with an answer-phone facility and secretarial support. Staffing is likely to be predominately nurse-based but requires a dedicated medical presence at consultant level and may include other disciplines: clinical psychology, occupational therapy and social work.

• Liaison teams work as complements to the changing and improving patterns of care provided with General Hospital Trusts. Their role includes support in the management of individuals within the hospital and in transition to return to the community. It includes a major contribution to education.

• There are still hospitals within the West Midlands which are without such a liaison service. Some boast only one nurse for a hospital with 1000 beds. The RAID service in Birmingham has attracted praise and publicity for its effective work with patients and colleagues and benefits for the economy of services (9). It is available 24 hours daily and every day. Other less comprehensive services are also appreciated and must be developed further.

We are learning that:

• General Hospitals are no longer to be a fear "No-Man's Land" for older people with dementia and other mental disorders.

• Every General Hospital Trust should review its internal arrangements so that they follow best practice to be dementia-friendly.

• Every General Hospital should host an adequately equipped Liaison Team from the Community Mental Health Trust to facilitate education and best practice within the hospital and at the interface with the community and Primary Care.

Regular network meetings for professionals working in minority services are an inexpensive, effective and enjoyable way of sharing knowledge and discussion of best practice and arguing the case for improvements. The West Midlands Network for staff pioneering Mental Health Liaison Services for older people in general hospitals is already proving its worth. It is hoped that other regions may follow this lead and that within the West Midlands additional networks can be organised for the benefit of other service groups.

References:


3) Counting the cost: Caring for people with dementia on hospital wards. Alzheimer's Society, London


9) Health Service Journal Award (2010) Innovation in Mental Health: www.hsij.co.uk/journals/2/Files/2010/12/1/HSJ%20AWARDS%202010.pdf