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Hong Kong Psychogeriatric Association Newsletter
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MESSAGE FROM THE NEWSLETTER COMMITTEE

The COVID-19 pandemic brings challenge, risk and opportunity. Things change and go electronic. The HKPGA Annual Scientific Symposium 2020 will be held ONLINE on 17 November 2020 (Tuesday). This issue of HKPGA newsletters focuses on COVID-19 and older adults. With reference to the relevant articles at International Psychogeriatrics, Dr. Connie YAN wrote a summary for us. Besides, Ms. YUEN Yuet Cheung share her experience on DementiAbility Methods: the Montessori Way. Lastly, you can make your submission via *info@hkpga.org* and visit *www.hkpga.org* for archives of the HKPGA newsletters.

COVID-19 and the Elderly

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As our reader may well be aware, there has been a plethora of articles published on the mental health of older adults in the Coronavirus Disease in 2019 (COVID-19) pandemic. Since the International Psychogeriatrics has granted all COVID-19 related articles open access, we would like to share a brief summary of some of these articles. Although many of these papers have similar titles – most with the words “mental health”, “elderly” or “older adults” – if we examine them in detail, they actually differ subtly in their foci in spite of their common theme, especially when submitted by teams working in regions with diverse cultural, socioeconomic and political backgrounds. We hope the sum-up below is of interest and use to our reader and will encourage you to look up these papers for more detailed perusal.

Behavioural and Psychological Symptoms of Dementia (BPSD) Management in the Pandemic

Drunat (2020) and his team looked at the organization of Cognitive and Behavioural Units (CBU) – specialized hospital units in France that were created to manage very severe BPSD in patients with dementia – and explored the difficulties faced by these CBUs. To limit the risk of contamination for hospital staff and patients during the COVID-19 pandemic, they made recommendations and practical proposals developed by a joint geriatric and psychiatric task force on BPSD management. These recommendations would change according to the unit's COVID-19 contamination status and were comprehensive, including chemical and physical restraint if needed. They concluded that as the pandemic overwhelms healthcare systems, new guidelines are necessary for better medical management of elderly patients with BPSD and for streamlining hospital procedures to protect staff.

In Japan, Suzuki et al. (2020) examined the behavioural patterns of frontotemporal dementia (FTD) patients during the COVID-19 pandemic. The ways in which the pandemic affected FTD patients were explored as patients with Alzheimer's Disease with dementia (AD) and FTD and their caregivers were given semi-structured interviews on preventive actions against COVID-19. Results showed that it was more difficult for FTD patients, rather than AD ones, to take preventive measures against COVID-19 (like following social distancing, washing hands, staying home, following caregivers' instructions, etc.). This would increase caregiver burden; thus caregiving issues in FTD need urgent attention, equally if not more than AD.

Mental Health of Older Adults in the Pandemic

Frenkel-Yosef, Maytles & Shrira (2020) looked at loneliness and its associated factors in the elderly during the pandemic; armed with the pre-pandemic data suggesting that loneliness is highest among the old-old and negative view of ageing (VoA) is related to higher COVID-19 related loneliness, the team hypothesized that loneliness would be highest among the oldest, those with medical conditions, more negative VoA and low activity engagement. They sampled 295 older adults and their final model showed that loneliness was mainly associated with negative VoA, higher psychological distress, limited face-to-face interactions and activity engagement. Their findings suggested that mitigating certain factors (e.g. negative VoA, activity engagement, maintain face-to-face interactions, etc.) may ameliorate loneliness in the elderly during these difficult times.

Sharma (2020) and colleagues took an interesting perceptive as they delved into the link between air pollution and mental health. They postulated that the household air pollution

levels had exponentiated with most people spending more time indoors, especially for those who used highly polluting solid fuels. Quoting from literature on the incidence of dementia and wood smoke, they expounded on the expected rise in adverse mental health outcomes from increased exposure to household air pollution. They concluded by suggesting ways to lessen these hazards and encouraged more COVID-19 research involving older adults to take environmental risk factors into account.

Vernooij-Dassen, Verhey, & Lapid (2020) reviewed the impact of social distancing for older adults in terms of social and mental health and cognitive functioning, proposed strategies to mitigate this impact, and concluded that social distancing as a means to save the lives of vulnerable older adults came with high costs in other aspects and thus should be balanced.

Readers familiar with the HKPGA's previous activities would doubtless know the authors of this position paper by Hwang et al. (2020) as these experts in the field of psychogeriatrics described the nature of loneliness and social isolation among older persons in terms of physical and mental health impacts, its effect on their health and ways to cope with loneliness and social isolation during the COVID-19 pandemic. The tips, though simple, will take effort on the part of the elderly and their families and caregivers to follow. It was opined that the pandemic has highlighted the pre-existing threat of social isolation and loneliness often experienced by older adults, and we can address these aspects in the post-pandemic era by developing virtual healthcare, new technology and government policy.

