JULY 2009

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

The July issue of the HKPGA Newsletter pays tribute to the professionals who have worked dedicatedly for victims of the 512 Wenchuan earthquake. We are honoured to have one of the frontline psychiatrists in Sichuan: Dr. Ren Zheng Jia who shared with us his personal experience in taking care of the elderly victims after the earthquake. Prof. Helen Chiu and Prof. Sandra Chan also wrote on their reflections on supporting disaster mental health care in China in the last year. It is followed by a brief financial statement on the HKPGA's "China Mental Health Fund" which has provided on-going support for the mental health care series in China.

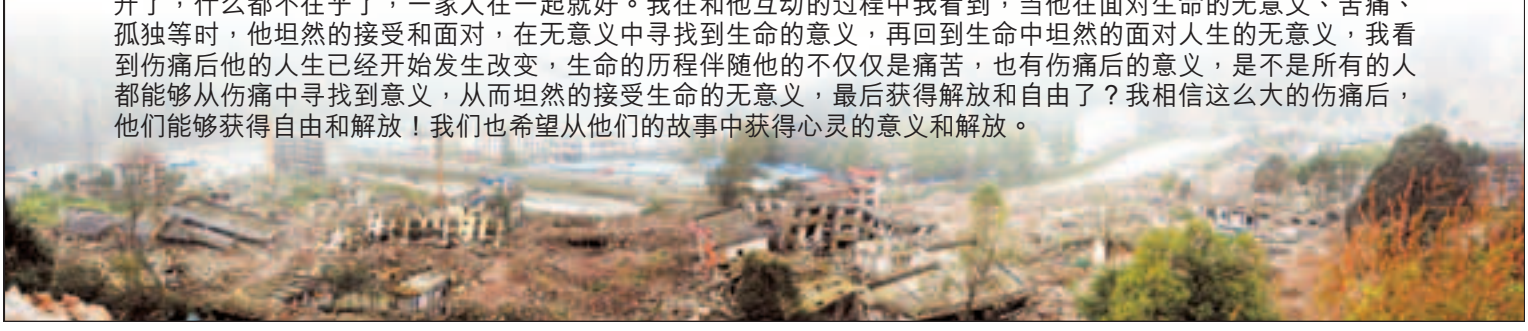
One of our fellow clinical psychologists, Ms. Brenda Li has sent us her outreach experience for older people in Hong Kong. Last but not the least, there is an introduction of our last year's research award project written by Dr. Arnold Chang. He will present his project in the coming HKPGA Annual Scientific Symposium on Nov 7, 2009 (Sat). Please do not hesitate to send your feedback to info@hkpga.org and share your experience with other members in the field through this newsletter.

"曾经见到一个老乡一家十口人，七人在地震中丧生....."-任封宇医生

受香港老年精神科学会所托，希望我写一两篇关于灾后老年受灾群众的生活情况，当我回想起一年中相处的点点滴滴的时候，我心中有许多的感触，却又不知道如何开始下笔，我想从我进入临时安置点，将我一年来见到的，听到的和感受到的做一点小小的分享。我们的队伍由是社会工作组、精神科医生、心理谘询师、当地的志愿者组成，我们会根据当地志愿者提供给我们的资讯亲自到受灾老乡的家中探访他们；精神科医生予以精神医学的服务；社工定期对那些老年人、以及需要重点关注的人，作定期的关爱陪伴；心理谘询师对一些长期需要心理辅导支援的人予以帮助。我们这样一些团队一年来一直在各站点开展工作。

我第一次见到的是两位七十多岁的老年人，地震后受伤行走不便，生活不能自理。当我在零八年六月初在临时安置点见到她们的时候，给我很多感触。我记得我那天给住在一起的两位老年人，送去一点点心，同时推她们出来晒太阳，在临时安置点和她们相处的每一天，她们都会向我重复一个年轻解放军背她们下山的过程，说她们如何心疼这个年轻战士。每一天和她们的相处我感受到她们那颗质朴和感恩的心！像她们曾经居住过的大山一样豁达和纯粹。

