JUN 2013

JUN 2013

Hong Kong Psychogeriatric Association Newsletter
香港老年精神科學會會訊

www. hkpga.org
email: info@hkpga.org

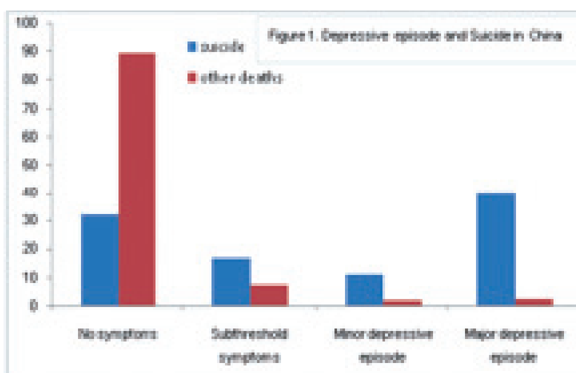
To save a tree, support the electronic newsletters by sending your email address to info@hkpga.org

MESSAGE FROM THE NEWSLETTER COMMITTEE

This issue of the HKPGA newsletters follows the line of mental health care in China. We have invited one of the experts in problem-solving therapy (PST): Prof. Chen to present his knowledge and insight on adding PST in primary health care in China. In the second part of the newsletter, we are honored to have Dr. Edwin Yu and his team to share the journey of developing psychogeriatric services in Kwai Chung Hospital for the past 20 years. As we have received a number of member's request for mailing 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 HKPGA newsletters.

ADDING PROBLEM-SOLVING THERAPY TO DEPRESSION CARE MANAGEMENT IN CHINA PRIMARY CARE SETTINGS

Chen Shulin, M.D. & Ph.D.; Department of Psychology, Zhejiang University
Conwell Yeates, M.D.; Department of Psychiatry, University of Rochester
Arean Patricia, Ph.D.; Department of Psychiatry, University of California, San Francisco



Suicide in older adults is a serious public health issue in China: The population of older adults in China is rapidly increasing. In 2010 there were 177 million people aged 60 years and over in China; by 2050, that number is projected to rise to over 400 million[1]. As the older adult population in China increases, so too will the rates of age-associated mental illnesses and suicide. Like most countries, the over-65 age group has the highest suicide rate of any age group in China; reaching 50 to 200 per 100,000. The female-to-male ratio is 1/1.1 in urban areas and 1/1.5 in rural areas[2]. In comparison, the suicide rate in general population is 23 per 100,000[2]. The high rate of suicide in the elderly in mainland China has been a serious public health problem.

Depression relates to the high rates of suicide in elderly Chinese. For suicide in the elderly, depression has been identified as the most important risk factor in Western countries [3;4]. In traditional Chinese culture, suicide has generally been depicted as a social or moral act. However, recent studies in Chinese samples indicate the strong dose-response relationship between suicide risk and the number and severity of depressive symptoms. For example, one study in Hong Kong showed that 75.7% of Chinese elderly people who took their own lives had depressive disorders [5]. A national psychological autopsy study for suicide risk in China also supports the relationship between suicide and depression in Chinese people (see figure 1, adapted from Philips Study) [6].

Community health system is the right way to provide mental health service for older patients with depression and suicidal ideation in China. Like other chronic diseases in elders such as hypertension and diabetes, depression is a chronic disease that is best managed in primary care settings [7;8]. Data suggests that only 1.9% of citizens of one urban city in China initiated mental health care services in 2008 [9]. The limited access to mental health specialty care is an important barrier. To overcome this barrier, we are adapting the model of primary care-based depression care management (DCM) for older adults to China. It is based on demonstrated success by depression care management approaches in the U.S. at improving depression treatment outcomes and rapidly reducing suicidal ideation in older adult primary care patients (cite IMPACT, PROSPECT). The DCM approach includes medication treatment guidelines to support primary care physicians' (PCPs) management of depression in their older patients; primary care nurses as care managers to monitor the progress of treatment, support patient's adherence, educate patients/family and facilitate communication between providers; and psychiatrists to provide consultation and supervision of care managers. Dr. Conwell and Dr. Chen have adapted the approach, and the adapted DCM is currently being tested in a preliminary randomized controlled with support of a grant from the NIH Fogarty Center to Dr. Chen (R01TW008699, from 8/1/2010 to 7/31/2014) [10].

