

The Development of Geriatric Psychiatry Services in Singapore

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Abstract

Singapore is ageing rapidly and the need to develop a comprehensive range of psychiatric services for the elderly is urgent. To cater to the increase in the number of elderly with mental health problems, a multi-pronged, collaborative approach to developing services is necessary. Over the last decade, the development of such services has been initiated by the Department of Geriatric Psychiatry, Woodbridge Hospital and Institute of Mental Health, and effected through dynamic elderly networks consisting of health, social and voluntary organisations. This has facilitated the integration of psychogeriatric services within the overall framework of elderly services. With the establishment of the Integrated Framework of Healthcare of the Elderly by the Ministry of Health in 2000, the importance and effectiveness of building partnerships in service provision have been demonstrated. The challenge for the future is to attract and retain geriatric-trained healthcare professionals, enhance their training in the early diagnosis and management of psychiatric disorders in the elderly, improve the support of family caregivers and expand the range of quality psychogeriatric services.

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Introduction

The population of Singapore is ageing. In 2002, it was estimated that there were 252,700 persons aged ≥ 65 years, forming 7.5% of the population. By 2030, there will be 794,000, forming 18.4% of the population. This rapid increase in the elderly population will lead to a corresponding increase in the number of elderly suffering from mental disorders. Dementia is a major concern to health and social agencies. In Singapore, the prevalence of dementia in the elderly aged >65 years is 2.5% in Chinese and 4% in Malays.¹ It is estimated that the number of persons with dementia will increase from 7000 today to 24,000 in the year 2030.² Other psychiatric disorders, such as delirium^{3,4} and depression,⁵ have a significant effect on morbidity and mortality. This is especially relevant to the elderly living in institutions, where depression⁶ and behavioural disturbances in residents with or without dementia,⁷ increases the burden of care. It is therefore imperative that a comprehensive range of services be developed for this vulnerable group of elderly.

History

In 1988, the first Department of Geriatric Medicine in Singapore was started in Tan Tock Seng Hospital. Training of psychogeriatricians began in 1991. In the Report of the

Review Committee on National Health Policies in 1992,⁸ improving the health of the elderly and improving mental healthcare were identified as priority national health programmes for the 1990s. The problem of dementia was also recognised and the committee recommended strengthening psychogeriatric services.

Consequently, in 1993, the Department of Geriatric Psychiatry was formed in Woodbridge Hospital and Institute of Mental Health (IMH), the main psychiatric hospital in Singapore. The geriatric services had been organised into 3 regions: East, West and Central. Each was centred around a Geriatric Medicine Department at Alexandra Hospital, Changi General Hospital and Tan Tock Seng Hospital. Psychogeriatric services were also regionalised to complement the existing geriatric services. Within each region, the assigned psychogeriatrician and her team not only ran outpatient services and provided consultation liaison services to the regional hospital, but were also tasked with planning of services and networking.

Draper,⁹ in his comprehensive review of the effectiveness of services and treatment in psychogeriatrics, highlighted that it was essential to actively collaborate with other services and agencies and to have a close association with geriatric medicine departments. Staff support was also emphasised. As a result, multi-disciplinary mental healthcare

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professionals from IMH were actively involved in the networks started by the National Council of Social Service (NCSS) and the Ministry of Health (MOH). These included the Nursing Home Network, Community Care Network (NCSS) and the Co-ordinating Committee for Geriatric Care (MOH). The aim of such networks was to provide a unique opportunity for representatives from various health and social agencies to meet, improve co-ordination of programmes and access to services. Dynamic partnerships with organisations such as the Alzheimer's Disease Association (ADA) and others were developed. Consequently, mental health professionals were able to provide on-site support for nursing homes and dementia day care centres. This provided an avenue for the early diagnosis and effective management of psychiatric disorders and training of staff in these step-down facilities. The Framework for Integrated Health Services for the Elderly was implemented by MOH in July 2000.¹⁰ Through the framework step-down facilities, community hospitals and nursing homes were appointed as 'approved' providers to offer an expanded scope of services, including day rehabilitation as well as home medical and home nursing services. These 'approved' providers were given additional funding to provide these services. This enabled them to pay for professional services from regional hospitals to provide higher standards of care required. As the goal for the framework is to ensure a seamless and integrated quality of care in community step-down services, it became the ideal platform on which to extend the psychogeriatric services to meet the growing needs of a rapidly ageing population.

