

LETTERS

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Mental healthcare for hospitalized older adults: a national survey of consultation–liaison services provided by old age psychiatrists in Ireland

In Ireland, the population aged 65 years and over is projected to increase by 20,000 annually with the proportion of the population aged over 65 years doubling over the next 30 years. It is estimated that up to 60% of older people in hospital have or can develop a mental disorder during their admission (Royal College of Psychiatrists, 2005). The needs of older adults are distinct in many ways and a previous systematic review found that old age psychiatry services for hospitalized older adults are effective (Draper and Low, 2005). With regard to models of service provision, there is evidence that a liaison type service is superior to consultation only. The latter service is limited and reactive whereas a dedicated liaison service is proactive and is more likely to succeed in having good mental healthcare adopted as the standard of care within a hospital (Royal College of Psychiatrists, 2005). Consultation–Liaison (CL) services have been associated with decreased psychiatric morbidity, improved function, reduced length of stay, fewer readmissions, and increased cost-effectiveness compared with usual care (Royal College of Psychiatrists, 2005, Parsonage and Fossey, 2011). In Ireland, specialist community services for older adults have developed steadily, while CL services have remained relatively neglected with no specific recommendations regarding CL services for older adults in national guidelines (Department of Health, 2006). This is not necessarily out of step with international trends where in spite of increasing rates of referral to CL services for older adults in the United Kingdom and the United States there is a reported lack of emphasis upon this important area of service provision (Anderson *et al.*, 2011). Consequently, little is known about age-specific CL services for older adults in Ireland, and service development has proceeded in an unstructured way. In particular, it is not known whether such a service is available within each area and if so, what the nature and extent of the services provided are.

We undertook a national survey of Old Age Psychiatrists in Ireland to address these unanswered questions. All members of the faculty of old age psychiatry with the College of Psychiatrists

of Ireland were contacted and a representative from each service area completed an online survey. Sixteen of the possible 22 services (72.7%) completed the survey. Fifteen services reported that they had an acute general hospital in their area, and all of these services reported that they provided a CL service as part of their work. The median number of general hospital beds in the relevant areas was 289 (range 150–851) suggesting a significant need for CL support. The CL services reported varying levels of consultant input with the majority of services ($n = 10$, 66.6%) reporting consultant input equivalent to one or two sessions per week. Two services (13.3%) reported consultant input equivalent to five sessions per week, while the remainder ($n = 3$, 20%) did not indicate any specified time for consultant input. Thirteen services (86.7%) reported some limited input from registrars (one or two sessions only in seven instances), while only six (40%) reported any kind of nursing input. The majority of services providing a CL service reported that they provided primarily a consultation ($n = 12$, 80%) rather than a liaison type ($n = 3$, 20%) service. In approximately half of the cases ($n = 7$, 46.7%), this service was limited to patients aged over 65 years with new onset mental health problems living in the catchment area only. The majority of the services ($n = 10$, 66.7%) reported that they would be willing to see patients from outside their catchment area if this was adequately provided for. Similarly, most services ($n = 14$, 93.3%) were not in a position to provide care to patients aged over 65 years with pre-existing mental health conditions (“graduates”). The majority of CL services did not provide input to the Emergency Department ($n = 11$, 73.3%), although six services (40%) indicated that they would if the service was adequately resourced. Only seven (46.7%) CL services saw people aged under 65 years with dementia as part of their CL work, while 14 (93.3%) indicated that they would if they had adequate resources. Educational input to improve overall standard of mental healthcare in the general hospital has been identified as a key function of a fully operational CL service. Thirteen services (86.7%) reported that there was no dedicated time for teaching in their service. Despite this, nine services (60%) reported providing some type of educational input to the general hospital as part of their work. This largely consisted of case-by-case discussion with referring agents ($n = 8$, 53.3%) or traditional didactic lectures ($n = 9$, 60%). Only five (33.3%) were able to provide small group

problem-based educational input, while eight (53.3%) had provided some type of ward-based educational initiatives. Eleven services (73.3%) reported that they did not have any IT support for recording service activity thereby compromising collation of activity data.

In summary, it appears that all services with a general hospital within their catchment area were endeavoring to provide some type of CL service to that hospital. However, the time and personnel allocated to provision of CL services were inadequate or nonexistent in many instances. Consequently, the services provided were largely reactive and consultative in nature with few educational or proactive initiatives to improve the overall standards of mental healthcare within the hospital. In addition, the services were provided to a restricted group of older adults and service activity was not adequately recorded in many instances. However, the majority of services did indicate a willingness to undertake a more extended role within the hospital assuming that this role was supported by adequate resource provision. Overall, the findings indicate that age-specific CL services for older adults are underdeveloped and, in the context of an aging Irish population, there is now an increasing need to further develop CL services. The increased demand for CL services internationally indicates that this has now become an issue of global significance (Anderson *et al.*, 2011). Ultimately, appropriate resource provision to facilitate a liaison model of care could lead to enhanced standards of care and more effective use of finite healthcare resources.

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A methodology for evaluating change and impact of illness perceptions among patients with memory complaints and their next of kin during the diagnosis process

Memory complaints (MCs) are experienced by a large proportion of middle-aged and older adults and are often a source of distress and worry. Because of the perceived threat of Alzheimer's disease (AD), MCs are known to be associated with depression, anxiety, and poor quality of life (QoL). Generally, these MCs are part of a normal aging process but may also reflect mild cognitive impairment (MCI) or the onset of dementia. Although the literature is unclear about evolution of patients with MCs,

Conflict of interest

None

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there is growing evidence that suggests that MCs are associated with an increased risk of dementia. The potential importance of MCs is furthermore reflected in the new diagnostic criteria proposed for early AD (Dubois *et al.*, 2007).

In the context of clinical assessment of MCs, the process of disclosing a diagnosis is of major importance since it is known to influence disease acceptance of patients and their next of kin. Disease acceptance can affect the way patients and their next of kin cope with changes to social, personal, and professional life in the context of a diagnosis of cognitive impairment. The concept of coping (Lazarus and Folkman, 1984) has been defined as “the overall cognitive and behavioral efforts to master, reduce, or tolerate inside or outside demands which threaten or surpass personal resources.” It is possible that