Development of specialties – Old age psychiatry

Old age psychiatry is the youngest specialty within psychiatry concerned with the increase of older patients suffering from mental disorders and the needs of the ageing population. There have been important changes in the care of elderly patients during the past 50 years and the benefits of appropriate treatment at home and in smaller units are discussed. There has been a slow rise in the average age at death in the UK and other developed countries for several generations. The number of people with the disabilities and illnesses of old age has steadily increased, with an increase in their need for care. Doctors thought that little could be done for the mental illnesses of this group until after the Second World War. Many of these were cared for in asylums. Careful study of these illnesses revealed they were not a homogeneous group and some conditions were treatable. Diagnosis of mental illnesses in this age group was much clarified by the work of Martin Roth and his colleagues. With the slow disappearance of asylums these patients were treated and cared for at home, at day centres and nursing homes and whatever other community supports were available. The number of psychiatrists solely concerned with the mental illnesses of old age steadily increased over the past 50 years. The Faculty of Old Age Psychiatry in the College was started in this period to educate all those concerned with these illnesses.

Since the Second World War there has been increased interest in the mental illnesses of old age. Before the 1960s the psychiatrists concerned were general psychiatrists. Elderly patients with chronic disorders were admitted to asylums, later mental hospitals, and could remain there for life. With a steadily ageing population there had been a great increase in the number of elderly patients suffering from mental disorders. This led to the development of a further specialty within psychiatry (that of old age psychiatry). Mental illnesses in old age had previously been thought of as due to cerebral deterioration for which little could be done. Such patients were only considered to need support and nursing care, which they received chiefly in large wards in mental hospitals.

Changes came about for two reasons. Some general psychiatrists and neuropathologists began to study more closely elderly patients with these illnesses. Martin Roth, Felix Post and Nicholas Corsellis began to clarify diagnoses and prognoses. At the same time, with
reduction in the number of hospital beds (particularly mental hospital beds) general psychiatrists found themselves under increasing pressure and were pleased to have colleagues who would take over the responsibility for the elderly. There had been tension between general physicians and psychiatrists about the responsibility for the very elderly who were both physically and mentally handicapped, sometimes following a series of strokes.

Initially old age psychiatrists found they were given responsibility for a very large number of hospital beds, but increasingly their work entailed being much more involved in the community. They were the first group to develop outreach from the hospital, developing community psychiatric teams with nurses, psychologists, social workers and doctors working very closely with general practitioners. Tom Arie was among those who were involved in starting and furthering these developments at Goodmayes Hospital. He later headed the academic department, at Nottingham University.

Martin Roth who initially trained as a neuropsychiatrist had moved to Graylingwell Hospital in 1950 to become Director of Clinical Research there. This unit became a Medical Research Council Unit in 1956. He studied the mental disorders of old age, and along with workers such as David Kay, Garry Blessed, Klaus Bergmann and the pathologist Bernard Tomlinson continued this work for the next 20 years at Newcastle on Tyne and later at Cambridge. His work clarified the psychiatric aspects of ageing illnesses, confusional states, anxiety states and paraphrenias and their epidemiology. Felix Post, at
the Maudsley Hospital, trained many of the leading workers in this field, a tradition continued by Raymond Levy as Professor of Old Age Psychiatry there.

The past 50 years have seen a profound change in the manner that the elderly with mental disorders are assessed, managed and treated. They are now seen at home or in out-patient clinics, much earlier in their illnesses, where they are carefully assessed. Patients and their carers (frequently elderly spouses) are helped, for example by day care and respite care.

The care package may be comprised as needs indicate to meals on wheels, home helps, sitters in, day centre or day hospital attendance and periods of respite in residential homes. Help is also given in the form of an attendance allowance, which facilitates the purchase of further help. Meanwhile beds in large mental hospitals have dwindled and all but disappeared. It has become clear that there are some mental disorders in old age, for example the depressions and those mental states which are secondary to treatable physical disorders, which can respond well to specific treatments. There are now drugs for which it is claimed that they delay the progression of a dementing disorder and that these may be succeeded by more effective drugs. Even so much of the work of old age psychiatrists will continue to be providing support to patients and carers.

