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MESSAGE FROM THE NEWSLETTER COMMITTEE

This issue of the HKPGA newsletters re-acts an important presentation at the HKPGA Mid-year Scientific Meeting: Legislation, Policies and Dementia. Many participants longed for the insight of our ex-LegCo Member, Dr. PC Pan since June 2013. It is followed by an inspiring article written by Prof. Loewenstein from the University of Miami School of Medicine about modern technology and cognitive remediation. As this is the end of the publication cycle, we will stop printing hard copies of the newsletters from 2014 onwards. Please send us your latest contact email address and your submission via info@hkpga.org and visit www.hkpga.org for archives of the HKPGA newsletters.

LEGISLATIONS, POLICIES & DEMENTIA

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Dementia: Challenges and Opportunities

People suffering from dementia and their caregivers face a range of problems and hardships.

These in turn generate a variety of needs which include:

- Need for adequate and timely assessment, treatment, and rehabilitation.
- Supervision and care in adequate number of settings and from personnels with appropriate expertise.
- Support for the caregivers to prevent burn-out.
- Adequate arrangement for the dementing person to compensate for his/ her diminishing ability in making decisions & managing his/her own affairs.
- Prevention of abuse and exploitation of the person with dementia.

Dementia also imposes challenge on the community by virtue of its:

- Huge number as a result of ageing population.
- Huge burden of care in terms of financial and human resource.
- Impact on the current financial model of our society. We live in a very wealthy society where wealth is very unevenly distributed. With one of the highest Gini coefficient in the world, there is a lot to say about redistribution of wealth so that poor elderly can live with dignity. This includes adequate care when they need it.
- Unique needs for care. Unlike elderly with physical disabilities, people suffering from dementia are often agile and physically robust. It is often their behaviours and psychological symptoms that need special attention. Consequently, these people are often difficult to receive care in 'generic' facilities for disabled elderly.

Does dementia represent any opportunity? I believe it does. It can:

- Create jobs for health and social welfare professionals as well as the formal caregivers.
- Provide opportunities for innovation, research and relevant enterprises to develop new treatment, rehabilitation and care of dementia.

If our society can agree on a model in financing adequate care for the disabled elderly, it is very likely that our economy will base on more service-oriented industries with less pollution.

What Do We Need?

My personal view is that we need:

- A dementia specific policy
- Legislations that address the needs of people with dementia and their caregivers
- Collaboration of different sectors and services
- Model of care that is affordable to the community

A DEMENTIA SPECIFIC POLICY

We do not have a dementia specific policy in Hong Kong. Yet does such a policy matter?

Yes, the reasons are:

- It provides a framework for concerted effort to deal with a huge problem such as dementia
- It provides the foundation for integrated model of dementia services to be developed so that service gaps can be minimised
- It shows the government is determined to tackle the problem head-on



A Brief Introduction to The 'Establishment'

In order to bring about the creation of a new policy and relevant changes in legislations, we need to have a basic understanding of how the system works. Let's first look at the parties concerned. Here, the concept of the 'Establishment' may help us to understand the situation better. The Establishment may be loosely defined as "the whole matrix of official and social relations within which power is exercised" (Fairlie, 1955).

The following components of the Establishment are relevant to our discussion:

1. The Government which consists of 2 levels:
 - Administrative level which is responsible for policy making, introducing new legislations and budget control
 - Executive level which is concerned with law enforcement and execution of policies
2. The Legislature which has the following roles:
 - The enactment and amendment of laws
 - To approve budgets
 - As a "watch-dog" on the government
3. The Judiciary:
 - To interpret the laws
 - To try and dispense justice according to the law
4. Other parties: the media, NGOs, professional bodies and pressure groups
5. Finally, we must remember individual stakeholder: patient, family member, professional, elderly care worker

One has to remember that power is unevenly distributed among the various strata of the Establishment. Then who has the ability to bring about a change? Although anyone can initiate a change, it is clear that only the administration has the constitutional power to introduce new policies and legislations. The Legislature has no power to do so. Yet, by virtue of its right to move motions brought out by the government (which include bills, budgets, and creation of new senior posts in the civil service), as well as its role to monitor, challenge and criticise the administration, it can be a powerful ally.

Nothing moves without a reason. The administration needs support from certain political parties or camps. With the introduction of universal suffrage in future elections of the Chief Executive (hopefully from 2017 onwards), the administration will need votes (which means popularity) as well. The LegCo Members on the other hand need votes and support for their corresponding parties and camps. Generally, the government which has the administrative power, is more inert to the pressure groups as it has to figure out if there is a genuine need for what is being advocated. LegCo Members on the other hand, are more willing to act because:



- there is a great pressure to be elected in the next term, and to be able to win the support of a sizeable group of people. Drawing their attention via the mass media is attractive.
- LegCo Member has no administrative power, so he/she does not have to bear the consequence of advocating the cause.

