

LETTER

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Mental healthcare in older adults with schizophrenia: results from 118 French public psychiatric departments

The increased life expectancy in people with severe and persistent psychiatric illness, such as schizophrenia or bipolar disorder, has been predicted to substantially affect mental healthcare system (Bartels *et al.*, 2002) that must adapt to meet the needs of older adults (Jeste *et al.*, 1999). Development of specialized geriatric psychiatry services is thus needed.

In France, public mental health departments are organized into “sectors,” i.e. catchment areas defining mutually independent geographical areas, each of them comprising a mean population of 72,000 inhabitants. Catchment area healthcare teams cover all levels of service provision, i.e. primary, secondary, and tertiary care, and are responsible for the provision of healthcare services for all the inhabitants of the areas concerned. Apart from the planning and budgeting advantages of this method of organizing service, this approach leads to enhanced likelihood of providing continuity of care. However, it also implies that each sector healthcare team have the knowledge and the means required to adequately manage all mental disorders, limiting thus the development of services specialized in the care of specific disorders and in geriatric psychiatry (Verdoux and Tignol, 2003).

In this report, we sought to give an overview on the global provision of psychiatric care for older adults in France and examine the proportion of older patients with schizophrenia among psychiatric patients followed up in France between 2008 and 2009.

Data were collected in 118 public-sector psychiatric departments between 2008 and 2009. Each department was questioned about the total number of patients aged over 18 years old they had followed up during this period, their age, and the number of patients with an International Classification of Diseases, 10th Revision (ICD-10) diagnosis of schizophrenia or schizoaffective disorder (F20–F25). Lastly, all departments were asked whether they offer specialized services for elderly patients.

Study results indicate that one out of five ($n = 376 \pm 303$; 21%) patients was aged 60 years or older. Patients with a diagnosis of schizophrenia

represented nearly 13% ($n = 236 \pm 147$) of the total number of patients, while the percentage of patients with schizophrenia aged 60 years and older was 1.5% ($n = 26 \pm 15$) of the total number of patients. More than one out of ten patients with schizophrenia was aged 60 years and older (11.1%). Less than four out of ten mental health departments (39.8%) provided specialized services for elderly patients. In these departments, 76% reported ambulatory care services, 42% consultation-liaison, 36% full-time hospitalization with an average of five beds dedicated to the elderly, and 19% day hospitalization.

Mental health in older people has become a major issue in the European Union (EU) (Jané-Llopis and Gabilondo, 2008). The EU stresses the importance of promoting autonomy and independence for older people with mental health diseases by privileging community-based care and maintaining elderly subjects in their own environment. However, our results, in line with those of a recent study (Tucker *et al.*, 2007), suggest that despite substantial improvements during the last decades, the development of mental health departments offering specialized services for older patients is insufficient to meet the impending crisis in geriatric mental health.

Mental healthcare for older adults with mental illness, and particularly those with schizophrenia, needs to be accessible, affordable, culturally appropriate, and integrated into a comprehensive system of mental health services that ensures continuity and coordination of care. Despite evidence for the efficacy of a variety of interventions for mental disorders in the elderly, implementation of these interventions in usual care settings remains limited (Bartels *et al.*, 2002). The main objectives for the next few years are to ensure equitable access to appropriate assessment and treatment of mental disorders in older individuals, develop the interface between specialist mental health services and generic services caring for older people, and provide adequate training to young psychiatrists and mental health staff. In France, the National Health Strategy plan recently presented by the government seeks to diminish care provision disparities, with a particular focus on the older population.

In conclusion, although elderly patients represent one out of five psychiatric patients in France, only one-third of French public mental health departments provide services specialized in geriatric psychiatry. Given the rapid growth of

the geriatric population in the Western world, substantial improvements in service planning are required to meet the impending crisis in geriatric mental health.

Conflict of interest

None.

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