



Hong Kong Psychogeriatric Association Newsletter

香港老年精神科學會會訊

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MESSAGE FROM THE NEWSLETTER COMMITTEE

This issue of the HKPGA newsletters introduces a number of new developments in mental health services in China and an innovative occupational therapy program for our local elderly. As we have received a number of member's requests for the electronic copy of the newsletters, the committee has decided to stop printing hard copies by the end of this year. Please send us your latest contact email address at info@hkpga.org asap and visit www.hkpga.org for past and future issues of the HKPGA newsletters.

NEW DEVELOPMENTS IN MENTAL HEALTH SERVICES IN CHINA



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In the past, the mental health services in China were relatively institutional. Fortunately, we have witnessed rapid developments in the mental health services in the past decade. First, there is a mental health reform and a move to develop community mental health services. An example

is the initiation of a national and community-based psychiatric service delivery model (the "686" project) in 2004. This service model integrated the resources of psychiatric hospitals and available community health systems with the aim of training a core group of mental health professionals in case management. Besides, it emphasizes the use of individual service plans and training programs to establish community-based mental health services. As of the end of 2011, the community-based services within this project covered 391 million people at 766 sites in 170 cities in China. Approximately 1.83 million patients with severe psychiatric disorders have been registered, of whom about 390,000 patients with a high risk of violence have received rehabilitation services and regular follow-ups. To skill up the mental health professionals in China, a tripartite training program was set up by the Departments of Psychiatry of the Peking University, the Chinese University of Hong Kong and the University of Melbourne. Mental health professionals from China

receive training in Hong Kong on case management and the delivery of community mental health services for 2 weeks. Currently, Kwai Chung Hospital, Castle Peak Hospital and the New Territories East Cluster of the Hospital Authority are partners of the Department of Psychiatry at the Chinese University of Hong Kong in this training program.

Another significant event is the implementation of the Mental Health Law in 2013. This is a landmark development in China for the protection of rights of psychiatric patients. In the past decades, China has been criticized for inadequate protection for the rights of psychiatric patients, which was often attributed to the lack of a national mental health law. In fact, the draft of the law was initiated by a board and was revised many times since 1985. The mental health law was finally approved on October 26, 2012. A couple of reasons resulted in the seemingly endless legislative process: There were in total eight governmental departments participated in the legislative process. They had disagreements about their respective responsibilities in the proposed law. Besides, there were continuous debates about the criteria and procedures for compulsory admissions to psychiatric hospital. In the past decades, persons who are suspected of having psychiatric problems are often compulsorily admitted to psychiatric hospitals with the consent form signed only by their guardians, and only the person who signed the consent form for the admission is allowed to apply for discharge of

the patient. In the future, admission to psychiatric hospital will be determined by patients themselves when they have insight into their mental illness, rather than by their guardians/relatives and local government. In cases that a patient is at risk of violence to self or others, his/her guardian can initiate compulsory admission.

The Standing Committee of the National People's Congress has just approved the law and it will be formally implemented on May 1, 2013. This law aims to promote mental health, improve the quality of mental health services and protect the human rights of patients with mental disorders. Although the implementation of this law will lead to short-term uncertainties for the current mental health system, such as decreased number of psychiatric admissions, inadequate community mental health services and facilities and increased burden on patients' relatives who care for these patients at home. It is expected that this is an important step forward and will safeguard the rights of people with mental disorders in China.



OCCUPATIONAL LIFESTYLE REDESIGN PROGRAM (OLSR) FOR ELDERLY WITH ADAPTATIVE DIFFICULTIES: MOOD AND MEMORY ISSUE

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BACKGROUND: Mood disturbance and subjective memory complaints are common problems among elders who have to adapt to negative emotion and regression of developmental process respectively. Commonly, they encountered occupational lifestyle dysfunction and manifested as lack of content (happiness, flow and meaning inducing activities) and/or maladapted everyday life. Occupational lifestyle dysfunction redesign program(OLSR) promotes acceptance and adaptation of chronic illnesses and functional limitations. It aims at developing happiness inducing lifestyle in family, leisure, social and work. It has previously been found to be effective in reducing mood problems as well as promoting positive emotions and healthy behaviors among elders with mood complaints in different levels of care¹. Hence, it is worthwhile to explore the applicability of this program to clients with mild mood and memory complaints in psychiatric outpatient clinics.