Each LegCo Member has his/her own profile and areas of interest. One has to choose the right person to work with. Therefore, if one wants to bring about change in the Establishment, the best person to talk to will be a LegCo Member.

A Walk Through The Maze

People often find themselves helpless when facing the Establishment. Yet if we know how it works, it is possible to find the way out of the woods and get to our destination:

1. Formulation of ideas: Ideas usually start with individual case-work. Patients and their relatives bring out clinical problems in the process of coping with their illnesses. Analysis of similar cases gathered over a period of time help us to evaluate the social impact of such problems. Professionals can then discuss and consider what policy change can help these groups of people. It is better to get help from the retired government officials and legal professionals.
2. Networking: with a good understanding of the problems, one can then get in touch with other groups sharing similar concerns and visions, forming a sizeable pressure group (or a coalition of groups).
3. Mass actions: The pressure group needs to increase its influence. It is at this point that bringing the case to a Legislative Council Member (or members) becomes useful. Many LegCo Members have their own teams which plan strategies and actions to campaign within the Establishment and in the community. Techniques like distributing pamphlets, signing petitions, rallying and demonstrating in public can alert the community on the main concern of a group.
4. Working with the media: The mass media can help disseminate the message to wider community. Different types of media draw different crowds. In general, one can organise informal gatherings with the journalists (a soft approach) or hold press conferences if one wish to send out messages such as research findings.
5. Petitions and meetings with the government officials: when one has gathered significant crowd and awareness in the community, it is time to bring the case directly to the administration, asking for action from the government.
6. Bring up at the Legislative Council: with the effort of LegCo Members, the issue can be brought up on a number of platforms:
 - Redress
 - Panels
 - Meetings
 - Law Making



LEGISLATIONS

The following is a list of the laws relevant to dementia:

Hong Kong Bill of Rights Ordinance 《香港人權法案條例》 Cap 383

Personal Data (Privacy) Ordinance 《個人資料(私隱)條例》 Cap 486

Disability Discrimination Ordinance 《殘疾歧視條例》 Cap 487

Powers of Attorney Ordinance 《授權書條例》 Cap 31

Enduring Powers of Attorney Ordinance 《持久授權書條例》 Cap 501

Residential Care Homes (Elderly Persons) Ordinance 《安老院條例》 Cap 459

Residential Care Homes (Persons with Disabilities) Ordinance 《殘疾人士院舍條例》 Cap 613

Mental Health Ordinance 《精神健康條例》 Cap 136

There are however some areas which are not covered by the legislations. A few prominent examples are:

- Consent for medical report, participation in research: right now, no one has the authority to make such decision on behalf of people with dementia.
- Elderly abuse: There are legislations specifically on child abuse. However, people with dementia are equally vulnerable to be abused by reason of their limited cognition, yet there is no specific legislation to protect them.
- Legal framework for advanced directive

What Can Be Done At the Legislative Council?

Redress (申訴) This is a process in which groups of people can bring up their grievances relating to the government to the attention of LegCo Members. The LegCo Member who is on duty on a particular day takes up all the cases on that day. In practice, the groups usually have contact with individual LegCo Member and present the problems on the day when the LegCo Member is on duty. A number of interested LegCo Members will usually meet the groups as well. After the meeting, the Members will formulate a follow-up action which is usually in the form of meetings with relevant government officials to discuss about their concern. The case may also be brought up at relevant Panels for further discussion.

Panels (事務委員會) are where issues relevant to specific policy areas are being discussed. The Secretary of the corresponding Bureau will be present to answer LegCo Members' questions. For dementia, the relevant Panels are:

Health Panel (衛生事務委員會)

Welfare Panel (福利事務委員會)



Meetings (大會) : they are the weekly main meetings attended by all LegCo Members. Here, LegCo members can question the administration, move motions, make amendments to other member's motions, give speeches on the motions and vote. The Meeting is also the occasion for Members to debate on bills and budgets.

The following is a motion moved by myself on 22nd February, 2012, urging the government to improve support for people suffering from dementia and their caregivers:

“加強對認知障礙症患者及其照顧者的支援” 議案辯論

Details of my original motion and amendments may be found at:

http://www.legco.gov.hk/yr11-12/english/counmtg/motion/mot_1112.htm#120222

To formulate the motion, I gathered a number of organizations including self-help groups, NGOs and professional bodies. We formed a coalition, discussed about the points and circulated the draft before finalization. On the day of the debate, we arranged a small demonstration outside LegCo with patients and their families voicing out their plight. This was published by a number of newspapers. The motion together with all the amendments made by three LegCo Members (the Hon Wong Sing Chi, Joseph Lee & Alan Leong) were passed. Yet it was not binding on the government. However, the fact that such a motion was being passed by the LegCo puts significant pressure on the government.

