TRƯỜNG ĐẠI HỌC Y HÀ NỘI
HANOI MEDICAL UNIVERSITY

Mental Health of Older People: Experiences from Viet Nam

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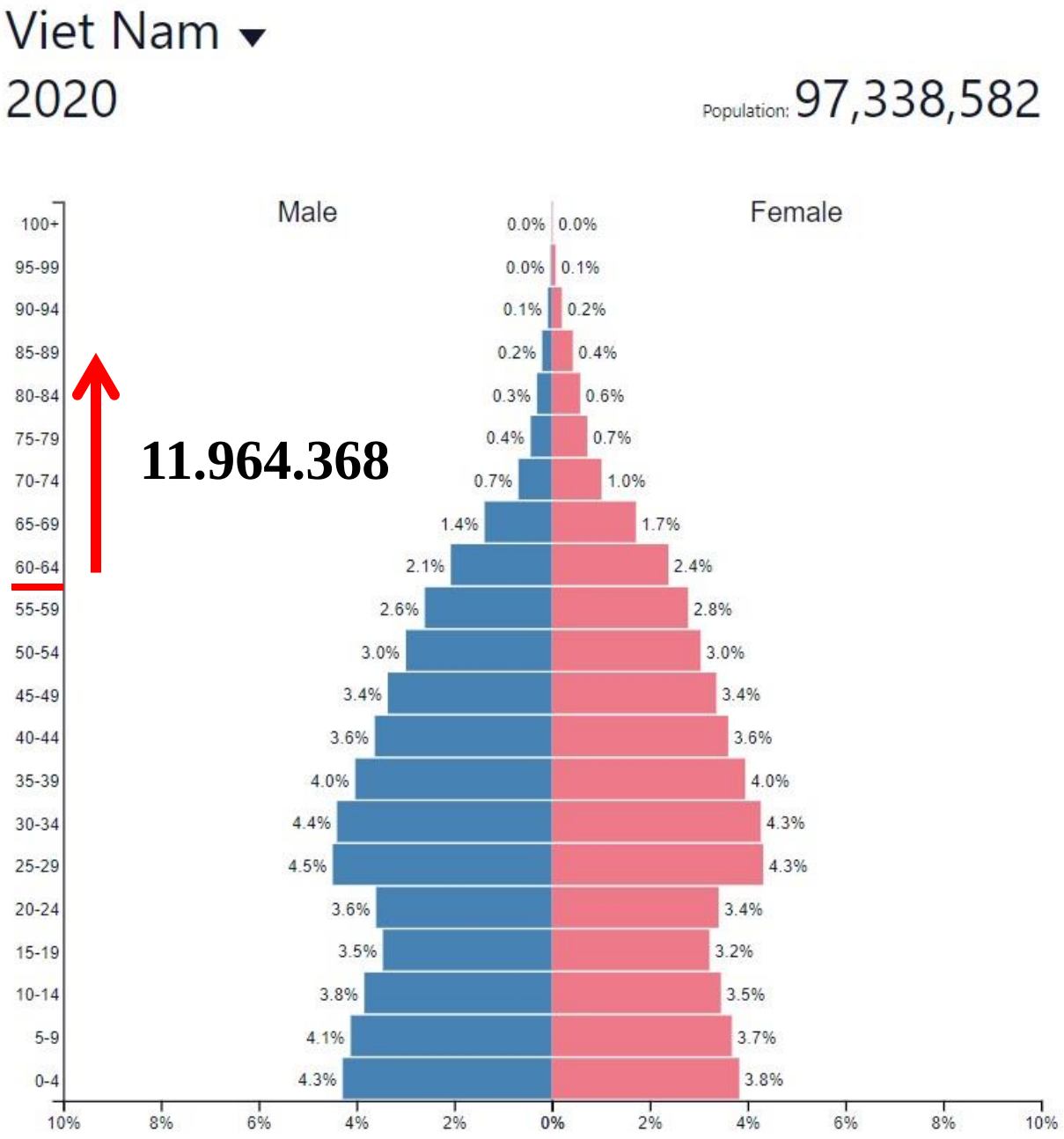

