

The Development of Psychogeriatric Services in Hong Kong

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Abstract

Psychogeriatrics is one of the youngest subspecialties in psychiatry. The development of local psychogeriatric services followed the British model. In 1991, the first community-oriented and multidisciplinary psychogeriatric service was established by the Department of Psychiatry of the Chinese University of Hong Kong. Nowadays, a wide range of specialized psychogeriatric services are provided by seven psychogeriatric teams in Hong Kong. The Elderly Suicide Prevention Program and the Community Outreach Service to the private care homes are important "developmental milestones" of local psychogeriatric services. This article describes the origin, history of development and challenges of local psychogeriatric services.

Keywords: Psychogeriatric services, development, Hong Kong

Introduction

The word "Psychogeriatrics" appeared in the history of Psychiatry without a trace. In the 1950s, "psycho-geriatric" had an implicit meaning that psychiatrists and geriatricians worked together to examine older adults (Hilton, 2008). Nowadays, Psychogeriatrics (or Old Age Psychiatry in the United Kingdom) is a subspecialty in Psychiatry in which the comprehensive assessment and multidisciplinary interventions in managing older adults with mental illnesses

are emphasized (Chiu et al., 1996a; Hilton, 2005). Psychogeriatrics is one of the youngest subspecialties. It was formally recognized in the United Kingdom and in Hong Kong in 1989 and 1994 respectively (Chiu et al., 1996a; Chiu et al., 1997; Hilton, 2005; Lo, 2003).

The Origin of Psychogeriatrics in Hong Kong

The development of modern psychiatry in Hong Kong was marked by the first qualified psychiatrist, Dr. P.M. Yap, who returned from the United Kingdom and became the medical

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superintendent of the Victoria Mental Hospital in 1948 (Lo, 2003; Yip, 1998). Thereafter, the development of local psychiatry has been following the "British model" in terms of its legal framework, guiding theoretical principles, diagnosis and management of psychiatric disorders and the types of service delivery as most of the local psychiatrists have been trained in the United Kingdom (Chiu et al., 1996a; Lo, 2003; Ungvari and Chiu, 2004).

In the past, older adults in Hong Kong could only receive hospital-based psychiatric services (Chiu et al., 1996a; Lo, 2003). The psychiatric services as a whole and the psychogeriatric service in particular were under-recognized and under-developed. In the late 1970s, there were two psychogeriatric wards in Kowloon Hospital designated for older adults with chronic mental illnesses in Hong Kong. It was not until 1981 when three psychogeriatric wards were opened in Kwai Chung Hospital (Chiu et al., 1996a). Kwai Chung Hospital was the base for specialized psychiatric treatments for local older adults at that time as community psychiatric service for older adults was very limited. The psychiatric service for older adults was in the form of weekly outpatient clinic established through the collaboration between the Department of Psychiatry of the University of Hong Kong and the St. James Settlement in the 1980s (Chiu et al., 1996a).

The Development of Modern Psychogeriatric Services

The demand for the establishment of a specialized psychogeriatric service persisted since the 1970s (Lo, 2003). In 1974, the White Paper "Further Development of Medical and Health Services in Hong Kong" stated that more specialized psychiatric services should be provided. However, a number of socio-political factors deferred the further development of local psychiatric services (Yip, 1998). Over the past 35 years (1971-2005), the life expectancy in Hong Kong has increased from 67.8 years to 78.8 years

for men and from 75.3 years to 84.5 years for women (Census and Statistics Department, 2006). In November 1990, the Medical Development Advisory Committee made recommendations to the Hong Kong government so that a specialized psychiatric service was funded for the growing older adult's population in the subsequent few years. The first community-oriented and multidisciplinary psychogeriatric service was established by the Department of Psychiatry of the Chinese University of Hong Kong in 1991 (Chiu et al., 1996a; Chiu et al., 1996b). The service model was described to be "a Western model in the East" and was widely supported by scientific evidence for its effectiveness (Chiu et al., 1996b; Chiu et al., 1997; Draper and Low, 2004).

Recent Service Development

Nowadays, the psychogeriatric services are provided by seven psychogeriatric teams working under the seven administrative clusters of the Hospital Authority of Hong Kong (Chiu et al., 1997). Each psychogeriatric team has its own characteristics and modifications in its staff composition and service provision. They are coordinated by the Psychogeriatric Working Group at the hospital level and provide high-quality services to older adults aged 65 or above. Older adults aged 65 or above comprise of 12.8% (approximately 895,000) of the total Hong Kong populations in 2008 (Census and Statistics Department, 2009).

The psychogeriatric teams provide a wide range of specialized psychogeriatric services, including inpatient, outpatient, day patient, outreach and consultation-liaison service to the older adults with mental illnesses. They are responsible for promoting interest and research and providing undergraduate and postgraduate training in the field of psychogeriatrics. Members of the psychogeriatric teams are active in both local and international academic activities. Moreover, the psychogeriatric teams have different levels of collaboration with the medical sector and social service in the community (Chiu et al., 1997).

