

Chapter 1 Abstract

1.1 Background

The Hong Kong population is ageing, which brings about an increased elderly mental health burden. Careful planning of service is essential to ensure adequate coverage and maximised utility. This required information about service utilisation may be provided by means of a pathways study. The current study is set out to describe the pathway to psychiatric care taken by local Chinese elderly.

1.2 Methodology

Information was collected by means of the Encounter Form by the World Health Organisation, adopted with permission. Cultural adaptation was applied by means of focus groups. A total of 302 Chinese elderly reaching the psychogeriatric service of the NTWC were interviewed in five calendar months from 1st August 2007 to 31st December 2007. Subjects' accounts were cross-examined with computer records, referral documents, and extensive collateral interviews. Pathways were portrayed, and data were analysed quantitatively, with emphasis on i) the sequence of carers contacted along the pathway, ii) the duration or delay at different carers and iii) the referral pattern of different carers. Preliminary comparisons were made by means of the Mann-Whitney U tests and Kruskal Wallis tests on the delays. Stepwise regression

analysis was employed to identify the predictors for the overall delay in the pathway.

1.3 Results

The help-seeking pathways of Chinese elders were usually initiated by their household care-givers, who were mostly relatives or institution workers. Only 25% of the elderly sought help proactively and initiated their pathways. Most subjects were attended by two carers before arriving at the psychogeriatric service, usually one household care-giver followed by one medical practitioner. Role of gate-keeper by general practitioners was shared by other medical practitioners, including the Hospital Authority non-psychiatrist specialists, which constituted the largest proportion (32%) of all referrals to the psychogeriatric service followed by the primary care doctors and the generic consultation-liaison psychiatrists. Most subjects (88%) received at least one type of treatment along the pathway, but few received psychological treatment. Onset of psychiatric symptoms were attended by the first carer promptly (median delay = 0 weeks), while the main delay in the pathway rested in the period after the contact with the first carer (median delay= 52 weeks). Regression revealed predictors for a longer delay included a more advanced age, having no household care-giver and receiving more treatment along the pathway. Subjects who were being attended to by their relatives or friends anywhere along the help-seeking pathway, who were

exclusive-dialect speakers, who had a higher Cumulative Illness Rating Scale for Geriatrics total score and who eventually reached psychogeriatric consultation-liaison service predicted a shorter delay.

1.4 Conclusion

Current findings pointed to a unique pathway taken by the local elderly, which could be resulted from the distinctive characteristics of elders in Hong Kong and the local health care system. Results provided insight to the pattern of service utilisation and areas for service improvement. Suggestions include mental health education, carer training, strengthening of the primary care system, enhancing collaboration with other health professional bodies and ring-fencing the funding for sustainability of psychogeriatric service.