地震给许多人的生活带来了许多的影响，有很多时候我会想，地震震坏的仅仅是房子吗？一年来已经开始了第二阶段的重建工作了。我有许多的感触，年轻力壮的小夥子、年青人或外出打工或开始了自己的重建工作，我看到更多的便是老年人和孩子，他们本来已到颐养天年之年，地震破坏了他们往日生活的平静和正常，令他们开始担当起许多重建的工作。同时他们也负担著更多的压力和伤痛，他们默默的支持著他们的孩子或者家庭。他们有许多的担忧。当我们和他们谈起的时候，他们对未来的生活，对现实生活的困难充满担忧，在中国农村，修建一栋像样的房屋有时候会是许多人许多年，甚至终其一生的心血，给自己的子女留下一栋像样的房子也是他们最朴实和纯真的梦想，地震震碎了他们对生活所有的假设和向往，有时候当他们谈到这些伤痛的时候会老泪纵横，在某一天的清晨我会看著他们在秧歌队锻炼，看见他们在工地上打工挣钱。传统的中国家庭的原貌在这里可以淋漓尽致的再现，老年人在风雨之后似乎显得更苍老，也更显经久弥坚。当地的一个老乡地震前家里 面有很多钱，算是百万富翁，地震后一无所有，一个半月后我看到老乡和一家人一起在灾区的帐篷里面从新开始张罗自己的小店，他的话不多，还是很客气的和我握手，打招呼，在交谈的过程中我听到他的亲人在地震中去世，他六十多岁了，他告诉我，现实就是这个样子，怎么办了？日子还是要过，原来对自己很苛刻，舍不得吃舍不得穿，现在看开了，什么都不在乎了，一家人在一起就好。我在和他互动的过程中我看到，当他在面对生命的无意义、苦痛、孤独等时，他坦然的接受和面对，在无意义中寻找到生命的意义，再回到生命中坦然的面对人生的无意义，我看到伤痛后他的人生已经开始发生改变，生命的历程伴随他的不仅仅是痛苦，也有伤痛后的意义，是不是所有的人都能够从伤痛中寻找到意义，从而坦然的接受生命的无意义，最后获得解放和自由了？我相信这么大的伤痛后，他们能够获得自由和解放！我们也希望从他们的故事中获得心灵的意义和解放。



在许多地方的大山上、板房区、帐篷里探访过许多的老年人，他们不善言辞，却一样的朴实，当你到达他们的家门口，都会主动邀请你去他们的家中，给你沏茶和邀请你吃饭。更多的是他们和你讲述他们的生活和灾难。作为从事精神医学服务的人员，每周我会到板房区去探访他们，去了解以下他们的躯体、精神状况以及他们目前的生活状况，随时了解一些需要重点去做服务的老年人的情况。基于我们所服务的许多老年人文化背景比较低，许多只能写自己的名字，许多连小学都没有毕业，许多甚至还出生在旧社会，基于文化层次的限制，我们从事心理康复服务的工作中遇到许多的困难，我们想在这样一群年龄阶段在这样一个特殊的时刻，面对这样一个如此巨大的创伤，我们能够做什么了？我们可以做什么了？心理康复服务怎么可以更有效、更可行、更适应于这样一个文化背景下的群体？我们有许多的困惑，在逐渐的摸索和不断探索的过程中，我们逐渐发现当地老年人对于身体情况有许多的关心和担忧。尤其是在地震后对于许多地震后的心身反应他们无法解释和理解，不断的主诉许多躯体的症状，不断的去寻求中医、西医的帮忙。但是好像并没有实质性的帮助，他们对于精神医学和精神药物的接纳性非常的低，但是当我听到许多的老年群众，反复叙说自己身体的不适、失眠、噩梦、心慌、回避等等一系列症状，我的心里非常的心酸，我们能够做的只有一步一步的解释，一次次的劝说。