Preliminary results from the current DCM intervention model in China show that, many patients with depression need psychological intervention other than antidepressants. Of the 185 subjects with Major Depressive Disorder enrolled from practices assigned to deliver the DCM intervention, 78 (42.1%) have refused to take any medicine, even after the psychological education on depression. Among these 78 patients, 69 (88.4%) expressed a preference for psychological treatments, but they did not go to any agency for their treatment. We are still tracking their situation and are keeping bi-weekly phone follow-up with them.

Besides patient preference, the special effectiveness of psychotherapy highlights its importance on the management of older depression and suicide risk in primary care settings [11]. Empirical research indicates that suicide risk among older adults is associated with interpersonal problems,

social support deficits, and some other psychosocial problems [11]. Psychotherapy can be exceedingly helpful in monitoring and managing suicide risk and adherence with both medical and psychosocial intervention programs. Moreover, psychotherapy can be beneficial in dealing with impairments of psychosocial function and reactions to stress, disappointment, loss, bereavement, and other psychosocial issues. Other medical conditions or treatments so common in older adulthood may complicate the management of depression and suicide risk in this age group. Psychotherapy is an evidence-based treatment of choice in primary care settings in China.

Problem Solving Therapy (PST) uses a seven-step process to help patients with the problems they feel is contributing to, or are the result of, depression. These steps are: defining a problem, setting a goal, generating or brainstorming solutions, evaluating pros and cons of solutions, choosing a solution, implementing the solution, and evaluating the outcome [12]. PST is an ideal intervention for Chinese older adults' depression management for several reasons.(1) PST focuses on problem-solving rather than emotion expression and exploration which fit well with Chinese cultural practices of emotion moderation [13]. Studies have found Chinese individuals to prefer directive, goal-oriented, short-term treatments like PST14 (2) PST is an evidence-based behavioral approach used to effectively treat late-life depression by teaching skills to address problems in a systematic way [15;16].(3) PST has been proven to be easily implemented in primary care medicine [17], and has been culturally translated into Spanish, Japanese, Cantonese, and Mandarin by Dr. Arean's team. (4) In Dr. Arean's work in culturally modifying PST for Chinese immigrants in San Francisco, the UCSF team found that the fundamental principles of PST did not need to change, as the focus on working on specific problems was an acceptable notion in Chinese culture.

However, no studies have yet examined the use of PST with older adults in mainland China. Neither has consideration been given to how PST would best be integrated into collaborative depression care management in this cultural context. Primary care clinics in urban Hangzhou are located in discrete neighborhoods in which they provide care for all residents. They are situated close to "neighborhood centers" with which they are operationally linked. Neighborhood centers serve to provide educational and recreational activities for residents, especially for the neighborhood's senior citizens. Through a series of interviews with PCPs and neighborhood center staff, we have determined that providing PST through the neighborhood centers, in close coordination with their PCPs, has distinct advantages over delivering the treatment in the primary care clinic itself: (1) the centers have the space necessary for group activities, which Primary Care (PC) clinics do not; (2) attending groups at the neighborhood center will be more appealing (carry less stigma) than it would in the PC clinic; and (3) neighborhood center staff have backgrounds suitable for training as PST interventionists, supporting the likelihood of dissemination of the model. However, application of PST in the context of neighborhood centers also has not been tested thus far in China. Therefore, our aims with this study are (1) to demonstrate that PST adapted is acceptable to Chinese older adults with depression when delivered in this manner, and (2) that it is feasible for neighbor center workers to deliver PST effectively.