Older adults in the COVID-19 pandemic all over the world

Gyasi (2020) described COVID-19 and the mental health of older Africans as a public health urgency due to the limitation in expertise, resources, services and public health infrastructure and called for shared responsibility to address the huge impact by putting response strategies on regional and country-specific development policy agenda.

Forlenza & Stella (2020), in their paper on the impact of SARS-CoV-2 pandemic on the mental health of the elderly from a Brazilian perspective, first gave an overview of the coronavirus outbreak in Brazil, then went on to describe how older adults were more vulnerable, how the COVID-19 pandemic revealed gaps to be filled in geriatric mental health and the urgent need for research. Their team launched a clinical initiative to screen for signs of emotional distress related to this crisis and to monitor potential relapse in clients with pre-existing mental illnesses in two psychogeriatric clinics at a tertiary psychiatric hospital located in the largest public hospital complex in Latin America. The preliminary

results (first 72 patients) showed that psychological distress was frequent and occurred in almost 60% of the participants. The authors, while acknowledging the success in using digital technologies and telemedicine in eastern Asia, would test the effectiveness of these methods; though they also pointed out that success would rely on the target population's access to technologies.

Flint (2020) and his colleagues outlined the problems faced by Canada during the pandemic, the solutions being considered and implemented, the future outlook, the widespread of virtual care until social distancing rules can be relaxed and the hope that the COVID-19 crisis will result in sustained integration of virtual care into geriatric psychiatry with better access to person-centred care. They believed the pandemic underlined the need to reform Canada's long-term care sector where most homes are under-resourced and over-regulated, hoped for more support and less bureaucratic supervision by the government and ended on their concerns on the impact of the anticipated economic fallout on the funding for elderly care.

Llibre-Guerra and colleagues (2020) reported on aging and mental health in the Hispanic Caribbean in the context of COVID-19. They started by describing the background and socioeconomic factors affecting the elderly living in the region, then postulated that the Caribbean might be disproportionately affected by the pandemic with higher proportion of older persons, high population density, chronic poverty, tourism-dependent fragile economies and an inherently high percentage of mental health disorders. While lacking in resources, some regions resorted to innovative measures to contain the outbreak, such as mobilizing medical students for door-to-door surveying to identify possible cases for testing in the community. The impact of social distancing and loss of support was especially hard felt as some countries were still reeling from recent natural disasters. The authors concluded by calling on local governments and policy makers to support measures to protect those at risk from COVID-19 and for all stakeholders to be resilient and adjust to the "new normal".

Vahia and Shah (2020) reported on the COVID-19 pandemic and the mental health of older adults in India. They first described the average household, the proportion of older adults, the issues of the elderly and their families living together (quarantine and isolation) and apart (lack of support). They then outlined the increase in people seeking mental health assistance during lockdown, the economic recession, the mass unemployment and migration issues. The urban elderly were described as tech savvy and could receive mental health counselling by their smartphone. The authors remained positive and hoped that online access for older adults can develop into comprehensive telemedicine services

and for the pandemic to be a blessing in disguise to accelerate healthcare resources and access management.

To supplement the emerging concern about elderly suicides in India, Rana (2020) informed the reader that more than 300 suicides had been reported during the lockdown as "non-coronavirus deaths" due to mental torment. For the elderly who are already susceptible to loneliness, this emerging situation put their mental health even more at risk. The author then reported 5 case studies on older adults who committed suicide and illustrated that the elderly, who are already suffering from mental illnesses, are more vulnerable to the COVID-19 pandemic and its social consequences. Correlation was also found between the internet search volume for key words on mental illness with the daily COVID-19 death toll in India.

Khory and Karam (2020) brought the reader a perspective from the Middle East as they shared the situation in Lebanon, describing Lebanon and its healthcare practice, the paucity of geriatric psychiatrists whose work is done by general practitioners and neurologists, the background on COVID-19 and how older adults' mental health was affected by the drastic lifestyle modifications. The authors drew our attention to the increase in elderly abuse as older adults rely heavily on caregivers on subsistence, and to the fact that the older Lebanese lose their public medical insurance after retirement which limit their access to medical services at the age when they need it most. Solutions and future directions with their practicality were discussed, including the importance to support caregivers. What may be interesting to the reader is how the authors, in their recommendations, brought up the need to establish advanced directives among older Lebanese to better preserve their autonomy should their capacity be altered by an acute serious illness in light of this pandemic.

