Foreword

The eventual outcome of a research endeavor is often difficult to foretell. Thus, the attempt to answer the simple question raised by Morton Kramer regarding the reported higher rate of schizophrenia in the U.S. than in the U.K. has led to a series of advances in knowledge which could hardly have been anticipated. The question came at a propitious moment. The present writer had made a series of visits to the various research centers in the United States, Europe, and Israel dealing with the biometric approach to psychopathology — an approach which bases itself primarily on measurement and quantitative data. It soon became apparent that though similar terms were used cross-culturally to designate psychopathology, their meaning differed from country to country and even within the same country. A conference called for the purpose of resolving these differences under the auspices of the American Psychopathological Association and supported by the National Institute of Mental Health, failed to resolve the issues, though the discussions at the conference (Field Studies in the Mental Disorders (J. Zubin, Ed.)) achieved considerable progress. It also set in motion a plan for making a comparative study of the diagnoses in the United States and United Kingdom. At the same time, the plans for the World Health Organization Pilot Study in Schizophrenia began to be formulated. It became clear that both of these studies required new approaches for making cross cultural comparisons. This led to the development of new tools — the semi-structured interviews — which replaced the free wheeling clinical interviews used in the earlier studies as a basis for diagnosis. It also led to the utilization of a standard glossary in which the definitions of each diagnosis appeared. This eventually led to the development of the Research Diagnostic Criteria.

It was fortunate that when the need for the cross-cultural tools became apparent, the staff of the Biometrics Research Unit included several individuals who had already begun to develop systematic approaches to interviewing, especially Dr. Eugene I. Burdick and Dr. Anne S. Hardesty and Dr. Robert L. Spitzer, then a departmental fellow in training. They developed such instruments as the Ward Behavior Inventory, Mental Status Schedule, Psychiatric Status Schedule and a variety of others which provided items for the semi-structured interview to be used in the U.S.-U.K. Project together with the items selected from the Present State Examination Schedule prepared by John Wing and his associates at the Institutes of Psychiatry at the Maudsley Hospital in London, England.
The Mind and Mood of Aging

It fell upon the shoulders of Dr. Barry Gurland to organize the initial project in the U.S.A. and for Dr. John Cooper to introduce it in the U.K.

The members of the cross-national teams in New York and London participated jointly in the preparation of the instruments to be used in the study, administered the interviews and engaged in the analysis of the data and the reporting of the results. It was truly a cooperative effort from beginning to end on the part of the entire staff but especially noteworthy were the contributions of Robert Kendall in the analysis of the data and of Larry Sharpe in the videotape studies.

In addition to the systematic approach to interviewing, several other new developments appeared. The staff introduced videotaping of interviews as a method for making comparative studies of diagnosis by exhibiting the videotaped interviews to groups of raters in geographically distant places. This project also demonstrated that despite cultural and social differences, objective cross-national comparisons could be carried out if sufficient care was taken in the preparation of the interview items and in the training of interviewers, systematic interchange of interviewers between the cities of New York and London, and collaboration between the administrative authorities of the two cities. In the wake of the many needs created by the cross-national study, improvements and new developments occurred in many interviewing and psychometric methods. These were, for example, in item construction, interview design (e.g., probes for determining whether a given line of inquiry is negative and can be discontinued), statistical techniques for assessing reliability and agreement between raters (e.g., Kappa), clustering methods, taxonomic analysis, etc. Many of these innovations came from the project staff in response to immediate problems of data analysis and others with collaborating consultants such as Dr. Jacob Cohen who developed Kappa, Dr. Joseph Fleiss who adapted it to further uses and Dr. Edwards Deming who provided the innovative sampling techniques.

One of the more ingenious innovations was the sampling strategy which developed a replicated design in which the whole sample consisted of five successive replications each of which was a random sample of the entire city. This not only provided a measure of internal consistency across the replications but also provided for the contingency that if funding were not continued, the results at any point would still be representative of the entire population.

It is a little difficult to realize that these innovations which now appear commonplace were not in existence when the U.S.-U.K. Project began. But the most unexpected development ca primarily diagnostic effort of the mentally ill in the life of the residents in reference to the overall health, health care, social differences in the community. This expansion came after the project dealing with the ag the geriatric study was behind the original study was the elderly. After an initial institutions (which again between the U.K. and the majority of the mental health in the community; consequence in the community was under what was impossible to isolate from the matrix of the so the person occupied. The and the physical-social-environment was nested became ener the investigation individual under examina-

The investigation individual under examination system which was service system which was Furthermore, in order to in depth, one assessment follow-ups had to be made outcome in the light of the way in which the individuals identified and suitable i

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unexpected development came with the extension of this primarily diagnostic effort into a deeper assessment not only of the mentally ill in the two cities but of the styles of life of the residents in the two cities and of the cultural, health care systems, and the impact of the differences in the social context on the mental health of the elderly. After an initial assessment of patients in institutions which again yielded no significant differences between the U.K. and the U.S., it became clear that the majority of the mental health problems of the elderly were due to the interaction between family, society, and the individual. Thus, a study of the ecological niche and the physical-social-cultural-economic niche in which the person occupied was undertaken. It became evident that it was possible to isolate the diagnostic and treatment procedures for the elderly.

The investigation focused on the needs of the individual under examination rather than on the needs of the service system which was trying to cope with their needs. Furthermore, in order to examine the problems of the elderly in depth, one assessment was not enough; successive follow-ups had to be undertaken to determine reliability and outcome in the light of the original assessment. Only in this way could the individuals vulnerable to mental disorders be identified and suitable intervention methods developed.

One of the more fruitful results of this endeavor has been the development of the Comprehensive Assessment and Referral Evaluation (CARE), covering the wide range of the mental and physical health and social conditions of the elderly as well as the services and supports they receive. It consists of 1500 items of information, an extensive set of global evaluations and a systematic narrative summary.

The full scope of the results can hardly be summarized here, but the fact that the elderly in the two cities are more alike than different, and the fact that despite the differences in the systems of care, much can be learned from the virtues and shortcomings of each, is quite apparent. Only by such comparative studies can improvements become possible.

From the initiation of the U.S.-U.K. Project beginning in 1963 it depended entirely on the efforts and cooperative spirit of the two teams -- one in the USA and the other in the UK. The story of how this cooperation developed despite
initial differences in outlook, culture and expectancies cannot be told here, but it is a paradigm of international cooperation which is truly remarkable.

One indication of a successful study is the fate of those who participated in it. Nearly all of them now occupy prestigious positions in the field of psychopathology. Holding the study together from the very beginning and in its transition through its various phases was Dr. Barry Gurland. He, together with Dr. John Copeland, have steered the course of the present project. They and their staff's scholarship, clinical acumen and research know-how have provided the continued leadership for this cross-national venture. Only those with the deepest compassion for the sufferings of the elderly ill could have persevered against the odds presented by this new undertaking. Following the project reported here, the collaboration with London has continued to the present day with Dr. Anthony Mann and now Dr. Alastair MacDonald leading the London team under the overall direction of Professor Michael Shepherd.

The most pressing question that still seems to face the elderly is the question of prevention of future disability. While the inroads of aging on life can not be avoided indefinitely, the quality of life can be much improved if we could determine beforehand those who are vulnerable to disorders of the senium. If they could be identified, perhaps therapeutic or preventive intervention could be introduced. Now that the descriptive phase of the work with the elderly is accomplished, it might be well to turn to the questions of etiology and vulnerability.

Joseph Zubin
The Mind and Mood of Aging

Mental Health Problems of the Community Elderly in New York and London

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