To save a tree, support the electronic newsletters by sending your email address to info@hkpga.org

Significance: Having demonstrated the acceptability of PST to the depressed older adults in China and the feasibility of delivering the intervention through neighborhood centers and their staff, we will be able to add this psychosocial intervention to other components of primary based depression care management, reaching far larger number of older adults at risk for suicide with effective treatment, and ultimately reducing suicide-related morbidity and mortality in this vulnerable population.

REFERENCE:

1. *China Municipal Committee for Aging People. China's Elderly Today and Future. 2011:*
2. *Li X, Xiao Z, Xiao S. Suicide among the elderly in mainland China. Psychogeriatrics 2009;9: 62-66*
3. *Conwell Y, Duberstein PR, Caine ED. Risk factors for suicide in later life. Biol Psychiatry 2002;52: 193-204*
4. *Mann JJ, Apter A, Bertolote J, et al. Suicide prevention strategies: a systematic review. JAMA 2005;294: 2064-2074*
5. *Chiu HF, Yip PS, Chi I, et al. Elderly suicide in Hong Kong--a case-controlled psychological autopsy study. Acta Psychiatr Scand 2004;109: 299-305*
6. *Phillips MR, Shen Q, Liu X, et al. Assessing depressive symptoms in persons who die of suicide in mainland China. J Affect Disord 2007;98: 73-82*
7. *Gilbody S, Bower P, Fletcher J, et al. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Intern Med 2006;166: 2314-2321*
8. *Katon W, Unutzer J. Collaborative care models for depression: time to move from evidence to practice. Arch Intern Med 2006;166: 2304-2306*
9. *Hangzhou Government. 2008 Year Book of Hangzhou. 2009:*
10. *Chen S, Conwell Y, Xu B, et al. Depression care management for late-life depression in China primary care: protocol for a randomized controlled trial. Trials 2011;12: 121*
11. *Duberstein PR, Conwell Y, Conner KR, et al. Poor social integration and suicide: fact or artifact? A case-control study. Psychol Med 2004;34: 1331-1337*
12. *Haverkamp R, Arean P, Hegel MT, et al. Problem-solving treatment for complicated depression in late life: a case study in primary care. Perspect Psychiatr Care 2004;40: 45-52*
13. *Kim BK, Li LC, Ng GF. The Asian American values scale--multidimensional: development, reliability, and validity. Cultur Divers Ethnic Minor Psychol 2005;11: 187-201*
14. *Root MPP. Guidelines for facilitating therapy with Asian-American clients. Psychotherapy: Theory, Research, Practice, Training 1985; 349-356*
15. *Dowrick C, Dunn G, yuso-Mateos JL, et al. Problem solving treatment and group psychoeducation for depression: multicentre randomised controlled trial. Outcomes of Depression International Network (ODIN) Group. BMJ 2000;321: 1450-1454*
16. *Alexopoulos GS, Raue P, Arean P. Problem-solving therapy versus supportive therapy in geriatric major depression with executive dysfunction. Am J Geriatr Psychiatry 2003;11: 46-52*
17. *Mynors-Wallis L. Problem-solving treatment: evidence for effectiveness and feasibility in primary care. Int J Psychiatry Med 1996;26: 249-262*

THE JOURNEY FROM HOSPITAL-BASED TO COMMUNITY-ORIENTED PSYCHOGERIATRIC TEAM KWAI CHUNG HOSPITAL

Dr. Edwin, Chi-shing Yu, M.H.
Consultant Psychiatrist &
Consultant Psychogeriatrician,
Kwai Chung Hospital

1. Introduction

The population of Hong Kong in 2002 is 6.8 million. 11.1% of the population is age 65 or above. We have long living people in Hong Kong. In the year 2029, the population will be more than 9 million with elderly expected to be more than 20%. The growing aging of Hong Kong population and the increased in life expectancy would create mental health challenges on top of physical health problems. Hong Kong can have better ability to deal with and relieve the mental suffering of our citizens.

Hong Kong government had long decided aging in place and care in the community being the official stand. The new community way of ensuring good health for the elderly in Hong Kong by doing good community medical assessment and management is becoming recognized with the rapid aging of the local population. The rapid growth of the old old (above 75) and very old (above 85) sector might require more development of outreach services and crisis intervention teams.