OBJECTIVE: This study investigated 1) the profile of elders joining the OLSR program in specialist clinic and 2) the efficacy of the OLSR for mood and memory groups.

METHODS: A sample of elders aged 65 or above with complaints of mood and memory problems was recruited from Early Symptom Management Program and psychiatric OPD. Participants were allocated into either OLSR-Mood group or OLSR –Memory group, according to their chief complaint. For the 8 sessions in the OLSR-mood group, the main themes are: 1. Education of topics relating to happiness or positive feeling² , 2. Participate in happiness-related activity³, 3. Weekly Action Plan: Engage in some meaningful or happiness-related activities in their daily life, 4. Report the progress of achievement every week. Individual problem in implementing action plan will be tackled by other patients and therapists in the group. Experience of successful achievement will also be shared, 5. Report of positive feeling, 6. Recapitulate those positive feelings and experiences in Happy record. For the 8 sessions in the OLSR - memory group, it consisted of: 1. Learning memory strategies and application on individualized and tailored IADL task, 2. Adopted cognitive stimulation activities (CSA) as core life style and weekly action plan, 3. Therapist coach for CSA, together with happiness inducing activity. Pre-post test analysis was conducted to evaluate the changes in subjective wellbeing (WHO-5)⁴ , mood symptoms (Hamilton Rating Scale of Depression, HRSD 17)⁵, behavior memory (Rivermead Behavior Memory Test⁶, RBMT and Contextual Memory Test 7, CMT) and subjective memory (Everyday Memory Questionnaire⁸) of the sample before and after the programs.



RESULTS: Eighty-three recruited clients with mean age of 73.4 have completed the programs. 56.7% were female, 51.7% were living with family and only 11% were CSSA recipients. 64% of them reported symptoms of mood problems of less than a year and the longest duration ranged up to 9 months. 67 clients were recruited into OLSR-Mood group, and 16 clients were in the OLSR-Memory group. Post Mood group assessment revealed that participant's subjective wellbeing scored by the WHO-5 improved significantly by the 10.57(SD: 2.98) to 17.42 (SD: 3.7) ($p<0.01$). Depressive symptoms scored by HRSD-17 remitted significantly from 7.88(SD: 3.9) to 3.88(SD: 3.06) ($p<0.01$). Post Memory group assessment revealed that participant's delay recall performance scored by the CMT increased significantly from 8.3 items (SD: 3.4) to 10 items (SD: 3) ($p<0.05$). Correspondingly, their subjective memory complaints decreased significantly from 75.5 (SD: 23) to 43 (SD: 24.5) ($p<0.05$).

CONCLUSION AND DISCUSSION: OLSR program has instilled positive mood and has built strength in daily lifestyle. It is applicable to and effective on treating elders with mild level of depression and subjective memory complaints. OLSR program is effective in improving the wellbeing and depression level of client with mild depression at a significant level by cultivating more pleasant activities. By enhancing acceptance and adaptation towards subjective memory decline of local elders, the OLSR strengthen their delay recall and alleviate every day memory difficulties. Teaching adaptive strategies for living has been recognized as the core role of Occupational Therapist for the past decades. Now, individualization and implementation of learned strategies are more promising in clinical practice through OLSR.

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COUNCIL NEWS

The HKPGA's Annual General Meeting cum Annual Scientific Symposium was held successfully at the Ballroom of the Hyatt Regency Hotel, Tsim Sha Tsui, Hong Kong on 10 Nov 2012. We were honoured to have Dr. Shu-lin Chen, Dr. Jess Leung, and Dr. Keiko Nomura shared their expert knowledge on management of elderly depression, screening for cognitive disorders in acute hospital and evaluation of cognitive and walking performances during a cerebrospinal fluid tapping in patients with idiopathic normal pressure hydrocephalus respectively on that day. Let's take a look at the photos:



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EVENTS CALENDAR

<i>Date</i>	<i>Activity</i>	<i>Venue and contact</i>
Apr 18-20, 2013	28th International Conference of Alzheimer Disease International	TICC, Taipei, Taiwan adi2011@mci-group.com
May 24, 2013	HKPGA Dinner Symposium 2013 by Prof. David Ames	Langham Place, Mongkok info@hkpga.org
Oct 1-4, 2013	IPA 16th International Congress	COEX, Seoul, South Korea seoul@ipa2013.com



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