曾经见到一个老乡一家十口人，七人在地震中丧生。她现在七十三岁了，地震后她从板房回到自己的家中，在一片废墟上架起了一个属于他们的家 - 她和她八岁的孙子，在外打工的儿子的家。她在这遍废墟上架起了他儿子和孙子的守望。在山上我看到她，她不善言辞，面容憔悴、苍老。我很多年没有见过一张这么多写满苦涩的脸、没有读到过这么苦涩的眼神，她告诉我：“任医生，造孽啊！我们一家人本本分分，从不做伤天害理的事情，为什么会遭这个报应了！”她的眼泪止不住的往下淌，我轻轻的靠著她，我也并不知道该说什么好，我看著门口她孙子一眼迷茫的看著我，我的眼泪止不住的往下掉。我们给她开了些改善情绪和睡眠的药物，每周都会来看望她，那天在我们要离开的下午，我看著她忙碌在天地里，背著背篼，朝山上走去。就如老年人说的一样“人都死了，想那些又有什么用了，孩子还小，在没有死之前，我还要尽力帮他一把”，在她身上我能看到她对于生命的谦卑和敬畏。我想正如她所说一样，很多事情是她不能够改变和控制的，地震她不能控制、生命前进的车轮她不能控制，她能够把控的或许只能是种好山里的一点庄稼，养好自家的二头猪，照顾好自己的孙子，她把握自己手上能够把握的，即使她已经走入生命的尽头，她对于生命对于自我的谦卑影响著我的生命。

因为在灾区服务的缘故，经常会住在板房区。我看到一些很有趣、很生动的画面。清晨醒来走在板房区的小路上，你便可以听到，“当当咚咚”的锣鼓声。一群满头白发的老年人，组成老年腰鼓队在一起练习，腰上系著一条红色的布腰带，认真细致的学习并练习著。为了丰富当地老年人的文化生活，我们组织在当地定期或者不定期的组织一系列的文化活动。我们会在当地的板房区和当地的部门联系，在每周的固定时间组织“读报会”，由专门的志愿者将报纸上最新、最及时的新闻回馈给老年朋友，及时澄清一些谣传、不清晰的资讯带给老年朋友的恐慌和不安全感，及时予以资讯的回馈和支援。同时在固定的时间针对有特别需要的、尤其是那些地震后有亲人丧失的老年朋友开设了一个小组，我们定期会和这样一群老年朋友晤谈，了解他们的需要是什么，他们最担心的是什么，他们的心里在想些什么。我们定期都会有医生、社工、心理谘询师，到那些需要特别帮助的老年人那里，予以他们我们力所能及的帮助，当然我不得不说我们能够做的只有一点点，有很多很多的需求，我们无法予以回应。我们的队员针对不同文化背景下的人，发掘他们本文化所具有的能够帮助他们恢复和自愈的元素，我们在一些少数民族聚集的地方和当地的老年人一起组建立“羌绣妇女绣出新生活”小组。让这样一些老年人，尤其是这样一个集体中，不爱用语言去表达自己内心感受的民族，通过文化去说那些他们那些无法言诉的酸甜苦辣。我想生活本身就是一剂最好的良药！

我们的队伍定期经常在不同的受灾地区开展精神医学服务，我们常会看到许多的老年人来看病，诉头痛、失眠、心慌、躯体化的症状以及噩梦、心情低落.....许多各种各样的症状，都是灾后出现的焦虑、抑郁、PTSD、适应障碍、睡眠障碍等等一些精神疾病。尤其是那些有亲人在地震中伤亡的老年人，中国有句古话叫人生有三苦，其中之一就是“白发人送黑发人”，我们能够做什么？对于这么多的创伤、这么多的伤痛，我经常反复的问我自己，我真正了解他们吗？我是真的在为他们的福祉在考虑吗？我是真的尊重他们的需求的吗？我想我不能回答！我常常问自己，我了解一个八十岁的老年人站在墓地看著她的亲人是什么样的感受吗？我能够体会一个老年人看著自己截肢的儿子心情是多么的复杂吗？我想我可能用许多许多年的时光也无法真正体会，为什么一个老年人站在学校的废墟旁一站一个整天.....这里有许许多多触及灵魂深处的故事，我不知道怎么样去说，怎么样去做，怎么样去表达我和他们共同走过的悲伤。我想我做的仅仅只是和他们一起“在路上”！

REFLECTIONS ON DISASTER MENTAL HEALTH- ONE YEAR AFTER THE 5-12 WENCHUAN EARTHQUAKE

Professor Helen Chiu & Professor Sandra Chan, Department of Psychiatry, CUHK

As our nation poignantly remembers the Wenchuan earthquake on the twelfth of May, we also witness the extensive community reorganizations happening in Sichuan. The end of the first year since the Wenchuan disaster rings the bell for mental health professionals to face the lasting mental health impacts of the disaster. According to the World Health Organization, 30-50% victims from large-scale disaster are psychologically distressed in the acute phase after disaster. Despite the high chance of natural recovery for some, there are often 10-15% of disaster victims inflicted with more serious and long-term mental health problems including Major Depression, Anxiety Disorders and Post-traumatic Stress Disorders. The burden of disability attributable to these mental health problems is no less than those caused by physical handicap. It is very encouraging to learn that the central government, local government officials, scholars and volunteers from all over the country are aware of the significance of post-disaster psychological problems and the restorative measures in such an acute phase of the tragic event. These acute-phase restorative measures have not lost steam over the past year. At a national level, it has translated into long-term national management guidelines for disaster mental health problems, in particular, post-traumatic stress disorder

