Aging, Spirituality and Pastoral Care: a Multi-National Perspective

Editors: Elizabeth Mackinlay, James W. Ellor and Stephen Pickard
Hard cover, pp. 190, ISBN 0 7890 1668 0

This is an easy-to-read 180 pages on an area that is becoming increasingly relevant, not only to the field of aging, but to all fields of health. This book covers an impressive range of issues and challenges in aging, such as topics of late-life wisdom, spirituality and integrity. Further, it bridges theological and ethical dimensions together with the interface of pastoral care and issues of aging. The concept of “dimensional ontology” is relevantly and elegantly described. This certainly widens that lens through which older people and the aging process are perceived.

The place of meaning and purpose and the energy from within a person that strives to find this are well described. The chapter “A Developmental Perspective of the Psychosocial and Spiritual Dimensions” by Elizabeth Mackinley is of particular interest. While articulating the need for cognizance in the spiritual dimension, she also appropriately discusses the risks of assigning all things to the spiritual domain at the cost of neglect to the psychosocial domain, which is valuable to older people, who continue to develop. Thus agreeing that while the spiritual dimension in aging seems an important avenue to explore in pursuing holistic care, this should not be at the neglect of other important and relevant dimensions.

The chapter on applying a “Model for Spiritual Tasks of Aging” is also interesting. A study is described and a model for identifying and assisting the spiritual tasks of aging is well outlined. This is of particular interest as it offers a framework for developing interventions for health professionals, clergy and pastoral workers.

Six major themes are considered in this model. Using a developmental approach to spirituality in aging similar to Erikson’s model of development, Elizabeth Mackinley suggests that it is possible to identify tasks, for each of the six themes identified in her study of the spiritual dimension of aging. She further suggests that these tasks are to be accomplished in order to move towards wholeness and that should be the goal of human beings, although she observes that absolute wholeness is probably not possible in this life, though the goal is to continue growing in the spiritual dimension until death. I believe there may
be some question of the concept of absolute wholeness from the subjective and cultural perspective. Thus the need to continue to strive to grow in the spiritual dimension till death or the inability to achieve absolute wholeness might be questionable. Having said this, there are certainly important avenues that these themes might illuminate, in achieving integration for the aging in the spiritual dimension. This will contribute to the need to reclaim the whole of the lifespan, including the process of dying and relearning to do it well. She draws quite appropriately on Frankel’s work for many of these themes. For those who have experience with the principles of logotherapy this will be familiar.

There is another interesting chapter on faith community nurses and the key functions of this ministry. Although this model derives its roots from the Christian churches and Biblical principles, the key functions certainly are useful universally. This chapter describes how professionals in this role not only will be truly achieving whole person care – body mind and spirit – but also will benefit from the personal rewards in the form of satisfaction from a meaningful and purposeful professional endeavor. This is particularly important to our society, where there is difficulty in meeting the needs of the frail and dislocated elderly, together with negative attitudes regarding older people. Hence these are seen as opportunities rather than challenges for the faith community to reassert its capacity as a healing community.

This book will be of interest not only to geriatricians, psychiatrists, nurses and allied health workers, but also to pastoral care clinicians, who have a key role to play, thus being able to offer meaningful and holistic care to older people.

RUSSELL D’SOUZA, Senior Lecturer in Psychiatry
Monash University
Melbourne, Australia
Email: rdsouza1@bigpond.net.au

Linking Medical Care and Community Services: Practical Models for Bridging the Gap
Editors: WALTER LEUTZ, MERWYN R. GREENLICK AND LUCY NONNENKAMP

“How can a medical care system structure itself to best serve the total care needs of the frail and disabled members of its population?” (p. xviii) This question serves as the motivation both for the Manifesto 2005 demonstration
program undertaken by Kaiser Permanente (KP) and for the writing of this
book describing and summarizing the “lessons learned” from this program. KP
is the largest of the integrated care system health maintenance organizations
in the U.S.A. In an effort to answer the opening question, it undertook a
32-site demonstration program aimed at establishing linkages and improved
coordination between their medical care system and providers of home- and
community-care services. The specific projects were undertaken in California,
Colorado, Oregon, Hawaii, Washington, Maryland, Georgia, and Ohio. The
demonstration program was one step towards KP’s goal of expanding “its scope
of services to include a broad range of home-and community-based services that
would be easily accessible for persons with functional disabilities” (p. xv) by
2005.

