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Social Work and Psychogeriatrics

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Introduction

The age of 65 is generally accepted as the commencement of the senium. In Hong Kong there has been a marked increase in the number of old people. As shown in Table 1, there are twice as many old people in 1971 as in 1961. This increase can be attributed to better living conditions, improved medical attention, and successful family planning. The latter is partly responsible for any percentage increase relative to the population. This pattern of population growth is expected to continue in the coming few decades. The morbidity of old people especially those above 70 years is particularly high and their problems are a mixture of physical, mental and social factors. Although a committee has been formed by the Social Welfare Department recently to study the problem of the aged, this paper is an attempt to outline certain aspects of psychogeriatrics and its relationship to social work.

Table 1
Population Statistics

Year	*Total Population*	*People aged 65 and over*	*Percentage of people aged 65 and over*
1961	3,129,648	87,918	2.8%
1966	3,708,920	122,440	3.3%
1971	3,936,630	177,572	4.5%

Psychogeriatric Patients

Approximately 5% of the elderly population in the United Kingdom are likely to have organic brain syndrome severe enough to warrant consideration for admission to institutions, another 5% mild/early brain syndrome and 12% moderate or severe functional psychiatric disorders of which affective illness is the most important (Enoch et al, 1971). When these percentages are applied to Hong Kong (and it does not seem inappropriate to do so) then the seriousness of the problem can be easily appreciated by the figures shown in Table 2. There have been a few surveys recently done in Hong Kong on the health of elderly people. They were concerned mainly with physical health and one of them carried out in 1972 by the City District Office, Wanchai, found that 9% of the people over 60 surveyed were receiving regular medical attention, 5.8% confined to bed, 4% "handicapped" and 1.2% "paralysed." Their findings can only be regarded as very crude in view of their method of sampling and their interviews by untrained investigators.

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Table 2
Probable Psychiatric Morbidity Risk of Elderly Population in Hong Kong

People aged 65 and over in 1971 population statistics	177,572	
Severe organic brain syndrome	8,879	39,067
Mild/early organic brain syndrome	8,879	
Moderate and severe functional disorders	21,309	

Table 3 compares the numbers of geriatric patients admitted to the mental hospital in 1961, 1966 and 1971 and Table 4 the numbers of old people attending a major psychiatric clinic in Kowloon in 1967 and 1971. It is important to note that the percentage of old people admitted to Castle Peak (mental) Hospital as compared with total new admissions in 1966 is 2.2 times and in 1971 4 times that in 1961. In the Yaumatei Psychiatric Clinic however this percentage of old people attending for the first time in 1971 is only 1.18 times that in 1967. This may mean that psychogeriatric patients are brought to seek psychiatric advice at a relatively late stage when their disturbed behaviour becomes intolerable.

Table 3
Castle Peak Hospital New Admissions

Year	*Total No. of new admissions*	*No. of new admissions age 65 and over*	*Percentage of new admissions of age 65 and over as compared with total new admissions*
1961	561	6	1.07
1966	1,532	36	2.35
1971	1,566	67	4.28

Table 4
New Out-patients Attending Yaumatei Psychiatric Centre*

Year	*Total No. of new out-patients*	*No. of new out patients aged 65 and over*	*Percentage of new out patients aged 65 and over*
1967	1,080	33	3.06
1971	1,714†	62†	3.62

* This Centre was opened in 1967. Almost all psychiatric patients living in Kowloon and New Territories attended this Centre.
† These figures include those seen in Kowloon Hospital Psychiatric Unit which was opened in July 1971. Many new patients who would have attended the Yaumatei Psychiatric Centre were diverted to this Unit.

Social Work in Psychogeriatrics

Social workers are concerned with social factors that cause illness and social problems that result from illness. In geriatrics especially in psychogeriatrics there is plenty of both - isolation, boredom, bereavement, self-neglect, bad housing, inadequate food, misery, apathy and so on, all contributing or consequential to illness among the elderly. As a matter of fact social work is an essential component in any comprehensive geriatric service. In psychogeriatrics it is vital to consider not only the patient but the whole family and social work in this field is a difficult and demanding job. Therefore it is necessary to recruit social workers of considerable aptitude and experience. Although our resources are not plentiful yet much can be done to improve our existing facilities for the psychogeriatric patients. The work involved is now briefly discussed:–

(a) Helping the homes of psychogeriatric patients. The majority of elderly psychiatric patients should be kept in the community. The reason for this is that one of the first signs of dementia is inability to learn new things and to adapt to new environment. We are therefore aggravating their inability be removing them out of their familiar surroundings into hospital. The patient may indeed become worse and "confused" by hospitalisation. Since our community services are not sufficient in variety, quality and quantity, the burden of elderly patients has to be borne by the family which should be given as much support as possible. One way of helping the family is to encourage its members to seek advice from the Social Welfare Department or voluntary organisations. In a good number of patients counselling alone will do much to relieve the suffering of the family. Indeed, extension of social work was advocated by Macmillan (1960) as a means of instituting early treatment of senile deterioration and of avoiding rejection of elderly psychiatric patients by their family. The social worker has two important but inter-related tasks to do: (i) social assessment and practical arrangement and (ii) dealing with problems between the patient and his family. A detailed assessment on how disturbed the patient is and how it affects the mental health of others and vice versa and on the environmental aspect including any financial and housing problems is the first and essential step in planning or making suitable arrangement or placement. If the patient is found to show deterioration of a degree that requires admission to hospital, psychiatric consultation should be advised and sought at the earliest possible moment. Mentally impaired old persons often shrink to their room and restrict their contact to those in their immediate environment and therefore much persuasion and psychological preparation are necessary should placement of them in any institution is required. The other sphere of the social workers' activities lies in his therapeutic relationship with the patient's family. The worker's contribution was recently investigated in a sample of female patients aged over 60 (Colwell and Post, 1963). Almost all were suffering from neuroses especially depressive disorders with many having personality problems throughout their life. A great number of them widows and casework was concerned mainly with one of their children especially the daughter. Sessions were conducted with the patient and the relative separately and later they were interviewed together. They were allowed to ventilate their negative feelings and the worker was able to deal with their interaction in a guilt-reducing fashion. These meetings were found to be therapeutic and practical arrangement which had not been accepted before became more agreeable. This is in fact a form of family therapy. Low social class and low intelligence were factors mitigating success. In caring for the elderly in the community the principle of "graduated supervision" should be practiced, i.e., increasing disability calls for increasing supervision. Frequent though brief visits are better than long but infrequent ones.