Development of Geriatric Psychiatry Services

The consensus statement on the Organisation of Care in Psychiatry of the Elderly¹¹ by the World Health Organisation and World Psychiatric Association described the components of good quality care for older people with mental disorders and the co-ordination of such care. Services should be comprehensive, accessible, responsive, individualised, transdisciplinary, accountable and systemic. These were the same principles that guided the development of geriatric psychiatry services in Singapore.

A comprehensive range of geriatric services is currently available. Inpatient services comprise 2 acute wards and 6 long-stay wards in IMH. To enhance accessibility, outpatient services include clinics in various parts of Singapore, including IMH, Alexandra Behavioural Medicine Clinic and selected polyclinics. Elderly patients are also seen at the outpatient services run by the psychological medicine departments in all the major restructured hospitals and several hospitals have established specialised memory clinics. There are currently 7 dementia day care centres, 3 nursing homes that have dementia-specific wards and 1 dementia-specific nursing home. Presently, 3 community

hospitals and 5 nursing homes are being serviced by the psychogeriatricians through the Framework for Integrated Health Services for the Elderly.

Unfortunately, there are only 6 psychogeriatricians in Singapore. As other geriatric-trained healthcare professionals are also scarce, the approach is to effectively utilise the skills of each member of the multi-disciplinary team and to work in partnership with general practitioners, social services and physicians from other disciplines. Therefore, training is of paramount importance. MOH and IMH conduct regular training programmes for general practitioners and healthcare staff.

Caregiver support is an integral part of the geriatric psychiatry service. The needs of caregivers include education about diagnosis and prognosis of the disorder, guidance in decision making, emotional and practical support and appropriate and timely referral to community resources. The stress of caregivers of dementia patients has been well documented.^{12,13} ADA, Shan You Counselling Centre and the National Stroke Association provide support groups for family caregivers. Training for family and professional caregivers is conducted by the various hospitals and by voluntary organisations, such as ADA, Singapore Action Group of Elders and Tsao Foundation. However, staff support and specialised training for those working in step-down facilities are necessary in order to effectively manage psychogeriatric disorders such as dementia.^{14,15}

Public awareness of psychogeriatric issues, such as depression, is still limited. IMH has collaborated closely with the Health Promotion Board on a series of public awareness campaigns entitled "Mind Your Mind" to improve public awareness of psychiatric disorders, including those in the elderly.

Challenges for the Future

Developing geriatric psychiatry services has been exciting and challenging. Over the last decade, a well co-ordinated, comprehensive network of services has been put in place. The key to this success has been the forging of partnerships between eldercare agencies with a common purpose.

One of the main challenges for the future is that of the acute shortage of healthcare workers. The report by the American Hospital Association Workforce Commission¹⁶ identified significant factors causing this workforce crisis. These include the fact that the labour force is ageing, careers in healthcare are seen to be less attractive and many in the workforce are dissatisfied. They recommended that hospital leaders need to foster meaningful work, improve workplace partnerships, design strategies that attract and retain diverse workforce, collaborate with other organisations and build societal support for policies and resources that help hospitals hire and retain qualified staff.

Talent management must be a fundamental part of the organisational structure.

The second major challenge is to enhance training of healthcare staff. Training in the early diagnosis and management of psychiatric disorders in the elderly is essential. Acquiring knowledge and skills can be quite easily done; however, changing ageist attitudes towards the elderly can be quite a challenge. The innovative approach described by Llewellyn-Jones et al¹⁷ based on shared-care interventions for the management of depression in the elderly in residential care can be extended to other settings, such as day care and nursing homes.

Although services for supporting family caregivers are present, they are limited. Existing home-based services are not equipped to cope with the mentally ill elderly. Therefore, the range of quality psychogeriatric services must be expanded to meet the anticipated increase in the number of elderly with psychiatric illnesses. This can be achieved effectively and efficiently through the Framework for Integrated Health Services for the Elderly.

Conclusion

The development of geriatric psychiatry services can only continue to be successful if health and social agencies share the same vision: to improve the quality of care for the elderly mentally ill. This can only be achieved by the dedicated efforts of multi-disciplinary healthcare professionals who consider the special needs of the elderly with psychiatric disorders and are willing to work in partnerships with each other. If this can be accomplished, then there will be a hope and a future for geriatric psychiatry.

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