This book is divided into eight chapters. The four middle chapters present an
overview of 15 of the 32 demonstration projects; these were selected to represent
the different areas on which the projects focused, such as non-elderly persons
with disabilities and member and family needs. These projects are discussed in
a fair amount of detail, including both successes and failures. This adds to the
overall usefulness of the book, in particular, for health care managers, health
care educators, and geriatric and disability-oriented health care providers. The
boxes and summaries of the projects or key points are also helpful. The initial
two and last two chapters set the broader context for considering the connections
between medical and community care systems, and invite the reader to reflect
on what he or she can take away from these demonstration projects and apply
elsewhere.

The reflective tone of portions of this book is one of its key advantages.
While the reader can sometimes get bogged down in the details of each project,
the deliberate attempt to get the reader to consider the values implicit in the
different care systems (e.g., profit, providing quality care, meeting the health-
related needs of different groups of individuals), and how these influence what
seems possible to achieve in terms of links between community and medical care
systems, is valuable. This also helps to broaden the applicability of the “lessons
learned” beyond the U.S.A., as it becomes clear that the success or failure of
some projects depends more on the approach taken (and the values supporting
it) rather than the structure of a particular health care system (such as KP).

Different readers may take different things from this book. The variety of
projects discussed may stimulate some to try a similar project; others may be
more interested in the vision and goals the authors (and KP) offer for the future
coordination of medical and community care. Some may argue that KP has not
(yet) done enough to achieve its Manifesto, as many of the successful programs
did not have funding beyond the demonstration program (at the time of the
writing of the book), and have since ended or operate on a smaller scale; others
may be encouraged by the initial steps of the demonstration program. Given
my background and work in health care ethics, I found a few things to be of
particular interest. First, the authors ask the reader to consider whether, in the
search for the ‘best’ or ‘ideal’ links, we overlook possible options that may be
‘good’ or ‘good starts.’ This leads to further reflection on such questions as:
What is the basis or (ethical) justification for initiating a new project or vision?
For example, what values should provide the framework for determining what
will be funded or how ‘success’ will be judged? What ‘evidence’ is required to
convince others? What does our responsibility for providing good health care
entail? Second, the efforts to partner with and include consumers, i.e., persons
with disabilities and/or their caregivers, promote a social justice perspective.
It also builds on past learning that, without including those who will be most
affected by changes, the project is more likely to fail.

The final chapter does try to argue for broader changes to the ways in which we
organize and conceive of medical and community care. While this discussion may
seem a bit idealistic for some readers, the challenge that it leaves the reader with is
critical: namely, what comes next (for KP and other health care and community-
based organizations and programs) and what is my responsibility to – and in
what ways can I – participate in fostering better connections between medical
and community care systems (as a health care provider, manager, educator,
bioethicist, etc.)?

CHRISTY SIMPSON, Assistant Professor
Department of Bioethics
Dalhousie University
Halifax, Nova Scotia, Canada
Email: christy.simpson@dal.ca

Guidelines on Depression in Older People: Practising the Evidence
BY ROBERT C BALDWIN, EDMOND CHIU,
CORNELIUS KATONA AND NORI GRAHAM
Paperback, pp. 162pp. ISBN 1841841269

“Some books are to be tasted, others to be swallowed, and some few to be chewed and
digested.” (Francis Bacon, Of Studies, Essays, 1625)

The beauty of this book is that for busy clinicians even a quick taste of the
‘executive summary’ can yield useful information, but for those with a little
more time it will not need much chewing and is an easy book to digest.
The book was prepared under the auspices of the World Psychiatric Association Sections of Old Age Psychiatry and Affective Disorders. The authors have employed an evidence-based approach to cover a wide range of topics relating to late-life depression – including signs and symptoms, classification, epidemiology, etiology, comorbidity, screening and assessment, management, outcome, and prevention. The book has 162 pages and is structured so that the reader can easily assess the strength of the evidence for the statements provided. Also, each section has two “summary boxes” which provide “bullet point” tables of the evidence and recommendations for practice. These alone would be of benefit to those who do not read the complete text. The summary boxes are also drawn together into an executive summary at the end of the book.

