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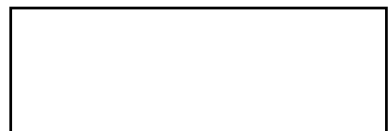
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The experiences of older adults with a diagnosed functional mental illness, and their carers' / families' and healthcare professionals' experiences in relation to mental health service delivery

Julia Wells, Catriona Kennedy, Heather Bain, Siew Hwa Lee

Citation

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Review question

The aim of this review is to synthesise the evidence related to the experiences of older adults with a diagnosed functional mental illness, their carers' / families' and professionals' experiences in relation to mental health service delivery.

What are the experiences of key stakeholders in relation to mental health services?

What are key stakeholders' experiences in relation to accessibility and availability of mental health services?

How efficient and cost effective are mental health services for older adults with functional mental illness?

Searches

We will conduct an integrative literature review. We will search the following six databases;

MEDLINE

Cumulative Index to Nursing and Allied Health Literature (CINAHL)

Cochrane Central Register of Controlled Trials (CENTRAL)

EMBASE

AMED

PsycINFO

We will check reference lists of included articles for other relevant studies for inclusion. We will search other databases for grey literature and will contact authors for ongoing studies. The search terms will include Medical subject heading (MeSH) and keywords and synonyms. The search terms will focus on mental disorder, mental illness, anxiety disorder, depressive disorder, severe mental illness, psychotic disorder, personality disorder, schizophrenia, functional mental illness, patients, carers, families, healthcare professionals, clients, service users, older people, older adult, community mental health services, mental health services, psychiatric services, old age psychiatry, older adult mental health services. Boolean operators using "OR" and "AND" will be used with limiters set to the year 2000, as the early millennium saw the introduction of The Mental Health (Care and Treatment) (Scotland) Act 2003, Adults with Incapacity (Scotland) Act 2003 and significant shift to community care provision locally.

Articles will be included from countries where health systems mirror the United Kingdom, including Europe, Australasia and North America.

The search will be limited to peer-reviewed articles and reference lists from relevant articles will be hand searched.

Types of study to be included

Empirical research including mixed methods, qualitative, quantitative and randomised control studies will be included.

Editorial, commentary, discussion, opinion papers and systematic reviews will be excluded.

Condition or domain being studied

Mental health service delivery in secondary care and community settings.

People with dementia, substance misuse, alcohol misuse, forensic services and eating disorders will be excluded from this review due to the specialist mental health services this population receives.

Participants/population

People aged over sixty five with a diagnosed functional mental illness.

Carers / families of people aged over sixty five who have a diagnosed functional mental illness. Within this review carers / families are defined as a person who provide unpaid care to another (Scottish Government 2015).

Healthcare professionals working in mental health services for those aged over sixty five who have a diagnosed functional mental illness.

Intervention(s), exposure(s)

We will include studies that report mental health service delivery in secondary care, primary health care, and community base settings.

Comparator(s)/control

Usual care

Context

Mental health service delivery to older people with functional mental illness (FMI) is nebulous with no uniformity or equity in provision locally, nationally or Internationally (Parliament UK; Union of European Specialities 2013). Currently within the United Kingdom mental health services are divided into two categories, Older Adult Mental Health (age defined) services or ageless services (Abdul-Hamid et al 2016). Where a person lives will determine the service they receive. Within Scotland twelve of its fourteen health boards have age defined services; in England and the majority of Europe, in contrast, services are ageless. There is no evidence base underpinning these arbitrary service delivery models (Warner 2012; Abdul-Hamid et al 2016; Bawn et al 2007). Furthermore, current models of service delivery to older people are perceived as financially unsustainable due to a growing aging population (Dilnott 2011). With the introduction of integrated health and social care boards, a greater focus will be on carers/ families supporting older people (Scottish Government 2017). It is therefore a critical time in terms of mental health service delivery and it is essential to review the experiences of key stakeholders to inform service delivery.

Primary outcome(s)

Experiences of older adults with a functional mental illness, and of carers / families and healthcare professionals in relation to mental health service delivery.

Cost effectiveness and efficiency of mental health services.

Secondary outcome(s)

None

Data extraction (selection and coding)

The screening of titles and abstracts will be undertaken by two reviewers (JW and SHL). Potential full texts will be obtained and assessed by team members and any disagreement will be discussed. If there is dubiety

over the inclusion of a study, it will be reviewed by a third person who will make the final decision. The process of screening and selection will be reported and conducted in adherence with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) flow chart (Moher et al 2009).

Duplicate references will be identified, recorded then discarded. A record of reasons for excluding studies will be kept.

Data will be extracted from the identified articles for inclusion by reviewers. Data will be extracted using a customised template and will be piloted on 10 articles and will be adjusted accordingly. The data extraction forms will be used to produce a summary table of study characteristics and final results and key findings.

Risk of bias (quality) assessment

Quality appraisal tools such as Critical Appraisal Skills Programme (CASP 2017) and Scottish Intercollegiate Guidelines Network (SIGN 2012) will be used to assess the quality and level of evidence of each article.

Strategy for data synthesis

We will construct a qualitative synthesis of the findings from the included studies using the Narrative Synthesis in Systematic Reviews (Popay et al 2006).

Analysis of subgroups or subsets

None planned.

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Anticipated or actual start date

05 May 2017

Anticipated completion date

06 May 2018

Funding sources/sponsors

This integrative review will form part of Julia Wells PhD studies.

The Florence Nightingale Foundation has sponsored the student to undertake these studies.

Conflicts of interest

Language

Country

Scotland

PROSPERO

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