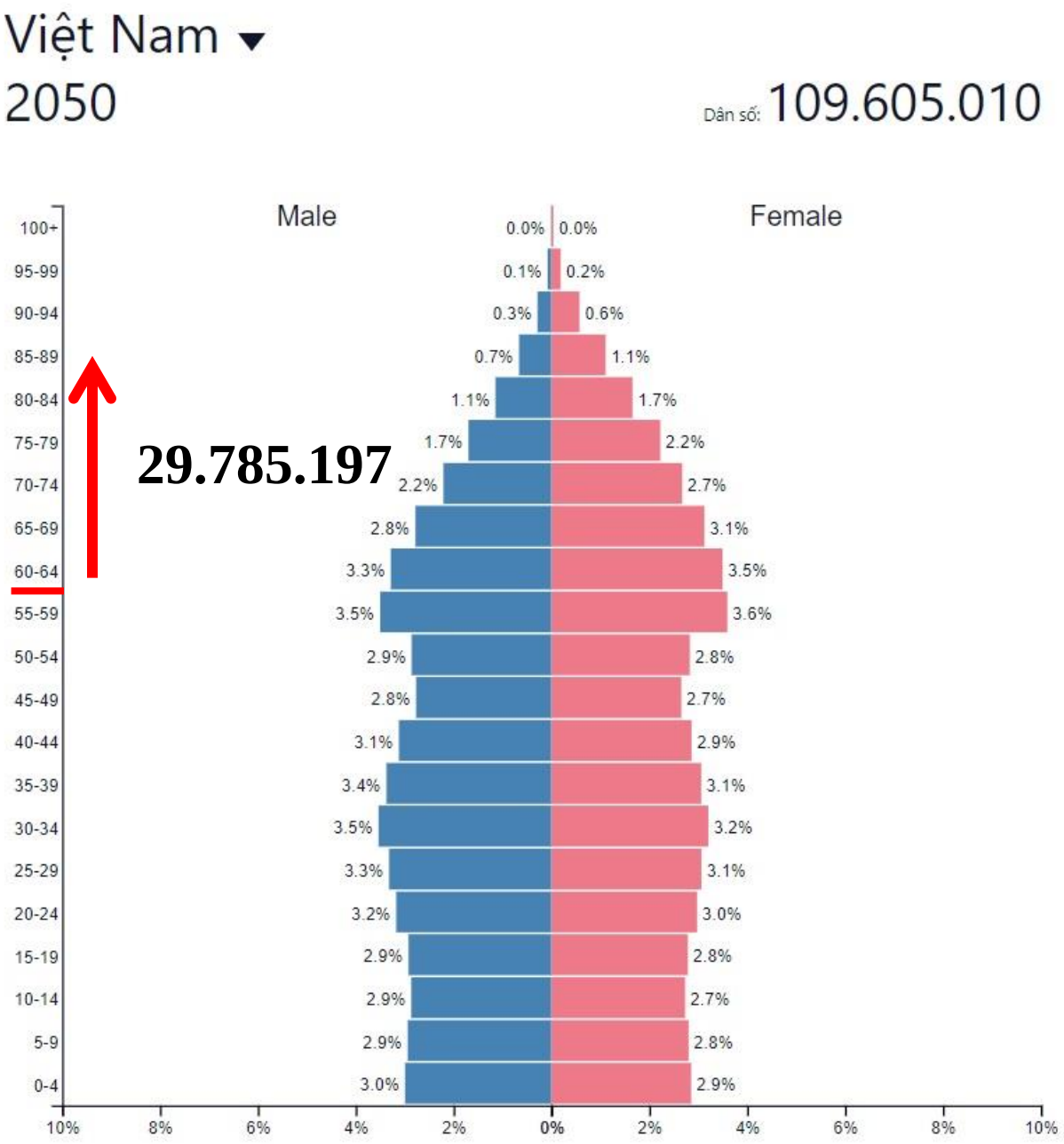

Liên hợp quốc, Ban Kinh tế và Xã hội, Ban Dân số. Triển vọng dân số thế giới: Bản sửa đổi năm 2019.

List of countries ordered by: Physicians (per 1,000 people)

	COUNTRY	PHYSICIANS (PER 1,000 PEOPLE)
1	Qatar	7.74 physicians
2	Cuba	6.72 physicians
3	Greece	6.17 physicians
4	Spain	5.08 physicians
5	Austria	4.86 physicians
85	Seychelles	1.19 physicians
86	Trinidad and Tobago	1.18 physicians
87	Albania	1.13 physicians
88	Viet Nam	1.11 physicians
89	Chile	1.03 physicians
90	Peru	0.92 physicians
91	Iran	0.89 physicians

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60%

of Ops have 1 disease

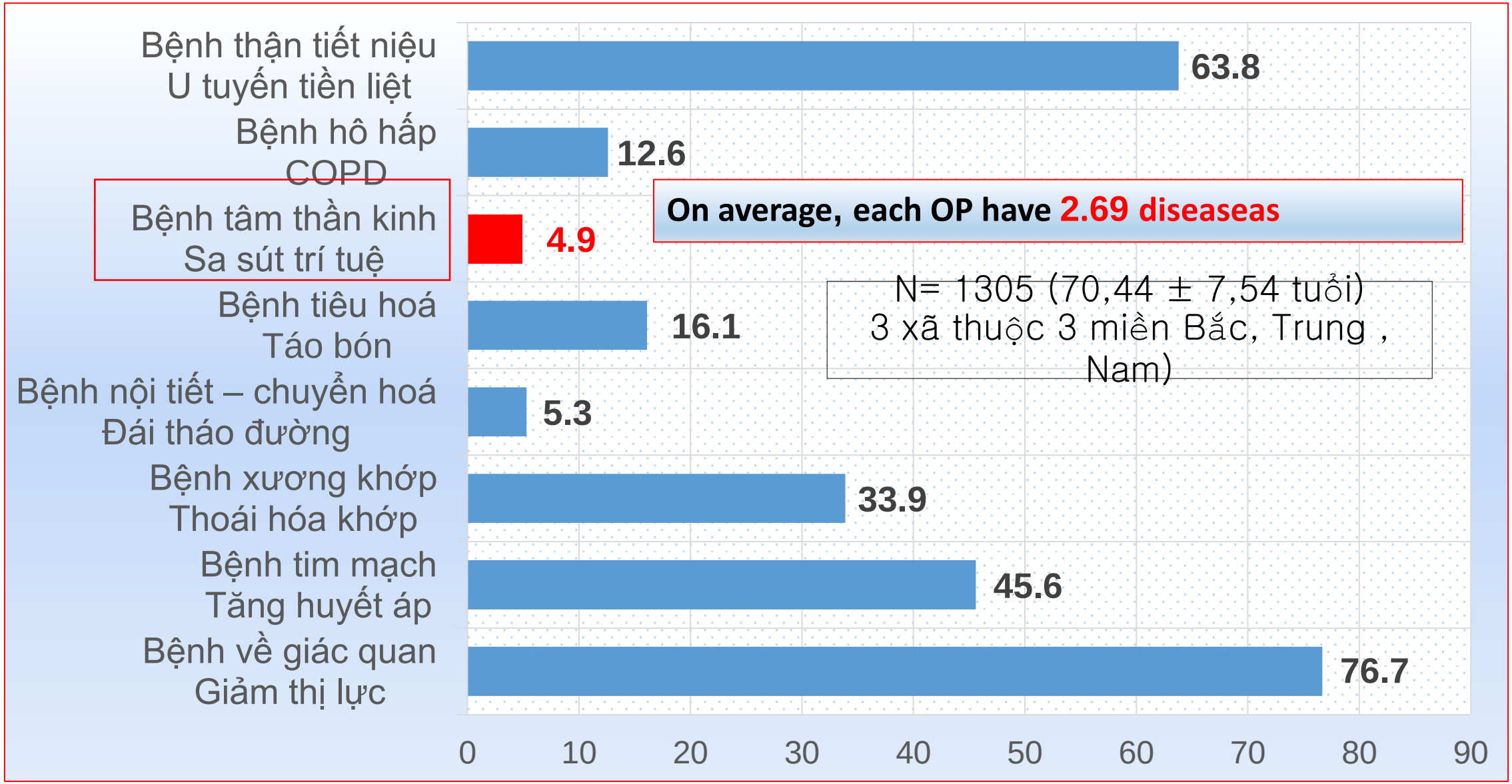
N = 1132 households with Ops in 7 provinces

Acute diseases among OPs
mainly include headache, dizziness, cough,arthralgia, backache and high blood pressure