Law-Making (立法) : New policies often need changes in existing legislations. In Hong Kong, making new law is an arduous process. In theory, both the administration and LegCo members can present a bill to the Legislative Council. The fact that the bill presented by individual LegCo Member must not have financial implication for the government implies that it is almost impossible for the former to do so, unless instigated by the administration. Hence, bills are generally presented by the administration.

How does the administration decide when to make new laws? This usually happens when there is enough consensus in the community that current legislation is inadequate. When the government is convinced that this is genuinely so, it requests the Law Reform Commission to study the feasibility of making new laws on the topic of concern. The latter then report to the government on its findings and law drafting will be done by the Justice Department. When the bill is ready, it will first be gazetted, then presented to the Legislative Council.

At the Legislative Council, the bill will go through the formality of first reading. The Secretary of the responsible Bureau will then move the motion for the bill. It has to be read for second time and debate is then adjourned at this point.



The House Committee of the LegCo will then decide whether a Bills Committee (法案委員會) has to be set up for this particular bill. If yes, it will be duly formed by interested Members to examine the bill in the presence of representatives from the relevant Bureau, the appropriate law enforcing departments, law drafters, and the Legislative Council's own legal advisor. The Committee will examine the principles underpinning the bill, other country's practice, relationship with other legislations, and possible adverse implications. The Committee may, in this process, invite stakeholders to attend its meetings to voice out their concerns, or present their views in writing. It examines the bill section by section, then clause by clause. During this process, both the government and individual committee members may make amendments, known as Committee Stage Amendments or CSAs (委員會階段修訂) to the bill.

When the Bills Committee has completed its work, Second Reading will then resume. During Second Reading, LegCo members will first debate on the bill in its entirety before subjecting it to voting. For a bill presented by the administration, vote of approval from more than half of the Members present is sufficient to pass the bill. At this point, the Legislative Council will become 'a Committee of the whole Council' which debates on individual amendments (both CSAs and amendments raised by members at this stage). The amendments will be subjected to voting, one by one. When all the amendments have been voted on, the amended bill will then be subjected to the Third Reading. When it is passed, the bill will be signed by the Chief Executive and become an ordinance.

CONCLUSION

As individual member of our community, we all have the potential to make changes. As professional concerned about the welfare of people suffering from dementia and their families, many of us hope we could achieve more for them apart from providing our professional service. To change the way our community handles people with dementia, we must know how the Establishment works, and use our energy intelligently to bring about beneficial outcomes. Remember, endurance and determination pay!

Reference: Fairlie, H. Political Commentary, The Spectator, 23 September 1955.



TECHNOLOGY AND COGNITIVE REMEDIATION IN OLDER ADULTS



David Loewenstein, PhD is Professor of Psychiatry and Behavioral Sciences at the University of Miami School of Medicine

There is increasing evidence that cognitive training has efficacy in a wide range of conditions, including traumatic brain injury, stroke, psychiatric disorders such as schizophrenia, as well as early Alzheimer's disease (AD). Over the past decade, there have been a plethora of computerized tests and entire modules available for cognitive training in areas such as auditory and visual attention, auditory and visual memory, processing speed, visual-spatial abilities and reasoning and other aspects of executive function.

With the proliferation of the internet, cognitive training exercises are increasingly available for normal older adults to practice cognitively stimulating cognitive exercises which promise to enhance neuropsychological function, increase brain plasticity and even protect against cognitive decline. The claims of companies offering such services are largely based on epidemiological studies showing the positive effects of mental activity and other investigations that have shown improved performance on neuropsychological measures. It is unclear whether such programs can live up to the hype surrounding them. There are concerns among some members of the scientific community about whether these tasks are any more useful than other mentally stimulating activities that are not computer-based, whether there are any protective effects on the brain at a biological level and whether any gains generalize to functional skills that have real-world relevance. Nonetheless, the delivery of cognitive training and remediation software for both professionals and the lay public speak to the powerful role that technology has for the delivery of cognitive training that individuals can practice in the privacy of their homes.

The importance of cognitive remediation tools that can be delivered by computer-based platforms cannot be overemphasized. First, computer-based programs can: 1) allow for the delivery of standardized stimuli to the individual without the variability inherent in administration of cognitive tasks using paper and pencil tests; 2) are readily accepted by older adults as long as the displays are sharp, and the interface is simple to use; 3) programs can be designed to personalize treatment delivery based on the patient's previous responses and performance, such individualized remediation training can ensure delivery of programs that are tailored to the individual and their particular needs; 4) computerized cognitive remediation delivery can provide assessment of progress, plot speeds of response in milliseconds and provide an extremely accurate method to measure the dosage and/or intensity of a specific program. Technology also provides flexibility with respect to practice schedules and offers a variety of formats such as multi-media that combine text, speech and animation.