The cover states that the book “will be of interest to primary care physicians, old age psychiatrists, neurologists, geriatricians, trainees, nurses and other practitioners working in the field.” I think that this is true. For clinicians experienced in the field, there may not be much that is new. However, the appendices, which include strategic references used in the evidence base, general references, and useful textbooks, will be of interest. For anyone, preparing a presentation on late-life depression the summary boxes will help make the task easy. For those new to the field this is a succinct, evidence-based, comprehensive, yet easy-to-read book. Finally, the book provides a small number of well-known clinical scales.

In addition to the references given in the appendices a small number of useful website addresses are provided in the text. Perhaps these could have been listed and expanded in an additional appendix. However, this is only a minor criticism. I recommend this book to all clinicians working with older people and it will be “required reading” for my trainees.

GREG SWANWICK, Consultant Psychiatrist in Psychiatry of Old Age
Department of Psychiatry of Later Life
Adelaide and Meath Hospital
Dublin, Ireland
Email: Greg.Swanwick@amnch.ie

The Memory Clinic Guide
Editors: ZUZANA WALKER AND ROB BUTLER
Paperback, pp. 53. ISBN 1841840998

When I was asked to review this book, I asked myself how many of the readers of the journal would be involved with the running of Memory Clinics. I have no
idea as to the real answer to this question, but I guess that most mental health professionals working with older adults have been directly or indirectly involved with the running of such clinics at some point in time. In fact, Memory Clinics are part of the historical make up of psychiatry of old age and their setting up was, at least partly, a consequence of the need to provide a rational and systematic assessment to people experiencing cognitive decline. These clinics were also an important source of patients for clinical trials of anti-dementia drugs, as well as for research into the clinical and pathological aspects of Alzheimer’s disease and other forms of dementia. With time, though, the range of skills that was available to Memory Clinics became largely part of mainstream mental health services for older adults. Do we still need Memory Clinics? The diagnostic workup of patients with memory problems can now be easily done by most psychogeriatric or/and geriatric services, which are much better placed than Memory Clinics to ensure proper continuity of care for patients. As a result, the survival of Memory Clinics will greatly depend on their ability to show that they represent good value for money. If they do not, they will either disappear or become specialized research clinics that rely on the availability of grants from the pharmaceutical industry or other funding agencies.

The small guidebook edited by Drs. Walker and Butler (both from the U.K.) is divided into eight short chapters that cover several aspects of the activities of a memory clinic: history, setting-up, medical and psychometric assessment, medical and psychological interventions, research, and post-mortem examination. All topics are covered in a rather superficial way, as the editors seem to have made a conscious effort to keep the text short and simple. But, as a consequence, this book may be of limited value to the large number of mental health professionals working with older adults, particularly those already involved with the running of Memory Clinics. It is possible that general psychiatrists and psychiatry trainees, as well as geriatricians/neurologists, will find this brief guide informative, as it will give them a quick overview of what health professionals working in such settings might do. But then, it may be more informative for them to chat to colleagues working at the local Memory Clinic.

OSVALDO P. ALMEIDA
UWA School of Psychiatry and Clinical Neurosciences
Level 6, Ainslie House, Royal Perth Hospital
GPO BOX: X2213, Perth, WA 6847
Australia
Email: osvalm@cyllene.uwa.edu.au
Schizophrenia into Later Life: Treatment, Research and Policy

Editor: CARL I. COHEN
Paperback, pp. 322. ISBN 58562-037-8

Since 2% of older adults have a chronic mental illness other than dementia, there can be no doubt about the importance of the subject matter of this excellent and unique book. So often, in terms of both clinical service planning and research focus, individuals who have entered old age with a longstanding serious mental illness fall through the cracks between psychiatric subspecialities. As Old Age Psychiatrists, we busy ourselves with dementia and old age onset illnesses, while increasingly schizophrenia resources are poured into “early onset” or even prodrome services and research. Sadly, unless patients are members of a very small good prognosis group, schizophrenia is a lifelong disabling condition. Schizophrenia into Later Life represents an overdue sequel to Miller and Chen’s 1987 book Schizophrenia and Aging and does a pretty good job of reviewing everything that we know about older people with schizophrenia, together with a lot of things that we still need to learn. Twenty-three Premier League contributors cover clinical, biological, medical and treatment and service issues in fifteen balanced and authoritative chapters. Cohen hasn’t let any of his contributors down. For once, with a multi-author volume, I was truly appreciative of a degree of editorial diligence that has ensured true chapter complementarity. The result is a book that I found easy to read from start to finish. I would recommend that every psychiatrist involved in the care of older people does just this. As a result, I now feel that I begin to understand why long-term outcome studies in schizophrenia have reported apparently contradictory findings and can finally grasp the actual nature of cognitive decline seen in late life in people with schizophrenia. I’m also more aware of an almost invisible and silent group of patients with enormous unmet need and no effective voice. Schizophrenia into Later Life should go some way to raise awareness and concern about this enormous patient group. This book really should be on every Old Age Psychiatrist’s bookshelf.

