

PRCP NEWSLETTER



JUNE 2015

PRCP: Pacific Rim College of Psychiatry

President: Professor H Herrman, Melbourne
Secretary: Professor Tsyoshi Akiyama, Tokyo
Newsletter Editors: Prof Graham Mellsop, Dr Susanna Every-Palmer, New Zealand.

From the President



As we move into the second quarter of the year, I am pleased to report that the date is set for our next biennial Scientific Meeting. From November 4-6, 2016, colleagues from across the globe will meet in Kaohsiung, Taiwan to discuss "Mental health in a dynamic region: creating change through partnership."

Prof Mian-Yoon Chong and colleagues in Kaohsiung are working with the team in PRCP to produce a very special event, with a stimulating program of high-calibre speakers, lively discussion and cultural celebration.

PRCP's Scientific Meetings are vital to our reputation as a thought leader in Asia. They allow us to build on our work in education and research and help us to move towards our goal of enhancing collaboration and knowledge exchange among colleagues and countries in our region. They also allow us to reach out to a broader network of colleagues and organisations, service users and family carers.

Please save the date in your diary now for what I know will be a valuable and enjoyable three days of learning and discussion. I look forward to meeting you there.

Helen Herrman, President

Psychosocial rehabilitation in Malaysia has slowly shifted in approach in the recent years from "place and train" to "train and place" with competitive employment program replacing sheltered workshop. The first large scale transformation was initiated in the Hospital Permai, a mental hospital in Johor Bahru, South of Malaysia in 2009. Supported employment using the IPS model was started where most of the prevocational activities were stopped, and resources channeled to place individual patients in the community jobs. Social enterprise is another model within the supported employment concept developed at the centre, where patients are employed by businesses created in the centre and receive a competitive salary. Patients who do not survive these two types of employment are placed in the transitional work that acts partly as training for the patients as well earning income. The outcome has been very encouraging where almost 70% of patients remained employed at three months upon enrolment into the program. Factors associated with successful employment were good past working history and getting a preferred job. Since then, supported employment has been initiated in other hospitals.

Other than employment program, Malaysian hospitals with interested psychiatrists offer social skills training through experiential approach where patients get involve in group activities in the hospitals or the community. These activities also



help patients build their social network that is crucial for their recovery. Patients who have become more independent are empowered to plan and run similar activities and offer support for their peers with some support from mental health providers or carers.

Psychosocial rehabilitation has also been initiated at several primary health centres in early 2000's all over Malaysia as a pilot project. The results of this pilot project vary from places to places. Factors contributing to the successful model include strong commitment by family physicians or supporting staff at the centres, continuing mentoring from psychiatrists at nearby hospitals, and strong presence of local authorities and key people in the planning and running of program. Activities run at these centres include leisure activities, social support, social skills training and employment program to a lesser extent.

Another program that has contributed to patients' recovery is Family Link, which is a modular group psychoeducation and support program for carers that were started in 2001. Since then, it has been replicated in other places in Malaysia. In the most successful model in Johor, graduated families become active in advocacy activities that include running the same program for other families in other districts and doing a mental health promotion with government and non-government agencies. A few of families became active members in committees advising the policy makers. In certain universities, carers are actively involved in teaching medical students in "Carers as Teachers" sessions which have become part of the undergraduate medical curriculum.

While this program is part of services at public hospitals and primary health centres, other agencies have also contributed to this process. Malaysian Psychiatric Association (MPA) is one important contributor through its Circle of Care Program. The association gives out small grants to either initiate or expand Family Link programs, psychosocial rehabilitation, and mental health

promotion activities. MPA launched its Chapter of World Association of Psychosocial Rehabilitation (WAPR) in 2014. The committee decided to focus on expanding Family Link Program and Task Shifting by empowering informal bodies or individual people to deliver evidenced-based recovery oriented activities for the mentally ill. With this, it is hoped, psychosocial rehabilitation will travel to the next milestone in its development the near future with increased numbers of better quality of recovery-oriented services and care for the mentally ill.

PREPARED BY:

Professor Marhani Midin (*Vice-President of Malaysian Psychiatric Association*)

Professor Nor Zuraida Zainal (*President of Malaysian Psychiatric Association & Distinguished Fellow PRCP*)

Psychogeriatric services in Hong Kong: Some recent developments

Psychogeriatric services in **Hong Kong** have developed steadily from the early 1990s. There are now 7 Psychogeriatric teams serving Hong Kong. They provide comprehensive services including inpatient, outpatient, day hospital, consultation as well as outreach service to residential homes. Our psychogeriatric service model is based on the UK model with a community-oriented multidisciplinary approach. Hong Kong is fortunate to have very strong NGOs and multidisciplinary professionals. The close working relationship of our service with NGOs is another characteristic feature.

An innovative program is a territory wide Elderly Suicide Prevention Program (ESPP). This is a multi-faceted program with 2 tiers. The first consists of gatekeepers and the second is a tertiary level old-age psychiatric service. The usual pathway is as follows: a gatekeeper in the first tier



(e.g. primary care doctors, social workers, frontline healthcare workers in elderly service) identifies an at-risk older person (severely depressed or having suicidal risk) and makes urgent referral. Each client will then be assigned a care manager (psychogeriatric nurse) who arranges an urgent appointment with the client. At the specialist clinic, psychogeriatricians provide assessment and follow-up care with multidisciplinary input. The care manager offers regular phone contacts, and home visits to monitor the client's condition, promote compliance with treatment, and provide psychoeducation.

