



We recommend that these teams to provide outreach services not only to subvented homes but also to private homes where the prevalence of dementia is very high and the dementia more severe. We also recommend that these teams should comprises at least **old age psychiatrists, community psychogeriatric nurses and community occupational therapists.**

- b) We welcome the recommendation in the Report of setting up **Psychogeriatric Day Hospital** at the ratio of one day hospital for 51000 elderly. Each day hospital should have at least about 20 places. These day hospitals could serve dementia elderly with behavioural or psychiatric problems. Some of our members had written a more detailed proposal some time ago and is per attached for the Hon. member for reference.
- c) We also welcome the suggestion in the Report of providing psychogeriatric backup services for the day care centres, especially now that these centres would need to take up dementia cases in the future.
- d) Not in the report, but also true and equally important, is the psychogeriatric outreach backup support services for Nursing Homes and Infirmaries.
- e) Both c) and d) could be well served by the 8 separate community psychogeriatric teams mentioned in para (a). But we stress that these teams have to be **fully staffed.**
- f) The Report had not put enough emphasis on the prevention and management of elderly suicide and elderly depression. Hong Kong has one of the world's highest elderly suicide rate and the Association felt it imperative that the Government should have a major initiative in this area. Our Association is very happy to contribute further in these areas.

- g) I would be happy to attend in person before the panel, if the Panel felt appropriate.

With best regards.

Yours sincerely,

(李兆華)

Dr. Li Siu Wah

Vice President

Hong Kong Psychogeriatric Association

SWL/gw

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## LETTERHEAD OF Hong Kong Psychogeriatric Association

By Fax (24627480)

16 September 1998

To: Dr S W LI  
Vice-President, HKPGA  
c/o COS(PG)  
Castle Peak Hospital

Dear Dr LI

### List of Council Members & Background Information of HKPGA

The following table lists the names of the Council Members:

Post	Name	Chinese Characters
President	Prof CHIU Fung Kam Helen	趙鳳琴教授
Vice-President	Dr Li Siu Wah	李兆華醫生
Honorary Secretary	Dr CHAN Wah Fat	陳華發醫生
Honorary Treasurer	Mrs Miranda TUNG LAU Wing Yee	董劉詠儀女士
Council Member	Mr AU YEUNG Wing On	歐陽榮安先生
Council Member	Dr CHAN Wai Chi	陳偉智醫生
Council Member	Ms CHOW Fung Ming	周鳳鳴小姐
Council Member	Mr LEE Kar Mut	李迦密先生
Council Member	Ms LEE Yuat Ying Grace	李月英小姐
Council Member	Mr LI Sing Yuen	李盛源先生
Council Member	Ms WONG Wai Ying Elsie	黃慧英小姐

### Background Information

Hong Kong Psychogeriatric Association was founded in June 1998 by a group of mental health professionals working in the field of psychogeriatrics in Hong Kong. The objectives are:(1) to promote, through a multidisciplinary approach, the study and advancement of the science and practice of psychiatry of the elderly as well as the ancillary sciences and branches of medicine and health care:(2) to further public education:(3) to contribute to the improvement of mental health care for Hong Kong senior citizens: and (4) to collaborate with the relevant local overseas organizations to achieve the above.

Patron is Mr TAM Yiu-chung. Advisors include Prof T ARIE, Prof C N CHEN, Prof E CHIU, Prof J CUMMINGS, Prof E PAYKEL, Prof B REISBERG, Prof D SALMAN, Prof Y C SHEN and Prof M Y ZHANG.

Yours sincerely

Dr W F CHAN. Hon Sec

**Setting up the Psychogeriatric Day Hospital in Hong Kong**

A proposal by:

The Psychogeriatric Working Group

Dr. Helen Chiu (Chairman)

Dr. CS Yu (Secretary)

Dr. SW Li

Dr. KK Yu

Correspondence:

Dr. Helen Chiu

Department of Psychiatry

Prince of Wales Hospital

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## **Setting up of the Psychogeriatric Day Hospital in Hong Kong**

### **Background**

The elderly population in Hong Kong is rising rapidly, with 8.7% of the general population/65 (1991 Census). This results in an increasing demand of various services for them, and in particular, the provision of psychogeriatric service as this has been a largely neglected area.

The elderly have a high prevalence of dementia and mental illness. Most studies have found a prevalence of 3 to 7% for moderate to severe dementia (e.g. Kay et al 1964; Weissman et al, 1985; Copeland et al, 1987) and 10 to 20% for mild dementia (Weissman et al, 1985; Parsons, 1965). As for psychiatric disorder, Kay et al (1964) found a prevalence of about 15% (excluding dementia) which was confirmed by more recent studies. This means that about one third of our elderly would require some sort of psychiatric service.

In addition, a serious problem in our locality is the very high suicidal rate in the elderly. The annual suicidal rate/100,000 for the general population is comparable to other countries whereas the annual suicidal rate/100,000 for the elderly in Hong Kong is much higher. The suicidal rate for those  $\geq 65$  years old is around 40/100,000, meaning that over 200 elderly committed suicide each year. This figure is 3 to 4 times that of the United Kingdom and twice that of the United States. Thus the provision of psychiatric services for our elderly has become a pressing and overwhelming issue.