ROBERT HOWARD, Professor of Psychiatry of Old Age
Institute of Psychiatry
London SE5 8AF
Email: spjuroh@iop.kcl.ac.uk
A New Look at Community-Based Respite Programs Utilization, Satisfaction and Development

Editor: RHONDA J. V. MONTGOMERY
Paperback, pp. 181. ISBN 0 7890 1749 0

One size does not fit all. This is the underlying message of A New Look at Community-Based Respite Programs, a volume which service providers for people with dementia and their carers will find useful. In a world of limited resources using resources effectively to meet the needs of a diverse target population with different needs and needs that change over time is a challenge. This clear and focused book provides a useful tool for those planning and delivering services, indicating the best way to help most people.

A positive legacy of the national demonstration project of community-based respite programs in 15 states of the U.S.A. has been increased awareness about dementia and a better understanding of the needs of carers, especially in rural and ethnic communities. Over 90% of the participants in these projects were from ethnic minorities and/or were rural residents.

This volume contains seven articles reporting on the evaluation of this government funded project that was intended to increase the support services available for people with dementia and their carers. It was the advocacy efforts of the Alzheimer's Association U.S.A. that facilitated the funding to develop these demonstration projects. Over nine years, each of the states developed outreach, education and respite services, with a strong focus on developing these services for underserved and hard-to-reach communities.

The seven papers describe the achievements of the program and present valuable lessons. The first paper gives a comprehensive overview of the background and implementation of the project. The second explores the characteristics of different types of carers and their use of both day care and in home settings. The relationship between the carer and the person with dementia (spouse or child), ethnic group, income and any challenging behavior of the person with dementia are all factors which influence the use and type of services.

The importance of cultural perspectives and factors are the focus of the third paper, which gives an insight into how these influence the take-up of services.

The most important outcome of any service is whether the people using it have found it helpful. A service may be developed and implemented effectively and run smoothly, but if it is not meeting the needs of the people it is designed to serve, then it is a failure. A key part of the evaluation of the demonstration project was looking at user satisfaction and the factors that influence this. This is the subject of the fourth paper.
Delivering services to diverse communities is comprehensively addressed in the fifth paper, which identifies four general strategies for overcoming barriers affecting access to services. Although these strategies have been identified from experience of working with Latino, African American and rural communities in the U.S.A., they will be applicable to other diverse communities (e.g. in the U.K. or Australia).

The sixth paper looks at the wealth of knowledge gained from the demonstration project and encapsulates this in three general lessons that are valuable to all service providers. The first lesson is the importance of recognizing and learning about cultural differences. The second is the importance of generating new resources to support the long-term viability of services developed (not only financial resources but also partnerships with community groups). The third and perhaps most important lesson is the value of flexibility in the way services are designed and run.

The volume concludes by giving very practical examples of specific innovative projects, setting out for each a brief description, background, development, barriers and obstacles, outcomes and benefits, costs and keys to success. These examples give a clear snapshot of projects such a mobile day care service in Georgia and a rural geriatric evaluation team in Maine. Anyone considering adapting or replicating these services would have a good starting point.

Although this book focuses on the innovative work that has been done in the U.S.A. to reach out to underserved communities, it is an invaluable aid for all service providers. Barriers exist in all communities that prevent people with dementia and their families gaining access to available support and help. A flexible approach and understanding that each person with dementia is unique as is each family, should underpin all approaches to developing services, to ensure that those services are appropriate and accessible.

ELIZABETH RIMMER, Executive Director
Alzheimer’s Disease International
London, U.K.
Email: e.rimmer@alz.co.uk

**Madness—a Brief History**
By ROY PORTER
Paperback, pp. 241. ISBN 019 280 26 74

Roy Porter was Professor of the Social History of Medicine at the Wellcome Trust Centre of University College London and authored no less than 80 books,
notably on the history of madness and psychiatry. Roger Mulder’s recent review of this book referred to Roy Porter’s early death at 55, just weeks after its publication. Mulder has commented upon Porter’s well-researched, lucid style and avoidance of polemics with which it is easy to agree in regard to this book. It is sad that the tantalization of a short, brilliant life is paralleled in *Madness--A Brief History*, which carries the reader in opulent descriptive splendour, like a luxury express train through largely European constructions of mental illness.

