Services – key requirements for older people with mental illness

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Populations are ageing in both developed and developing countries. In 1996, 58 % of the world's population aged 60 or over lived in developing countries. By 2020 this proportion will rise to 67 %. These demographic trends are accompanied by economic growth and industrialisation as well as profound changes to traditional family structures. The changing role of women and children means that the moral obligation to care for older members of the family is no longer so strongly felt.

Mental disorders in the elderly, in particular depression and dementia, are important causes of morbidity and premature mortality. They exist in every country throughout the world. Given that age is the best established risk factor for dementia, the inevitable consequence of ageing populations is an increase in numbers of people with dementia. Epidemiological studies in the United Kingdom, Europe, Australia and elsewhere indicate that 6 % of the over 65's and 20 % of the over 80's suffer with a dementia. There are estimated to be 18 million people with dementia world–wide with 2 out of 3 living in developing countries. In 25 years time there will be 34 million people with dementia and 3 out of 4 of them will live in developing countries (1).

Epidemiological studies of depressive disorders indicate that around 12 % of older people living in the community suffer from them. The prevalence is remarkably constant throughout the world (2). Rates of depression and dementia are exceptionally high in hospitals, residential and nursing homes.

Changing demographic patterns, grey power and rapidly changing family structures are all putting great pressure on health and social services. Those responsible for these services are being forced to consider anew how to provide a system to meet the needs of people with depression

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and dementia and their families. In the developed world it is beginning to be recognised, though action is slow to follow, that there is a limit to what the family can or should be expected to tolerate.

In every country most people with mental health problems live at home. This is where they want to live. This is where their families want them to live. This is where governments want them to live. Dementia studies carried out in the United Kingdom (3) have demonstrated that stress on carers can be reduced. If people with dementia and their carers are adequately supported they can continue to live at home for as long as they wish. The 10/66 research group affiliated to Alzheimer's disease International (ADI) has started to produce information about the impact of dementia in developing countries and to look at interventions. It is becoming clear that carers in India, Africa and Latin America are all experiencing high levels of both psychological and economic strain (4).

Countries vary in their degree of recognition of depression and dementia. They also vary in the type of family support and services that are available. However it is well recognised that if these mental disorders are identified and diagnosed and if people with mental health disorders and their carers are well supported, a better quality of life is achieved for all those concerned. The urgency of this situation world wide led the Geriatric Section of the World Psychiatric Association together with the World Health Organisation and other international non-governmental organisations to produce consensus statements on the definition of the specialty of psychiatry of the elderly and the organisation of services for the elderly with mental disorders (5, 6).

Most older people with mental disorders are cared for by their families and/or friends with support from the primary care team. It is therefore crucial that the members of the primary care team learn to identify people who may have dementia or depression. They need to develop a low threshold to thinking about these diagnoses when they see older people in their practice. The primary care team needs to feel confident and competent to carry out simple screening tests, to be able to take a history from an informant about the course of the symptoms and to carry out a physical and mental state examination together with some routine blood tests.

If a diagnosis of dementia is thought likely, most primary care workers and most families find it helpful for the person with the problem to be

referred to a specialist service, if there is one, for confirmation of the diagnosis and advice on management. The diagnosis of depression can be more easily managed by primary care. However specialist services can be helpful if the depression does not respond to treatment after 6 or more weeks. The primary care team should also be able to distinguish dementia from depression as well as to reassure people who have anxieties about their memory.

Mental illness in old age may differ in clinical features from the same illness in a younger person and they may present particular problems in management. Social difficulties, multiple physical problems and sensory deficits are also common. Appropriate detection and management require specialist knowledge and skills as well as multidisciplinary collaboration. The specialist doctor in a specialist service may be a psychiatrist for the elderly but in countries where this specialty hardly exists, neurologists, general psychiatrists or geriatricians can all provide appropriate specialist care. Whoever is responsible, the assessment should ideally take place in the person's home not in an out-patient department. Domiciliary assessment allows for the person with the mental health problem to be seen in their own familiar surroundings where they will function quite differently from in a hospital out-patient department. It provides an opportunity for the specialist to take a history from a close relative as well as assessing the condition of the home. A specialist service for older people with mental disorder needs to be community orientated and should aim to treat older people at home.

A specialist service should consist of a multi-disciplinary team including doctors, nurses, social workers, psychologists, occupational therapists. All members should make domiciliary visits. All members should be competent to do assessments. The service should have a back-up of acute assessment beds and treatment beds in a general hospital as well as some respite and rehabilitation beds, day care and access to some long term beds. Reciprocal availability of advice between psychiatry of the elderly and general medical and geriatric medicine is important as are links with voluntary organisations and community facilities.

The aim of the initial assessment should be to make a diagnosis followed by a treatment plan as well as an assessment of the needs of the person with the mental health problem and their carers. The assessment process is concluded by drawing up a management plan in consultation with all those involved. This should include follow-up at home by a named key

worker. This might be the primary care doctor, another member of the primary care team, or a member of the specialist team, often one of the nurses.

If the diagnosis is dementia, it is important that families are encouraged to get in touch with the national or local Alzheimer association if there is one. These associations can play a significant role in supporting the family with information, support groups and on-going advice.

The model of care I have described has been practised in the UK for 40 years, led by the relatively new specialty of psychiatry of the elderly, This specialty has attracted high calibre people into the field and has encouraged good quality research. The specialty also plays an important educational role with all those working with older people with mental disorders. There can be no doubt that in those countries where it is practised, this specialty has helped to raise the status of this vulnerable group. In the case of dementia these specialist services together with a strong national Alzheimer Association have significantly raised the profile of dementia, helping people to come forward for assessment. Those planning services in other countries may find this experience helpful.

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