### **Existing psychogeriatric services and needs**

Under the Hospital Authority, 4 psychogeriatric teams have been set up in 1993 to 1994. These teams provide inpatient and outpatient facilities, as well as outreach service to the Elderly Homes and Care & Attention Homes. Each team typically has a catchment area of approximately 70,000 elderly above 65. These units, notwithstanding the inadequacy of manpower and resources, are a good starting point for developing a comprehensive

psychogeriatric service.

However, a major gap in our service is the lack of a specifically designed Psychogeriatric Day Hospital. This is important because the nature of problems of elderly patients are quite different from that of patients attending the existing Psychiatric Day Hospitals. For instance, it is inappropriate to put the demented elderly together with the young schizophrenics in the same setting. The special behavioural problems (like wandering), cognitive impairment and frequent coexistent physical problems of elderly patients necessitate a separate and specifically designed Psychogeriatric Day Hospital.

The use of the psychogeriatric day hospital is as follows:

- (i) assessment and treatment of certain acute and subacute problems which will then obviate the need of hospitalization.
- (ii) rehabilitation of patients with subacute or chronic psychiatric problems.
- (iii) support system for patients with chronic psychiatric problems or dementia.
- (iv) respite service for dementia.
- (v) continuing care for discharged patients; this can lead to a shorter duration of hospitalization and avoid blocking of beds.

Thus the Psychogeriatric Day Hospital serves as a bridge between the inpatient and community services. It is vital in any comprehensive psychogeriatric service, without which community care of our patients can never be a satisfactory one.

### **Benefits of Setting Up the Psychogeriatric Day Hospital**

1. Decrease hospital admission and readmission rate for psychogeriatric patients.
2. Ameliorate bed-blocking phenomenon in wards and increase discharge of patients.
3. Enable patients with chronic psychiatric problems or residual symptoms to live in the community and reintegrate into the society.

4. Enhance the quality of life of patients.
5. Support to carers, decrease their burden of caring for chronic patients. This will prevent the development of emotional or psychological problems in the carers.

**Resource Recommendation from U.K.**

According to the recommendations of the Royal College of Physicians and Royal College of Psychiatrists in U.K. (1989 Joint Report), a typical catchment area would cater for 20,000 elderly above 65. This population is expected to generate: 300 new psychogeriatric referrals annually, and continuing contact with another 300-400 existing patients. The clientele would require 300-400 admissions and about 4,000 home visits from the staff of the unit.

The number of day places required for such a psychogeriatric catchment area are:

**Staffed Day Hospital:**

Day places for functional illness	10-15
Day places for dementia	40-50

In 1992, the Royal Australian and New Zealand College of Psychiatrists provided similar guidelines on the resources required for the psychogeriatric service provision.

**Resource Implications for Hong Kong**

To provide service for all the elderly in Hong Kong, we recommend that 7 to 8 psychogeriatric teams should be set up before 1997. As each catchment area consists of 70,000 elderly which is 3.5 times that of the U.K. model, the number of day hospital places **required (based on the recommendations in U.K.)are:**

Day places for functional illness	35-53
Day places for dementia	140-175



As Psychogeriatric day patients are more similar to Geriatric day patients than the general psychiatric day patients, the staff requirement for running such a Day Hospital is estimated from the manpower of the existing Geriatric Day Hospitals in Hong Kong:

Doctors	1 SMO,1 MO
Nurses	2 NOs, 10 RNs, 16 ENs
Occupational therapists	5 OT1, 5 OT2, 10 OTA
Social Worker	1 ASWO
Physiotherapists	5 PT1, 5 PT2
Ward Attendant	30 WA

For the transport of patients, a rehab bus and a driver are necessary.

A rehab bus: \$460,000

Recurrent cost:

Vehicle (licence, insurance. maintenance, petroleum)	\$40,000
Driver	\$131,340

## **Realistic resource requirement for setting up the**

### **Psychogeriatric Day Hospitals**

The recommendations for psychogeriatric day hospital provision by the Royal College of Physicians and Royal College of Psychiatrists (United Kingdom) are guidelines for a relatively ideal service provision. However, psychogeriatric services have just been established in Hong Kong and the Psychogeriatric Working Group is aware of the lack of funding and resources in various services for the elderly. Thus, we recommend the following:

1. It is of paramount importance to establish 4 psychogeriatric day hospitals in the catchment areas served by the existing 4 psychogeriatric teams, preferably in early 1995.
2. A lower level of resource requirement is acceptable to start off the day hospital-

#### **For each catchment area:**

Psychogeriatric Day Hospital of 15 places

(This can serve up to 30 elderly because they can come on alternate days)

Staff requirement (in addition to the existing staff of the psychogeriatric team):

Nurses: 2 RNs, 1 EN

Occupational therapists: 1 OT1, 1 OT2

physiotherapists: 1 PT2

Ward Attendant: 3 WAs

Clerical staff: 1/2 CO2

Transport:

Transport is a major factor in the success of running a Psychogeriatric Day Hospital. Most Psychogeriatric patients have serious problems in both mental and physical aspects, thus an efficient transport to carry them to the Day Hospital is a must.

Transport has to be provided either by the non-emergency transport of Hospital Authority (rehab bus designated exclusively for use of the Psychogeriatric Day Hospital) or else the following is necessary:

1 Rehab bus: \$460,000

Recurrent cost of:

1 Driver	\$131,340
Maintenance, petroleum, licence of vehicle	\$40,000