



Hong Kong Psychogeriatric Association

香港老年精神科學會

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Submission from the Hong Kong Psychogeriatric Association

to

Legislative Council, Panel on Welfare Services,

Subcommittee on Residential and Community Care Services for Persons with
Disabilities and the Elderly

on

Community Care Services for the Elderly

The Hong Kong Psychogeriatric Association, a professional body in geriatric mental health, is concerned of the overall mental health and wellness of the elderly. Two major areas of our concern are depression and dementia. We hereby submit our views on the provision of community care services for the elderly as follows:

1. We support the government's policy directive on elder care to enable elders to age at their familiar environment with a **quality, individualized and integrated care service package**. We advocate the principles of **shared responsibility, co-payment** in caring for our aged population in Hong Kong.
2. The fact that there are disproportionately more elders in need of long-term care to wait-list for residential care homes than to resort to community care services prompts us to the need of thoroughly and comprehensively reviewing and revamping our existing community and home care support service model and system.
3. We support the use of **coupon system** for service provision for the elders and family caregivers both in cash and in kind.
 - 3.1 *In cash* – we support granting of cash as carer allowance to family caregivers to look after their demented family members at home, with the support, advice and monitor of a **case manager**.
 - 3.2 *In kind* – we also support provision of service coupon to families to purchase **self-financed, non-profit-making** home and community care services to meet their individual specific needs.
4. To enable elders with mental illness to age gracefully at home, we need a more versatile elder care model in the community. Hong Kong is currently implementing a relatively well-developed service model for suicidal elderly living in the community – the ESPP – Elderly Suicide Prevention Project – which is an **easy access, medico-social interfacing model**. We urge similar service model be established for care of the demented elderly in the community.
5. Meeting the needs of some older demented and mental patients living at home who refuse clinic and hospital attendance, particularly those “hidden elders”, we further



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urge the establishment of **ambulatory or domiciliary psychogeriatric care** to provide them with in-home outreaching services. We trust that this would have direct impact on reducing inpatient admission, and probably residential care. Since we have already had well-developed psychogeriatric teams servicing the elderly, expansion of the service will in essence improve care to the older persons.

6. We recognize the specific care needs of the cognitively impaired elderly and urge the establishment of **specialized day care centres** for caring and training of the demented elders living in the community, as well as supporting and relieving the care burden of family caregivers.
7. As direct service practitioners, many of our members opine the need for improvement of the Standardized Care Need Assessment Mechanism (**SCNAM**) to be more sensitive to the conditions and needs of the cognitively impaired elderly. We are also of the opinion that accredited assessors should involve family caregivers as informants in assessing elderly who are cognitively impaired.

The Hong Kong Psychogeriatric Association would be pleased to present our views in more details in the Panel meeting scheduled on 28 June 2010.

Prepared and Submitted by:
The Hong Kong Psychogeriatric Association
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