

Careers in psychiatric specialities

3. Old age psychiatry

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The old age psychiatrist's role has been evocatively described as "physician to the soul of the elderly". A more practical definition is psychiatrist to patients over the age of 65 with both functional and organic illnesses.

Career prospects

Old age psychiatry is still a rapidly expanding speciality. Long-term demographic shifts leading to greater numbers of elderly people will ensure that the need for old age psychiatrists will be sustained. Roughly 60 posts are advertised each year and probably less than half are filled with an adequately prepared candidate.

Training requirements

Because of the shortfall in senior registrars electing to be trained in old age psychiatry, the Royal College has recommended substantial changes from the current organisation of senior registrar training schemes.

The Royal College of Psychiatrists recommends that all psychiatrists should obtain at least six months training with a specialist old age psychiatrist during their general professional training. The Joint Committee on Higher Psychiatric Training recommend that specialist old age psychiatrists should spend two years of their training with recognised "old age psychiatry" trainers and two years with general psychiatry trainers. General psychiatrists who expect to care for some elderly patients, perhaps in specialist sessions contributing to an "old age psychiatry" service should have 12 months training with an "old age psychiatry" trainer and three years in general psychiatry or other subspecialist training. Each senior registrar training scheme should identify a number of salaried posts (roughly a third of the total) which will be designated as posts for training specialist old age psychiatrists.

Higher trainees in old age psychiatry will thus spend two core attachments linked to old age psychiatry services and two core attachments in general psychiatry. Special experience in geriatric medicine, neuroradiology, neurology, family therapy, management etc can be obtained in conjunction with these attachments.

Job structure

Many old age psychiatry services are still evolving and the newly appointed consultant must often provide the major impetus in setting up and developing a local service. Political and managerial skills are therefore required.

Once established, most old age psychiatrists' posts have a similar job structure. One of the consultant's key roles is as leader and coordinator of a multi-disciplinary team. A large proportion of time will be spent in the community providing domiciliary assessment of elderly patients with functional and organic illness. Liaison with geriatricians and social services is another major component of the job. The old age psychiatrist will usually have responsibility for day and in-patient services. The in-patient facility will include a number of beds for assessment and treatment, usually on a general hospital site. In addition there will be long stay beds for the care of patients with advanced dementias which need not be so sited but should be convenient for the patients' families to visit.

Although the old age psychiatrist may spend only a small proportion of his/her time with this latter group of patients, it is vital that he/she provides support and guidance to those professional staff who work more closely with these patients and who can easily become demoralised. A complex ethical problem, which must always be addressed and resolved within the ward team, is the degree of medical and nursing intervention to be provided when a patient with severe dementia become physically ill.

Likely job satisfactions and frustrations

Elderly patients are often particularly appreciative of help and can be one of the most rewarding of all groups of patients to treat. Most psychiatrists find there is much to learn from the experiences and recollections of their elderly patients. It is particularly gratifying to witness the improvement in quality of life of elderly patients achieved by rational psychiatric treatment. Although the opportunities for psychotherapy are limited by the time available, issues of loss are particularly relevant and there is scope for individual and family work.

It is often more satisfying to see patients in their homes than in an impersonal out-patient setting. In comparison with general psychiatry there are fewer patients with personality disorders as their primary problem to deal with. Providing differing levels of support for dementing patients, as their illnesses progress, can be rewarding as well as frustrating.

While patients and relatives may be appreciative of help, a major source of frustration can arise from endeavours to balance the huge need in the community with the limited available resources. There is constant pressure to admit from medical colleagues in the hospital and community. Resolving these difficulties in an amicable and realistic way is essential. It is noteworthy that the major changes in government policy with regard to care in the community may exacerbate conflicts between medical and social agencies for the care of the elderly.

Prospects for research

Opportunities for research in the field of old age psychiatry have been somewhat limited by the paucity of academic posts and by clinical demands. There are, however, exciting developments in the study of the dementias, both in the biochemical and genetic spheres.

As in other areas of psychiatry, the introduction of medical audit will be an integral part of the consultant's work. This may prove to be a fertile area for research as it will be necessary to develop suitable methods for evaluating services.

As part of the improving status of old age psychiatry, there are likely to be more academic posts which will lead to an expansion in research and teaching opportunities.

Conclusion

It is widely acknowledged that old age psychiatry is hard work. Its rapid expansion means that a significant proportion of psychiatrists now in training will become old age psychiatrists. Although the speciality may not have been such a popular choice in the past, it is an increasingly attractive option for a substantial proportion of psychiatrists in training and the work can be both enjoyable and fulfilling for enthusiastic and resourceful psychiatrists.

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Further reading

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