



## Service Priorities and Programmes Electronic Presentations

**Convention ID:** 359

**Submitting author:** Miss Mei Yui SO

**Post title:** Other(Please specify):, Pamela Youde Nethersole Eastern Hospital, HKEC

### **Enhancement of HA-wide Clinical Psychology Service for the Dementia Care Support**

*Kwok CYI(1), Chan WSI(2), Lee MYT(3), Mak KYA(4), Ng NCV(5), Tang MYM(6), Tse YYM(2), Wong CMT(7), Wong YPQ(8)*

*(1)Department of Clinical Psychology, Pamela Youde Nethersole Eastern Hospital*

*(2)Department of Clinical Psychology, Queen Elizabeth Hospital (3)Department of*

*Clinical Psychology, Tung Wah Hospital (4)Department of Clinical Psychology,*

*MacLehose Medical Rehabilitation Centre (5)Department of Clinical Psychology,*

*Princess Margaret Hospital (6)Department of Clinical Psychology, Castle Peak*

*Hospital (7)Department of Clinical Psychology, United Christian Hospital*

*(8)Department of Clinical Psychology, Kwai Chung Hospital*

#### **Keywords:**

Clinical Psychology Service

CP Service

Dementia

Care Support

HA-wide

Enhancement

#### **Introduction**

As the Hong Kong population ages and the prevalence of dementia/mild cognitive impairment (MCI) increases, the demand for timely diagnosis and post-diagnosis support continues to grow. Establishing a diagnosis of dementia/MCI is a

complex procedure that requires expertise from multiple medical professionals.

Receiving a diagnosis of dementia/MCI is a life-changing event that requires

tailor-made psychosocial support for patients and caregivers. A new

comprehensive Clinical Psychology (CP) Services for the assessment of

Dementia/MCI has been established to facilitate the timely diagnosis and

post-diagnosis support for patients and caregivers through 1) Providing expertise

on neuropsychological assessment to establish extent of cognitive decline in situation

where diagnosis is complex (e.g., early stage dementia; rarer form of dementia such

as fronto-temporal and lewy body dementia; differential diagnosis of mental disorder

vs dementia; high premorbid functioning and education with ceiling effects in

screening assessments); 2) Assisting in the communication of diagnosis to

patients and caregivers to facilitate successful adjustment to the diagnosis; 3)

Providing evidence-based post-diagnostic psychosocial intervention (e.g., group

cognitive behavioral therapy of elderly depression; group intervention for MCI/early

dementia).

#### **Objectives**

To evaluate patients and caregivers' satisfaction of HA-wide CP service in enhancing

patients' understanding and acceptance of the diagnosis and related effects in cognitive functioning and psychological well-being.

### **Methodology**

A questionnaire was designed to collect feedback from patients and caregivers on their reflections regarding understanding and accepting the diagnosis.

### **Result**

27 completed questionnaires (48% patients and 52% caregivers) were collected from October 2015 to February 2016. 69% of patients and 43% of caregivers were highly satisfied with the HA-wide CP service. All patients and caregivers agreed that the CP service has enhanced their understanding of cognitive functioning, difficulties encountered in daily living as well as support from community resources. All patients and 86% of caregivers agreed that the CP service has facilitated them to establish healthy lifestyle, learn feasible solutions to tackle their problems encountered and increase awareness of psychological well-being. Conclusion and Recommendation Incorporating CP service in the diagnosis and management of dementia/MCI may enhance patients' and caregivers' understanding of the diagnosis, and facilitate their acceptance and coping of the disease in daily life. The CP service could be integrated into the dementia diagnosis protocol.