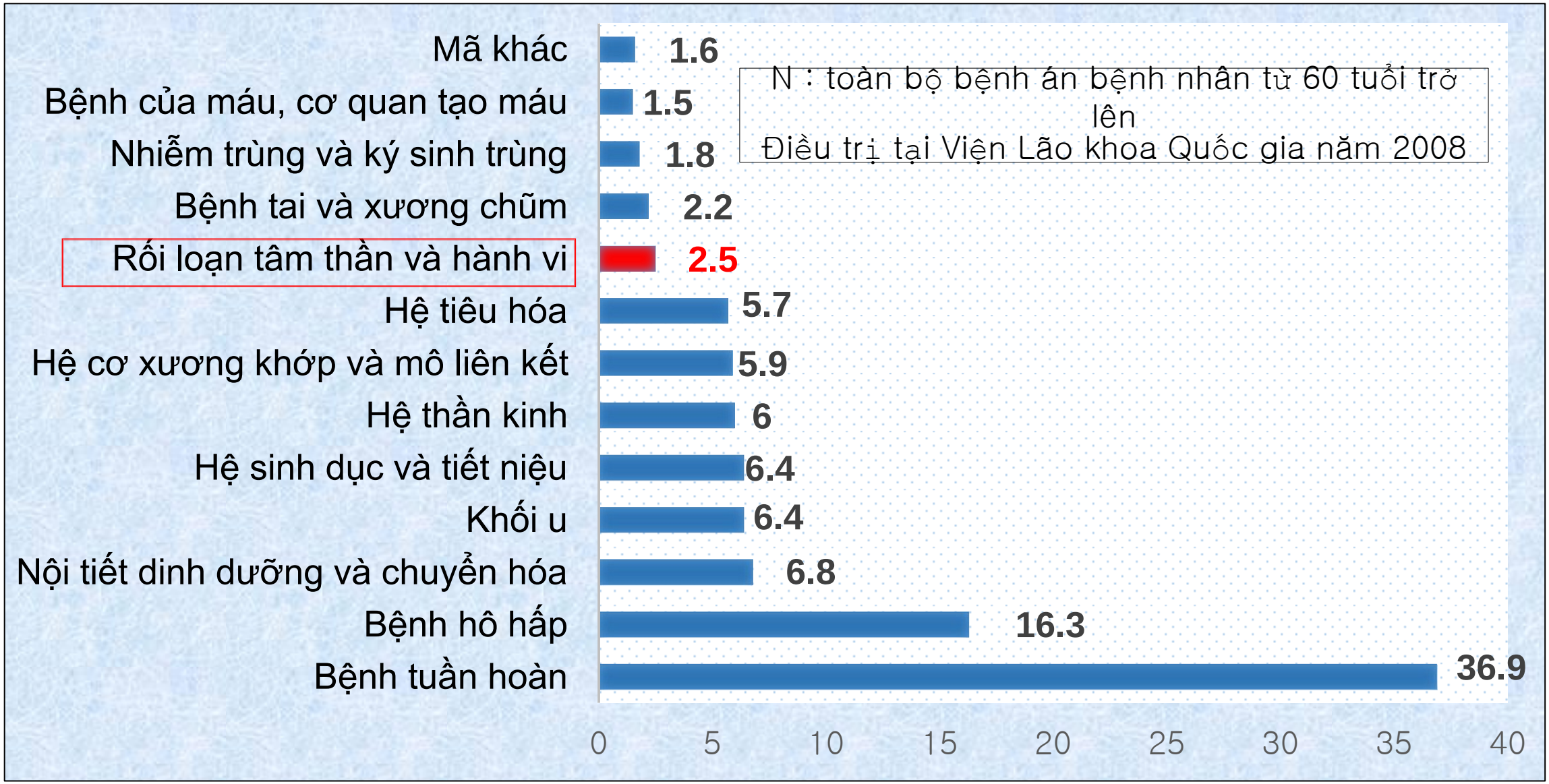
Chronic diseases
Around 70% of OPs surveyed
Chronic hypertension is common among OPs (28,4%)

Mental diseases
About 5% of OPs surveyed have signs of depression.

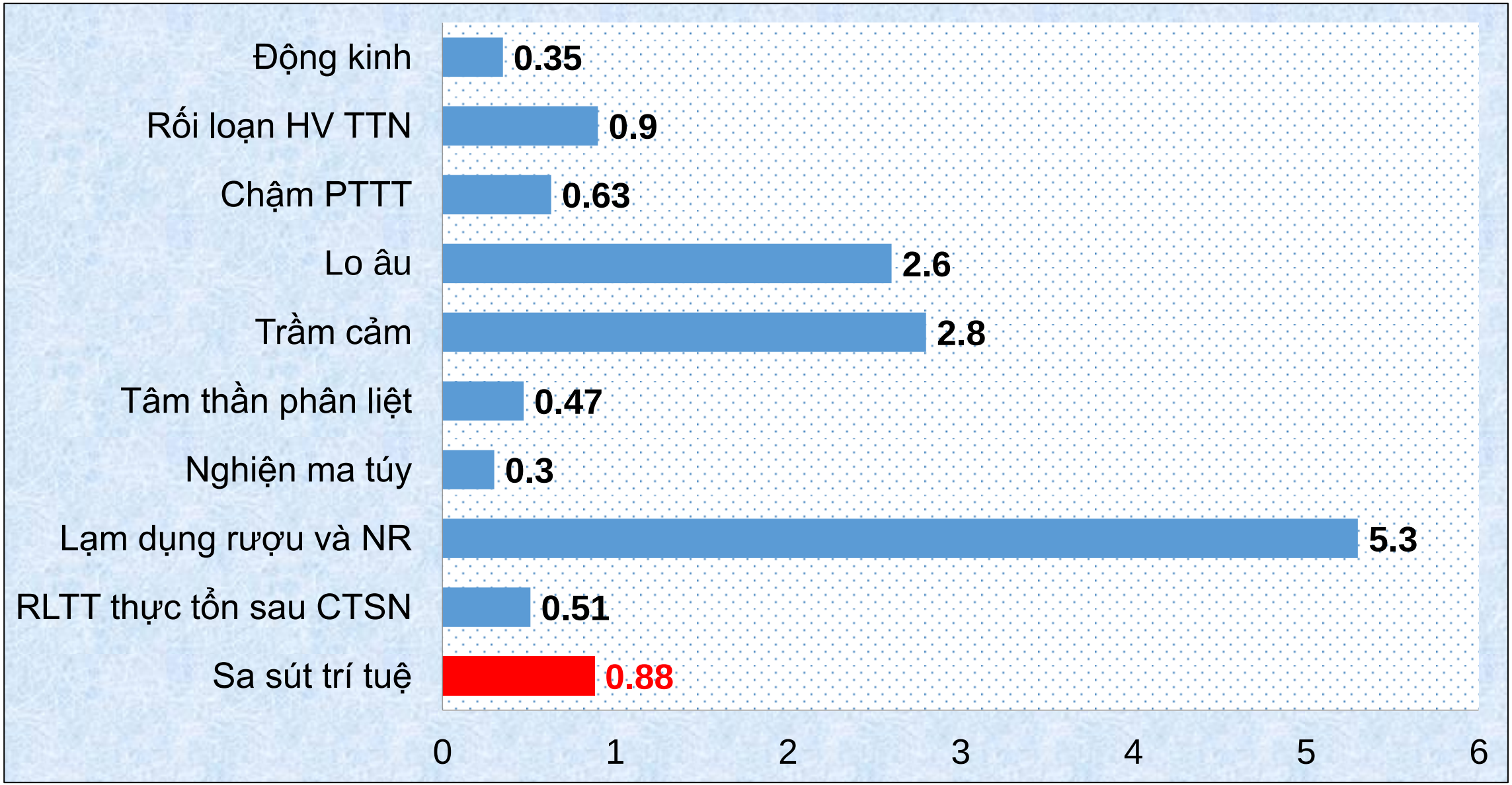
Review of health care for Older People in Viet Nam. Đàm Viết Cương, et al ((2006)



