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Satisfaction of patients towards the elderly suicide prevention programme of the Castle Peak Hospital and their attitude towards medical treatment for their depressive illnesses

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Abstract

Objectives: This study aims to explore how patients perceived the Elderly Suicide Prevention Programme of the Castle Peak Hospital and to examine their attitude towards their medical treatment in order to facilitate further improvement of service and to improve their medication adherence. Participants and Methods: Focus group interviews were conducted. Data collected were sorted and analysed and relevant themes were generated from each focus group. Findings: Twenty seven participants attended the focus groups. All of them found the programme effective in the treatment of their illness and they were satisfied with the service. Among all the factors, the short waiting time, helpful attitude of staff, regular home visits and medication treatment were most appreciated. They would like home visits to be continued even after they had recovered. Most of them were aware of the importance of medical treatment after receiving psychoeducation from the team members. Conclusion: This qualitative study provides evidence on the effectiveness of the Elderly Suicide Prevention Programme. Although this intensive community support involves a significant amount of manpower and resources, it is worthwhile as the service is perceived by the patients to be an important contributing factor towards their recovery.

Keywords: Focus group, Elderly, Depression, Suicide prevention

Introduction

People aged 65 or above has a high rate of suicide (29.8 per 100,000), which is about two to three times higher than the general population (10.5 per 100,000) in Hong Kong (Department of Health, Census and Statistics Department 2007). The territory wide Elderly Suicide Prevention Programme (ESPP) was implemented in different psychiatric centres under the Hospital Authority in Hong Kong since 2002 as one of the measures to tackle this problem (Wu & Chan, 2007).

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The aim of the ESPP is for the early detection of elderly at risk of suicide and to provide timely and effective management of this group of patients. It operates on a case management approach in which each patient is managed by a case community psychiatric nurse (CPN) and a case doctor. They would first receive early intervention by CPNs in the form of home visit and then an appointment at the Fast Track Clinic (FTC) would be arranged where they would be assessed by medical doctors. Suicides in the elderly were consistently associated with a number of risk factors, e.g. past history of suicide (Chiu, et al., 2004); physical illness (Salib, Rahim, El-Nimr, & Habeed, 2005; Tadros & Salib, 2007; Waern, Rubenowitz & Wilhelmson, 2003); psychiatric illness, in particular, depressive illness (Chiu, et al., 2004) and certain personality traits (Duberstein, 1995). It is believed that if the modifiable risk factors, e.g. depressive illness, is properly managed, suicide can be prevented. It is found that ESPP in Hong Kong has significantly reduced suicide rate in late-life suicide attempters compared to generic service. Since the inception of ESPP, the suicide rate at population level among women who are over 85 years old in Hong Kong has persistently reduced (Chan, et al., 2010).

Castle Peak Hospital (CPH) is one of the seven centres with ESPP and the team caters for all referrals of elderly with suspected depression with or without suicidal attempt living in the New Territories West Cluster of Hong Kong. From January 2002 to March 2010, a total of 1097 elderly were seen at FTC. This qualitative study explored how patients perceived the ESPP service and examined their attitude towards medical treatment. We hope that the findings could facilitate further improvement of our service and to identify ways to improve medication adherence in this group of patients.

Methods

Focus group methodology was adopted in this study because it is considered to be an effective technique for exploring people's view about particular issues and examining why they hold such views (Morgan & Kruegar, 1993). Group discussions are believed to be more effective over individual interviews because the former generates more responses and reduces the influence of the investigator in the process so that the participants' views can be more prominent. In this study, groups were kept small to maximise the depth of content elicited and the number of groups required were determined by achieving 'saturation of views' (Merton, Fiske & Kendall, 1990).

The study was approved by the New Territories West Cluster Clinical and Research Ethics Committee. Participants were informed that the published material from this study would not include identifiable information of the participants. Informed written consent was obtained from the participants prior to the focus group interview.