Consultancy papers and high level reports are a way to document progress and policy and introduce changes in Hong Kong. In the 1991, White Paper on " Social Welfare into the 1990 and beyond " suggested a full range of community support services and residential facilities for elderly in Hong Kong. These services will be provided on a district basis to enable the elderly to remain effective members of the community for as long as possible.

The Working Party on the Needs of the Elderly concluded in 1994 that "the right approach was to concentrate on care in the community as the guiding principle for the provision of services". The 71 suggestions of the paper aimed to enable the elderly in Hong Kong to remain in the community with their own families rather than become recipients of care in residential institutions.

These 2 important papers laid good solid ground for the creation and expansion of community oriented psychogeriatric teams. The Kwai Chung Hospital Psychogeriatric Team (KCHPG) was in fact the first psychogeriatric team established in Hong Kong from April 1993. The area population for the team was 2 million.

2. The first psychogeriatric team

In April 1993, the first psychogeriatric team was formally set up in Kwai Chung Hospital, a public hospital managed by Hospital Authority. The team started from 1.4.1993. We had 2 medical staff, a consultant and a medical officer with post-graduate qualification. We did part time work on psychogeriatric and part time work on general adult psychiatry.

To save a tree, support the electronic newsletters by sending your email address to info@hkpga.org

We were happy to have 5 other staff, which included 3 nurses, 1 occupational therapist and 1 physiotherapist to join us. A social worker and a part time clinical psychologist also joined the team shortly. We in total took over 4 long stay wards of the hospital and started psychogeriatric reform.

Five short stay beds were initially created in the long stay psychogeriatric wards to provide intensive assessment and treatment for elderly with the aim of rapid return (within 6 months) of treated clients back to the community including age homes. The number of short stay beds rapidly increased to 10 and then to 42. The current number is 18 beds.

We believed at least 50% of working time of the new team should be spent on community work for it to be qualified as a real community psychogeriatric team. There is hope that the new teams could be strengthened to provide better care for the elderly and addressed a right balance between the physical health component and the mental health component. Educational work for formal and informal carers was envisaged to be very important to reinforce the new professional identity and helped to create better-informed users of the service.

Other works by the team in the community include organizing training course, educational work in the community. These could empower the care in the community by people in the community. The provision of long handout to audience is a strong empowering tool and also minimizes the chance of repeating a talk on the same topic for some audience. Writing by the psychogeriatric team to contribute to chapters in books, articles in elderly publications and interviews by the mass media of team members help to improve public awareness of important issues and topics of psychogeriatric concern.

3. Present scope of PG service

The team took over 4 long-stay wards with 164 long-stay beds in April 1993. The team has undergone substantial service re-engineering and new initiatives in the past twenty years. All the long-stay beds have been decanted and replaced with short-stay beds and day care units. Different units of community team collaborate with different community partners. Our psychogeriatric out-patient unit in Ha Kwai Chung is serving more than 6,500 outpatients.

The present scope of Psychogeriatric Services in Kwai Chung Hospital includes:

- 18 Short Stay Acute Care beds for Assessment and Treatment of acute clients , supporting the community work by offering strong backup of hospitalization for short period with an average length of stay of 16 to 18 days.
- 36 places Psychogeriatric Day Hospital, including dementia day care places
- 36 Psychogeriatric Ambulatory Care Centre places in the form of a club house
- Psychiatric Out-patient Clinic with a Carer Support Centre at Ha Kwai Chung Polyclinic located in the community about a mile away from the hospital since 2004.
- Mood Disorder Clinic from 1994.
- Mini-OPD at ward L8, KCH from 1999
- Good Memory Clinic at the PGOPD from 2004
- Medical Outreach Services to subvented elderly homes in Tsuen Wan, Kwai Tsing, Shamshuipo

& Tung Chung (29 Numbers as at May 2013). The assessment of the elderly at the age homes gives more accurate information on the elderly as the staff of the nursing homes could be interviewed concurrently for updated information of the patient. The support to the nursing staff could also be enhanced by having PGOPD session in the age homes. The transport problem for the elderly can also be much alleviated.