Some studies showed that there was upsurge in suicide rate in the first two years after the index disaster, particularly in communities faced with unfavorable political and economic setbacks. For example, suicide rate in Kaoshiong after the "9-21 Nantou earthquake" in 1998 (esp. among men ages 45-64 years) rose by 50% compared to the pre-disaster rate. During the 2003 SARS outbreak in Hong Kong, the disrupted social network and medical service infrastructure might have caused the upsurge in elderly suicide rate that went up by 30% in 2003 compared to previous years. Suicides in China account for 40% of suicide deaths in the world. Suicide victims in China are predominantly from the extreme ends of age spectrum (16-34 years and the over 65 years) and are largely from the rural areas. The Sichuan earthquake has devastated predominantly rural communities and shattered a number of families. The disrupted social network, displacement from hometowns, loss of loved ones, physical disability, unemployment etc are all compelling risk factors for suicide especially in the vulnerable populations of the elderly, widows and children. Most of these vulnerable individuals have no access to generic medical service, especially mental health service as less than 20% of rural populations can afford personal medical insurance policies. News headlines gave us shocking glimpses that even high-ranking government officials of the province or some frontline rescuers committed suicide in the year after the 5-12 earthquake. We still wait to see official and scholarly reports on how the trend in suicide rates rolls out at the disaster zones in the coming years.

It was clearly spelt out in the World Health Organization's guidelines on disaster mental health that post-disaster mental health restoration relies on a collaborative multidisciplinary mental health infrastructure that complements the primary care system in the long-term. Systematic skilling up of mental health professionals in psychological interventions is also the key to success. It was around the time the 5-12 earthquake happened when the nation's mental health system levered to a major milestone in its history, i.e. moving towards a community-oriented model with mental health officially included in the country's public health bill. This sets the scene for mental health service in China to become more affordable and equally accessible to all with sufficient financial support from the government. Under the national project "686 scheme", seedling sites for community mental health service are built across the country. In the recent national congress of the country, it was decided that a designated sum of national money would go to medium-term enhancement of the community mental health infrastructure in the post-disaster era of Sichuan. With the generous and timely donations from the HKPGA members, we have initiated or partaken in a series of training workshops and seminars on post-disaster psychological interventions held in Guangdong Provincial Institute of Mental Health, Chengdu and Beijing in the summer and fall of 2008. Through the series of activities we have been able to directly communicate with chief government officials from the Ministry of Health and leading scholars in the field of mental health in China. The long-term fruits of our communications are the ideologies of a collaborative mental health network in China that will respond promptly to large-scale disasters in a coordinated manner.

BRIEF FINANCIAL STATEMENT

The China Mental Health Fund	
a. Seeding money from HKPGA bank account:	HK$ 100,000.00
b. Donations from HKPGA members:	HK$ 57,720.00
c. Donation received after 2008 AGM	HK$ 6,970.00
d. Reimbursement made for training courses in China:	-HK$ 18,710.00
Balance=	HK$ 145,980.00

REACHING OUT TO THE COMMUNITY TO SERVE THE ELDERLY

Brenda Li, Clinical Psychologist, Elderly Health Service, Department of Health, HKSAR Government

Mental health has received increasing interest in the past decade in Hong Kong. Suicide deaths in the 60+ population was the highest among all age groups in the Year 2006 (Centre of Suicide Research and Prevention, 2008). Mental disorders are one of the high risk factors accounting for elderly suicide (Juurlink et al, 2004). With the rising number of the aging population, not only early treatment for mental disorders is important, but also the prevention of mental health problems.