Sampling

The participants were attendants of the FTC. At the time of study, there were approximately 500 active attendants in total. Only those who were able to communicate in Cantonese and who were able to give consent were recruited. The investigators deliberately included patients who were more active in expressing their opinion and those who were expected to have different opinions about ESPP and their medication treatment. Each focus group consisted of eight to ten participants. Saturation of data appeared to be reached after three focus group interviews.

Data collection

Each focus group discussion was of approximately 90 minutes' duration, and was semi-structured based on questions in a research guide developed for the study, yet allowing topics to be pursued as they arose. Participants were asked how they thought of the ESPP service in CPH and whether they thought it had helped them. If yes, in what way they thought it had helped them and which component(s) of the programme was the most useful to them. They were also asked about the areas they would like the programme to improve. For medication treatment, they were asked how they thought of it and whether it was necessary. The group moderator was a psychiatrist who had experience in managing geriatric patients. The interview data were transcribed verbatim and translated into English.

Data analysis

Data was sorted and analysed with relevant themes were generated from each focus group. The themes were rated from weak to strong according to the number of participants who endorsed the themes, the duration of discussions related to the themes and the apparent intensity of feeling associated with the themes.

Findings

Sample characteristics

A total of 27 patients participated in the focus groups. The participants comprised 15 females and 12 males. Their age ranged from 61-79 (Mean=71.7, SD=4.2). They were known to ESPP from two months to 6.5 years (Mean=30.4 months, SD=26.6). The heterogeneity in follow up duration among the patients enabled us to capture a diverse scope of opinions about the service. The participants' demographic details are provided in Table 1.

Table 1

Demographic and clinical profile of the participants (N=27)

Variables	N	%
Gender		
Male	12	44.4
Female	15	55.6
Education		
Less than primary	7	25.9
Primary	4	14.8
Secondary	11	40.7
Tertiary or above	5	18.5
Diagnosis		
Mild depressive episode	5	18.5
Moderate depressive episode	20	74.1
Severe depressive episode without psychotic symptoms	1	3.7
Mixed anxiety and depressive disorder	1	3.7
	Mean	SD
Age (years)	71.7	4.16
Duration of follow up at FTC (months)	30.4	26.6

Themes

Findings are reported according to themes generated from the findings related to the service provided by ESPP and the attitude towards medical treatment. The following presents the themes with support from verbatim.

Impression of the ESPP

Most participants were satisfied with the service provided by the ESPP of CPH. They found it effective in the treatment of their depressive illness. Some of them initially were afraid of the name of CPH and did not want to come. Some did not think that they had any mental illness and therefore they did not need medical treatment. However after the first home visit, they were moved by the proactive and enthusiastic attitude of the staff. Their fear was relieved and they were no longer worried about the stigma. Some said:

"ESPP has helped me a lot and has even saved my life. I would like to thank all the staff for treating my depression."

"I am very satisfied with the service of ESPP. I think that more similar service should be provided to the elderly."

"I was very pessimistic and I always thought about ending my life when I first presented to the clinic. But now, after receiving treatment, I am much better and able to enjoy life".

Most helpful element of the programme

1) Attitude of staff

All participants praised the attitude of the staff and they believed that it was the major contributing factor leading to their recovery.

"Every staff member is so helpful, including the supporting staff who assists in distributing the case notes. I can feel the warmth here. After coming back for a few times, they are like family members to me."

"The doctors are so professional and caring. They are willing to spend time listening to my problems and then give constructive advice to me which is able to change my life!"

"The doctors are so patient and they explained to me clearly about the effect and side effect of the medication so that I no longer have uncertainty about it."

2) Medication

Most of the patients appreciated the prescription of medication, in particular antidepressant, which was effective in treating the symptoms of their depression.

"I felt much better after taking the medication prescribed by the doctors."

"The medication is able to help my sleep, which is the most significant problem of mine."

3) Counselling and advice by staff

The participants believed that besides medication, other lifestyle advices given by staff were also helpful.

"Staff was able to give me useful advice, e.g. in planning my daily activities and to do more physical exercise. I think it is important that I follow this advice."

