

**LegCo Panel on Health Services
Meeting to be held on 11 March 2002**

Community Psychiatric Services of the Hospital Authority

Purpose

This paper briefs members on the provision of community psychiatric services by the Hospital Authority (HA).

Change in the Delivery Mode of Psychiatric Services

2. Although mental illness is not amongst the leading cause of death, it is the leading cause of disability worldwide. Patients with severe mental illness suffer from impairment of mental and social functioning which may hinder their reintegration into the community. Such impairment not only lowers the quality of life of patients but also burdens their families and carers. Severe mental illnesses are mostly chronic by nature and are subject to relapses. That said, many mental patients can still lead an independent and fulfilling life with the support of regular medical treatment, and strong family and community care.

3. In recent years, the international trend in the provision of care for patients with mental illness is to move away from institutionalization of care for mentally ill patients and to focus on the development of community psychiatric services. Such development has been made possible with the advent of new drugs, the awareness of the disabling effects of institutionalization, strong research evidence to support treating mentally ill patients in the community setting, and the preference of patients and their families for less stigmatizing treatment approaches.

4. In line with the international trend, HA has enhanced the provision of community-based psychiatric services. Currently, HA's outreach community

psychiatric services are mainly provided by :

- (a) multi-disciplinary Community Psychiatric Teams (CPTs), each comprising psychiatrists, community psychiatric nurses, occupational therapists, clinical psychologists and medical social workers. CPTs provide a comprehensive range of services to discharged patients living in the community, including outpatient consultations, outreach visits to community rehabilitation facilities, home visits, psychosocial rehabilitation and crisis intervention for urgent cases. High-risk patients, such as patients with a history of violence or propensity of violence, and complex cases which require multi-disciplinary services are attended to by CPTs.;
- (b) multi-disciplinary Psychogeriatric Teams (PGTs), each comprising psychogeriatricians, community psychiatric nurses, occupational therapists, physiotherapists, clinical psychologists and medical social workers. PGTs provide community psychiatric care to patients at the age of 65 or above; and
- (c) Community Psychiatric Nurses (CPNs) who provide care to individuals with mental illness in the community, including home visits, rehabilitation service, early detection of relapses, direct casework, crisis intervention, hot line service, and health education for patients and their families. CPNs play a pivotal role in the delivery of community psychiatric service, providing active follow up to the majority of discharged mentally ill patients living in the community.

Initiatives to Enhance Community Psychiatric Services

5. Over the years, HA has accorded priority to the provision of mental health services in view of the significant morbidity associated with mental health problems. Initiatives undertaken in recent years to enhance the provision of community-based psychiatric services are outlined in the following paragraphs.

Strengthen Out-patient and Outreach Support for Discharged Mentally Ill Patients

6. Enhanced community psychiatric service provided by the CPTs can ensure the continuity of care to patients from hospital to community, step up support to discharged patients and their families, enhance follow up to high-risk patients, and facilitate early identification of relapses. To provide comprehensive coverage to high-risk patients in the whole territory, HA has strengthened the number of its CPTs from five to eight in July 2001 to cover service gaps in districts such as Central, Hong Kong West and South, Kowloon East, Kowloon Central, Sheung Shui and North District. As a result of this service enhancement, the number of outreach service attendances by the CPTs in 2001/02 is estimated to be 15 310 in 2001-02, representing a 77% increase over the 2000/01 service level.

7. In 2001/02, HA has increased the number of CPNs from 85 to 90 as a result of which the number of home visits to discharged mentally ill patients has increased by 9.6% to 53 000. In addition, HA has recruited 101 community outreach workers to visit and initiate contacts with discharged mental patients in this financial year. These community outreach workers work under the supervision of CPNs. They provide services of low complexity to discharged mental patients, such as arranging day activities and assisting in providing rehabilitation training for the discharged patients. As at December 2001, these community outreach workers have made a total of 48 311 contacts and home visits to discharged mental patients.