In eight intensely erudite chapters, Porter encompasses concepts of madness, its lived experience and treatment from ancient to modern times. It is engagingly written, embedded with pithy excerpts from contemporaneous documents such as this, from a denizen of Bedlam:

“You’re a fool, for we madmen have as much privilege of speaking our minds . . . you may talk what you will, and no bully will call you to question for it (p. 28)”.

There are also catalogues of fantastical titles:

“Illustrations of Madness: Exhibiting a Singular Case of Insanity, And No Less Remarkable Difference of Medical Opinions . . . With a Description of the Tortures Experienced by Bomb-Bursting, Lobster-Cracking and Lengthening the Brain (p. 165)”.

There are 28 exquisite plates, photographs, photogravures and paintings complementing the text, with gems such as Durer’s “Melancolia”, embedded throughout the text.

Porter also portrays the poignant travails of mentally ill persons through the systems designed to heal, incarcerate or punish in varying proportions through the ages. He explores the philosophies and motivations of those who treat the mentally ill, with vignettes of key figures. Sadly, this serves as a warning of past injustices and maltreatment visited by generally well-intentioned healers and society. It is quite miraculous that Porter has shaped such a short, engaging, coherent treatise.

However, brevity can also emphasise biases, and there is an undercurrent of apparently facile anti-psychiatric sentiment:

“Pacifying patients with drugs hardly seems the pinnacle of achievement and any claim to the maturity of science of mental disorders seems . . . premature and contestable (p. 216)”.

Such assertions could be regarded as akin to arguing that giving tablets to lower blood sugar in non-insulin dependent diabetes is hardly a worthy intervention, and that diabetology is a pseudoscience because not all the factors in its characterization and etiopathogenesis have been delineated. I suggest that this and Porter’s assertions are solipsistic arguments; for example, it is assumed
that administration of medication to treat mental illness is necessarily unjustified and wrong. He continues with this type of argument in his closing remarks:

“More people than ever swallow the medications and perhaps even the theories, which psychiatry prescribes . . . as the idioms of the psychological and psychiatric replace Christianity and humanism as ways of making sense of self (p. 217)”.

Perhaps if Porter had chosen to examine current integrative models of brain, mind, mental illness, and social interaction he might have found more reason for optimism, rather than argue from apparent a priori scepticism. Overall, the book can be forgiven a necessarily Eurocentric perspective and its solipsisms, given its brevity, cohesiveness and brilliance. I would recommend it for trainees in mental health professions, particularly, if this were the only historical text there were to read due to pressure of study. It should also be of interest to qualified professionals and the public. Those seeking a more comprehensive and balanced history would be served by Edward Shorter’s A History of Psychiatry, which itself needs leavening for its anti-psychotherapeutic biases from J.A.C. Brown’s Freud and the Post-Freudians.

References


JEFFREY LOOI, Senior Lecturer in Old Age Psychiatry
Faculty of Medicine
Australian National University
Canberra, ACT, Australia
Email: Jeffrey.Looi@act.gov.au

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Principles and Practice of Geriatric Psychiatry, 2nd edition
Editors: JOHN R. M. COPELAND, MOHAMMED T. ABOU-SALEH
AND DAN G. BLAZER
Chichester: John Wiley and Sons Ltd., 2002, U.K. £295.00.
Hardback, pp. 809 ISBN 04 71 98197 4

This is one of those massive tomes that is so expensive that if all 260+ authors of its 142+ chapters (the real number is higher as several numbered chapters
are subdivided a, b, c etc., and each subdivision usually has a separate author!).
were to receive a complimentary copy, the publisher could not only never hope
to make a profit but indeed the exercise might bankrupt John Wiley quite utterly.
As nearly everyone who is anyone in psychogeriatrics has contributed to this text
and because posting it on to another reviewer would have been prohibitively
expensive, I trust that readers of *International Psychogeriatrics* will forgive me
for undertaking its review myself, despite my being author of one chapter on
mental illness in nursing homes and hostels in Australia. My further comments
are confined to the remaining 99.9% of the text!

