

Improving Mental Health of the Elderly population

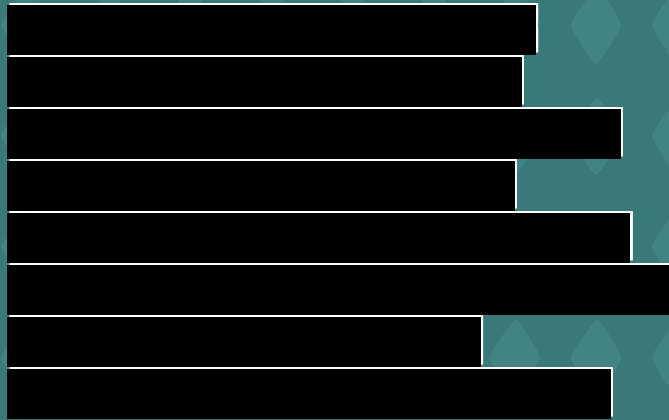


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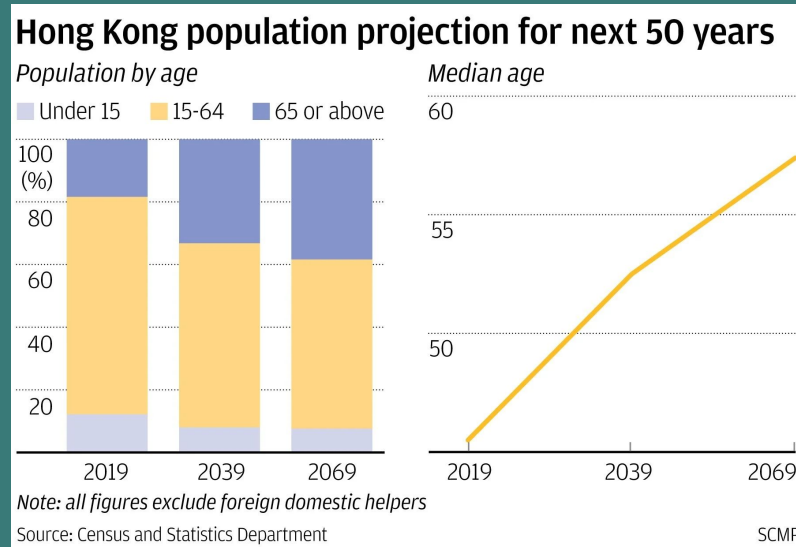
Secondary prevention

4

Quaternary prevention

Aging Population

- An expected aging population: With the exclusion of foreign domestic helpers, the percentage of individuals aged 65 and above, is estimated to rise from 20.5% in 2021 to 36.0% by the year 2046.



Health is more than just physical...

- The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Presentations of Common Mental Health Problems (Ch. 3.3)

<u>Physical</u>	<u>Behavioural</u>	<u>Psychological</u>
<ul style="list-style-type: none">• Poor sleep• Unexplained somatic symptoms• Chronic fatigue• Memory complaints	<ul style="list-style-type: none">• Self-neglect• Excessive reassurance seeking	<ul style="list-style-type: none">• Loss of pleasure / sadness• Sense of hopelessness / helplessness• Irritability• Anxiety / worries

Mental disorders among elderly

- Elderly population = 65-80 years old

Stress related disorders/ adjustment disorders

Depression

Elderly suicide

Anxiety disorders

Dementia

- **Common elderly mental health problems (Chiu et al. , 2012) : Elderly depression and elderly suicide**
 - Elderly suicide rate in HK is 2 to 3 times that of the general population
 - In HK suicide rate is highest in the elderly group, ~40% of total suicides according to Samaritarian Befrienders

Common mental problems of older adults¹⁵ include:

- (1) Distress and sense of helplessness due to physical deterioration in function, for example, blurred vision and hearing difficulty
- (2) Adjustment difficulty after retirement, for example, loss of financial independence, feeling of emptiness, lack of life goal, etc.
- (3) Social isolation, and feelings of out of touch with the world owing to the rapid changing environment
- (4) Loss of confidence and self-worth, misconception that family members and society no longer respect them
- (5) Sense of loneliness as adult children leave the family

Healthy aging

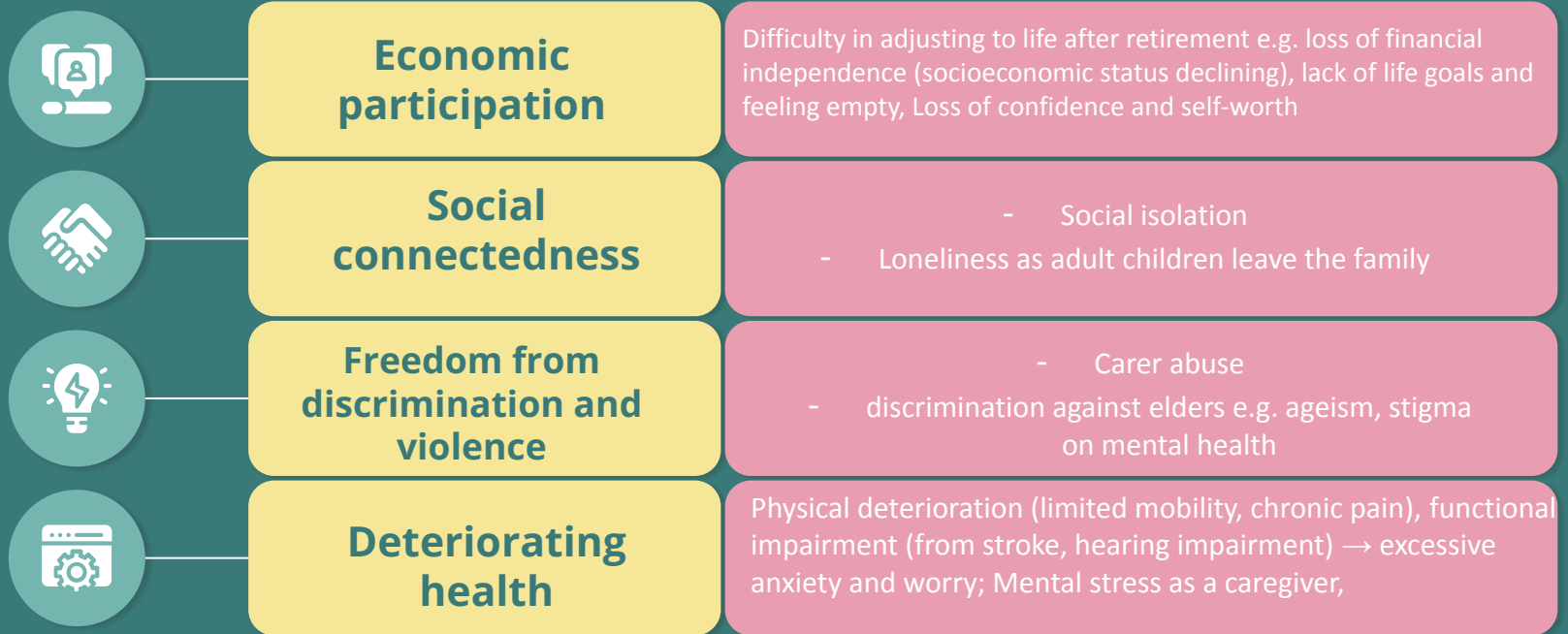
To empower older adults to actively participate in society and experience a **self-reliant and high-quality life** by maximizing the **physical, social, and mental well-being** of older individuals, enabling them to continue making meaningful and significant contributions to their communities.

