

**Epidemiology and social policy****John Bond**

A. H. Mann, N. Graham and D. Ashby, 'Psychiatric illness in residential homes for the elderly: a survey in one London borough'. *Age and Ageing*, 13 (1984), 257-265.

With the publication of *The Rising Tide*<sup>1</sup> there has been an increased interest in the relevance of psychiatric illness for the care of the elderly. Mann and his colleagues focus on one aspect: the prevalence of psychiatric illness among residents of residential homes for the elderly, by reporting on a large survey of residents in the homes of one London borough.

The study investigated the demographic and dependency characteristics of all the residents of 12 old peoples homes in one London borough. Seven of the homes surveyed contained between 45 and 70 residents and five between 20 and 30 residents. Data were collected for 438 (82 %) of residents.

Each resident received a standard interview – the Brief Assessment Schedule (B.A.S.)<sup>2</sup> which included questions to identify depression and dementia, demographic details and interviewer assessments of the subjects' mobility, hearing and sight. The validity and reliability of the instrument are summarised, indicating its relevance to this investigation. Four categories of mental state are identified: no indication of psychiatric illness, mild or moderate dementia but no depression, mild or moderate depression with dementia, depression but no dementia, severe dementia. Dependency data reported concerned walking, dressing, toileting and eating ability and problems with incontinence, wandering and aggression as reported by the head of home.

This paper reports that one-third of residents were suffering from severe dementia, another third from mild to moderate dementia and one-third were free of dementia. Of the latter two groups two-fifths were depressed. The prevalence rate of dementia increased with the age of residents and was higher among women. Logistic regression analysis was undertaken to predict the relative importance of age, gender and length of stay in relation to the prevalence of dementia. The prevalence of depression was found to be associated with the presence of visual handicap and incontinence, and was commoner when the resident had been admitted from their own home or belonged to a minority religious group. No relationship between the prevalence of depression and age, gender, marital status, educational level or social class of resident was found. Logistic regression analysis identified the importance of religious

affiliation, visual handicap and incontinence in the prediction of depression.

Data collected from heads of home indicated that one-third of all the residents needed help with dressing and the use of the toilet on a daily basis and between a fifth and a tenth needed help with walking and eating. In addition a quarter of residents were incontinent and a tenth displayed aggressive behaviour or were reported as wandering each day. These rates were found to vary between the different categories of mental state. The severely demented were the most dependent and display most problem behaviour. Depression is shown to be associated with an increased rate of dependency and problem behaviour.

#### COMMENT

This is an excellent article, which is of better than average quality for this particular journal. The study described is of sound design and the data presented is clearly described and large enough to be of real value to policy makers. To some extent the authors overdo the caveats about the reliability and validity of their methods and the limitations of the data presented. Compared with many studies of this kind the techniques used in predicting the prevalence of psychiatric illness in elderly residents have been carefully designed and tested. The data presented are highly relevant.

Perhaps one disappointing feature of this article is the lack of any detailed policy discussion. The authors suggest that much depression among residents could be 'treated' but ignore the wider policy implications for the objectives of local authority care or the education of care staff. What do these data suggest about the policy implications for the homes for the elderly mentally infirm?

A. S. R. de Zaysa and G. Blessed, 'The place of the specialist home for the elderly mentally infirm in the care of mentally disturbed old people'. *Age and Ageing*, 13 (1984), 218-223.

The study reported in this paper is a much smaller investigation than the one described above. Thirty female residents were studied in each of three settings: a Part III local authority residential home, a specialist home for the elderly mentally infirm and a long-stay psychogeriatric ward within a city psychiatric hospital. The paper provides no indication as to how or why the particular settings were chosen and little data about how they compare with other settings of the same type in the study area.

Data were collected about each subject from three sources. Relevant health documents were scrutinised, a semi-structured psychiatric assessment was undertaken and augmented by mental test data from Modified Roth Hopkins Test,<sup>3</sup> and senior care staff were invited to complete the original version of the Crichton Royal Geriatric Behavioural Rating Scale.<sup>4</sup> Using these data each subject was categorised according to psychiatric diagnosis, mental test score, and Crichton Rating Score.