Like the first edition of 1995, this is an encyclopedic volume that nobody
in their right mind will attempt to read from cover to cover. However, if
you want a fairly up-to-date account of such diverse subjects as the anatomy
of the aging brain, the influence of social factors on mental health, the psy-
chiatric manifestations of CNS malignancies, the prognosis of anxiety disorders,
dementia and depression in Africa or elder abuse (to select a few subjects more
or less at random) then you will find it within these pages. In other words, what is
offered is a very useful reference resource rather than a standard textbook. Most
chapters are gratifyingly concise and the general standard of contributions is very
high indeed. Trainees in psychogeriatrics will get better value from buying a copy
specialist services will benefit from having a copy of this new book available on
their bookshelves and academic old age psychiatrists ought to consider buying
a copy as they will find it useful for all manner of queries in a wide variety of
areas.

**Reference**

University Press.

DAVID AMES, Editor-in-Chief, International Psychogeriatrics
University of Melbourne
Melbourne, Australia
Email: ipaj-ed@unimelb.edu.au

**Conflict of interest declaration**

David Ames is the author of one chapter which comprises just over 0.1% of the
book reviewed above.
Advancing Aging Policy as the 21st Century Begins
Editors: Francis G. Caro, Robert Morris and Jill R. Norton
Paperback, pp. 219, ISBN 0 7890 1033 X

Advancing Aging Policy as the 21st Century Begins is the fourth in a series of thematic collections of papers that have been co-published simultaneously since 1993 as an edition of the Journal of Aging and Social Policy. The earlier ones focussed upon aging in Japan, long-term care, and the role of the state and the family in providing support for the elderly. Like its predecessors, this volume is likely to be well-received by students, researchers, and policy practitioners because of both the topics covered and the expertise of the contributing authors.

While the beginning of a new millennium certainly provides a good pretext for pausing to review the recent past and to consider future possibilities for aging policy development, there is nothing inherently timely about reviewing any of the policy issues addressed in this volume. Nevertheless, although it largely focusses on the U.S.A., it makes an important contribution to canvassing the wide range of issues that currently confront Western long-lived societies. It does so in 20 chapters that follow a brief introduction. Indeed, none of these 20 chapters is more than a dozen pages in length but the reader is not left with any sense of the staccato. As it is not possible to review each of the chapters here, comment is only made on those that had particular resonance for this reviewer.

The editors’ brief to the contributors was to define for themselves what they considered advances in aging policy and to focus upon what they felt could be accomplished in the coming decade, given technical and political constraints. The first four chapters broadly focus upon the potential for advancing aging policy. Robert Binstock’s chapter on the politics of near-term action is especially satisfying. He reminds us that the elderly, although not a “homogenized constituency”, are still seen as such by politicians. Nevertheless, substantial reform proposals have little prospect of being adopted. The reforms that have the greatest likelihood of being enacted are those whose implementation would begin in the medium-term future and then only progressively. These are ones that are least likely to offend older or younger voters and the organized groups that have a vested interest in the status quo. He further suggests that it may also
be of considerable importance for policy adoption purposes to convey a sense of the crisis for people, rather than programs, arising from the aging of the baby boomers.

The second group of four chapters is concerned with the employment of older people and retirement. Two of these are comparative. One examines gradual retirement in Europe while the other focuses on retirement age and pension reform in Germany. In the chapter on lifelong learning, James H. Schulz underscores the inherent tendency of market economies to make various jobs and skills obsolete and the consequent importance of providing workers with life-long training opportunities. He also makes a strong case for retraining older workers as an increasingly important national need.

The five chapters comprising the section on long-term care are quite diverse in their focus. The first of these chapters argues that continuing care retirement communities (CCRCs) are an important means of financing long-term care. CCRCs are firms that provide housing and long-term care services to the elderly in exchange for a large fixed payment, or “endowment,” and a smaller monthly fee. The payment of the endowment and monthly fee invariably demands that older people draw on their housing assets to finance their long-term care. In societies that attach great importance to the untrammeled inter-generational transfer of wealth, this form of dissaving to support old age is unlikely to receive widespread support. Another chapter describes a unique facility in Japan that consists of both a nursing home and an in-home care support centre for the elderly that was established by a consumer co-operative association.

