

The Community Psychogeriatric Programme: a pilot project in the eastern sector of Singapore

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ABSTRACT

As the population in Singapore ages rapidly, there is a race against time to prepare for the growing psychiatric needs of this population. The Community Psychogeriatric Programme was set up in Changi General Hospital to provide community mental health services for early detection and treatment of psychogeriatric disorders in the eastern sector of Singapore. The model of care involves working closely with community partners to provide training on mental healthcare in the older person, case discussion and consultation as well as clinical home visits. Efforts to raise awareness of mental health issues faced by our greying population have been encouraging but challenging. We hope that by reducing stigma and raising awareness, early access to treatment in the community will help to keep our older persons in the community for as long as possible.

Keywords: community, education, elderly, geriatric psychiatry, mental health

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INTRODUCTION

Singapore's population is still relatively young today, but this will change significantly over the next 6–24 years.⁽¹⁾ The number of seniors over 65 years of age will increase from 8.4% in 2005 to 18.7% in 2030. In absolute terms, the number will increase from about 296,900 in June 2005 to 873,300 in 2030. The old-old (over 75 years of age) would have increased from 48,000 (1.2%) in the year 2000 to 291,000 (5.6%) in 2030.⁽²⁾ By 2050, the population in Singapore could be the fourth oldest in the world, with a projected median age of 54 years.⁽³⁾ As Singapore has become the world's third fastest-ageing nation, there is a race against time to prepare for the growing psychiatric needs of this population.⁽⁴⁾

The prevalence of psychiatric disorders in the elderly population in Singapore was 10%, according to a community study in 1985.⁽⁵⁾ The overall prevalence of

depression was estimated to be 6.0% (male 5.9%, female 6.1%).⁽⁶⁾ In 2004, Chiam et al found that the prevalence of dementia was 5.2%.⁽⁷⁾ The number of new cases of dementia in Singapore is projected to increase from 22,000 in 2005 to 186,900 by 2050.⁽⁸⁾

Aged care services have been rapidly and systematically established in Singapore over the past two decades in anticipation of the challenges that will accompany the rapid ageing of our population.⁽⁹⁾ Psychogeriatric services in Singapore have progressed in the last ten years. In 1997, the Inter-Ministerial Committee on Health Care for the Elderly recommended other enhancements, including a disability primary prevention programme, a geriatric health screening programme, and undergraduate and postgraduate training in geriatrics and psychogeriatrics. Also, most hospitals now offer psychogeriatric assessment services. While we still do not meet the guidelines set by the Royal College of Psychiatrists, which recommends that each psychogeriatrician should have a catchment area of around 10,000 people over the age of 65 years,⁽¹⁰⁾ efforts are in place to narrow the gap. Today, of the 135 registered practicing psychiatrists in Singapore, ten have an interest in psychogeriatrics.

The Ministry of Health (MOH) had tasked a committee of policymakers and mental health professionals to formulate the first National Mental Health Policy and Blueprint for the years 2007 to 2010. The National Mental Health Blueprint describes the national strategy for the prevention and treatment of mental illnesses, including dementia. Under the Blueprint, MOH will train more mental health professionals to meet the expected demand. This will be done through increasing specialist training places and scholarships, and including a mandatory posting in psychiatry for family medicine trainees. Mental healthcare training will also become a regular part of general practitioner partnership programmes in order to help strengthen such services at the primary care level.

In 2006, the Institute of Mental Health (IMH) started the Aged Psychiatry Community Assessment and Treatment Service. It was the first community

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psychogeriatric service in Singapore, and provided assessment and treatment for homebound or frail elderly people with mental health problems living at home.⁽¹⁾

THE COMMUNITY PSYCHOGERIATRIC PROGRAMME

In April 2007, the Community Psychogeriatric Programme (CPGP) was set up in Changi General Hospital to provide community mental health services for early detection and treatment of psychogeriatric disorders in the eastern sector of Singapore. The estimated number of persons over 65 years in this area is about 109,710 or about 36% of the eastern population, and about 10,000 older adults have psychogeriatric needs.

The goals of the programme are as follows:

- Provide community mental health services for early detection and treatment of psychogeriatric disorders and to allow ageing-in-place within the community.
- Collaborate with social and healthcare agencies and caregivers to meet the needs of the elderly so as to maintain the elderly in the community for as long as possible.
- Strengthen the medical capability of family practitioners and community eldercare agencies in managing the elderly with mental disorders through training, consultation and support.

STRATEGIES

The cornerstone of the CPGP lies in working closely with our community partners, which range from general practitioners to staff and volunteers of eldercare agencies. Potential partners are listed in Table I.