The Elderly Health Service of the Department of Health has been established for more than 10 years. Apart from providing the clinical consultation for our elderly clients of our Elderly Health Centres, the clinical psychologist team also reaches out to the community to promote mental well-being and mental health. Our team is also responsible for delivering health education activities on various mental health topics to cater for the diverse needs of the elderly population such as understanding depression, anxiety, addictive behaviours, coping with stress arising from chronic illnesses, marital and in-law relationship, retirement, caregiving, grandparenting, handling psychological and behavioural problems of the demented persons, elder abuse, anger management and social isolation. Health education on these topics is delivered in various community setting such as the Neighbourhood Elderly Centres and the District Elderly Community Centres.

Apart from educating the elderly, mental health education is also given by the clinical psychologist team to both informal (e.g. family) and formal (e.g. staff of residential homes) caregivers . Many community-dwelling elderly are taken care by their family members, mainly their spouses. Those caring for elders who suffer from debilitating diseases such as stroke, dementia, chronic pain or Parkinson's Disease, are likely to be living under chronic stress and become 'hidden patients' themselves. Through our health education activities, we equip them with the knowledge of the disease concerned and adaptive coping skills for their care-giving role. On the other hand, we provide training to the formal carers in residential care homes for the elderly (RCHEs). One of their most important key stressors is the psychological and behavioural problems of persons with dementia. To address this on-site, multi-disciplinary training sessions are held for the formal carers.

Maladaptive coping with retirement amongst elders, whether voluntary or not is another problem we encounter from time to time. Apart from predisposition to depression, the more time the couple now have, prior or existing marital problems are more likely to be aggravated. In addition, social isolation and sedentary lifestyle will diminish their quality of life. For this reason, health education activities on retirement are delivered and the book on retirement with multidisciplinary perspectives shall be released in the near future.

In addition to face-to-face teaching, our team has produced various health promotion materials such as pamphlets, books and VCD including「長者心理健康十大信息」,「肌肉鬆弛練習-漸進式」,「快樂人生之『夕陽無限好』」,「護老錦囊-老年癡呆症照顧篇」 and「護老錦囊-中風後適應」etc. For details, please visit our homepage: http://www.info.gov.hk/elderly/

It is projected that there would be one elderly (65 years or above) in every four persons in Hong Kong by Year 2031 (Census and Statistical Department, 2006). Considering the fast changing society and the diverse needs of the elders, clinical psychologists opt to assume a more proactive role and reach out to the community so that our elders would enjoy better quality of life. Hence, our sensitivity, flexibility and the collaboration with various disciplines and community organizations are the effective means to achieve!

REFERENCE

1. Centre of Suicide Research and Prevention (2008). Report on Hong Kong Suicide Deaths in 2006.
2. Census and Statistical Department (2006). Projected Mid-Year Population by Age Group and Sex for 2007-2036. (http://www.censtatd.gov.hk/products_and_services/products/individual_statistical_tables/index.jsp)
3. Juurlink, D.N., Herrmann, N. Szalai, J.P., Kopp, A. & Redelmeier, D.A. (2004). 'Medical Illness and the Risk of Suicide in the Elderly'. Archives of Internal Medicine, 164 (11), p.1179-1184.

OBESITY AND ALZHEIMER'S DISEASE

Dr. Arnold Chang, Hong Kong Journal of Psychiatry 2008;18:28-35 (Reprinted with permission)

Background: Both obesity and Alzheimer's disease are increasing globally. There are some evidences for their association. If obesity is a risk factor of Alzheimer's disease, it implies that Alzheimer's disease may be a modifiable factor for further intervention and research.

Objective: To review existing literature on this topic and evaluate if there is evidence linking association between obesity and Alzheimer's disease.

Methods: A selected review of the epidemiological studies from MEDLINE, EMBASE, PsychoINFO and Cochrane Database about the relationship between obesity and Alzheimer's disease studies (1987- June 2007).

Results: There were some evidences that obesity is a risk factor of Alzheimer's disease. The association was stronger for midlife obesity than late life obesity. Obesity has additive effect with hypertension and hypercholesterolemia on the risk of Alzheimer's disease. It has multiplicative effect with gender. Currently, there is insufficient data to compare general and central obesity as risk factor of Alzheimer's disease.