**FACULTY OF THE PSYCHIATRY OF OLD AGE (PSYCHOGERIATRICS)**

This specialty is a recent development, which has markedly expanded since the inception of the College. The following table shows this clearly.
UK consultants in psychogeriatrics

Table 1. UK consultants in psychogeriatrics 1969–1999

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969</td>
<td>8</td>
</tr>
<tr>
<td>early 1970s</td>
<td>30–40</td>
</tr>
<tr>
<td>1980</td>
<td>120</td>
</tr>
<tr>
<td>1984</td>
<td>180</td>
</tr>
<tr>
<td>1989 (specialty status granted)</td>
<td>280</td>
</tr>
<tr>
<td>1991</td>
<td>362</td>
</tr>
<tr>
<td>1992</td>
<td>405</td>
</tr>
<tr>
<td>1999</td>
<td>450</td>
</tr>
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A group was started in the College which had its first meeting in 1973. Psychogeriatrics became an official specialty in the National Health Service (NHS) in 1989 and is now one of the largest branches of psychiatry. Initially these services were based in large mental hospitals, but now the acute beds are often in general hospitals, whilst long stay care has largely disappeared from the NHS. Much smaller units, often more pleasant and more appropriately designed, mostly in private hands, have taken over, but multiple dispersed units may present greater problems of surveillance and of regulation of standards.

‘Psychogeriatricians’ (older adult psychiatry) have non-selective responsibility for the whole range of mental disorders in old people within defined populations. These populations were initially huge. One psychiatrist and multidisciplinary team might then have served up to 50 000 elderly people (over 65 years). Now the recommended population will range from 10 000–15 000. The policy is to make a first assessment at home, and wherever possible to bring the service to people’s own homes, or into other community facilities (such as day hospitals and health centres). Rapid response, with deployment in people’s own homes of all staff, particularly community psychiatric nurses, is paramount,
as is teamwork, and close working with primary care staff. Shared care protocols for the assessment, treatment and management of depression and dementia are being developed in most NHS trusts. Cooperation with voluntary and private agencies as well as statutory ones is important. The base is usually in a general hospital, close to the geriatric service with a network of outreach facilities. Liaison work with medical and surgical patients is an important function. The Faculty in the College is similar to the other faculties having responsibilities for teaching, inspection of posts and appointment committees.

Tom Arie was among those who were involved in starting and furthering these developments at Goodmayes Hospital in Essex. He later headed the academic department at Nottingham University. Martin Roth who initially trained as a neuropsychiatrist had moved to Graylingwell Hospital in 1950 to become Director of Clinical Research there. This unit became a Medical Research Council Unit in 1956. He studied the mental disorders of old age, and along with workers such as David Kay, Garry Blessed, Klaus Bergmann and the pathologist Bernard Tomlinson continued this work for the next 20 years at Newcastle on Tyne and later at Cambridge. His work clarified the psychiatric aspects of ageing illnesses, confusional states, anxiety states and paraphrenias and their epidemiology. Felix Post, at the Maudsley Hospital, trained many of the leading workers in this field, a tradition continued by Raymond Levy as Professor of Old Age Psychiatry there.

FACULTY OF OLD AGE PSYCHIATRY

In the late 1960s there were less than ten psychogeriatricians. Their numbers grew thereafter quite quickly, and in 1973 a Group was started in the College, of some thirty five
members. This later became a Specialist Section, and finally a Faculty. Psychogeriatrics (old age psychiatry) became an official specialty in the National Health Service in 1989. It is now one of the largest branches of psychiatry, comprising well over 500 psychiatrists and their teams. The specialty has conducted fruitful collaboration with the Royal College of Physicians and the British Geriatric Society, producing series of influential joint reports. These have encouraged interest and developments in other disciplines including nursing, psychology and social science. In addition they have fostered mutual support with the Alzheimer’s Society and other voluntary agencies. The enthusiasm and organisation of services for older people developed in the UK is now replicated in many other countries and there is thriving international exchange of ideas.

Serial changes in the organisation and funding of health care and social care within England and Wales have weakened the original position of the specialty as champion and deliverer of best practice. Most long-stay care of people with dementia is now provided by private companies and decisions on funding are made by committee and protocol rather than clinicians. The National Service Framework (NSF) for Mental Health excluded older people and people with dementia from its consideration and the advantages associated with its funding; later the NSF for Older People attempted to address this deficit – but with no additional funds. Perversely, the Faculty’s admirable determination to stamp out ageist practices has led some to question the desirability of the very specialist services which have led the world to improve services for older people.

References