Training of our partners in early detection of mental health problems in older persons enables early intervention. It is tailored to the specific needs of our partners and may consist of full-day workshops, case discussions, site visits and consultations. Training modules provided include promoting wellness in the older person, self-care for the eldercare worker, common mental health problems in the older person, falls risk assessment and prevention, grief and loss, suicide risk assessment and facilitating group activities for older persons. Regular case discussions with community partners provide avenues for them to consult with the multidisciplinary team on challenging cases that are encountered. Agency visits to day centres provide support; consultancy on special projects aids in problem-solving and on-the-job training, as well as reaffirms current practices.

The CPGP also provides clinical services, including home visits to older persons suffering from mental

Table I. Potential partners for the Community Psychogeriatric Programme.

Home help	Home medical services Home nursing services Befrienders' and home help services
Non-residential	ComCare Local Networks Family Service Centres Senior Activity Centres Day Care Centres Rehabilitation Day Care Centres Dementia Day Care Centres
Residential	Sheltered homes Nursing homes Community hospitals

health problems who have difficulty accessing regular mental health services at hospitals or outpatient services. A multidisciplinary team approach is used in the assessment and management of these cases, and involves the psychiatrist, nurse, medical social worker, occupational therapist, physiotherapist and psychologist. Weekly case management meetings are held to discuss these cases. Referrals to our clinical service may be from various healthcare providers as well as from our community partners. Once the clients are stabilised, their care is transferred back to primary healthcare providers, who may consult the team at any time, if needed.

ACHIEVEMENTS SO FAR

Since the inception of the CPGP three years ago, nine full-time staff have been recruited. More than 60 training sessions have been conducted to almost 2,000 attendees, who were mainly eldercare staff and volunteers.

290 older persons have been screened for depression and dementia by the day centre staff, 104 of whom screened positive for possible dementia or depression and needed assessment by the team. Of the 104, 26 were not assessed, as they were known to be on follow-up for mental illness or may have refused assessment, been discharged or on long absence from the centre. 53 (51%) of the older persons were diagnosed with a mental illness (31 with dementia and 22 with depression). Of these, 25 were assessed to require further intervention and were sent to their primary care doctor for management. Two of the older persons with depression refused referral. The rest were either already on follow-up with their doctors or were stable and did not require referral. Those with mental illness would be closely monitored by day centre staff for deterioration in symptoms.

To date, the clinical service has received 95 new referrals and performed 283 home visits. As far as possible, patients who have stabilised are transferred back

to their primary care doctors for continuing care. The CPGP also provides consultation services to community partners. Thus far, projects have included developing mind games for older persons attending day care centres and working with eldercare centres to make the centres more dementia-friendly.

CHALLENGES AND MOVING FORWARD

In the course of our efforts, we have made some inroads into raising awareness of mental health issues faced by our greying population. However, it is not without challenges. In a multiracial and multicultural society like Singapore, the language barrier remains significant. Participants may not be highly educated or proficient in the English language. In our experience with raising awareness and training this specific group of caregivers, we have had to provide training in English, Mandarin and Malay, as well as modify the training to cater to the needs of the participants. In addition, with the increasing number of foreign staff in eldercare services, local culture, customs and communication differences have to be considered as well. The key is to be flexible in our approach and still continue to keep to the aims and objectives of the CPGP. The levels of mental health awareness and the needs of each of our community partners are different; hence, we have to individualise our approach with each centre.

As the CPGP becomes more established, there is an increasing demand for our services. However, due to the limited resources, critics may question the effectiveness of such a labour-intensive model and whether the outcomes are worth the resources put in. Sowing seeds can be a laborious process, and the effects may not be apparent immediately. The benefits of early detection, decreased morbidity and improved quality of life may not be seen immediately, although it is cost-effective in the long-run.⁽¹²⁾

However, in the course of our collaboration with like-minded community partners, we have received positive feedback and greater demand for our services. This gives us the encouragement to press on, as many of our collaborators are keen to advance their knowledge and expand their services. We are impressed by the commitment of the eldercare agencies to provide quality mental healthcare for their clients.

The CPGP, run by Changi General Hospital, covers only the eastern sector of Singapore. In 2008, the Aged Psychiatry Community and Treatment Services – Regional Eldercare Agencies Partnership at IMH was started to cater to the central district of Singapore and has expanded to the western sector since 2009. The CPGP model encourages partnership and training of community eldercare providers, promotes early detection of mental disorders and incorporates community-based clinical management. With this model, we hope to reduce stigma and increase the awareness of mental health issues among the general population, as well as facilitate early access to specialised care, if required.

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