The chapter that struck this reviewer as of special importance was the one that addressed the causes, consequences and possible responses to the growing shortage of direct care workers available to meet the growing needs of the elderly, the chronically ill or those living with disabilities. The latter include improved remuneration, training and employment-related benefits. Surprisingly, in light of the adoption by several countries (e.g., Japan, Israel and Germany) of long-term care social insurance schemes, none of the chapters in this section closely consider this approach to long-term care financing as a potential policy option.

The remaining chapters cover end of life issues (e.g. doctor-assisted suicide), the continuing gender gap in later life economic security despite the changes that have been over the years in public and private retirement income arrangements, aging prisoners, Latino elders, family medical leave and the need for transportation policy to anticipate the mobility demands of tomorrow’s elderly.

As noted at the beginning of this review, this volume is wide-ranging in its scope. This is clearly a major strength. The specialist reader with an interest in any one of the many specialized areas that the chapters address will necessarily be
less satisfied. However, this volume does provide a good late 1990s/turn-of-the-century snapshot of the array of issues vying for the attention of policy-makers. While all of the authors have excelled in identifying future policy directions they have not all been equally successful in addressing the editors’ other prescription with regard to content, viz., the viability of introducing the suggested policy changes during the course of the next decade or so.

ALLAN BOROWSKI, Professor and Head
School of Social Work and Social Policy
La Trobe University, Melbourne, Australia
Email: A.Borowski@latrobe.edu.au

Emerging Trends in Psychological Practice in Long-Term Care
Editors: MARGARET P. NORRIS, VICTOR MOLINARI AND SUZANN OGLAND-HAND

Practitioners in long-term care will find this book a helpful addition to their resource libraries. The authors provide an array of state of the art mental health applications and issues for the geriatric clinician. The content is evidence-based and presents research that is modified for practical use in the long-term care setting. Although the target audience is the geropsychologist, the content is relevant across disciplines.

The book comprises three sections addressing modification of traditional psychotherapy techniques, multidisciplinary and system issues and chapters related to ethical and confidentiality quandaries. Section I reviews four interventions: group therapy, Restore Empower Mobilize (R-E-M) psychotherapy, Positive Core Memories and management of disruptive behaviors. The group therapy chapter presents a good review of the types and goals of successful groups in long-term care and provides some “how tos” for the clinician. The Chapters on R (restore) E (empower) M (mobilize) and use of core memories may be less known to other disciplines but the authors provide a theoretical orientation and discussion of application in the nursing home setting. The R-E-M psychotherapy chapter includes a manual for the clinician’s use. The chapter on disruptive behavior provides an excellent review of the behaviors, a discussion of staff responses that can exacerbate difficult behaviors and thorough and practical intervention strategies. This chapter is a must as a guide to rethink and analyze disruptive behavior.
Section II conceptualizes issues in providing treatment and mental health programming in the nursing home. Authors address issues in staff training, teams in treatment and differences in perception between staff and residents. As well, there is a timely discussion of two very pragmatic issues; one is reimbursement for services; and the other is the fine line of therapeutic versus confidential communication between the resident, the family and staff. Parr and Green’s chapter on system characteristics should lead this section. These authors present their findings of the discrepancies between staff and resident related to resident satisfaction and control. Awareness of these discrepancies should be the framework for training and program development. Meeks and Depp’s novel approach accenting pleasant events in treating a range of psychiatric and physical disabilities in the nursing home completes this section. They recommend that nursing homes change their institutional environment and staff training to a health-promoting environment challenging inactivity, social isolation and dependency.

The final section on ethics and confidentiality may be the essence of the issues facing the clinician. In-depth discussions as well as case studies will provide the reader food for thought. Duffy’s convincing chapters presenting the issues of informed consent and confidentiality in the nursing home, noting the standards are much clearer in the outpatient setting than in the nursing home. He raises the question, “Can an ethical geropsychologist not communicate and collaborate with staff?” He ponders the issues between ethical principles and ethical regulations.

In summary, this text provides thought-provoking articles noting the major themes and issues in providing mental health consultation and intervention in the long-term care setting. To provide mental health care requires a concerted delivery system of traditional and novel interventions. Issues in providing these services have to be addressed professionally and educationally with training of administration and staff to provide a co-ordinated and collaborative team to work with the frail elderly.

PEGGY A. SZWABO, Associate Professor Clinical in Psychiatry and Internal Medicine
Saint Louis University School of Medicine
Department of Internal Medicine, Division of Geriatric Medicine
St. Louis, Missouri U.S.A.
Email: szwabop@aol.com