



Psychology  
Specialists  
Working with  
Older People



The  
British  
Psychological  
Society

Division of Clinical Psychology

## Briefing Paper 5

*Commissioning Clinical Psychology Services for older people,  
their families and other carers*

## Executive summary

This briefing paper is intended for use by Clinical Psychology service managers and commissioners of services. It provides guidance regarding the structure of Clinical Psychology input in relation to older people.

Clinical Psychologists aim to provide services that alleviate psychological distress and promote the psychological well-being and health of older people by providing a range of psychological interventions for which there is an evidence base. Clinical Psychologist's knowledge and understanding of psychological development enables them to provide services that optimise successful ageing for clients and their carers and adjustment to later life events. Clinical Psychologists can make a valuable contribution to services for older people (Mental/ Physical Health, Primary Care and Social Care) through direct work with clients, indirect work with formal and informal carers and care agencies, teaching and training, service development and research and evaluation.

Clinical Psychologists can play a key role in meeting all the standards of the National Service Framework for Older People in England and Wales. In order to do so, services must ensure that:

- Clinical Psychology provision is established as a core part of services for older people at an adequate level.
- Age related eligibility criteria are removed from specialist services in which Psychologists work.
- Indirect discrimination (such as referral patterns and accessibility of services) is removed.

Clinical Psychologists should be employed across a range of secondary services for older people including Mental Health care, Physical Health services, Intermediate Care, Falls services, Stroke Teams and Early Onset Dementia services. Primary Care Psychology services and specialist services should be accessible to older clients, and should receive ongoing training and support to ensure that staff can work effectively with this age group.

Clinical Psychology services for older people should be established with an appropriate skill mix that aids recruitment, management and support and retention within the service. Service requirements for Clinical Psychology posts include appropriate office space, management and clinical supervision, IT and administrative support, Continuing Professional Development and R&D initiatives.

Approximately 18 per cent of the UK population are aged 65 and over and current demographic changes indicate that older age groups are growing most rapidly. Younger cohorts, with high expectations for health and social care, are likely to increase the demand for Psychological Services for older people as they age. Guideline staffing levels are outlined for key services.

**Briefing Paper 5:** *Commissioning Clinical Psychology Services for older people, their families and other carers* is published by The British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR.

© The British Psychological Society 2006.

**This paper was written by:** Mr Steve Boddington CPsychol; AFBPsS. Chair of PSIGE (2005–2007).

PSIGE is a faculty of the BPS Division of Clinical Psychology for Psychology Specialists working with older people. This document can be downloaded free of charge from the PSIGE website: [www.psiges.org](http://www.psiges.org)

**Acknowledgements:** Many thanks to the PSIGE members who have read and commented on various drafts of this document. Their input has been invaluable in its preparation.

# Introduction

This briefing paper is intended for use by Clinical Psychology service managers and commissioners of services (both in Health and Social Care). It aims to provide information about the role and function of Clinical Psychologists working with older people, their families and other carers. It takes into account, as far as possible, recent health service initiatives, and offers clear guidance as to the structure of Clinical Psychology services for older people. Clinical Psychologists are one of a number of applied psychologists that managers of psychological services for older people may wish to recruit. Other professionals within the family of psychology include Health Psychologists, Counselling Psychologists and Neuropsychologists.

## The extent of psychological need in relation to older people, with reference to current NHS context

### *Target population*

This document refers to psychological care for people over the age of 65 years, as well as their carers and others on whom they rely. Such age related criteria may appear ageist in their own right, but serve as a practical solution to protect the rights of older people against institutional ageist practice. Some specific diagnostic populations to whom psychological care may apply, are not restricted to this age cut-off (e.g. – stroke, dementia services, falls services etc) but will be considered in this document due to the preponderance of older people who access these specialist services.

### *Objective of Clinical Psychology Services for Older People*

Clinical Psychologists aim to provide services that alleviate psychological distress and promote the psychological well-being and health of older people. Clients should have access to a range of psychological services including assessment and interventions for which there is an evidence base (DoH, 2001a) regardless of age (DoH, 2001b; CISP, 2005). Services for Older People benefit from consultation with, and training from, Clinical Psychologists who have specialised in the care of this client group.

