

**For information
on 5 December 2011**

**Legislative Council
Panel on Health Services and Panel on Welfare Services
Support for Demented Elders and Their Carers**

PURPOSE

This paper briefs Members on the Government's measures to support elders with dementia and their carers.

BACKGROUND

2. Like other developed countries, Hong Kong is facing the challenges of an ageing population and an increasing population of dementia, as dementia is one of the most common diseases that strike in the old age. The Government recognises that elders with dementia and their carers have wide ranging needs in their daily life. To address their needs, the Government is committed to providing holistic medical and care services to patients with dementia and their carers. Through a multi-disciplinary and cross-sectoral team approach, the Food and Health Bureau (FHB), the Labour and Welfare Bureau (LWB), the Department of Health (DH), the Hospital Authority (HA), the Social Welfare Department (SWD) and other relevant parties are working closely on the provision of various service programmes to patients with dementia.

MEDICAL SERVICES

3. At present, there are around 10 700 patients with varying degree of dementia being followed up by the psychiatric department of HA hospitals. Doctors will ascertain the degree of dementia of a patient at the initial diagnostic stage. The Department of Medicine and the Department of Psychiatry of HA hospitals jointly provide multi-pronged assessment and therapy to patients with dementia. Depending on the severity of the condition, the patients may be referred to relevant specialist out-patient clinics for follow up treatment by geriatricians and psychogeriatricians as appropriate. The medical personnel will formulate individualised treatment plans with a view to providing continuous and effective treatment. Medication, cognitive training, healthcare assessment and rehabilitation services will be provided on a case-by-case basis.

4. We recognise the importance to tackle the behavioural and psychological problems of patients with dementia in a community setting. To this end, HA encourages patient empowerment by providing patients' education and carer training. HA also arranges social services referrals as appropriate for the patients with dementia and their families with a view to providing them with comprehensive support in the community setting.

Psychogeriatric outreach service

5. Elderly patients residing at residential care homes for the elderly (RCHEs), including those suffering from dementia, will be supported by HA's outreach services through its community geriatric assessment teams and psychogeriatric outreach teams. Services including the formulation of treatment plans, monitoring of patients' recovery and follow-up consultations will be provided. The staff of RCHEs are also regularly trained to equip them with the necessary skills to provide better caring services to patients with dementia.

6. At present, HA's community geriatric assessment teams cover about 650 RCHEs while the psychogeriatric outreach services cover most of the subvented RCHEs and over 200 private RCHEs in the territory.

Medication

7. In recent years, HA has increased the use of new anti-dementia drugs with proven clinical efficacy to improve the quality of life and delay the functional deterioration of dementia. From 2008/09 to 2010/2011, the number of HA patients prescribed with new anti-dementia drugs increased by about 3 400. HA will continue to keep in view the development of new anti-dementia drugs and review the use of the drugs through the established mechanism.

LONG-TERM CARE SERVICES

8. The Government is committed to enhancing the support for elders who have long-term care needs, including those suffering from dementia. Under the Standardised Care Need Assessment Mechanism for Elderly Services (SCNAMES), elders who have been assessed by the Minimum Data Set – Home Care (MDS-HC) assessment tool to have impairment at moderate level or above would be eligible for subsidised long-term care services. Various aspects of the applicants are assessed, e.g. their ability to cope with daily activities, their physical functioning, memory, communication, behaviour and emotion, health problems, environmental risks, and whether there is sufficient carer support, etc.

9. SWD provides a wide spectrum of subsidised services, including

community care and support services and residential care services, to cater for the care needs of service users. An integrated approach is adopted to ensure a continuum of care. Service units will draw up individual care plans for the elders having regard to their health conditions and care needs. The care plans will be reviewed and updated regularly to cater for their changing circumstances. For demented elders in particular, SWD has implemented special support measures, as elaborated below.

Provision of Dementia Supplement

10. SWD has been allocating Dementia Supplement to subvented RCHEs, private RCHEs participating in the Enhanced Bought Place Scheme (EBPS) and subsidised day care centres/units for the elderly, so that they can employ additional professional staff (such as occupational therapists, nurses and social workers) or purchase relevant professional services to take care of demented elders and organise training programmes for them.

11. As announced by the Chief Executive in his 2011-12 Policy Address, we will further increase the provision of Dementia Supplement in the coming year.

Improvement of spatial standards at day care centres

12. Recognising the mobility needs of demented elders, SWD has enhanced the spatial standard for day care centres. The floor area is increased so that a multi-sensory area could be set up to provide training for demented elders. The size of the physiotherapy room and dining/activity room is also increased. This new Schedule of Accommodation has been adopted since October 2010 in the planning of new and reprovisioned centres. For existing ones, SWD will assist the service providers in the acquisition of new/additional premises to meet the enhanced spatial standards and will finance the capital works.