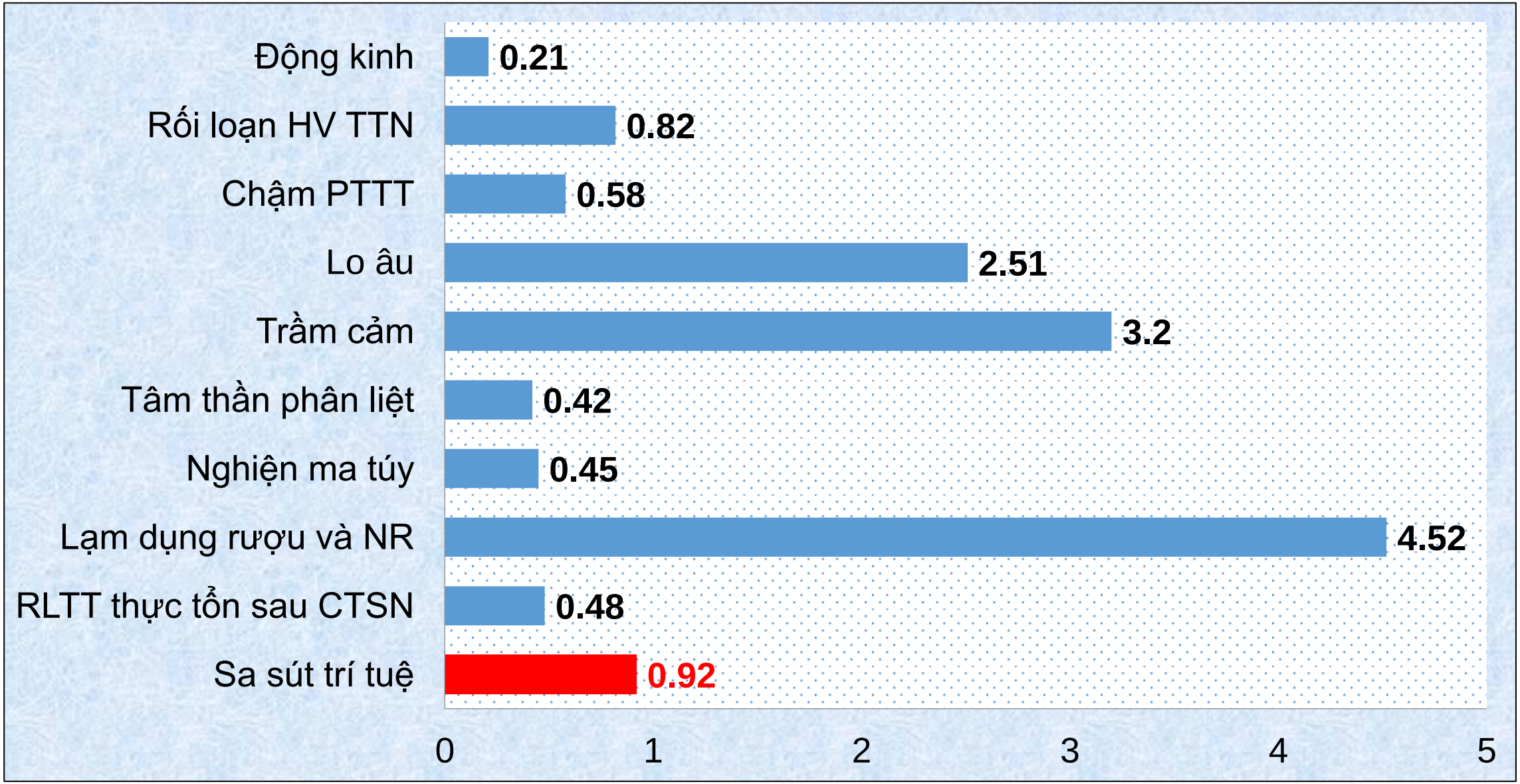
Điều tra dịch tễ học về tình hình bệnh tật, nhu cầu chăm sóc y tế và xã hội của người cao tuổi Việt Nam. PGS.TS.Phạm Thắng (Tạp chí DS&PT (số 4/2007), Website Tổng cục DS-KHHGĐ



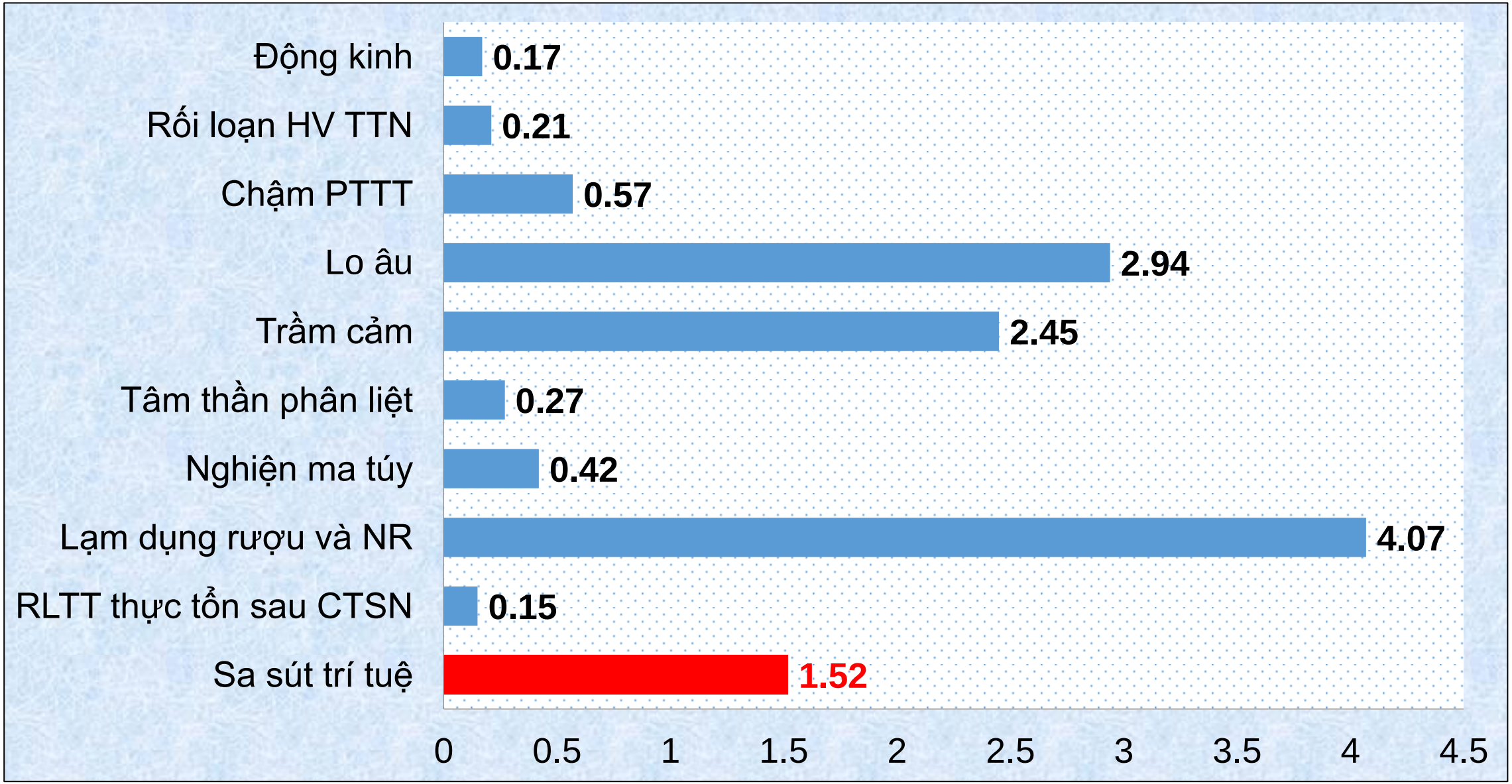
Mô hình bệnh tật của người cao tuổi điều tra tại Viện Lão khoa năm 2008. Lê Văn Tuấn, Nguyễn Hải Hằng, Phạm Thắng