4) Home visits

They particularly treasured the home visits provided by the community psychiatric nurse (CPN) and occupational therapist as these home visits were like visits from close friends or even family members. They did not think the home visits were intrusive. The first home visit was able to serve an important purpose by

gathering relevant clinical information about them. They appreciated that the information could help the case doctor to better understand their background and problems before the first consultation. They treasured the visit as an opportunity for them to ventilate their feelings. They regarded it difficult to find someone willing to listen to them, even their own children. After expressing their worries and feeling being listened to, they felt much better.

The close contact with CPN at the initial stage of treatment also allowed the patients to report any uncomfortable side effects of medication to the treatment team. CPN gave constructive advices to them concerning the medication and also arranged them to consult their doctor earlier for adjusting the medication regimen.

"I would like to thank my CPNs for spending time in coming to my home and supporting me. They were so patient and had great counselling skills. After speaking to them, I felt better immediately."

"Although I go out quite often and the nurses needed to make an appointment with me before their visits, I certainly welcome them at my home and I could feel their kindness and warmth every time they come."

However one patient commented that he was worried that if nurses come to visit him, his neighbours might know that he had mental illness.

"I haven't arranged any home visit with the nurse because I worry that others will know I have mental illness. I appreciate their effort and good will though."

5) Home modification service

The home modification service provided by the occupational therapist of the team was also highly appreciated by the participants.

"After the installation of handrail in my toilet as suggested by the occupational therapist, I felt so much safer when going to toilet by myself. I am so thankful to them and they had done a great job to solve my problem."

6) Short waiting time

Apart from staff involvement, all participants appreciated the efficiency and ultra-short waiting time of the programme.

"The service was provided efficiently and I was arranged to see the doctor within a short period of time. It really had lived up to the name of fast track clinic."

7) Day activity programme

The activity programmes arranged by the staff of the ESPP were also highly valued by the patients.

"Even though I thought that my condition was similar after taking antidepressants, I was grateful that the nurses had arranged regular daytime activities for me, including volunteer work. I enjoyed taking part in these activities and I felt better afterwards."

8) Help from medical social worker

Some of the participants praised the medical social worker in providing prompt assistance in solving their financial and housing issues.

"I was stressed by the poor living condition initially. The medical social worker was able to arrange housing relocation for me and my problem was resolved finally."

Among all the factors mentioned, the short waiting time, helpful attitude of staff, regular home visits and medication treatment were most highly appreciated by the participants.

Areas that require improvements

Most participants were satisfied with the ESPP and they wished that more programmes of similar nature that targeted at improving the well-being of elderly could be developed and implemented by the Hospital Authority.

One area that the participants particularly commented on was the frequency of home visits. Due to resource limitation, the frequency of home visits were reduced and eventually terminated when the patients had recovered. However, the participants treasured these home visits very much and they would like the visits to be continued as long as they were being followed up by the FTC. They agreed that it was alright to replace home visit with phone contact which was the current practice for stable patients. Nonetheless, they understood that the CPNs had heavy workload and it was impractical for them to visit them too often or for a longer period of time.

"It is nice for the nurses to give me phone calls now and then, even though they are not visiting me anymore. I do hope that they can come to visit me. It is alright to do it less frequent than before as I have recovered now."

Attitude towards medical treatment

Most patients were able to understand the importance of medication in the treatment of their depression. They found the medication helpful for their sleep and appetite. Other areas of improvement after taking medication included their mood and temper control and they were aware that they had less negative thoughts after taking it. The participants in general took medication regularly as suggested by the doctors. But some of them had tried to omit it briefly themselves.

"I have stopped taking medication for a few days as I found myself much better after taking it. However I couldn't sleep without medication. Therefore I resumed it immediately and now I won't stop taking it again."

"I forgot to bring medication with me when I went on a trip for few days. I felt terrible during the trip. I will remember to bring the medication with me next time when I go on a trip."

Some participants had the impression that the more expensive the medication, the better the treatment effects.

"I know that the antidepressant I am taking is new and expensive. I think that this medication is more effective in treating my depression."