### *Population demographics*

- Approximately 18 per cent of the UK population are over the age of 65 years. However, this figure varies in different localities, from almost 35 per cent to less than 12 per cent of the population.
- Local services will need to consider their population demographics when planning appropriate levels of psychology provision. Many services are working with an increasing cultural diversity within their older populations. Particular issues of access to services facing Black and Minority Ethnic groups, who (typically) are first generation immigrants, include language differences, cultural attitudes to ageing and mental illness, as well as the prospect of dying in an adopted country.
- A typical district service with a total population of 250,000 will therefore contain approximately 45,000 people over the age of 65 (range: 87,500–30,000).
- The number of people over 65 years of age is increasing, with the oldest age groups having the fastest growing populations. The number of people over the age of 90 is predicted to double over the next 30 years.
- In a typical district population of 45,000 older people:
  - 4500–6750 will have depression (Baldwin, 1996), of which approximately 1500 will be severely depressed.
  - 6000 will have anxiety related disorders (Lindesay, 2002).
  - 900 will have psychosis related disorders (Livingstone & Hinchcliffe, 1993)

- 2250 will have a dementia.
- 2000 will be living with the consequence of stroke (Wolfe *et al.*, 1996), of whom up to 1000 will experience mood disorders and 700 will need to adjust to living with permanent cognitive deficits.
- Prevalence rates for depression are at least twice as high amongst older people with:
  - a chronic physical illness;
  - social isolation;
  - dementia and stroke;
  - who live in residential and nursing home accommodation.
- Historically, there has been an increased risk for suicide in older people, along with other risk factors such as depression, male gender and poor physical health. However, suicide rates in older cohorts have been decreasing over recent decades (Office for National Statistics, 2005).
- There is an increased prevalence of psychological difficulties following significant bereavements. Such losses are more common in later life (Dickenson & Johnson, 1993).
- Nearly two million (out of an estimated 5.7 million carers in the UK) are aged over 60 (Milne *et al.*, 2001).
  - 40 per cent of carers have illness or disability (Princess Royal Trust for Carers, 2003).
  - Older carers predominantly look after older people.
  - Carers often experience physical, social and personal restrictions due to their caring commitments.
  - one third to one half of spousal carers of people with dementia suffer from depression.

#### ***The National Service framework for Older People (NSF – OP)***

Clinical Psychologists play a key role in meeting all the standards of the NSF-OP for older people (Boddington, 2001; Lee, *et al.*, 2002). In order to do so, services must ensure that:

- Clinical Psychology provision is established as a core part of services for older people at an adequate level.
- Age related eligibility criteria are removed from specialist services in which Psychologists work.
- Indirect discrimination, such as referral patterns and accessibility of services in which Psychologists work, is removed.

## **The role of clinical psychology in meeting the needs of older people**

Clinical Psychologist's knowledge and understanding of healthy, as well as unhealthy, psychological development enables them to provide services that optimise successful ageing for clients and their carers and adjustment to later life events. Clinical Psychologists can work within the full range of health and social care services for older people (Mental Health Services, Acute Trusts, Primary Care and Social Care) in the following capacities:

#### ***Direct clinical work***

- Psychological assessment and intervention with clients having complicated presentations, and/or problems requiring the application of specialist psychological knowledge or expertise.

### *Indirect clinical work*

- Provision of psychological advice and support to formal care workers and/or informal carers.
- Provision of advice and supervision to other multidisciplinary team members using psychological skills and interventions as part of their work.
- Consultation to wider providers for older people on psychological aspects of care.
- Supporting other specialist services in providing assessment and care to older people.

### *Teaching and training*

- Formal and informal training of multidisciplinary team members in psychological aspects of their work and in developing psychological skills.
- Formal and informal training to wider care providers in addressing the psychological needs of older people.
- Contributing to Continuing Professional Development courses and professional training schemes for a range of health and social care professions.

### *Service development*

- Lead service development initiatives which involve psychological services, including supporting the involvement of users and carers and the promotion of psychological wellbeing in wider health and social care developments.