Điều tra tỷ lệ mắc một số rối loạn tâm thần thường gặp ở 8 xã trên phạm vi cả nước. Trần Văn Cường (2002)



Điều tra tỷ lệ mắc một số rối loạn tâm thần thường gặp ở 8 xã trên phạm vi cả nước. Thân Văn Quang (2010)



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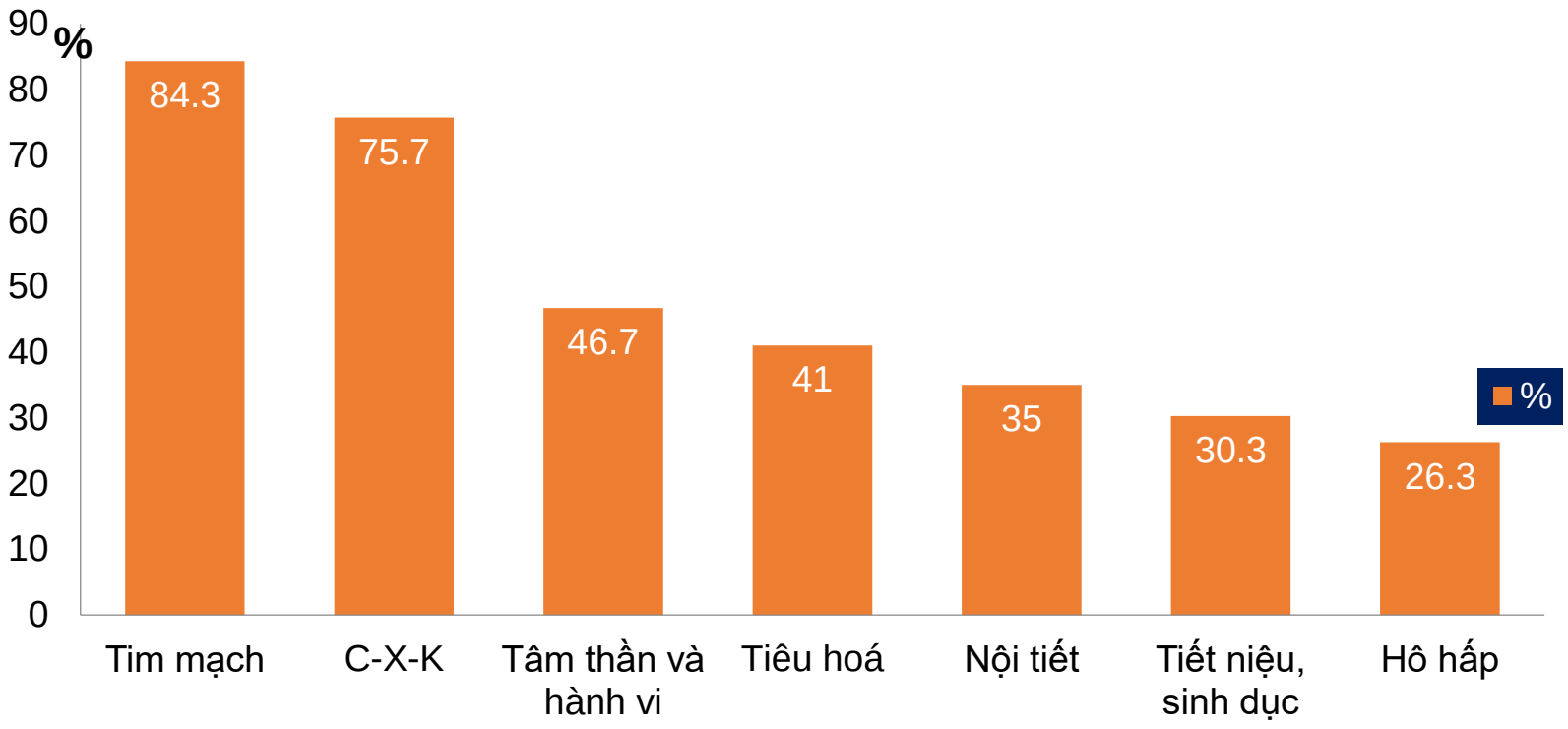
Morbidity pattern by ICD-10

