

# Abstracts

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## Social Work and Social Services

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L. Ratna and K. Davis. 'Family therapy with the elderly mentally ill: some strategies and techniques'. *British Journal of Psychiatry*, 145 (1984), 311-315.

There is relatively little literature upon the family dynamics of relationships where children provide care for elderly. The development of a crisis intervention service in psycho-geriatrics provided an opportunity to develop greater understanding not only of patients at referral but also of social and family settings. The service provided a fairly immediate response, patients being seen in their own homes at any time of the day or night within two hours of referral, so that difficulties were assessed whilst still recent.

During the period in which the service was monitored there were 142 psycho-geriatric cases seen for whom an attempt was made to categorise the 'psycho-social transition' (PST) which had precipitated the referrals. There were six broad groups of PSTs. The first was malfunction of the care network due to departure or illness in a carer in 23 % of cases, where the main intervention strategy appeared to organise new support networks. The second group, 26 % of cases, concerned bereavement and isolation, where a member of the psychiatric team was appointed as Key worker to attempt to re-integrate the elderly person into social relationships. The third group, 12 % of cases, revolved around retirement, often in married couples where management was concerned with providing structure and activity to modify the ill-effects of change upon the marital relationship. Family conflicts were the fourth group, present in 14 % of cases. These were managed by strategies which attempted to avoid any one carer becoming excessively overburdened such as rota planning, family meetings and setting boundaries to commitments. Adverse events such as burglaries or burst pipes, the fifth group, were present in only 8 % of cases. It was noteworthy that elderly people appeared generally to cope well with these difficulties. The final group, some 17 %, were those cases with no identifiable PST. These were nearly all individuals whose main problem was dementia.

The authors conclude that the crisis intervention approach seemed no better than other services in reducing the level of admissions to

hospital at referral. However, it was seen as more efficient at managing patients at home once contact was made and a support network established. They suggest that better results might be achieved by a focus upon screening, early diagnosis and intervention prior to a crisis through closer contact and co-ordination between statutory services and the families of the elderly mentally ill.

#### COMMENT

With the current lack of models for intervention in family crises involving care of the elderly, this is a welcome addition to the literature. The paper is a helpful step towards the identification of an anatomy of social relationship problems with the elderly, along with work such as that of Bergmann,<sup>1</sup> which are a precondition for developing probability theories of the most appropriate kinds of care strategy.

#### NOTE

- 1 Bergmann, K., How to keep the family supportive. *Geriatric Medicine* (August 1979), 53–57.

E. Salend, R. Kane, M. Satz and J. Pynoos. Elder Abuse Reporting: Limitations of Statutes. *Gerontologist*, 24 (1984), 61–69.

Increasing concern has been expressed about the possibility of domestic abuse of elderly people by families and relatives, perhaps reflecting greater awareness of the social pressures of an ageing population. However, there is very little clear evidence on the extent and nature of abuse. The very definition of the problem itself varies, from narrow definitions of physical abuse on the one hand to very broad conceptions of abuse as ‘benign neglect’ on the other.

This is a study of the content and implementation of statutes for the reporting of elderly abuse in sixteen states in the USA based upon examination of documents and interviews with administrators and practitioners. The range of agencies involved, provisions for action and powers are summarised in an appendix at the end of the paper. It was found that the central terms for the implementation of these statutes – abuse, neglect and exploitation – were unstandardised and vague with consequent wide variation within and between states. The authors suggest that this is clear evidence of the difficulty in formulating a satisfactory operational definition of a phenomenon whose characteristics are poorly understood. They point out that an effective operational

definition must specifically address the 'intentionality' of the act, distinguish between physical and non-physical maltreatment and between acts of commission and omission.

Despite the provisions for reporting and monitoring abuse, there was very little standardised or comparable material available, although there was a general belief that abuse was still under-reported. The highest proportion of reported cases were those of neglect, followed by physical abuse and least commonly exploitation. It was noted that considerable definitional and philosophical issues are involved in attempting to evaluate a policy on the basis of this information since 'self-neglect' or 'self-abuse' cases were the most frequently reported. It is debatable whether redefinition of factors such as accidents, mental health problems or family relationship difficulties as elder abuse will improve the effectiveness of service response. The authors conclude that mandatory reporting of a phenomenon whose criteria are broad and unclear should be substituted by a narrower definition which excludes those aspects of poor interpersonal relationships and emotional exploitation evident to some extent in all human relationships. They suggest that a more helpful policy would be to sensitise professionals to discriminate between those situations where timely intervention and appropriate referral could reduce the risk of future abuse and those where critical elderly abuse required immediate attention.

#### COMMENT

In the light of current concern being expressed in the UK about the dangers and extent of abuse of the elderly, the American experience of the efficacy of reporting and registering a phenomenon whose characteristics are poorly defined is a valuable one. It reminds us that in the face of possible 'moral panics' the complexity of human relationships in such situations, where abuse may be a two-way process, demands a more considered response.

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