### *Research & evaluation*

- Design and implement routine and extraordinary service evaluation, audit and other research in line with local and national Clinical Governance initiatives, and ensuring the involvement of users and carers.

Services for older people across health and social care should respond to the needs of local service users, national initiatives and recent developments in clinical practice to enhance the quality of care provided. Clinical Psychologists have contributed to the development of psychological assessment, intervention and care of older people and their carers, and to disseminating good practice. NICE Guidelines for assessment treatment of psychosis, depression, anxiety, PTSD, etc. emphasise the need for services to provide psychological therapies as first-line treatment options.

## Recommended service structure

### **Service specifications**

- Clinical Psychologists should be employed as core members of the following services:
  - primary care counselling and psychological therapies services;
  - secondary mental health care for older people;
  - young onset dementia services;
  - stroke services;
  - falls services;
  - intermediate care services;
  - general hospital care for older people.
- Opinion is currently divided with regard to the most appropriate model of service provision for older people in Primary Care. Clinical Psychologists working within Primary Care should either be established with sufficient resources, supervision and training to work with referrals from all ages, including people over the age of 65, or a separate Primary Care Psychology service should be established to meet the needs of older people. Service agreements should allow for the complex needs of older people who may require home visits and longer interventions and substantial liaison with other agencies.

- Clinical Psychologists working in specialist services such as addictions, eating disorders, traumatic stress and forensic services should be established with sufficient resources, supervision and training to work with referrals from all ages, including people over the age of 65. Criteria for access to these services should not discriminate (directly or indirectly) against older people.
- Services that do not operate age related referral criteria should foster close working relationships with Clinical Psychology services for older people who should, in turn, support these services in responding appropriately to older people's needs.

### **Service organisation**

The management of Clinical Psychologists should be in keeping with the nature of the service in which they are working as well as the BPS Guidelines for Clinical Psychology Services (BPS 1998). It is recommended that junior staff should be line managed by a consultant grade Clinical Psychologist to help establish professional identity whilst working as part of a multidisciplinary team. All Clinical Psychologists and Assistant Psychologists should have clear professional supervision and accountability structures integrated with service management structures.

### **Service standards**

- Chartered Clinical Psychologists work to the British Psychological Society Code of Conduct, Ethical Principles and Guidelines, Division of Clinical Psychology professional Practice Guidelines, as well as the policies and procedures of their employing agency.
- Appropriate clinical supervision arrangements should be established to provide professional accountability, in keeping with British Psychological Society/Division of Clinical Psychology guidelines.
- Appraisal mechanisms should operate in a way that enables an appropriate balance between professional development of the Clinical Psychologist and attainment of the objectives and requirements of the service.
- Availability of an accessible interview and consulting room in which clients can address personal and confidential issues in a comfortable, safe and private setting is an essential requirement.
- Sufficient IT resources and administrative support should be provided to ensure that clinical information is maintained, updated and stored in a secure and confidential system in keeping with local service policies.
- Adequate time should be established for Continuing Professional Development and R&D activity, and monitored through appraisal and supervision structures in line with BPS guidelines. It is recommended that a minimum of one session per week is identified for such purposes. Eligibility for chartered status with the BPS includes annual submission of a CPD activity log.

### **Staffing levels**

The following are recommended minimum staffing levels for a typical district service (250,000 total population; 45,000 >65 years of age). However, services will need to adjust these recommendations according to local needs, taking into account factors such as local indices of deprivation, and age profiles.

#### ***Secondary Mental Health Services for Older People***

- **One wte Clinical Psychologist per 10,000 older people**
- Appropriate skills mix including:
  - A minimum of one Consultant Clinical Psychologist (specialising in work with Older People) per service to provide professional management and supervision to junior Clinical Psychology staff and to contribute to service development initiatives.

- A range of Clinical Psychologist posts that may facilitate staff development, recruitment and retention.
- Assistant Practitioner Psychologists provide an enthusiastic and highly motivated resource to undertake systematic and planned psychological assessments and interventions under the supervision of a qualified Clinical Psychologist. They also undertake high quality input to service development and evaluation.
- Strong, coherent Clinical Psychology services for older people attract trainees requiring clinical placements as part of their doctorate level training in Clinical Psychology. Such trainees bring significant extra resources to a service in the form of both clinical work and service based evaluation and research, as well as being potential future recruits to the service.

