

- (f) The scale of provision should be adequate to the local situation and the staffing levels appropriate to its treatment and rehabilitation role.
- (g) The process and outcome should be subject to regular audit and review.

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Attitudes towards mental illness and the elderly*

Robert Cohen, David Kennard and Brice Pitt

Views of the elderly were obtained from a cross-section of the public using 12 semi-structured interviews in the form of stratified group discussions. As a group, the elderly were generally thought of in negative terms. Furthermore, they were held partly responsible for their perceived status, in particular by failing to keep physically active and to avoid mental deterioration and depression which were not considered conditions requiring treatment. In contrast, Alzheimer's disease was recognised as a disease, and sympathy was expressed for patient and carer. It was expected that responsibility for caring for the elderly mentally ill should pass to the State once the burden on carers became intolerable.

If community care is to succeed, the community has to care: the pious utterances of politicians of uncertain sincerity are not enough. With an ageing society, care in the later years will remain a lottery if those whom statutory planners presume will offer such informal care do not see themselves as having such duties or obligations. How, therefore, are the elderly seen by the community? The College has commissioned a qualitative study into public attitudes towards the elderly, which we report in this article.

*Report of the Royal College of Psychiatrists (Section for the Psychiatry of Old Age) study.

The study

Twelve semi-structured interviews in the form of group discussions lasting 1–1.5 hours were held throughout the country. Each group consisted of six to eight volunteers, with four groups in each of the age ranges 20–30, 45–55 and 60+. Of the four groups in each age band, two were male, two female, and two groups were of the social class ABC1 (people in professional and administrative occupations, employers in industry and non-manual skilled workers) and two of social class C2DE (people in manual skilled, partly skilled or unskilled occupations). Views on various aspects of the elderly were obtained.

Findings

Attitudes towards the old/elderly

Younger respondents described old age in terms of external appearance (wrinkled skin, white hair/baldness) and personality (grumpy, arrogant, intolerant of others), whereas older respondents described age in terms of life-style (degree of activity, independence, finances, employment, marital status). For younger respondents, old age started at 60–65, but for older respondents it was

at 70–80: some in the 60+ group objected to being forced to give up work. In the two older groups, a concept of age was that one was generally as old as one felt, meaning that advancing years should not mean one should become less active. In the 40–55 age group, it was said that if people were to adopt a positive outlook and not 'invite' or allow themselves to be taken over with the stereotypical characteristics of old age, they would not be perceived as old.

The most commonly suggested term to describe the elderly was 'old person'. There were problems with five other terms: 'elderly' was thought to refer to those who were very old (i.e. 80+); 'senior citizen' was thought to be rarely used nowadays and too bureaucratic; 'pensioner/old age pensioner' was disliked, being associated with ideas of poverty; 'retired person' was said to be relevant only to men; 'veterans' was associated with the military.

Perceptions of problems facing old people

Most respondents said that old people were unhappy, discontented or dissatisfied; however, this picture was said not to apply to people whom they knew personally. The reasons for discontent were said to be lack of finances; poor or failing physical health; being less able-bodied and thus less able to take part in activities; loneliness, especially the widowed; proneness to physical assaults by muggers and to being victims of confidence tricksters; and difficulty coming to terms with the many changes in the world that had happened in their lifetime. Depression in old age was said to be a natural reaction to the individual's circumstances and not a condition requiring treatment. However there was said to be an element of giving up ('not all the old are miserable').

Some respondents in the ABC1 category pointed out that the elderly were better off than previous generations, owning their own homes, and receiving health care from the NHS and voluntary care from agencies like Age Concern. A few respondents, in the 20–30 age group, were largely unaware of some of the issues facing the elderly.

The role and value of old people in society

It was generally felt that the elderly had a limited role in society, although they could be useful as trainers for manual crafts; in retail, for example Tesco's; and in voluntary work. The role in the family was seen as 'talking about the old days', with some feeling they had a better relationship with their grandparents than their children. The elderly were thought of as receiving less sympathy than in previous generations, with a minority thinking that government shared this

view through low pensions, increased heating charges and the impression that the old were 'slung on the scrap heap'. Other countries such as France and Greece were thought to be more tolerant. A few saw the elderly as a problem, such as a hazard on the road.

Mental deterioration

Mental deterioration was perceived by all groups to be a function of age, with forgetfulness and confusion about general everyday matters being the main symptoms: it was felt that these were not diseases, and a minority felt that this could be prevented by keeping one's mind and body active and not allowing oneself to vegetate. Most respondents had heard of Alzheimer's disease, mainly through television. It was felt to be a disease where the sufferer went back to childhood either in thought or in behaviour, which could be irrational or out of character; where the confused sufferer had little concept of reality; where the sufferer was totally dependent on others for care and would 'turn against' relatives and friends. The disease was believed to be a problem more for carers than patients. There was little understanding of what causes Alzheimer's, although it was believed to be present until death.

Senile dementia was recognised as another condition, comprising extreme forgetfulness, confusion, irrational behaviour and poor understanding, although not as severe as Alzheimer's.

Caring for the elderly

Most respondents felt that care for the elderly should rest with relatives. Older respondents gave personal accounts of such caring, highlighting examples of difficulties incurred such as role reversal (especially mother-daughter) and performing 'indecent' duties and tasks. Younger respondents had little awareness of what is involved in care for the elderly, and felt unable to comment in abstract about whether they would care for relatives in the future. Respondents were aware of several practical difficulties of care, including that moving the abode of the elderly person might aggravate confusion; there might not be adequate physical space; the older person might have attitudes that conflict with those of the young family; and the move might involve significant financial burden. It was felt that the relative should care if this did not consume significant amounts of personal time or money, and that if this was not the case, the State should intervene. There was, however, a generally negative attitude to rest/old persons' homes, where the quality of care provided by staff was thought to be low. Most respondents said they would not like to send a relative or be sent themselves to such a home.

Attitudes to the cost implications were ambivalent. It was generally felt that as the elderly had contributed in their lives, they were entitled to a good quality of life, irrespective of cost. However, when the question of limited State resources (a concept that younger respondents found hard to accept) was raised, it was felt that treatments for the young, such as in 'leukaemia or cancer', should take priority over care and treatment for the elderly, although most felt that resources should be spent on developing treatments for Alzheimer's disease.

Comment

This study provided evidence that the elderly continue to be a stigmatised group. They were defined in negative terms on external and lifestyle criteria. By failing to 'keep their mind active', which was said to be necessary to avoid mental deterioration and depression, the elderly were held partly responsible for their fate. Sympathy was expressed for the relatives who try to care, but it was seen as acceptable for relatives to give up when the burden was too great, with

ultimate responsibility for the care of the elderly resting with the State. The State had to find funds, but if they are limited, the young should take priority.

If this is a representative sample of the public, it is clear that the community is sympathetic, but is unlikely to take all financial responsibility for care.

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