Baiyewu, Elugbadebo & Oshodi (2020) described the fragile healthcare system in Nigeria, the fear of contagion, the access to healthcare, the COVID-19 positive older adults, the care of patients with dementia, etc. and concluded by a call to increase healthcare expenditure by government agencies and business communities, before suggesting other interventions such as improving care programs, long-term care or telemedicine.

Authors from the Philippines, Buenaventura (2020) and colleagues, analyzed country-specific factors that increase vulnerability to COVID-19 and stated that developing countries are stratified according to income levels which predict the country's ability to mount a response to a pandemic. They then explored factors characteristic to the Philippines that increased the country's vulnerability to the negative effects of COVID-19, including

population density, demographics and social welfare, cultural habits and health systems capacity. The impact of the COVID-19 outbreak on the mental health of older Filipinos was evaluated in terms of depression and anxiety, unmet spiritual needs, poor social and physical well-being and the prospects of being alone in death. In conclusion, the authors called for the collaboration of public and private sectors in conjunction with external aids from developed countries and the World Health Organization to keep developing countries such as the Philippines afloat in the management of their older patients in this unprecedented crisis.

Skoog (2020) in his paper on the pandemic and mental health among older people in Sweden, voiced his concerns about the flare of ageism with the government measures which ostensibly were to protect the "weak and frail oldest-old" (70 or above), but amounted to more restrictions and less social support for the elderly, describing how older adults were verbally abused and blamed for jeopardizing infection control. When experts pointed out the risk of the coronavirus spreading into old age care facilities, they felt that the government or the media did not take serious notice of the threat until the high COVID-19 mortality in old age homes was reported. The author believed that the increase for mental health problems among seniors was not only due to isolation, but also from the worsening stigma of ageism.

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Application of DementiAbility Methods: the Montessori Way ™ (DMMW) in Local Long-term Care Home – Focus on Culture Change

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Background

DementiAbility Methods: the Montessori Way ™ (DMMW) has been introduced to Hong Kong since 2010 by Gail Elliot, a gerontologist and dementia specialist in Canada. The goals of DMMW are to create an environment for dementia care where it supports independence; enables meaningful and purposeful engagement; promotes self-esteem and social connection. Throughout the past 10 years, DMMW has been applied in both community and residential care settings by local clinicians because the philosophy and clinical efficacy of DMMW in dementia care are compatible with local settings. DMMW embodies culture change movement that thrives to improve the quality of long-term care for dementia (Bourgeois, Brush, Elliot, & Kelly, 2015; Seitz et al., 2012). However, DMMW does not fit all settings for tracing culture change due to limitation of time and resource (Rahman & Schnelle, 2008). It is important to identify long-term care setting that allows ongoing investigation to capture this gradual change resulted from DMMW.

Long-term care home is a responsive setting to investigate the process of culture change initiated and sustained by DMMW. Lives of the residents with dementia and agitation used to be regimented by task-oriented institutional practices which emphasize meeting the bodily needs of the residents appropriately, safely and cost-efficiently (Malone & Camp, 2007; Wiersma & Dupuis, 2010). Culture change from current institutional practices to a person-centered care resulted in greater satisfaction of the residents and their families, less staff turnover and greater job satisfaction (Anderson, Corazzini, & McDaniel, 2004; Bishop, Squillace, Meagher, Anderson, & Wiener, 2009; Kane, Lum, Cutler, Degenholtz, & Yu, 2007). There has been qualitative study exploring barriers and facilitators when implementing DMMW in Canadian care settings (Ducak, Denton, & Elliot, 2016). Yet, the process of culture change initiated by DMMW is not explored. This article aimed to provide insight on the potential of DMMW in changing long-term care home culture for residents with dementia in Hong Kong.

Application of DMMW

(i) Aims and Methods

The aims of DMMW in long-term care home are to create home-like environment with choice, dignity, respect and self-determination; and engaging residents with dementia in meaningful and purposeful activities, routines and roles. Below are the examples of the principles for implementing DMMW.

Examples of the principles of DMMW:

1. Thorough assessment of the residents' past history, interests and abilities. They are important in supporting the engagement of the residents with dementia.
2. Autonomy of the residents should be promoted with the provision of choice.
3. The environment will be modified to become meaningful, purposeful and home-like to the residents.
4. The selected materials should be familiar and aesthetically pleasing to the residents.
5. Focus on the spared cognitive abilities such as procedural memory and support the impaired functions such as declarative memory of the residents.

(ii) My experience of how DMMW changes culture

When designing activities for engaging the residents with dementia, I have always gone through two steps. The first step is considering the principles of DMMW which is the basic requirement for effective implementation. Then, I will think of the standard of care and current resource of long-term care home for implementing DMMW as a feasible and sustainable intervention. How can I implement DMMW with the focus on culture change?