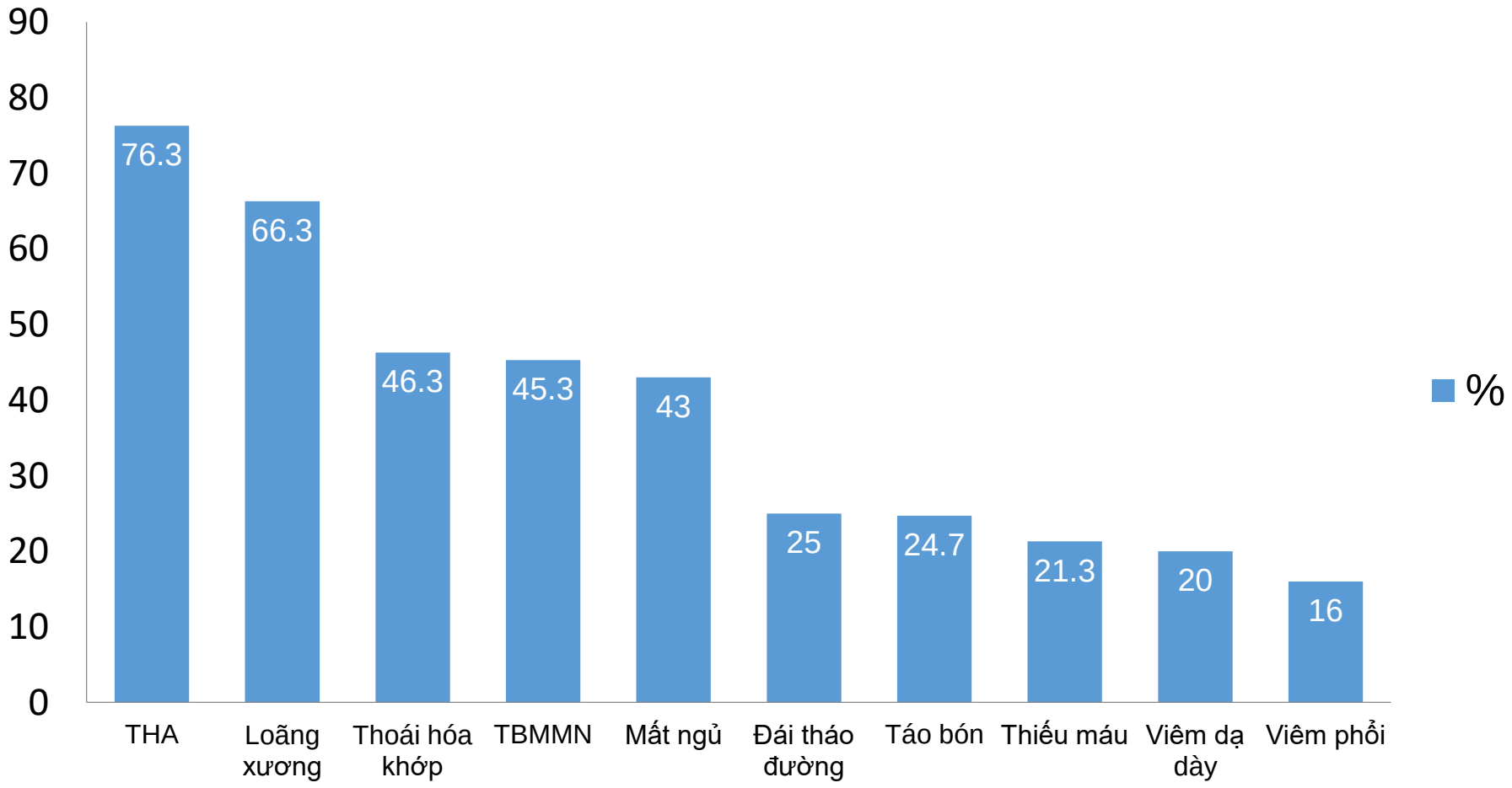


Prevalence rate of common diseases among in-patients (BVLK TW 2014)

Changes in Morbidity Pattern

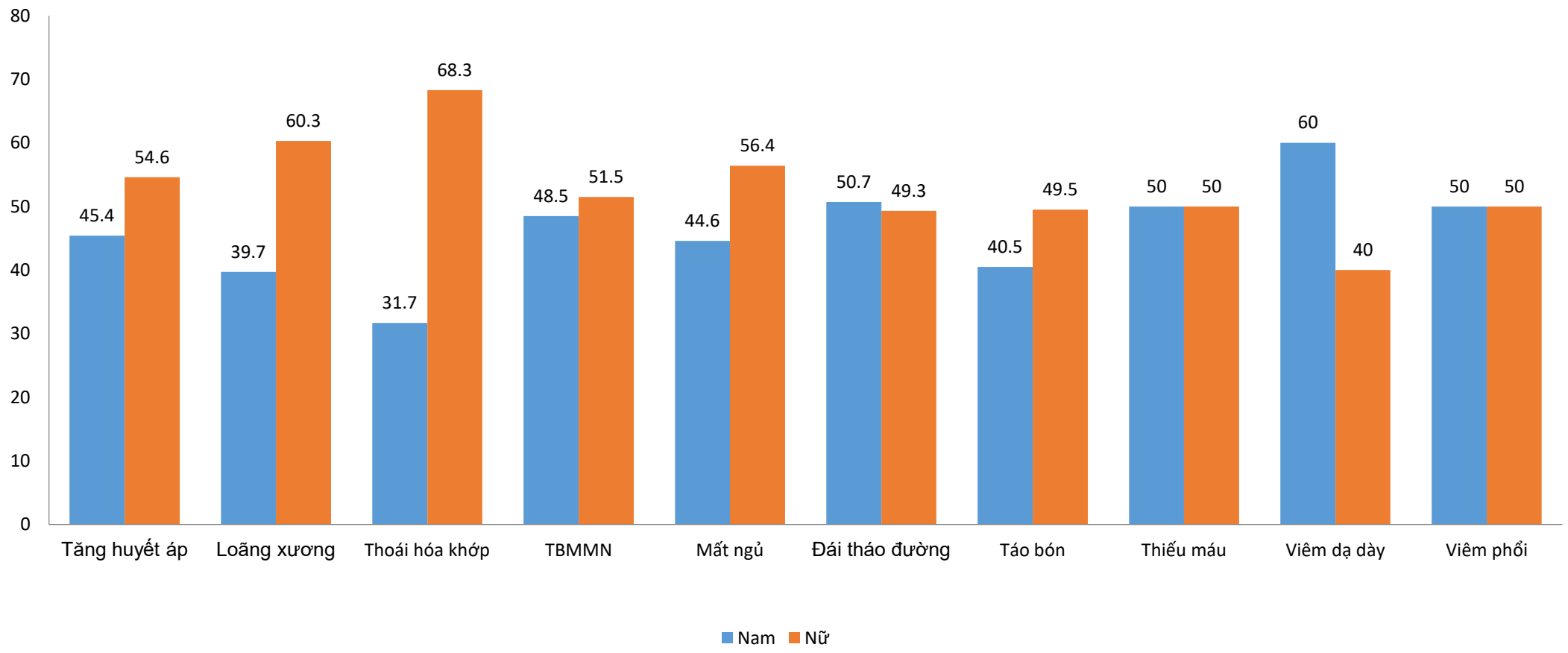
Pattern	Central Geriatrics Hospital 2008		Hue Central Hospital		We	
	TL	Vi trí	TL	Vị trí	TL	Vị trí
CVD	36.9%	1	74%	1	84,3%	1
Musculoskelectal Disease	5.9%	7	1%	6	75,7%	2
Mental disorder and behaviour	2.5%	9	0.03%		46,7%	3
Digest system	5.7%	8	4.7%	3	41%	4
Endocrinology - Nutrition	6.8%	3	2.9%	5	35%	5
Pulmonary system	16.3%	2	8.4%	2	26,3%	6