### *Primary Care*

- Staffing levels for Primary Care Psychology may be calculated in various ways depending on the model adopted by local services (BPS Occasional Paper 4; 2002). However, the Extended Primary Health Care Team (EPHCT) represents a high level of integration of Primary Care services that should include access to Clinical Psychologists for patients across the life span.

### *General Hospital Care for Older People*

- **One wte Principal Clinical Psychologist per service** graded at a level that enables the recruitment and retention of someone with knowledge and skills that reflect continuing professional development in this specialist area.

### *Young Onset Dementia Services*

- **0.5 wte Principal Clinical Psychologist per service** graded at a level that enables the recruitment and retention of someone with knowledge and skills that reflect continuing professional development in this specialist area.

### *Stroke Services*

- **One wte Principal Clinical Psychologist and one Assistant Psychologist per service.** BPS Briefing Paper 19 (2002) provides detailed information regarding the configuration of such services.

### *Falls Services*

- **0.5 wte Principal Clinical Psychologist per service** graded at a level that enables the recruitment and retention of someone with knowledge and skills that reflect continuing professional development in this specialist area.

### *Intermediate Care*

- **0.5 wte Principal Clinical Psychologist per service** graded at a level that enables the recruitment and retention of someone with knowledge and skills that reflect continuing professional development in this specialist area.

It is recommended that careful consideration is given to professional line management structures for new posts in services where Clinical Psychology for older people are not previously established. Arrangements for professional links and supervision with an appropriately trained and experienced Clinical Psychologist will aid recruitment and retention as well as promoting a culture of good practice.

Where services are unable to recruit Clinical Psychologists with the relevant post qualification experience, it is recommended that careful consideration is given to Job Descriptions, specialist clinical supervision and Personal Development Plans to support a more junior post holder to develop the knowledge and skills

necessary for the post. Part time posts in areas of service development may also be combined to aid recruitment of more senior staff.

It is recommended that one session of Consultant Clinical Psychologist management time and five sessions of Assistant Psychologist time is factored into the cost of each established Clinical Psychology post to ensure sufficient scope for managerial support and assistance with clinical activity and service evaluation.

The staffing levels recommended in this document are appropriate for profession specific clinical roles only. Higher staffing levels should be established if services require Clinical Psychology team members to perform managerial responsibilities, generic team work (e.g. key working/case management) or extensive service development, audit and research.

## Monitoring quality and outcome

Clinical Psychology services should contribute activity monitoring data to the organisation in which they work. A Clinical Psychology manager should attend service activity-monitoring groups to ensure that established performance indicators, and the data collected for local service monitoring requirements, reflect the work of psychology services adequately. Psychology services will collect routine outcome evaluation information pertaining to their clinical work. This should take place in conjunction with wider service outcome evaluation.