- Nursing outreach service to 52 licensed private old age homes in Tsuen Wan, Kwai Chung and Tsing Yi as at May 2013.
- COMPASS (Community Psychogeriatric Outreach Service to Private Old Aged Homes) to 25 POAHs in Tsuen Wan, Kwai Tsing, Shamshuipo & Mong Kok as at May 2013.
- Community Psychogeriatric Nursing Service
- Psychogeriatric Nursing Assessment Centre in collaboration with Integrated Family Service centres in Tsuen Wan and Kwai Kwai districts from 1999
- Psychogeriatric Service to Enhanced Home & Community Care Schemes of Sheng Kung Hui Welfare Council, Caritas Hong Kong & Haven of Hope Hospital Board as at May 2013.
- Community Dementia Care Program (Society for the Aged DECC) from 1998 to 2011 with its mergence into Mobile Primary Mental Health Nurse Clinic for Elderly after 2011.
- Walk-in Nurse Clinic (Sheng Kung Hui Maclehose District Elderly Care Center) since 1995 to 2011 with its mergence into Mobile Primary Mental Health Nurse Clinic for Elderly
- Mobile Primary Mental Health Nurse Clinic for Elderly (All DECC & NECs in Tsuen Wan and Kwai Tsing district)
- Hotline Service with phone recording function
- Community Physiotherapy Service
- Domiciliary Occupational Therapy Service
- Mental Health Education
- Research in psychogeriatric work

4. Celebration to KCH PG Team 20th Anniversary

"For two decades, the Psychogeriatric Team has been providing both in-patient and out-patient services as well as community services for older patients suffering from psychological illnesses. Such a wide range of services is maintained to offer patients with various options to recovery. By pioneering in the diagnosis, treatment, and management of psychogeriatric illnesses, they have been safeguarding the mental wellbeing of our elderly."(Prof. Alfred Cheung-ming Chan, BBS JP Chairman, Elderly Commission)

Prof. Helen Chiu, Chairman of Hong Kong Psychogeriatric Association appreciates the team for its contribution to the psychogeriatric service in Hong Kong. 「葵涌醫院老齡精神科致力提供優質和專業的醫護服務：縮減長期病床，推動短期住院服務，設立不同的日間中心，又有預防長者自殺小組、津助及私營安老院外展隊伍，多元化的服務，讓不同需要的長者得到適切的照顧。對推動本港老年精神科服務，貢獻良多。」

The team was indeed honored to have Prof. C M Chan and Prof. Helen Chiu as the officiating guests in the 20th Anniversary Celebration Party on 12 March 2013 in the multi-purpose hall of Kwai Chung Hospital.

Prof. Alfred Chan

Prof. Helen Chiu

Dr Chung Kin-lai, Chief Manager (Integrated Care Programs) HAHO; Dr. William Lo, Hospital Chief Executive KCH, Ms Betty Ku, General Manager (Nursing) KCH; Mr. Robert Chui, ex-chairman Lions Club Kwai Tsing of Hong Kong and Dr. Yeung Chiu-fat chairman Hong Kong Doctors Union also participated as our officiating guests.

Dr. Chung Kin-lai

Dr. William Lo

Ms Betty Ku

Mr. Robert Chui

Dr. Yeung Chiu-fat

Ms Esther Tsoi

To save a tree, support the electronic newsletters by sending your email address to info@hkpga.org

Different community partners shared their experience of working in partnership with PG team. They expressed appreciation, being clients so satisfied with improved knowledge and acceptance to the service. The staff of age homes also felt satisfied with improved knowledge in psychogeriatrics and acceptance of elderly with psychogeriatric problems.

Mrs Helina Yuk Director HKSKHLMC

Mr. Francis Li NAAC

Ms Law YCH Chinachem C&A Home

Ms Lam Gericare Centre Ltd.