Pilot Programme on Early Detection and Treatment of Young People with Psychotic Illness

8. Severe mental illnesses, such as schizophrenia and severe mood disorders, often start at teenage and in early adulthood. Early detection and treatment will alleviate suffering of a patient, result in better long-term treatment outcome and reduce long-term impairment to the patient. HA has, in collaboration with the primary care providers, education and welfare agencies, implemented a pilot programme this year for early detection and treatment of young people with psychotic illness. Four early intervention teams based at Kwai Chung Hospital, Castle Peak Hospital, Shatin Hospital and Queen Mary Hospital have been set up in July 2001. Under this programme, seminars, specially designed training sessions and workshops, briefings and discussion forums are organized for primary health doctors, teachers, parents, social workers and staff of Non-Government Organisations (NGOs) to educate them on the early

symptoms of mental illness to enable them to identify potential cases of psychotic illness. Young people detected to have symptoms of early psychotic illness will be referred for assessment and treatment by specialist psychiatrists. The programme aims to identify about 1 400 young persons aged 15 to 25 with symptoms of psychotic problems for early treatment in 2001/02.

EXtended-care patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) Project

9. With the advance in technology, the episodic relapses of most patients with severe mental illness can nowadays be controlled by medications, and treatment of such patients can be in the form of outpatient or day-patient care instead of hospitalization. That said, there exists a group of patients who may require longer stay (at least half a year) in psychiatric hospitals. With adequate family support and enhanced community support, most of these “extended care patients” can integrate into the community and lead an independent life.

10. Prolonged institutionalization is not in the long-term interest of “extended care” patients. These patients should be given an early opportunity to adapt to independent living and live in a non-restrictive environment to prepare them for early integration into the community. HA will implement a pilot project, known as EXITERS, in 2002-03 to divert a group of “extended care” patients, who would otherwise be placed in large residential facilities, to home-like facilities for intensive rehabilitation and treatment. “Extended care” patients who have the potential to live independently in the community but require additional medical attention during rehabilitation before discharge will be selected to join the pilot project. Group homes, each accommodating two to three patients, will be set up in vacant hospital quarters within or close to the hospital complexes of Castle Peak Hospital, Kwai Chung Hospital and Pamela Youde Nethersole Eastern Hospital. The vacant quarters will be suitably renovated to provide a home-like setting. To prepare “extended care” patients for discharge from the psychiatric wards to the group homes, these patients will be trained appropriate social and occupational skills, including symptom self-management, medication management, meal preparation, money management and usage of existing community facilities. Patients under this project will be looked after by the staff of the psychiatric units of the respective hospitals. They will stay in these supported group homes for about one year during which they will receive intensive treatment programmes (including use of newer generation of

medications) and tailor-made day time programmes to enable them to acquire basic skills in leading an independent life. Arrangement will be made for these patients to return to the community after the one-year intensive programme. Appropriate support by community psychiatric nurses will be provided to patients discharged from the supported group homes.

11. The pilot project will last for five years. HA plans to start with a patient intake of 100 in 2002/03, increasing to 125 in 2003-04 and to 150 per year from 2004-05 onwards. A critical evaluation of the EXITERS project will be conducted some time in 2006 to assess its effectiveness.

Interfacing with Welfare Services

12. To complement HA's services launched under initiatives described in paragraphs 6 – 11 above, the following community welfare services are provided to discharged mental patients and their families/carers:

- (a) a "Community Mental Health Link" initiative being pursued by the Social Welfare Department and operators of Halfway Houses and Training and Activity Centres to provide community wide outreaching services to discharged mental patients. These outreaching services include visits, consultation on employment, personal counseling, social and recreational activities, and provision of meal, shower and laundry services; and
- (b) NGOs are working closely with intervention teams in HA hospitals under the Pilot Programme on Early Detection and Treatment of Young People with Psychotic Illness. NGOs will provide individual/family counseling and other support services to those youth who have been identified to have no psychotic illness but are suffering from emotional or behavioral problems.

Advice Sought

13. Members are requested to note the contents of this paper.

Health and Welfare Bureau
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