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Innovative Service Model for Elderly Suicide

Suicide rate of the older adults in Hong Kong was high compared to the rest of the world. From 1981 to 1995, the elderly suicide rate was around 30 to over 40 per 100,000. The suicide rate rises with advancing age, for example, it was 50 per 100,000 for age 75 or above and was four to five times higher than the general population (Chiu et al., 2004). Around 70% of the older adults had expressed suicidal ideas to their families and 40% of them had consulted their medical practitioners before death (Chiu, 2009). Elderly suicide has become a public health issue in Hong Kong (Chiu et al., 2001). In 2003, the government funded the two-tier Elderly Suicide Prevention Program (ESPP) to combat against elderly suicide. Gatekeeper training, enhanced access to psychogeriatric service, fast track psychogeriatric clinic and case management model are the key elements in the service. The ESPP was a new model for collaborative service delivery which demonstrates close collaboration between psychogeriatric teams, primary care and social sectors with promising results (Chiu, 2009).

Hong Kong Psychogeriatric Association

The Hong Kong Psychogeriatric Association (HKPGA) was established by a group of mental health professionals working in the field of psychogeriatrics in June 1998. HKPGA is the only professional organization focusing on the mental health care of local older adults and has close collaboration with local and overseas professional organizations. Members of the HKPGA are multidisciplinary across health and social sectors. Members share the vision of promoting elderly mental health in Hong Kong and are active in participating regular training and educational activities. HKPGA thus serves as an important platform for local workers to exchange their knowledge and experiences in the field. The HKPGA Council has been responding to policies of the government for issues related to the mental health care of older adults (Hong Kong Psychogeriatric Association, 2009).

With its unique position and multidisciplinary nature, HKPGA has a pivotal role in the development of the Life Clinic and the ESPP service in Hong Kong. Besides, it has been promoting quality service for the older adults with dementia in the past decade. Together with Castle Peak Hospital, HKPGA has published a caregiver handbook for dementia care. Shortly after the Sichuan earthquake, HKPGA has set up the "China Mental Health Fund" and has supported a series of training activities on post-disaster psychological interventions held in Guangdong Provincial Institute of Mental Health, Chengdu and Beijing in 2008 (Hong Kong Psychogeriatric Association, 2009).

Challenges Ahead

Ageing Population

It is projected that the proportion of older adults in the populations will rise to 27% in 2033 (Census and Statistics Department, 2007). Current cohorts of older adults are under-privileged and depend heavily on public health services (Census and Statistics Department, 2006). Under the current healthcare system, Hong Kong's public health services will be overwhelmed by the age-related chronic medical illnesses. For example, the prevalence of dementia in the community dwelling older adults aged 70 was 6.1% a decade ago (Chiu et al., 1998). In a recent epidemiological study, the prevalence of mild dementia is 8.9% (Lam et al., 2008). In fact, the majority of the community-dwelling older adults with cognitive impairment have not made contact with psychiatric services despite the fact that dementia and BPSD (Behavioural and Psychological Symptoms of Dementia) has become the main bulk of workload in the local psychogeriatric services and the residential homes for the elderly (Lam et al., 2006; Lam, 2009). It is obvious that the ageing population and the increasing healthcare expenditure have pushed the Hospital Authority to shift its resources to develop more community health services in the recent few years (Hospital Authority, 2006; Hospital Authority, 2007).

Nevertheless, it is not until recently that additional resources have been allocated to the psychogeriatric teams to expand the community services despite the lessons learned from the SARS outbreak (Chiu et al., 1997; Chiu et al., 2003). In 2008, psychogeriatric outreach service was extended to cover private care homes across the territory. The service is crucial in providing more psychiatric support in the community.

Epidemiological Study and Mental Health Policy

The development of mental health services in Hong Kong has been in a piecemeal and uncoordinated fashion (Lo, 2003). One of the reasons is the lack of a central mental health policy which can give insight for long term care planning and bring the related services in the medical and social sectors together (Chiu et al., 1996a; Hong Kong College of Psychiatrists, 2007). This central mental health policy is of particular importance for the elderly mental health and social welfare service providers because of the characteristics and the increasing needs of the local older adults (Chiu et al., 1996a). It is also complimentary to the long standing government policy "ageing in place" (Chiu et al., 1996a). On the other hand, the administrators and service providers need to base on comprehensive epidemiological data to plan for the future and allocate resources for the public services. It is a pity that the epidemiological studies on mental disorders of older adults in Hong Kong and in South East Asia are relatively scarce (Chiu et al., 1997). This is an area that should be developed in the near future.

Future Development

The development of local psychogeriatric services is very rapid and there is a lot of expertise in the multidisciplinary psychogeriatric teams. However, due to the limited resources, there are still a lot of unmet needs in the local elderly population. In particular, more resources and research to streamline early detection and interventions for major mental

illnesses in the community are required. On the other hand, collaboration with different sectors and disciplines involved in elderly care are of utmost importance. Psychogeriatric teams should work closely with the community partners, Non-Governmental Organizations, primary healthcare providers and professional organizations so that contemporary community-oriented and multi-disciplinary psychogeriatric services can be delivered.

摘要

老齡精神科服務在香港的發展

老齡精神科是精神病學中最稚齡的次專科領域。本區老齡精神科服務是仿效英國的模式。香港中文大學精神科在一九九一年建立了第一所以社區導向的跨科老齡精神科服務。目前大部份的老齡精神科專科服務都是由香港老齡精神科的七支醫療隊伍提供。老人自殺速治計劃及社區實踐服務是本區家居護理延伸老齡精神科服務發展非常重要的里程碑。這篇文章描述本區老齡精神科服務的發展起源，精神科服務的歷史背景及所面對的挑戰。

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