PSYCHOGERIATRIC SERVICES

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The needs of the elderly mentally ill are many. Resources, in terms of trained staff and money available, are limited.

Members involved: There were 57,717 people aged 65 years and over in Malta in 1993. Since the birth rate began to decline, there has been a steadily rising proportion of old people in the population. Most old people live at home.

In 1993 there were 1,657 over 65's living in institutions.

St Vincent De Paule Hospital: 1019 (population) 894 (over 65)

Mount Carmel Hospital: 154 (out of 704 in-patients)

O.P.H.: 609

The incidence of mental illness among old people is much higher than among the young. The Newcastle Study, started in the 1960's established that 1 in 10 over the age of 65 years had an organic brain syndrome. Half of these people were suffering from senile dementia, and half from arteriosclerotic (multi-infarct) dementia (Kay et al 1964). They found that 80% of these people needed some form of domicilliary service in order to cope at home. No demented person managed to cope living alone at home. Despite this, most people suffering from moderate to severe dementia live in the community, less than 1 in 7 live in institutions. No statistics are available for the number of demented in the community in Malta receiving any form of domicilliary service.

Functional disorders in the elderly, through less demanding of services, are even more widespread. 1 in 3 people over 65 years are so affected. More than half of them suffer from neurotic disorders. It has been estimated that about half of this group would require some kind of supporting service.

No registers are available in Malta in which all contacts of the elderly with psychiatrists, geriatricians, social services and general practitioners are made. The collection of such data is difficult. However until such statistics are available, and planning based on them, services are likely to be inadequate.

Present situation

Elderly people consult various government agencies and private practitioners/agencies (including church run services).

In-patient Care

In-patient care is given at St Luke's Hospital, Boffa Hospital, Mount Carmel Hospital, Zammit Clapp Hospital and some of the Church run OPH cater for residents with psychiatric disorders.

The services offered by a consultant with designated responsibility for psychogeriatric services are limited because of various other responsibilities.

He does most of the consultations at Zammit Clapp Hospital and usually visits ZCH once a week. New referrals and in-patient follow up are seen at Zammit Clapp Hospital itself. This facilitates a continuity of care both with patients and staff. This also serves as a Teaching experience for the junior doctors and nursing staff. No patients so far have been admitted to the Psychiatric Unit or Mount Carmel Hospital, because the staff patient ratio enable good follow through of presented cases. Any ECT's prescribed is carried out at St Luke's Hospital and the accompanied patient is transferred back to ZCH immediately. Out-patient follow up is carried out at Psychiatric out-patients at St Luke's Hospital.

A senior house officer/Senior Registrar from this Consultant team visits St Vincent De Paule once a week to take referrals and review follow-ups. Any major difficulties are discussed with the consultant and the appropriate plan of action effected. Only very few patients require transfer to Mount Carmel Hospital and the majority are returned to SVPR, following treatment.

Due to the lack of personnel in social work and psychology spheres it has not been possible to utilise their services at St Vincent De Paule or Zammit Clapp hospital.

The Psycho-geriatric ward 12/13 at St Vincent De Paule accommodates the disturbed psychogeriatric patients. These wards are being refurbished. Alongisde this new refurbishment a new mentality must also be developed through education, increased specialized staffing and multi-disciplinary teamwork to ensure continuity of care. The responsibility for the patients at SVPR rests with the Consultant staff there.

Most of the chronic wards at Mount Carmel Hospital house a large proportion of psychogeriatic patients. All the consultants have a fair share of these patients under their care.

Community Facilities

Since most of the mentally ill are outside hospital, where they rightly should be, it is essential to have good domiciliary and community care. Good care in the community reduces the need for hospital admission, but it should not be viewed as a cheap option. A high percentage of visits carried out by community nurses in Malta are to the elderly. It was estimated in the U.K. that nearly half of the district nurses' regular patients over 65 years were mentally ill.

For people living at home, many services are already available which help the patient or their relatives to care and maintain a reasonable quality of life. These include physical disability aids, meals on wheels, telecare, home help and good neighbour schemes run by local parishes. Respite admissions to Zammit Clapp Hospital and attendance at ZCH Day hospital provide for rehabilitation and maintenance of patients in the community.

A hospital based psychogeriatric service needs to be set up to provide continuity quality care. The needs of a dementing patient are long-term, and will become greater as the disease progresses. Depressive illness, when treated adequately, has a good immediate prognosis, but there is a high incidence of relapse. Paranoid patients can often be managed in the community, but require supervision of medication and social circumstances if to remain well.

A psychogeriatric team could provide this service. A psychogeriatric consultant would provide a diagnostic and prognostic opinion about his elderly patients. This is essential if adequate provision for current and later care of the patient is to be made and maintained. The psychogeriatric team would also have an important role in advising the patient and or carers.

A good psychogeriatric service should include an In-patient Unit and a well run Out-patient department. This could be used for diagnosis and assessment of new patients and follow-ups. This can be incorporated into a Day Hospital, which would enable short-term treatment and rehabilitation as opposed to admission.

Conclusions

Due to changes in demography and family responsibilities decreasing a new psychogeriatric service must house provision for expansion with flexibility to cope with the changing needs of the elderly mentally ill.