## References

- Baldwin, R. (1996). Depressive illness. In R. Jacoby & C. Oppenheimer (Eds.) *Psychiatry in the Elderly* (2nd edn). Oxford: OUP.
- Boddington, S. (2001). National Service Framework for Older People: A summary and thoughts from a Clinical Psychologist's perspective. *PSIGE Newsletter*, 77, 5–11.
- Division of Clinical Psychology (1998). *Guidelines for Clinical Psychology Services*. Leicester: British Psychological Society.
- British Psychological Society (2002). *Psychological Services for stroke survivors and their families. Briefing Paper 19*. Leicester: Author.
- British Psychological Society. (2002). *Clinical Psychology Services for older people in primary care. Occasional Paper 4*. Leicester: Author.
- Lavender, A., Richardson, A. & Gray, I. (2005). *English Survey of Applied Psychologists in Health and Social Care and in the Probation and Prison Service*. Leicester: British Psychological Society.
- Care Services Improvement Partnership/Department of Health. (2005). *Everybody's Business. Integrative mental health services for older adults: A service development guide*. [www.everybodysbusiness.org.uk](http://www.everybodysbusiness.org.uk)
- Childs, L. & Kneebone, I. (2002). Falls, fear of falling and psychological management. *British Journal of Therapy and Rehabilitation*, 9, 225–231.
- Department of Health (2001a). *Treatment choice in Psychological Therapies and Counselling: Evidence based clinical practice guideline*. London: Department of Health.
- Department of Health. (2001b). *National Service Framework for Older People*. London: Department of Health.
- Dickenson, D. & Johnson, M. (1993). *Death, Dying and Bereavement*. London: Sage.
- Gatz, M. *et al.* (1998). Empirically validated psychological treatments for Older Adults. *Journal of Mental Health and Agency*, 4, 9–46.
- Health Advisory Service. (1999). *Standards for Mental Health Services for Older People*. Pavilion Publishing: Brighton.
- Lee, T., Critchley-Robbins, S., Smyth, C., McDonnagh, C. & Dooley, C. (2002). Implementing the National Service Framework for Older People: What can Clinical Psychologists do? *PSIGE Newsletter*, 79, 18–25.
- Lindesay, J. (2002). Neurotic Disorders. In R. Jacoby & C. Oppenheimer (Eds.) *Psychiatry in the Elderly* (3rd edn). Oxford: OUP.
- Livingston, G. & Hinchcliffe, A.C. (1993). The epidemiology of psychiatric disorders in the elderly. *International Review of Psychiatry*, 5(4), 317–326.
- Milne, A., Hatzidimitriadou, E., Chryssanthopoulou, C. & Owen, T. (2001). *Caring in Later Life: Reviewing the role of older carers*. Tizard: Help the Aged.
- Office for National Statistics (2005). Rates of suicide and open verdicts in England and Wales (1968–2003). [www.statistics.gov.uk](http://www.statistics.gov.uk)
- Princess Royal Trust for Carers (2003). *The Primary Carers? Identifying and providing support to carers in Primary Care*.
- Reynolds, C.F., Frank, E., Perel, J.M., *et al.* (1999). Nortriptyline and interpersonal psychotherapy as maintenance therapies for recurrent major depression: A randomized controlled trial in patients older than 59 year. *Journal of the American Medical Association*, 281, 39–45.
- Wolfe, C., Rudd, A. & Beech, R. (1996). *Stroke services and research: An overview with recommendations for future research*. London: Stroke Association.

# Appendix 1: Clinical Psychology grading and agenda for change (A4C) pay bands

Please refer to the BPS, Division of Clinical Psychology A4C Job Description templates and Knowledge and Skills Framework for more detailed information.

**Assistant Practitioner Psychologists (APPs)** (A4C bands 4 & 5) are graduate psychologists. In accordance with the British Psychological Society, APPs must be supervised by an appropriately qualified Clinical/Health Psychologist. Responsibility for clinical interventions, interpreting assessment material and recommendations based on assessments remains with the qualified psychologist. If an AP is employed, then costs also need to be included for a minimum of 0.1 wte of a suitably qualified psychologist to provide appropriate induction, training and weekly professional and management supervision, plus contribution to team and service development meetings. It is recommended that APPs should be based in a location where they can have frequent contact with qualified psychologists.

**Trainee Clinical Psychologists** (A4C band 6) are psychology graduates who are undertaking what is usually a three year applied doctorate level psychology training. They may be assigned to placements within services where an appropriately qualified Psychologist is able to provide supervision.

**Clinical Psychologists** (A4C band 7) have completed their training, and are independent practitioners. They would expect to receive clinical supervision from a more senior psychology colleague, and support in aspects of service development.

**Principal Clinical Psychologists** (A4C bands 8a/b) have completed appropriate post qualification experience and training to co-ordinate and manage training placements. They will also have experience and training to undertake more specialist roles within services in keeping with the knowledge and skills attained through CPD.

**Consultant Clinical Psychologists** (A4C bands 8c/d & 9) have knowledge and skills that would usually reflect at least six years post qualification experience and an ability to undertake responsibility for professional and service management, development and evaluation. Applicants for such posts are scrutinised by British Psychological Society appointed external assessors who act in an advisory capacity to local service managers to maintain professional standards. Consultant CPs are generally involved in service development, management, and/or specialist assessment and treatment.

