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Caring for people who enter old age with enduring or relapsing mental illness ('graduates')

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This document has been produced jointly by the Faculty of General Psychiatry, the Section of Rehabilitation Psychiatry and the Faculty of Old Age Psychiatry.

Its purpose is to define and encourage good practice in the management of mental disorder in people who suffered from enduring or episodic severe mental disorder throughout adulthood and are

now reaching old age. Such people are sometimes described as 'graduating' from services designed for the needs of adults of working age to those designed for older people. These patients are potentially at risk of neglect or sub-optimal care by services because of changes that have occurred in the organisation and responsibilities of services over the past 30–40 years. Their particular needs have never been addressed in policy documents. The principles of care for people with mental disorder, as outlined in the 'National Service Framework for Mental Health' remain applicable to them, although in many instances their care will fall to specialist services for older people working within the 'National Service Framework for Older People'.

Previous generations of graduates lived out their lives in mental hospitals. Many are now housed in hostels, residential or nursing homes, or may be supported with complicated packages of care in private households. Estimates of the most severely affected range from 11 to 60 per 100 000 population. The majority suffer from chronic schizophrenia or relapsing mood disorder. Many continue to demonstrate evidence of florid symptomatology as well as defect states. Their physical health is often poor and they might have no social infrastructure other than that provided by statutory services. Some have been relocated out of their district of origin as part of a mental hospital closure programme, and might have lost contact with their original services. New graduates often encounter

difficulties when general psychiatry or rehabilitation services feel that they should give way to services for older people.

Recommendations to services

- Each local health and social care economy should identify all graduates as characterised.
- A full reassessment should be made of each individual's current health and social care needs and a care plan should be agreed, designed to meet these needs within available resources. Progress towards improved care and improved health should be monitored by annual reviews.
- For people who are currently approaching the age of 65, their birthday should trigger a comprehensive review of health and social care needs. Following this review, a care plan should be agreed and be subject to annual review.
- Medical responsibility will rest with a principal in general practice or a consultant psychiatrist, and maintenance of continuous review should be the responsibility of the case manager.

It is intended, with the support of the National Institute for Mental Health for England, to monitor progress in the implementation of these recommendations and to publish the findings annually.

reviews

Reading about self-help books on obsessive–compulsive and anxiety disorders – a review

Many treatment manuals were originally introduced for research purposes in psychotherapy to standardise treatment programmes among researchers. On the tail of these treatment manuals came the development of self-help manuals for patients. An example is Barlow & Craske's (1994) self-help publication for anxiety and panic, which was born out of their therapist manual.

The profession has not wholly welcomed the development of self-help manuals for clients. In their favour, such publications increase people's insight into their condition, empower them to take more responsibility for their treatment and give them material to show friends and relatives, helping to provide a more supportive social context for change. They

also give access to methods of improvement for people not wishing to bring their anxiety disorder to the attention of professional services. When used in conjunction with treatment guided by a therapist, self-help publications can be read in advance of therapy and at the end of therapy to consolidate gains. Used under professional guidance, manuals also act as an aide to training for the therapist, enabling a consistent standard of therapy to be maintained.

There are, however, concerns and arguments against such publications. Wolpe (1977) objected to patients with phobia being treated with the same standard technique and highlighted that phobias can have different causes that require different therapeutic approaches. A further argument against self-help therapies is the lack of the reinforcing positive feedback and motivation that a therapist can offer. Ghosh *et al* (1988) found patients with phobia who bought a self-help book, then failed to take its self-help exposure advice until, as part of a

randomised controlled trial, a psychiatrist asked them to follow it and then return to be rated.

Self-help manuals for anxiety and obsessive–compulsive disorders (OCDs) are largely based on empirically-validated cognitive–behavioural techniques, but very few controlled studies have looked at the efficacy of self-help literature for anxiety and OCDs. Those publications with proven efficacy are therefore high on the shopping list.

In a series of controlled studies, White (1995, 1998) has shown that 'Stresspac' a self-help cognitive–behavioural therapy package for individuals with anxiety disorders (White, 1997) produced clinically significant improvement in 67% of the participants at post-therapy, 89% at 1-year and 78% at 3-year follow-up. Ghosh *et al* (1988) showed that behavioural therapy delivered via a book, *Living with Fear* (Marks, 1978), was as effective as therapist-guided behavioural therapy. Eighty-four patients with chronic phobia were randomly assigned to self-exposure