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Computer-based training can be further augmented by technology such as touch screens (which eliminate the need for familiarity with a mouse or joystick). It is also relatively easy to adjust volume or visual parameters such as brightness and contrast. Computer interfaces can produce extremely interesting activities that have visual and sound effects that far surpass the experience of traditional cognitive remediation exercises.

Perhaps the most exciting aspect of computer-based cognitive remediation is its portability. One of the most challenging aspects of delivery of cognitive remediation services is that persons must come in to clinic at least two days per week to receive a dosage of an intervention. This can be difficult for frail, older adults with multiple medical issues. The ability for the therapist to work with the patient remotely in his or her own home using internet technology removes many barriers for older adults who live in remote areas and for whom it would be difficult if not impossible to attend the required number of sessions in the clinic. Further, having the patient practice specific exercises at home without the assistance of the therapist can increase the dosage of the intervention. This provides the opportunity for service delivery that is unprecedented. Tablet and newly emerging technologies will only enhance opportunities for optimal service delivery.

Another important role of technology is in the assessment of both cognitive and functional outcomes. Entire batteries of cognitive tests can be delivered via the web instead of requiring lengthy in-clinic assessments by a psychometrist. Further, with increasing demands for older adults to use technology to perform activities such as online bill payment, obtaining money from an ATM or phoning in a prescription or understanding and accessing the content of health-related websites makes computer-based functional assessments an ideal way of measuring real-world functional skills.

In summary, technology has greatly enhanced the availability and delivery of cognitive remediation for older adults across many conditions. The uniformity of presentation, ability to capture real-time data in milliseconds and adaptive technologies that allow for difficulty of a task to be titrated according to the patient's abilities and previous pattern of responses makes computer and tablet-based cognitive remediation programs more powerful and individualized. A major advantage of such approaches is the ease of administration and portability. In addition, technology will play an increasingly important role in assessment of both cognitive and real-world functional abilities.

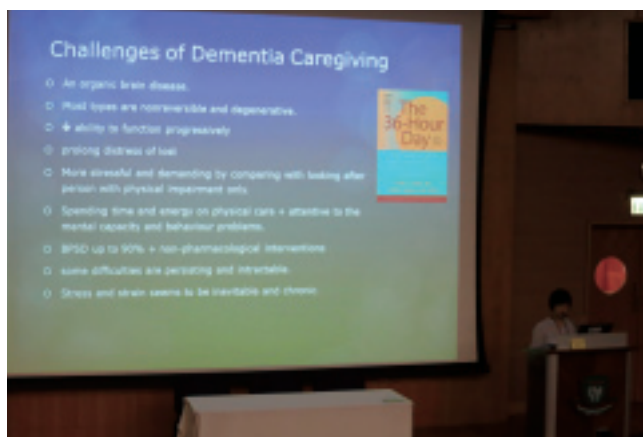
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COUNCIL NEWS

The HKPGA's 15th Anniversary Scientific Symposium and Annual General Meeting will be held at the Ballroom of Hyatt Regency Hotel on 9 Nov 2013 (Saturday). We are honored to have Dr. Wing-man Ko as the guest of honour. Prof. Edmond Chiu, Past Chair of the Old Age Psychiatry section of the World Psychiatric Association and Past President of International Psychogeriatric Association will deliver the keynote address. Apart from the talk by Prof. Edmond Chiu, we have also invited a number of local experts in dementia care to share their visions in the subsequent expert forum. The theme of the expert forum is *"Developing comprehensive dementia care for the older people of Hong Kong: the will and the way forward"*. There will be presentations by the representatives of the Japanese Psychogeriatric Society too. The details of the upcoming HKPGA activities are available at the official website www.hkpga.org.

The HKPGA Council will form a study tour to visit local elderly facilities and join the 4th Chinese Psychogeriatric Tripartite Meeting in Taiwan from Oct 25-26, 2013. Meanwhile, please look at the snap-shot of the Mid-year Scientific Meeting 2013 (co-organised with Kwai Chung Hospital).



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EVENTS CALENDAR

<i>Date</i>	<i>Activity</i>	<i>Venue and contact</i>
Oct 1-4, 2013	IPA 16th International Congress http://ipa2013.com	COEX, Seoul, South Korea seoul@ipa2013.com
Nov 9, 2013	HKPGA 15th Anniversary ASM cum AGM	Ballroom, Hyatt Regency Hotel, TST info@hkpga.org
Dec 13, 2013	Dinner symposium co-organised with ADI (Speaker : Prof. Martin Farlow)	TBC info@hkpga.org



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