## Appendix 2: The role of Clinical Psychology in The National Service Framework for Older People

The NSF-OP highlights a range of service issues relating to older people living in England and Wales, that have relevance to the provision of psychological services across the UK (DoH, 2001a; Boddington, 2001; Lee, *et al.*, 2002).

### ■ **Accessibility (rooting out age discrimination)**

In a 2003 census of NHS Clinical Psychologists 6.3 per cent of sessions worked in a four-week sample period were with older people (Lavender *et al.*, 2005). However, 18 per cent of the UK population are over 65 years of age and older people require disproportionately greater access to care services (40 per cent of the NHS budget and 50 per cent of the social services budget are devoted to this client group). Health and Social Care services should ensure that older people get equal access to Clinical Psychology resources. This can be achieved by ensuring that Clinical Psychologists are part of services for older people and by removing age limits to specialist services (e.g. – addictions/substance misuse, eating disorders, trauma services, primary care psychology) and reducing indirect discrimination (eg. some Primary Care Psychology contracts specify that the client should attend the surgery, and make no provision for home visits).

### ■ **Promoting person centred care**

Clinical Psychologists can play an important role in helping services anticipate, recognise and treat psychological distress experienced by older people, their carers and families as part of the co-ordinated Single Assessment Process and integrated interventions proposed for older people across Health, Social Services and the Independent sector.

### ■ **Intermediate care**

Clinical Psychologists are well placed to provide mental health input to IC services, working alongside Physical and Mental Health teams to promote clients' independence (helping with adjustment to health changes and reducing psychological obstacles to the efficient use of rehabilitation), and to develop closer integration of these services.

### ■ **General Hospital care**

Given the high co-morbidity of physical and psychological problems (e.g. depression, cognitive impairment) in later life, Clinical Psychologists can help by using specific psychological interventions to reduce emotional distress and assist in the provision of psychological care within General Hospital. They can also access specialist Mental Health services when appropriate.

### ■ **Stroke**

Clinical Psychology is identified as one of the core disciplines within the specialist Stroke Teams proposed in the NSF-OP. Psychologists can contribute to the assessment and treatment of stroke patients by providing specialised neuropsychological assessments, advising on and providing rehabilitative interventions for neurological impairments, assessing and treating mood related disorders, and supporting the wider formal and informal care structures for these clients (British Psychological Society, 2003).

### ■ Falls

Psychological factors can be both a significant cause of falls, and an important consequence of falls in older people (Childs & Kneebone 2002). Clinical Psychologists can work directly with clients to address these needs and can support other staff in considering the psychological effects of falls.

### ■ Mental health

Psychological assessment and interventions are a core part of mental health care for older people in the UK and Clinical Psychologists work as part of a full range of services available (HAS, 1999). The evidence base for mental health interventions now supports the combined use of psychological and pharmacological therapies in treatment and relapse prevention (Gatz *et al.*, 1998; Reynolds *et al.*, 1999). When working with older people there is often an interplay between physical, social and mental health needs which require Clinical Psychologists' advanced formulation skills and capacity to work across complex systems of care to help services manage users and carers multiple needs.

### ■ Health promotion

Clinical Psychologists can work to promote psychological wellbeing in later life (Lee *et al.*, 2002). This may be achieved through a range of approaches such as education and training to 'at risk' groups, community psychology initiatives and public health campaigns through media outlets.

### ■ Research and development

Clinical Psychologists, who undertake an applied post graduate training to doctorate level, have a strong basis for contribution to research and audit as part of Clinical and Research Governance in the NHS.



The  
British  
Psychological  
Society



Psychology  
Specialists  
Working with  
Older People

The British Psychological Society

St Andrews House, 48 Princess Road East, Leicester LE1 7DR, UK

Tel: 0116 252 9568 Fax: 0116 247 0787 E-mail: [mail@bps.org.uk](mailto:mail@bps.org.uk) Website: [www.bps.org.uk](http://www.bps.org.uk)

PSIGE Website: [www.psige.org](http://www.psige.org)