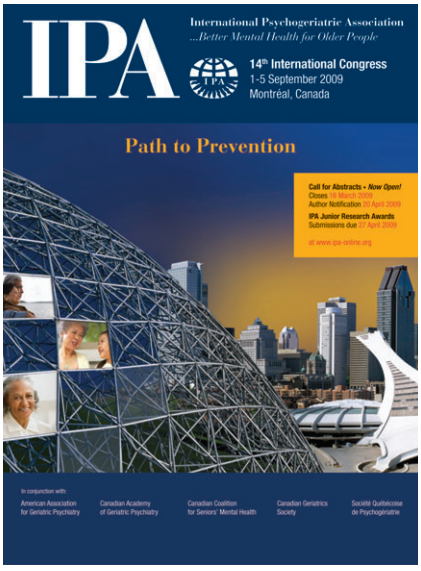
Discussions: There are some evidences that obesity is a risk factor of Alzheimer's disease. Further studies recruiting subjects with high obesity index, adopting life long approach and using appropriate obesity measures are suggested to further explore the relationship and formulate effective preventive measures. Meanwhile, lifestyle modification is advocated to reduce the harm of obesity.

Key words: obesity, Alzheimer's disease, risk factor, epidemiological studies, literature review.

COUNCIL NEWS

The HKPGA Mid-year Scientific Meeting 2009 was held at Block P of the United Christian Hospital on June 12, 2009 afternoon and was very well received by the audience. It was co-organized by the Department of Psychiatry of United Christian Hospital (UCH) as one of the celebration events for the 35th anniversary of the UCH. A number of honorable guests and experts from different disciplines shared their knowledge and experience on issues related to dementia care in the community. The details of their talks and a photo gallery would be provided in the next issue of this newsletter.

The HKPGA would organize a multi-disciplinary study tour to attend the 14th IPA International Congress at the Montreal Convention Centre in Canada for the period Aug 31, 2009 to Sep 5, 2009. It is an important academic activity for professionals and workers in the field. Although application for this study tour is now closed, members interested in participating in the Congress could register on-line via the official website of IPA: www.ipa-online.org.



2009 HKPGA RESEARCH AWARDS

THE AWARDS

- The **Hong Kong Psychogeriatric Association (HKPGA) Research Awards** were established to encourage and reward fine research projects in psychogeriatrics.
- The awards will be given annually to the best-submitted projects that have attained a good scientific standard as decided by the selection board. **HK$2,000** will be awarded to the best-submitted research project. **HK$1,000** will be awarded to the second best-submitted research project.
- The Awards are **open to members** of the HKPGA only. The submitted reports have to be either unpublished or have been published within one year dating back from the closing date of submission.
- The prizes will be presented at the Annual Scientific Meeting of the HKPGA. Winners of the HKPGA Research Awards may be invited to **present their findings at the following Annual Scientific Meeting**. Abstracts of the winning projects will be published in the HKPGA Newsletter.

CALL FOR SUBMISSIONS

- Submissions of research reports are now invited for the 2009 HKPGA Research Awards. Research reports should reach the HKPGA not later than **14th August 2009**.

REQUIREMENTS

- The report must be written in English with author-date citations of references in text. APA style (per Publication Manual of the American Psychological Association, 5th ed.) is preferred.
- References must include complete titles, all author names, and journal names spelled out in full. References to works written in another language must include both the original title and its English translation.
- An abstract of no more than 250 words must precede the text.
- The report must be prepared in Microsoft Word format; double line spaced and should have not more than 30 pages of text, plus literature citations, tables and figures. The latter should not exceed 12 pages.
- The title page should include the following information: title of paper, author name(s), degrees, and affiliations; complete mailing address and telephone, fax and e-mail for the corresponding author, and at the top, the phrase "**Submission for 2009 HKPGA Research Awards**".
- A page stating only the title of the report also must be included. This page, which is needed for the blind-review process, must immediately follow the complete title page.
- Only electronic copy of the report is required. Please submit the report to the **Selection Board of HKPGA Research Awards** via on or before **14th August 2009**.

EVENTS CALENDAR

Date	*Activity*	*Venue and contact*
Sep 1-5, 2009	IPA 14th International Congress	Montreal Convention Centre (Canada) *IPACongress@ipa-online.org*
Nov 7, 2009	11th HKPGA Annual General Meeting and Annual Scientific Symposium Guest Speaker: Professor Joel Sadavoy	Royal Garden Hotel, Tsimshatsui *info@hkpga.org*

HKPGA membership application form is available at
www.hkpga.org/main.php?id=30