Improvement of facilities at elderly care service units

13. SWD has allocated resources to improve the facilities at RCHEs and day care centres/units for the elderly. These include over \$30 million in 2009 for purchasing bed monitoring systems, anti-wandering systems, facilities for multi-sensory therapy, etc.

Provision of training for demented elders

14. At present, all subsidised RCHEs and day care centres/units for the elderly provide dementia-specific training for demented elders, including

cognitive training, memory training, reality orientation, reminiscence therapy, etc. Operators of these service units will provide a suitable environment so as to avoid exerting pressure (caused by noise or lighting, for instance) on demented elders. There is also suitable stimulation (e.g. directional signs).

Training of Care Workers

15. SWD organises regular training for professional and care staff (including care workers and home helpers) of elderly service units to enhance their knowledge of dementia and strengthen their skills in caring for demented elders. This will enable them to manage the emotional and behavioural problems of demented elders more effectively. SWD plans to organise more of these training programmes in 2012-13.

16. DH offers on-site training workshops for care workers by outreaching into RCHEs and day care centres/units. The training programme is supported by a multidisciplinary team including doctors, nurses and allied health professionals. Various topics, such as recognition of dementia features, behavioral management, coping with carers' stress, skills in arrangement of activities for demented elders, are covered. HA's Community Geriatric Assessment Teams provide on-site training to Old Age Home staff in managing demented residents as and when required.

Service for patients with early onset of dementia

17. Long-term care services are generally available for elders who are aged 60 or above. For people who have early onset of dementia, they may apply for Integrated Home Care Services. Besides, medical social services are available in public hospitals and some specialist out-patient clinics to provide psycho-social intervention for patients, including demented persons, regardless of age. In addition, there are self-financing services for people with dementia provided by non-Government and community organisations. The support for carers as set out in paragraphs 18 – 22 below is also available to patients with dementia and their carers at all ages.

SUPPORT FOR CARERS

18. Recognising the contribution of carers in taking care of their elderly family members, the Government has implemented various measures to support them.

Training for carers

19. The Elderly Commission, LWB and SWD launched the District-

based Scheme on Carer Training in 2007 with a view to promoting basic knowledge of elderly care. Elderly centres are invited to collaborate with community organisations in running elderly-care training courses which cover the knowledge and skills needed in caring for demented elders. As at September 2011, there were 119 elderly centres participating in the scheme and some 8 000 carers had completed the training.

20. DH has been using various channels, such as press briefing, newsletters, telephone hotline and web page, and the production of health education materials including pamphlets and Video Compact Disks (VCDs), to provide professional advice on the caring techniques of dementia patients and to address problems frequently encountered by carers. DH also collaborated with non-Government organizations to organize dementia seminars, workshops and health talks to provide practical tips on dementia care.

Respite Service

21. All subvented RCHEs and day care centres/units provide residential and day respite services respectively for the relief of carers. In 2012, we will make better use of the casual vacancies, in particular those coming from the 137 private RCHEs under EBPS for this purpose. The new arrangement will help to increase the provision and geographical coverage of the respite service.

Other Support Measures

22. In addition, the 210 elderly centres, 61 day care centres and 85 home care service teams throughout the territory have been providing a range of support services for carers of demented elders, including the provision of information, counselling, assistance in forming carers' mutual-assistance groups, provision and loan of rehabilitation equipment, etc. to help alleviate their pressure.

PUBLIC EDUCATION

Education for other service providers

23. DH supports professional training through various means such as organising seminars and participating in conferences. During the past year, a series of seminars have been organised for the frontline staff of the Housing Department, Immigration Department and the Mass Transit Railway on the symptoms and special needs of people with dementia. The seminars were well received by the frontline staff who might encounter patients with dementia at their workplace.

Public education

24. DH adopts an evidence-based approach in conducting health education programme. Studies have been conducted on the prevalence of dementia and myths about the disease. Results of the studies were announced through press conference to increase public awareness regarding early recognition of dementia.

25. DH has also taken various measures including the production of health education materials to raise community awareness, promote dementia care and remove stigma about dementia. A Do-It-Yourself (DIY) powerpoint kit is free for download from the webpage of the Elderly Health Service to enhance public knowledge and skills in taking care of demented elders. On the other hand, HA has made available information relating to dementia and care management and community resources to support carers of demented persons in the community on its “Smart Patient Website”.

ADVICE SOUGHT

26. Members are invited to note the content of this paper.

**Food and Health Bureau
Labour and Welfare Bureau
Department of Health
Hospital Authority
Social Welfare Department**

November 2011