1

Primary prevention



Factors affecting mental health



(HK Reference Framework for Preventive Care for Older Adults in Primary Care Settings, 2019)

https://www.healthbureau.gov.hk/pho/rfs/english/pdf_viewer.html?rfs=PreventiveCareForOlderAdults&file=ModuleOnCommonMentalHealthProblemsInOlderAdults_Chapter2

Primary Prevention: to Reduce Incidence

1

**Promoting
self-care**

2

**Psychoeducation + skill
training on emotional
management**

3

**Managing
comorbidities**

Primary Prevention: to Reduce Incidence

1

Promoting self-care

- Physical activity e.g. aerobic fitness training → depression, anxiety prevention
- Social support and network → prevent depression
- Physical activity, cognitive stimulation → dementia prevention
- Prevention of chronic illness by lifestyle changes e.g. no smoking or drinking

2

Psychoeducation + skill training on emotional management

- Stress management programmes e.g. behavioural techniques (breathing exercises), mindfulness
- Public awareness

3

Managing comorbidities

- Prevention of cognitive decline and physical illnesses

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3902147/#B53>

Primary prevention strategies

What elders can do for themselves

- Keep a **healthy lifestyle**
 - Exercise daily
 - Eat healthy
 - Maintain good sleeping habit
- Make time for **leisure activities & hobbies**
- Keep up with current news and society
- **Connect** with others facing similar stress (e.g. new diagnosis/ facing bereavement)
- **Help in childcare** (add to self-worth & living enjoyment) + **share experiences** with younger generation (act as advisor)
- **Life review therapy**: an individual or group storytelling intervention with a focus on integrating life stories through different phases in life
- **Seek help** from government in case of need
- Learn to **think positively & identify potential stressors** → regulate emotions confidently

What family & friends can do for elders

- Spend time with them & not disregard their feelings
 - Invite them out to social activities
 - Talk to them and offer help when needed
- **Encourage** and **support** them in reaching out for professional help
 - “Face-saving culture” - maintain secrecy regarding their mental condition
- Find out more about **local support groups**
 - Community resources to **reduce social isolation** (group activities)



2

Secondary Prevention



Secondary Prevention -- Early detection & screening

1

Enhanced
screening service
in community level

2

Early diagnosis by
enhanced out-patient
service

3

Centralization
and Task shifting

Enhanced community screening

As mentioned above, the risk factors for developing mental illness in elderly would be important in a screening criteria. According to the data published by HKU CSRP in 2022, the following constituted the major causes for suicide in the age group '60 or above':

- chronic or long-term illness
- deterioration of own health
- pre-existing mental illness
- pain, etc.

Community screening could be made possible even in a more familiar settings:

- community centre, elderly home, etc. are the locations;
- use of questionnaires (with easily understandable language) for self-screening or screening by caregivers / other staff
- the follow-up in general or specialist OPD / private general practitioner could also serve as a good opportunity to conduct screening

Early diagnosis by enhanced out-patient service

A collaborative approach by multidisciplinary professionals

- E.g. psychiatrists, geriatricians, medical social workers, clinical psychologists, occupational therapists
- Personalised & patient-centred care plans
- Communication among healthcare professionals to monitor progress, adjust interventions and provide timely support
- In the area of depression, a collaborative model with primary care has proven to be effective in the PROSPECT study (Alexopoulos et al, 2005) & the IMPACT study (Unutzer et al, 2006)

Timely intervention

- Pharmacological
- Non-pharmacological e.g. lifestyle modification, social support, psychotherapy

Early diagnosis by enhanced out-patient service

Education & support for caretakers

- Offer support programs & resources for enhancing understanding of mental health issues
- Strategies for early detection & intervention

Telemedicine

- For remote monitoring → track symptoms, compliance of drugs, investigate overall wellbeing
- Especially for those who face difficulties in attending in-person appointments
- TeleClinic: HA Go
- E.g. PYNEH PSY has been implementing telehealth services since 2020 (COVID-19)
 - Consultation: FU for patients in elderly homes
 - TeleVisit: by community psychiatric service & psychogeriatric nurses
 - For monitoring & carrying out psychoeducation

