

²Hong Kong Psychogeriatric Association

香港老年精神科學會

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Legislative Council Panel on Welfare Services,

Feedback from the Hong Kong Psychogeriatric Association Consultancy Study on Residential Care Services for the Elderly

Initiated by the Elderly Commission

The Hong Kong Psychogeriatric Association, a professional body in geriatric mental health, is pleased to deliver our opinion on the topic of residential care services for the elderly.

Facing a challenge of a growing elderly population, a high-quality, accessible, and equitable elderly care service is indispensible. Physical impairment of the elders is one of the key factors leading to care need. On the other hand, mental impairment in elderly is another salient factor calling for care need, but is frequently missed out by the service providers. A high prevalence of mental disorders is observed in the elderly population. For instance, 15 % of the elders suffer from dementia and 40% suffer from depressive symptoms. Significant distress is experienced by these elders and their carers. This implies the urgency in addressing the need of the elders with mental health problems.

In spite of the substantial care need of the elders with mental illnesses, a number of obstacles are identified in the current system that hinder the elders from accessing the service. These obstacles will be elaborated as follows.

Inequity in the existing screening mechanism

Given limited public revenue, it is agreeable that the service provision should base on a selective mechanism to prioritise those most in need. The existing screening mechanism SCNAMES prioritises the elders based on their physical frailty. This tends to bias against applicants with mental illnesses. Considering the substantial care need in elders with mental disorders, the inequity in screening mechanism for elderly care service must be promptly addressed.

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<u>Incapacity in exercising the rights to service utilisation</u>

Flexibility to consumer choice is a key component of a high-quality elderly care service. Therefore, the proposed voucher system as a policy tool in providing choice of service is a befitting recommendation. However, a reasonable level of mental capacity is necessary in making appropriate choices of service. The capacity may be impaired by mental illnesses, particularly dementia. As a result, mental incapacitation poses another obstacle to service utilization by the elders with mental illnesses.

To implement an equitable elderly care service, a mechanism should be developed to assist elders with diminished capacity to make the appropriate choice of service. This can be done by employing professionals with expertise in elderly care, to organize care plans for these elders. This requires multi-dimensional expertise, namely the in-depth understanding in the elder's individualised need, the thorough awareness in elderly care resources, and professional knowledge in the elder's physical and mental health.

Case management by community psychogeriatric team

The role of care planning for the elders with mental illnesses is best carried out by the community psychogeriatric team through a case management approach. In this model, psychiatric nurses experienced in elderly care will assume the role of a case manager. The case manager provides comprehensive assessment to the elders with mental illnesses, formulates care plan, and liaises with different disciplines in the team to organise for the elderly service required.

One successful example of commissioning psychogeriatric service by the elderly care provider is the Enhance Home and Community Care Services. In Tuen Mun, there is collaboration between NGO and the local community psychogeriatric service to better assess and manage the elders in need. This collaboration model can be expanded to cover the whole of Hong Kong so that a multi-disciplinary case management can be used for the care planning of the elderly in need of this. Also, this case management model can also be used in monitoring the quality of the elderly care service and limiting potential abuse.

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