Some of the patients experienced minor side effects when taking the medication, e.g. constipation, dry mouth and dizziness. They were not too concerned about these side effects because their doctors switched medication for them when they complained of the side effects and they felt better after they were put on another medication. Some had uncertainty concerning the risk of long term side effects or addiction if they had to take the medication for a longer period, especially when people around them always warned them about harmful effect of psychiatric mediation. Most of them did worry about the long term consequence but some said they worried no more when clear explanation was given to them by the team.

"I am taking the medication regularly and I don't experience any side effect. I am not sure whether it will have any effect on my body and whether it will cause addiction if I take it for a year or longer."

"Initially I worried about the harmful effects of taking the medication. But after my doctor explained about the expected side effects and reassured me that antidepressants won't cause addiction, there was no more worry. I am willing to continue to take it according to doctor's instructions. I think it's more appropriate to listen to doctor's advice rather than that from friends who don't really know much about antidepressants."

It was found that those who experienced improvement after the medication were more willing to take it while those who did not experience a significant change in their condition after taking medication would want to stop it.

"I always ask my doctor whether I can stop taking the medication as I do not notice any improvement in my symptoms. But I am still taking it as suggested by the doctor and the doctor is adjusting my regimen."

Discussion

Previous studies have provided quantitative evidence that the ESPP is helpful in reducing the risk of elderly suicide. This qualitative study allows us to evaluate the service from the patients' perspective and it is encouraging to find that the patients appreciated its effectiveness and nearly all patients were satisfied with it.

The positive results obtained might be related to Chinese traditions and beliefs. Chinese elders show much respect towards medical professionals and they treasure the care and services provided to them. The tradition in Chinese population is to say good things and to avoid criticisms when they give opinion openly otherwise they will be regarded as rude. These might explain why the comments generated from this study were mostly positive. On the other hand, local Chinese elders also were brought up not to bother their doctors with emotional difficulties (Cheung & Li, 2006). Doctors of the ESPP were very proactive in understanding their emotional difficulties and providing channels for them to ventilate. They might feel being treated specially and thus gave a high rating to the service.

The multidisciplinary approach adopted by the ESPP is certainly an important component contributing to its success. Apart from the medication contributing to the relief of symptoms, the psychological, occupational and social support provided by the team might also help. The intensive community support provided in the form of home visits was particularly appreciated by the patients and could be a crucial element towards the success of the programme. It helped to monitor the patients' response as well as their side effects after receiving medical treatment so that alteration in the regimen could be made as early as possible. This largely reduces any uncomfortable feelings experienced by the patients and the likelihood of poor medication adherence. Effective treatment which is acceptable by the patients could be started as early as possible and the patients' trust and confidence in the service could be maintained and even enhanced.

On the other hand, elderly patients are frequently a neglected group with poor social support. Even for those who are living with their family, they are frequently left alone. It is difficult for them to find someone to listen to their problems. Staff member of the ESPP serves the role of an empathetic listener who is willing to listen to and able to help with their problem. This could be a factor contributing to the positive outcomes of the service.

In this study, some patients worried about the stigma associated with home visits and refused home visits. Some of the alternative

strategies adopted by the CPNs were to arrange to meet the patients at another place (e.g. the clinic) or to replace visits by phone contacts. The aim was to reduce the anxiety and stress experienced by the patients, while at the same time, allowing the monitoring of patients' mental state.

A number of patients had requested for more home visits and this raised the issue of resource allocation. Home visits involve intensive manpower and therefore resources will be diverted from those more in need. Phone contact is a less labour intensive substitute for home visits which are welcomed by the patients. In clinical practice, CPNs' contact phone number would be given to the patients and patients are educated to contact them whenever needed. Visits by the CPNs could also be reactivated when there is any change in patients' mental state.

The short waiting time of the FTC as mentioned in this study was certainly an important contributory factor towards the success of the ESPP. The highly specialised setting of the clinic allows frequent intensive follow up especially in the initial phase of treatment. This allows accurate titration of antidepressants according to the symptoms as well as close monitoring of side effects experienced by the patients. The initial phase of treatment is associated with the highest risk and it was found that all cases of suicide of patients under the care of the ESPP of CPH happened within the first six weeks of treatment (Wong, Tsui, Li, Chan & Lau, 2010). Most patients commented that the intensive treatment provided to them in the early phase of their illness had effectively reduced their suicidal ideation which nearly all of them had experienced at that time.