10 common diseases among OPs

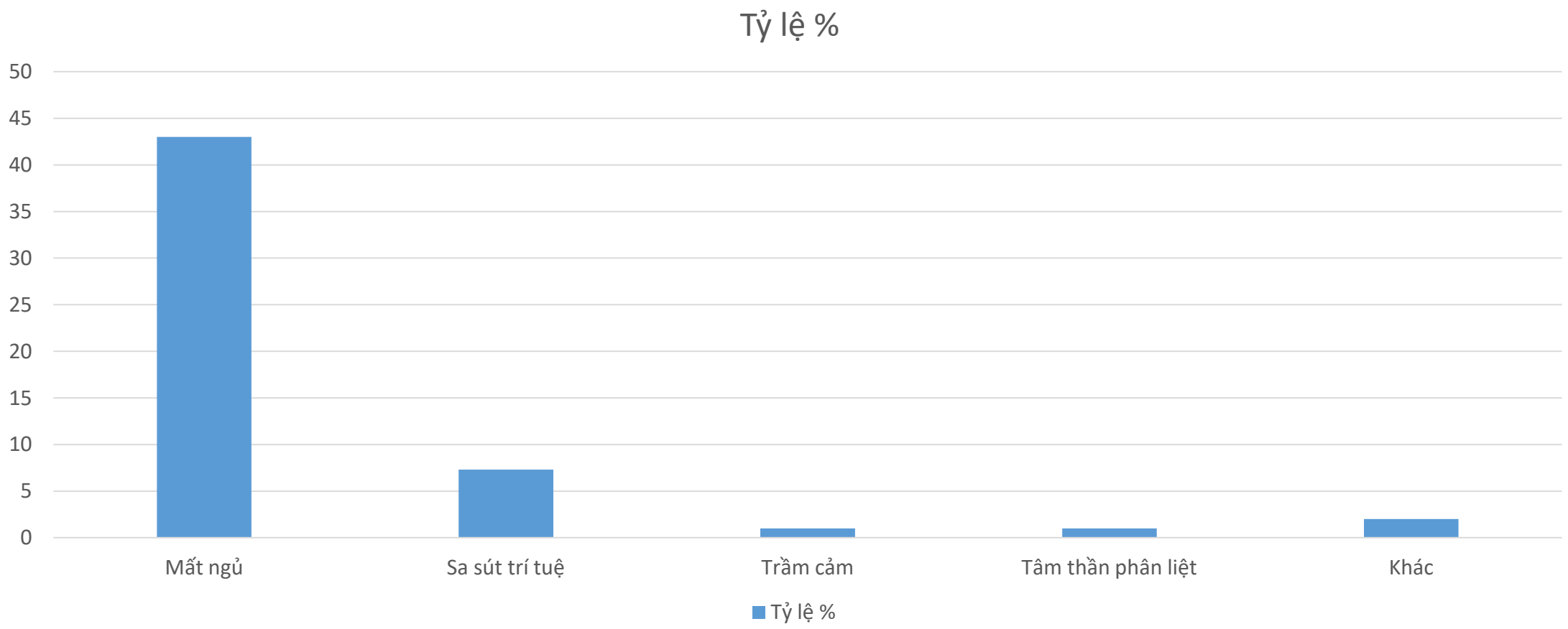


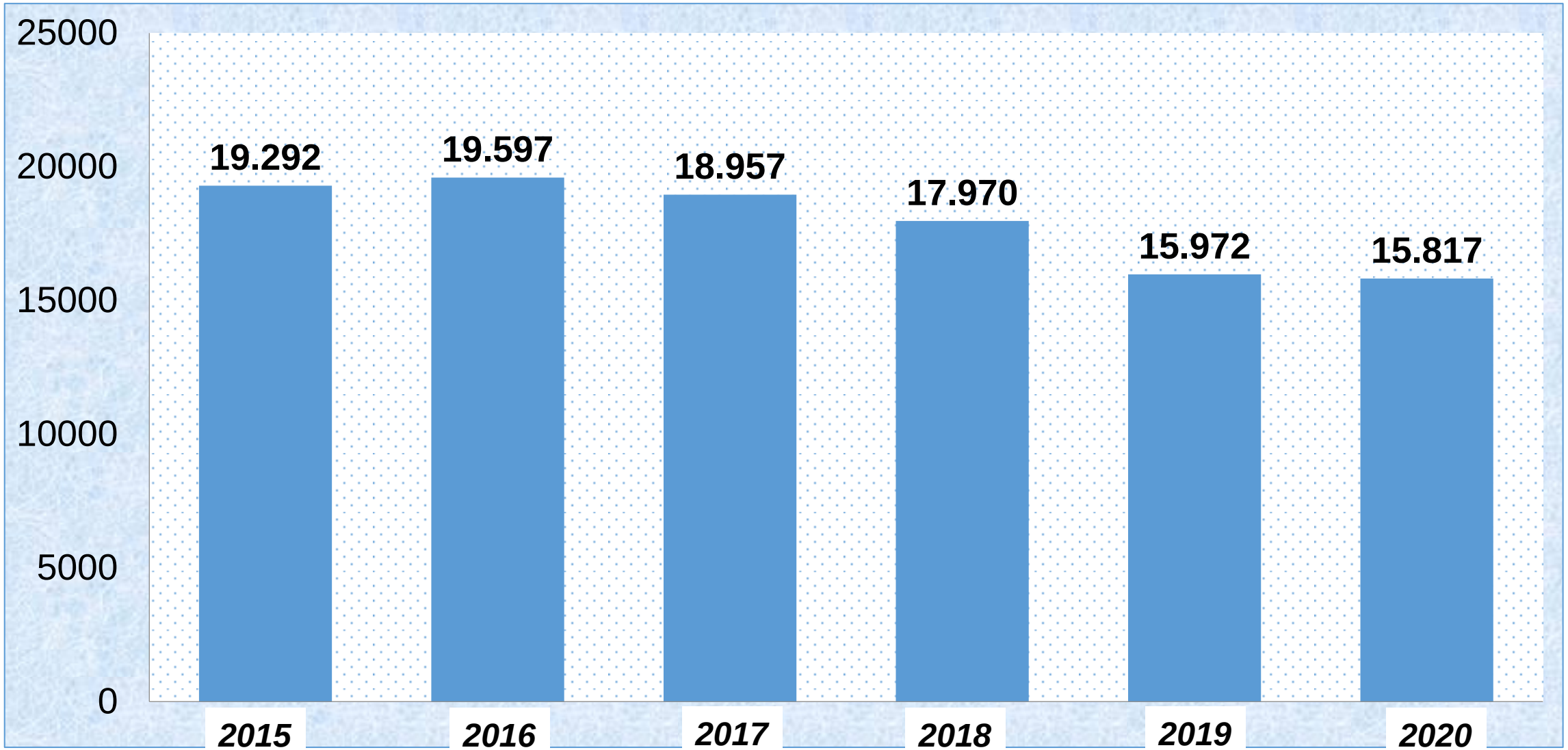
Bảng: Mười bệnh thường gặp nhất ở BN cao tuổi điều trị nội trú