(b) Welfare homes. In view of the extreme shortage of space in an average family, residential homes for mentally infirm old people should be provided. In June, 1971 there were 21 homes catering for 2,895* people aged 60 years or over. They were run by voluntary organizations. Over half of them accepted both men and women, some accepted only women and a few only men. All specified that the applicants should be physically fit and capable of self-care. There was either no charge or the residents were charged with a small fee from $35 to $70 per month. With the introduction of Public Assistance Scheme on 1st April, 1971 it became hardly necessary for old people themselves to pay for their maintenance fee since they could always obtain this small sum of money from the Social Welfare Department. De-finitely there is an increasing demand for welfare homes and thus not only more should be opened but also more facilities should be provided in them. In fact, a supervising body should be established to ensure that a satisfactory standard is maintained. It must not be assumed that residents of these homes would present no psychiatric problems. On the contrary social work is required to solve their inter-personal conflicts, and to deal with gradual physical and/or mental deterioration and so on. At this juncture it may as will be pointed out that social work should be done by the professionally trained social workers and not welfare workers or assistants. This has been shown by a field experiment in social work (Goldberg, 1970). Three hundred old people aged 70 years and over were divided by random allocation into a special group cared by 2 professionally trained workers and a comparison group looked after by experienced welfare workers without professional social work training. The social and medical condition and needs of the 2 groups were assessed by a social worker and a physician at the beginning of the experiment and at 10.5 months later, excluding those who died, admitted to hospital or resident homes, it was found among other findings that more clients in the special group had improved in morale with less anxieties and to be more outgoing and having fewer social needs than those in the comparison group to a statistically significant level.

(c) Day Centres, clubs and others. Apart from the homes, day centres and social clubs for the aged, preferably with lunch provided are useful especially when situated in town. If possible transport should be arranged for them. These centres and clubs form a meeting place for them to interact and can be used as a recreative centre. If possible sheltered workshop can be attached to these centres for some old people can keep on some task better than others. Light industrial work, packing and assembling work are suitable. A small number of patients can be helped with personal hygienes when required. The objects are the care and stimulation of those who live alone and the relieving of the relatives during the day. When the necessary equipment is provided, preliminary medical/ psychiatric assessment can be carried out there. Obviously this is not a substitute for an out-patient service which is a desirable way of undertaking specialist examination. Finally it seems practical to establish a limited domestic help service through the help of, say, the Kai Fong Association. The latter may undertake regular visits, or run a dirty linen washing service. These and other needs can be studied by the interested social workers. The appointment of a social worker as a geriatric organizer may bring about such a service or a significant improvement in this service if already available.

Medical Care for Psychogeriatric Patients

It is ideal to have a psychogeriatric unit at a district level or else a district nurse working in collaboration with a group of general practitioners and supported by the psychiatric

** Figures obtained from the Social Welfare Department.*

clinics and hospital. In Hong Kong either of these does not seem practicable yet. In our present circumstances a more practical and economic step is better communication and co-operation between the general practitioners, the social workers and the psychiatrists. Many social workers in Hong Kong tend to regard the Mental Health Service as one for disposal of their difficult cases. Once patients are under psychiatric care the workers will then regard the patients and their family from then on to be handled by the medical social workers. It must be remembered that the medical social workers are few in number and have insufficient resources. On the other hand the social workers of the Social Welfare Department are distributed in a regional basis. As mentioned earlier, the day centres may be so equipped as to enable preliminary examinations of psychogeriatric patients possible. Further investigations if required can be carried out in the medical/psychiatric clinics. Day hospitals for the aged are valuable. The objects are to give appropriate psychiatric treatment and provide social relief and support to the families of the patients. The establishment of a domiciliary consultation service by geriatricians and psychiatrists may be necessary for those who are unable to attend. However, this appears quite unrealistic in the foreseeable future.

The problem of psychogeriatric patients does not end with assessment and treatment. After treatment the majority will be discharged. The patients belong to two categories: (i) those who are no longer ill and therefore can return home or where they were referred originally and (ii) those who are still ill but who can be cared for in the community. The aftercare of these patients can be facilitated by taking note of the following points: (a) Consultation or referral should be early and admission of patients not unduly delayed; (b) on admission relatives or others concerned should be life in no doubt that they are expected to receive the patient back when his disturbance is resolved; (c) the period when the patient is in hospital provides a breathing space for intervention of domestic conflicts or practical arrangement if required. Here again psychiatrists, social workers (including psychiatric social workers) and other paramedical staff should before dischange discuss the plan of aftercare and if necessary make use of the available rehabilitatial services the proper use of which will benefit not only the patients and their relatives but also relieve pressure upon the community and hospital services. The management of psychogeriatric patients is a team work involving people of various disciplines each of which plays a greater part in different cases or in different stages of a particular case.

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