Service centralization and Task Shifting

Centralization of specialized healthcare services

- Integration of specialized psychiatric services into community care centres for earlier screening
- Allow for multidisciplinary approaches of care on a community level

Task shifting

- Delegation of tasks to less qualified but equally capable individuals
- Peer supporter concept in the JC Joyage care model
 - Provides empathetic support
 - Easier to gain trust and build rapport
 - Allows for more extensive outreach and earlier detection of hidden cases

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8996671/>



3

Tertiary and
Quaternary
Prevention

Patient-centered care via interprofessional collaboration

1

**Continuing patient care
to ensure compliance**

2

**Mobilization of adequate
family and community
support**

3

Alert of early relapse

4

**Prevention of adverse
effects of treatment**

→ Tertiary and quaternary tiers of patient support rely on the combined efforts of different parties for a patient-centered approach

→ Main focus on 1+2 (support from medical personnel, family and community), as building a strong network of support from these 3 parties can result in the achievement of 3 + 4

Continuing care to ensure compliance

An evidence-based review of adherence interventions in older adults performed by [Marcum et al.](#) suggested that the promising approaches to ensure therapeutic compliance in older adults include:

1. Behavioural/ educational intervention by trained personnel
 - a. To address psychological causes of therapy non-adherence

2. Pharmacist-led intervention (if medication is involved)
 - a. To address practical and psychological causes of therapy non-adherence

Continuing care to ensure compliance

Behavioural/ educational intervention

- ✓ Modify beliefs + explore ambivalence in adhering to therapy (Daley et al.)
 - Maintain engagement / minimize resistance
 - Using Socratic dialogue to solve belief discrepancies during one-on-one sessions
 - Identification + amplification of personally relevant benefits to treatment
- ✓ Motivational counselling (Solomon et al.)
 - Open-ended discussions to share their attitude towards therapy as well as any barriers
 - Participants received informative leaflets
 - Explore any adverse effects associated with therapy, allowing further intervention

Pharmacist-led intervention

- ✓ For individuals with low health literacy / require assistance in self-care (Murray et al.)
 - Identifying self-care needs of elderly (e.g. impaired cognition causing low compliance)
 - Specially designed materials to assist with self-care (e.g. special containers and electronic reminder systems)
 - Explore any adverse effects associated with therapy, allowing further intervention
- ✓ In-depth explanation (Lipton and Bird)
 - Knowledge on the purpose of medication, and the importance of adherence
 - Provision of tools to help with adherence

Mobilization of Family and Community Support

Ho et al.

Achieve Collaborative Care

Family Engagement



To involve family members in interventions such as aforementioned home visits and scheduled consultations

- ✓ For elderly patients
 - attain emotional support, foster open communication
 - promote treatment adherence
- ✓ For medical practitioners/ case managers
 - allow better understanding of family dynamic and situation
 - family members aids in early identification of symptoms/ relapse → early intervention

Combining strengths of existing community support



Specialised Community Centres: **Integrated Community Centres for Mental Wellness (ICCMW)**

NGOs : **Hong Kong Family Welfare Society (HKFWS)**

→ Clinical psychology and casework counselling services offered by allied health staff

→ Therapy groups offered by social workers



Community hubs for elderlies: District Elderly Community Centres (DECCs) and Neighbourhood Elderly Centres (NECs)

→ Social Support Programmes



Centralisation of service delivery + allows more effective risk stratification
→ ensure patient centred care and detect early relapse in high risk patients

Limitations

1. Lack of manpower and resources
 - a. High demand of healthcare workers in Hong Kong
 - b. Difficult to provide extra tiers of support
 - c. Lack of community resources for the assistance of elderly
2. Busy schedule of Hong Kongers
 - a. High stress society and hectic work schedule of family members can limit support from family
3. Varying reception of support from elderly
 - a. Management should be tailored to each individual patient but this requires manpower and resources
4. Lack of social awareness
 - a. Elderly = under-represented group in mental health

Thank you