(ii)(1) Activities and roles

Activities and roles are the hallmark features of DMMW for regaining meaningful lives of the residents with dementia. Establishment of the activities and roles indicates that it is the notion of the institution to achieve more person-centered care for dementia. Supportive environment is prepared for engagement of the residents in the presence of dementia-related dysfunction. It creates a platform for emergence of the person behind dementia and prosocial behaviors between the residents and carers. The effect of DMMW in reducing agitation is often so impressive that it masks the change on acceptance and relationship between the residents and carers. The staffs need continuous involvement in facilitation to reinforce the culture change induced by DMMW.

(ii)(2) Facilitator

With inspiration of resident-assisted Montessori programming proposed by Dr. Cameron Camp, I had tried to involve different persons, including residents, family members and

staffs, as the facilitator for DMMW (Camp & Skrajner, 2004). Establishing the role to facilitate engagement of the residents with dementia, social environment of the institution was driven to become dementia-friendly through training of facilitation skills and graded experiences. Interestingly, the facilitator's preference on the material was shown to influence their commitment in the facilitation. Upon my observation, formal carers such as occupational therapy assistant and personal care worker are more committed to facilitate activities with aesthetically pleasing materials. For examples, flowers, antiques and jewelries. Facilitation by family member or the resident depend on familiarity of the materials. Through the experience of facilitation, the facilitators and the residents with dementia can develop relationship and meaningful interaction. The attitude of the facilitators towards the residents with dementia changed accordingly.

(ii)(3) Routine setup

Routine is important to extend the effect of DMMW. An organized routine, filled with activities and roles, instils hope, and reinforces the meaning of engagement in the context of institutional practices. With consideration of the period of agitation, engagement and nursing schedules, the routine increases the efficiency of nursing procedures and the opportunities for positive interaction between the carers and residents with dementia. Development and maintenance of routine for the residents with dementia requires joint effort of managerial and frontline staffs. These depend on the culture of dementia care which is gradually reshaped by implementation of DMMW. An established routine further consolidates culture change resulted from DMMW.

Discussion

Culture change occurs gradually as a series of successful habit shifts in form of behavior, emotional response and expressed thoughts (Rahman & Schnelle, 2008). DMMW plays a crucial role in culture change by cultivating supportive environment that both the residents with dementia and their carers are able to express choice and practice self-determination in meaningful ways at every level of daily life (Elliot, 2012). DMMW also creates meaningful connection between the residents and carers, and enables home-like, meaningful and purposeful lives of the residents with dementia. DMMW, being a culture change movement rather than an activity-based intervention, can exert more extensive effect on improving quality of dementia care.

DMMW serves as a driving force of culture change at both organization and individual levels. It has resilient effect on previously disrupted relationship, unfriendly care environment and negative attitude towards dementia. It is not only caused by agitation-reducing effect of DMMW in terms of frequency and disruptiveness but also the enabling effect on the

positive interaction between the carers and residents with dementia (Yuen & Kwok, 2019). Although there might be barriers such as rigid institutional routine and negative attitude towards dementia, practice and modification in line with the philosophy of DMMW creates unbelievable change.

Conclusion

DMMW embodies culture change movement to improve quality of dementia care. It cultivates supportive environment and enables meaningful and purposeful lives of the residents with dementia. Its extensive therapeutic effect initiates, reinforces and enables culture change in dementia care.

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COUNCIL NEWS

The Council is happy to announce that the upcoming HKPGA Annual Scientific Symposium 2020 will be held ONLINE on 17 November 2020 (Tuesday), from 19:30 to 21:30, as a live webinar. The AGM will be held at the Tang Court of the Langham Hotel AND online from 18:45. We have invited an old friend of HKPGA, Professor George Grossberg, the Samuel W. Fordyce Professor and Director of Geriatric Psychiatry at Saint Louis University School of Medicine (USA) to deliver the keynote speech on "Recent Advances in the Management of Behavioral and Psychological Symptoms of Dementia". The Council has also invited social work representatives, Mr. CHUI Wan Yin Wilson, Mr. CHOW Wai Kei Ray and Ms. YUEN Man Yan from the Caritas Hong Kong and Ms. HO Sim Ki, Jennis from Hong Kong Sheng Kung Hui Welfare Council Limited to share their first-hand experiences in the "COVID-19 Elderly Care Forum". More details will be posted on the HKPGA website soon.

The Council would like to encourage our members to review the videos of the 2020 IPA Virtual Congress with a theme "Mental health for people of Old Age in a rapidly changing world" via www.ipa-online.org/events/annual-congress/2020-virtual-congress. The virtual Congress has just been held in early October 2020 and demonstrated the effects of social distancing during the Coronavirus restrictions on older people over the world.

The HKPGA Research Award 2020 submission deadline has been closed. We will soon announce the winner of the award.

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