Dr. Yu and Ms Esther Tsoi welcomed and thanked all the old and existing team members, community partners and colleagues for their hard work in bringing about meaningful changes and new initiatives for the past twenty years.

All the guests joined together to congratulate the team for its achievement in the past twenty years and wish the team success in the future.

THE 2013 HKPGA YOUNG SCIENTIST AWARD

Congratulations to our two winners for the 2012 HKPGA Young Scientist Award: Prof. Yu-tao Xiang and Mr. Man-tung NG. They will represent HKPGA to make their presentations for the Japanese Psychogeriatric Society in Osaka on 5 Jun 2013.

Call for submission

We are delighted to announce that the annual contest for the captioned award is now open to HKPGA members for submission. We welcome original scientific research work with a theme in old age psychiatry. Submitted articles would be evaluated by an independent panel of experts and up to 2 winners would be selected based on the merits of the scientific project, and the contributions made by the candidate(s) to the HKPGA and the field of Psychogeriatrics in general.

Award

1. A cash prize of HK$1500 is awarded to each winner for up to TWO winners! If there is ONE winner, the cash prize would be HKD$2000; AND
2. The winner(s) would also be awarded USD$1,000 for sponsorship to the Japanese Psychogeriatrics Society's Annual General Meeting in Japan in 2014 to present his/her research study there. Besides, the conference fees for the meeting would be waived.

Eligibility requirement:

1. The contest is open to all HKPGA members of all professional disciplines;
2. The candidate should be under 40 years of age prior to the submission of work for this contest; and
3. The candidate should have a reasonable proficiency in English language to fulfill the aims of this program.

Format of research report

1. Only electronic copy of the report is required.
2. An abstract within 500 words and the full manuscript on the submitted research work, along with the completed application form and a brief curriculum vita of the applicant should be emailed to info@hkpga.org on or before 16 August 2013.
3. The email subject should be stated with 'Submission for the 2013 HKPGA Young Scientist Award'.

4. To maintain the quality of this Award, the HKPGA is not under any obligation to appoint any winner if it is advised by the panel of experts that none of the submitted research study is of sufficient scientific merit.

For enquiries, please forward to the email address above. We eagerly look forward to receiving your submissions!

With best wishes,
HKPGA

COUNCIL NEWS

The HKPGA's Mid-year Scientific Meeting will be held the lecture theatre of block H7 of Princess Margaret Hospital on 7 Jun 2013 (Friday). We were honored to have Dr. PC Pan, Mr. Isaac Kwok, Ms. Cordelia Kwok and Dr. Mandy Lau to share different aspect of dementia care. On 14 Sep 2013, HKPGA will co-organize a dementia training workshop with the Hong Kong Council of Social Services (elderly service) at the HKCSS building in Wanchai for the frontline professional workers in community and residential settings. The details of the upcoming HKPGA activities are available at the official website www.hkpga.org.

EVENTS CALENDAR

Date	*Activity*	*Venue and contact*
Jun 7, 2013	HKPGA Mid-year Scientific Meeting	Lecture Theatre, H7, PMH info@hkpga.org
Sep 21, 2013	HKPGA Dementia Workshop	Rm 201, HKCSS Building, Wanchai info@hkpga.org
Oct 1-4, 2013	IPA 16th International Congress http://ipa2013.com	COEX, Seoul, South Korea seoul@ipa2013.com

To save a tree, support the electronic newsletters by sending your email address to info@hkpga.org

To save a tree, support the electronic newsletters by sending your email address to info@hkpga.org

Please join or renew your HKPGA membership by
downloading the HKPGA Membership Application Form at *www.hkpga.org/main.php?id=30*

To save the environment, please update your email address via *info@hkpga.org*

Newsletter Committee :

Prof. Yu Tao Xiang (Chinese University of Hong Kong)

Dr. CL Lam (North District Hospital)

Dr. WK Lam (Kowloon Hospital)

Dr. Jess Leung (United Christian Hospital)

Dr. Grace Leung (Tai Po Hospital)

Ms. Winnie Lui (St. James' Settlement)

& Ms. Eleanor Chan