The prevalence of psychiatric illness was less in the ordinary home than in each of the other two settings and at 63% is similar to the estimated prevalence of psychiatric illness in residential homes in a London borough as reported by Mann and his colleagues. However, there were insignificantly fewer cases of dementia in the ordinary homes compared with other settings. Those in the ordinary home who did not suffer from dementia were mainly free from any psychiatric disorder, while the balance of cases in the other two settings had functional psychiatric illness.

Dependency data collected through the Crichton Rating Scale showed that overall dependency levels were similar in the local authority and the specialist homes but substantially more severe in the psychogeriatric ward. Examination of subscale scores identified significant differences: Part III residents were less mobile than mentally frail residents, but the latter were more likely to be handicapped by poor orientation and lack of communication.

#### COMMENT

This study is much smaller than that reported above and is therefore in a very different league. As noted it is difficult to estimate the representativeness of these data to other similar settings in the study area or elsewhere. However, some of these data are consistent with that reported by Mann and his colleagues, as well as studies undertaken in Manchester<sup>5</sup> and Stockton.<sup>6</sup>

The relevance of the study to policy is the perhaps not surprising finding that the considerable development of facilities for mentally frail people in the study area does not appear to have removed residents with psychiatric illness from ordinary homes. Without entering the Meacher<sup>7</sup> debate on the ethics of homes for the confused these studies both identify a need for policy makers at local and national level to reconsider the objectives and role of local authority homes. The implications that these changes are having on the physical and social environments of ordinary and specialist homes for the elderly requires careful consideration by researchers and planners alike. The publication of *The Rising Tide* is just the beginning.

NOTES

- 1 Health Advisory Service, *The Rising Tide*. London, 1982.
- 2 Macdonald, A. J. D., Mann, A. H., Jenkins, R., Richard, L., Godlove, C. and Rockwell, G., An attempt to determine the impact of four types of care upon the elderly in London by the study of matched groups. *Psychological Medicine*, **12** (1982), 193–200.
- 3 Blessed, G., Tomlinson, B. E. and Roth, M., The association between quantitative measures of dementia and of senile change in the grey matter of elderly subjects. *British Journal of Psychiatry*, **114** (1968), 797–811.
- 4 Robinson, R. A., The organisation of a diagnostic and treatment unit for the aged in a mental hospital. In: *Psychiatric Disorders in the Aged*, World Psychiatric Association, 1965, 186–193.
- 5 Wilkin, D., Mashiah, T. and Jolley, D. J., Changes in behavioural characteristics of elderly population of Local Authority homes and long-stay hospital wards 1976–77. *British Medical Journal*, **2** (1978), 1274–1276.
- 6 Schiphorst, B. *Report of a Dependency Survey of the Elderly in Stockton on Tees Borough*. North Tees Health Authority, 1980.
- 7 Meacher, M. *Taken for a Ride: Special Residential Homes for Confused Old People: A Study of Separatism in Social Policy*. Longman, London, 1972.

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## Demography and migration

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D. T. Rowland, 'Old age and the demographic transition' *Population Studies*, **38** (1984), 73–87.

This paper is a product of research into 'Ageing and the Family' at the Australian National University. By presenting a set of tabulations drawn from successive censuses and from a social survey of elderly people in Sydney in 1981, this article examines the changes in selected demographic, household and familial characteristics among the Australian population over the last seventy years. It reflects the growing interest in ageing issues in that country and it adds usefully to the evidence concerning elderly people's changing living arrangements and availability of kin in demographic regimes of low fertility and mortality. Despite this title, the article does not adopt theoretical or comparative objectives with respect to the demographic transition: the term is used simply to describe the decline in fertility and mortality during the last century.

Among the many detailed findings of interest, it is shown that changes in family size during the demographic transition have had only a small