Prevalence rates of the 10 most common diseases among OPs hospitalized

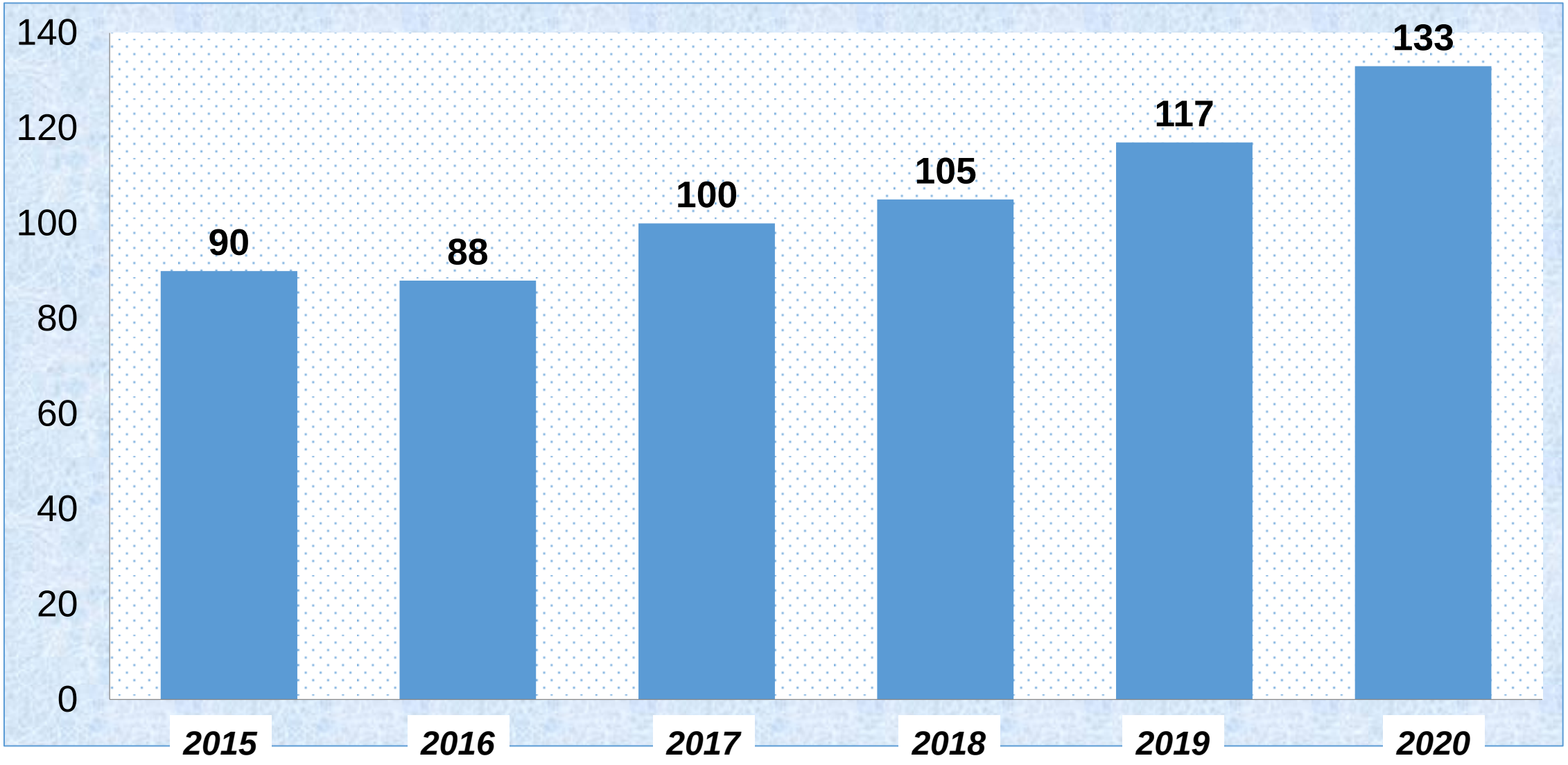


Percent of mental diseases among in-patients





NUMBER OF MANAGED MENTAL PETIENTS IN HANOI, 2015 - 2020



HUMAN RESOURCE (MEDICAL DOCTORS AND HIGHER) OF HANOI BY YEARR, 2015 - 2020

Impacts of mental disorder

- Increasing prevalence rate of disease
- Reducing quality of life
- Increasing dependency degree
- Higher rates of depression and suicide
- Higher costs of treatment, including Co - diseases
- Reducing achievement in objectives of treatment

Current status in Viet Nam

- Mental health and psychological care services in community
  - Insufficient, lack of attention to OPs
  - Lack of staff, unfriendly environment and services
- Principle:

  Primary and long-term care

  (limited)
- Costs – health insurance
  - Shortage of medicine, lack of medical doctors for prescription, different costs at different level

Difficulties

- Few studies on mental disorder among OPs
- Limited knowledge on prevention and management of diseases among: health staff, OPs
- Only 40% of Ops use treatment services, the rest are self-treated

- *Đánh giá tình hình chăm sóc sức khỏe cho người cao tuổi ở Việt Nam.* Đàm Viết Cương và cộng sự ((2006)

Difficulties

- Distance to health facilities
- Poor economic conditions
- Do not want to bother children

Đánh giá tình hình chăm sóc sức khỏe cho người cao tuổi ở Việt Nam. Đàm Viết Cương và cộng sự ((2006)

- *Want to have health check and treatment in near-by health facilities, such as visits at home, private facilities, or commune health centers*
- *Health insurance for OPs*

Lack of service link for elderly care

- Primary health care
- Specialized medical doctors: mental, geriatrics, family medicine
- Health care system for OPs
- Home care, long-term care
- Care system at community
- Supported services: in-generation

- Caregivers

"NCT được con cái quan tâm chăm sóc tốt hơn so với trước đây do nhận thức tốt hơn, kiến thức tốt hơn. Tuy nhiên, tình trạng đô thị hoá làm cho con cái ít có thời gian chăm sóc cha mẹ. NCT chủ yếu chỉ được con cái chăm sóc khi ốm đau. NCT hiện tại lại là người chăm sóc cho con cháu trong gia đình"

Low quality of care for Ops with metal diseases

- Higher risk of improper and inappropriate prescription (Bartels, et al., 1997, 2002)
- Shortage of psychiatrist
- Other doctors lack knowledge and update in joint-treatment of OPs with mental problems
- Number of doctors:????

Existing barriers – Solution

- System: scattered: Mental health care should be integrated in primary health care, long-term care
- Barriers in training: Contents, topics, new approaches, program integration, updated CME for the care network for Ops, health staff, both skills and knowledge
- Barriers in economy: Mechanism of costs, counselling services, care
- User’s barriers: lack of knowledge, no concern, economic hardships = communication, policy

THANK YOU!