Concerning medical treatment, most patients were able to adhere properly to their regimen and this might be partially related to the effectiveness of the medication as well as good therapeutic alliance. It is important to note that nonadherence to antidepressants is quite common in depressive patients due to negative attitude towards antidepressants (Brook, Hout, Nierwenhuyse & Heerdink , 2003) and evidence supported that that proper coaching was an effective way of improving drug attitude of depressive patients (Brook et al., 2003).

The public tends to view that depression is a short-term illness and expects that those with depression will recover fully and quickly without relapse (Jorm et al., 1997). Some of the patients in this study had indeed attempted to omit medications against doctor's advice as they thought that they had recovered already. It is therefore necessary to emphasize to patients the importance of continuing medication even if their symptoms have resolved with treatment. Studies showed that patients age 70 and older who became symptom-free and who continued to take their medication for two more years were 60 percent less likely to relapse than those who discontinued their medications (Reynolds et al., 2006). Those who have more than one episode of depressive illness may need indefinite treatment.

Apart from informing the patients on the expected duration of treatment, it is important to educate them about the side effects that they are likely to experience. If the patients know what to expect with the medication, this will contribute to a better drug attitude (Priest, Vize, Roberts, Roberts & Tylee, 1996). It is common for elderly patients to worry about addictive effect of antidepressants, making them uncomfortable in taking them for a long period of time, especially after their symptoms have improved. Proper education helps to

reduce this unnecessary concern as well as the risk of nonadherence.

One limitation of this study is that the focus groups were conducted by a doctor who was a member of the ESPP and also the case doctor of some of the participants. The participants might tend to give positive comments towards the programme. However, more than half of the participants did not know this doctor. Having someone who is familiar with ESPP to conduct the focus group has its benefit as the moderator can have a better understanding of the participants' comments and knows how to follow up the issues. Another limitation of this study was the modest sample size of the study. But it is unlikely to affect the validity of the study as the number of participants was determined by data saturation. Further quantitative methodology may help to resolve the question of representativeness. Thirdly, those who were willing to participate in the focus groups had good relationship with the staff of the ESPP. Therefore their feedback towards the service would likely be positive. Lastly, the results obtained might not be able to apply to other centres with this programme because of the variation between individual centres. Despite these limitations, the current findings provide a valuable insight into the patients' perspective towards the service provided by the ESPP.

Conclusion

This qualitative study explored how patients think of the ESPP service and examined their attitude towards medical treatment. The findings provide evidence that support the effectiveness of the ESPP in CPH. Although the intensive community support involves a significant amount of manpower and resources, it is highly appreciated by the patients and they believed that it was an important contributing factor towards their recovery.

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摘要

青山醫院病人對預防長者自殺計劃的滿意程度及他們對藥物治療的態度

老人精神科速治服務自二零零二年成立以來，為有自殺傾向的長者提供快捷和適當的診斷和治療。青山醫院乃其中提供此服務的醫院，在二零零二至二零一零年間，一共醫治了一千零九十七名長者。我們邀請了其中二十七名接受老人精神科速治服務的長者參與焦點小組，希望了解他們對服務的滿意程度，以及他們對藥物治療的態度，從而繼續提高服務質素。結果發現每一位受訪者都滿意我們的服務。他們最滿意的，是新症輪候時間短、工作人員熱心的服務態度、家訪以及有效的藥物治療。他們更希望病情好轉後仍能繼續安排家訪。經過醫護人員的講解後，大部分長者都明白藥物治療的重要性。這質性研究肯定了老人精神科速治服務對病人的幫助。雖然密集的社區支援，如家訪是需要額外的人力資源。但由於它在病人心目中相當重要，我們應盡量安排這類型服務以協助他們盡早康復。

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