In recent years, increasing attention and efforts have been paid to the development of dementia services. One movement is the change of the Chinese name of dementia (Chiu et al, 2014).

In Hong Kong, the old Chinese name for dementia was “Chi Dai Zheng” (痴呆症) which meant “insane and idiotic”. Many professionals believed that this pejorative term lead to stigma and reluctance to seek professional help. Recently, there is a movement to change the Chinese name of dementia to (認知障礙症) which means “cognitive disorder”. This new Chinese term is consistent with the term “major neurocognitive disorder” used in DSM-5, and is less stigmatizing. The Government has recently adopted the proposed new Chinese term, and accepts both the old and new local terms for dementia.

Furthermore, an Expert Group on Dementia has been established under the Government. This will make recommendations on the strategy for dementia care in Hong Kong.

PREPARED BY:

Prof Helen Chiu, Chinese University of Hong Kong.

REFERENCE:

HFK Chiu, M Sato, EH Kua, MS Lee, X Yu, WC Ouyang, YK Yang, N Sartorius. Renaming dementia – an East Asian perspective. *International Psychogeriatrics* 2014; 26:885-887

The biannual Scientific Meeting took place in Vancouver from October 5 to 7, 2014, at the Fairmont Historic Hotel in downtown Vancouver. Convenor, Prof Soma Ganesan.

It was a gathering of 368 participants from 30 countries: Albania, Australia, Austria, Cambodia, Canada, China, France, Germany, Grenada, Hong Kong (China), India, Indonesia, Jamaica, Israel, Japan, Korea, Malaysia, Mongolia, New Zealand, Nigeria, Poland, Qatar, Singapore, Sri Lanka, Switzerland, Taiwan, Thailand, United Kingdom, United States, Vietnam. They come from different backgrounds; Psychiatrists, Psychologists, Family Physicians, Nurses, Social Workers, Addictions Counselors, Teachers, Immigrant Settlement Workers, Public Health Specialists, Administrators, and thanks to the support of the PRCP Board of Directors and the Vancouver Organizing Committee, funding was available to support students, medical students, psychiatry residents, and post doctoral fellows as we encourage more participation from early career mental health practitioners. Travel scholarships were also granted to 6 participants from lower income countries.

The conference received endorsement from the UBC Medical School, Simon Fraser University Faculty of Health Sciences, and Vancouver Coastal Health. Participants received 17 ½ category one credit CME hours and thanks to UBC CPD Continuing Professional Development, Faculty of Medicine for providing excellent logistic support.

The preconference evening was specifically designed to honour the late Professor T. Y. Lin,

the first Director of Mental Health who was retired to Vancouver, taught and continued research endeavours at the UBC Department of Psychiatry. His contribution to developing mental health services in Taiwan, Japan and China, and enrich Cultural Psychiatry at UBC were again presented in this ceremony.

Evaluations received were overwhelmingly positive about the quality of the speakers, specifically Key Note, like professor Sartorius, and different presenters in workshops and forums.

To quote some comments:

- *Very well organized conference. It was a pleasure to attend. It was an intellectual candy store.*
- *Meeting and connecting with international colleagues, opportunities for networking*
- *Hearing from such a diverse group of presenters-a wonderful experience.*
- *The global perspective – not so insular*
- *The dissemination of knowledge by many experts from around the world*
- *The best part was learning about disaster psychiatry from the mouths of psychiatrists who were present at major disaster sites*
- *Wonderful evening gala with fusion cultural music and dance*

The AGM took place on October 7, 2014, the new President, Executive Committee and President-elect were introduced at the gala dinner. The Vancouver Organizing Committee also arranged 7 site visits to introduce Vancouver Mental Health Services to the conference attendees on the last day of the conference.

17th Pacific Rim College of Psychiatrists Scientific Meeting

**Nov 4-6, 2016
Kaohsiung, TAIWAN**



**17TH PACIFIC RIM
COLLEGE OF
PSYCHIATRISTS
SCIENTIFIC MEETING**

www.pcrp.org

**NOV 4-6
2016**

**KAOHSIUNG,
TAIWAN**

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New members

We welcome new members. To join the PRCP please complete the following application form and return with your **CV** and **one passport photo** to the **PRCP Secretariat** located at:

Department of Neuropsychiatry, NTT MEDICAL CENTER TOKYO
5-9-22 Higashi-godanda, Shinagawa-ku Tokyo 141-8625 JAPAN

Phone: + 81 3 3448 6508 | Facsimile: + 81 3 3448 6507 | E mail: info@prcp.org

Membership costs between USD\$15 and USD150 depending on region (see <http://www.prcp.org/members.html>)

APPLICATION FORM FOR MEMBERSHIP DATE: _____
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DATE OF BIRTH: _____ GENDER: _____ COUNTRY: _____

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SPECIALIST TRAINING: _____

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