

LegCo Panel on Health Services

Services and Facilities for Rehabilitation of Discharged Mentally Ill Patients

Purpose

1. The purpose of this paper is threefold:-
 - i) describe the rehabilitative services and facilities currently available to mentally ill patients after being discharged from hospitals,
 - ii) highlight areas where improvements are being made by individual department, and
 - iii) outline the interdepartmental and multi-sectoral collaborative efforts in the delivery of services.

Background

2. Although not a major killer disease, mental illness represents a leading cause of disability worldwide. Studies have shown that between 10-15% of the general adult population have some form of mental and behaviour disorders. Mental illness causes significant burden and disability not only to the patients, but also the community, families and carers. That said, many patients with mental illness can still lead an independent and fulfilling life with the support of regular medical, social rehabilitation services and strong family and community care.

3. In the last half of the century, there has been a shift in the care paradigm for managing patients with mental illness, away from the traditional institutional care to that based in the community. This is founded principally on two pillars of care (i) the respect for human rights of individuals with mental illness and (ii) the use of updated interventions and advanced techniques. Community-based care means that the large majority of patients requiring

mental health care should have the possibility of being treated in the community, an environment more familiar to the patients. This approach aims at self empowerment and uses efficient treatment techniques which enable individuals to enhance their self-help skills, incorporating social and other supports.

4. The needs of discharged mentally ill patients and their families are multiple and cover several domains. Hence, a multi-disciplinary team care approach is generally accepted as the preferred method of managing these patients. In keeping with this approach and the international trend, the Administration has put in greater resources towards the provision of community-based mental care. The ensuing paragraphs describe the medical and social rehabilitation services provided by the Hospital Authority (HA), Social Welfare Department (SWD) and non-governmental organizations (NGO), their measures to improve these services and their collaborative partnership to achieve effective multi-sectoral working.

(i) Services and Facilities

Medical rehabilitation

5. Medical rehabilitation of discharged mentally ill patients encompasses a broad spectrum of care, with the ultimate objectives being to re-establish their self-identity, social ties, social skills and to facilitate their re-integration into the community. As an integral part of psychiatric services, medical rehabilitation services for discharged mentally ill patients are provided through multi-disciplinary collaboration. These include in-patient services, ambulatory services, community care and outreach services.

In-patient Services

6. As at December 2003, HA provides 4,858 psychiatric beds to meet the needs of patients with mental illness, whose condition requires hospitalization. HA has in recent years rationalized the provision of psychiatric beds by down-sizing the two large psychiatric institutions namely Castle Peak Hospital and Kwai Chung Hospital and relocating beds to the Kowloon Central region. By relocating psychiatric beds and distributing them evenly throughout the territory, it is aimed that psychiatric beds be organized on a cluster basis so that each cluster will have a whole spectrum of psychiatric

services including in-patient beds, ambulatory and community services. Such a cluster based service is important to facilitate continuity of patient care and promote the development of partnerships between local community groups and the hospitals. The total number of in-patient discharges and deaths in 2000/01, 2001/02 and 2002/2003 were 13,626, 13,426 and 13,811 respectively[DOH1].

Ambulatory Care

7. Ambulatory care services are provided to discharged mentally ill patients who require regular follow-up or assessment services. This is done either on an out-patient or day-patient basis.

(a) Out-patient services

8. HA currently operates 14 psychiatric specialist out-patient clinics. These clinics, organized on a cluster basis, provide treatment, assessment and follow-up services. The clinics accord priority treatment to patients in urgent need of psychiatric care and a triage mechanism for new cases is implemented in all the specialist out-patient clinics to ensure that patients with urgent needs are attended to within a reasonable timeframe. A system is also in place to trace defaulters who fail to attend scheduled appointments. With the shift in care paradigm, the total attendances of HA's specialist out-patient clinics has increased from 471,228 in 2000/01 to 549,133 in 2002/2003[DOH2].

(b) Day Hospitals

9. Partial hospitalization in the form of day hospitals provides treatment to patients who have recovered to the extent that they can return home in the evenings. This form of treatment conforms to the current trend of provision of psychiatric care which advocates that care should take place in a less restrictive environment. HA currently provides 719 psychiatric day hospital places. It is also noted that the total attendances of day hospitals increased from 161,433 in 2000/01 to 183,329 in 2002/2003[DOH3].

Community and Outreach Services

10. At present, HA operates eight multi-disciplinary community psychiatric teams (CPT) based at Queen Mary Hospital, Pamela Youde

Nethersole Eastern Hospital, Kowloon Hospital, United Christian Hospital, Kwai Chung Hospital, Shatin Hospital, North District Hospital and Castle Peak Hospital. Each CPT comprises psychiatrists, community psychiatric nurses, clinical psychologists, rehabilitation therapists and medical social workers.

11. The CPTs provide a comprehensive range of mental health services in the community setting, mainly for discharged mentally ill patients of public hospitals to facilitate rehabilitation and reintegration into society. As part of the service, CPTs pay regular visits to patients' home, half-way house, long stay care homes, sheltered workshops and the workplaces of individual discharged patients to monitor their treatment and rehabilitation progress. They also give advice and support to family members and carers to ensure compliance with treatment. The total number of outreach attendances and home visits of CPTs has increased from 8,637 in 2000/01 to 23,205 in 2002/2003[DOH4].

Social Rehabilitation

12. Social rehabilitation services for discharged mentally ill patients are provided by the SWD and NGOs, with the objectives to maximise the capabilities of these patients and to facilitate their re-integration into the community.

Residential Services

13. To cater for the different needs of discharged mentally ill patients, there are different types of residential services provided. These include supported hostel which provides discharged mentally ill patients with a form of semi-independent living in a small group home setting, halfway house which offers transitional residential care for discharged mentally ill patients before they return to the community and long stay care home which provides long-term residential care for discharged mentally ill patients with chronic medical history. The ultimate objective of these services is to provide an environment with appropriate support to assist discharged mentally ill patients to live independently in the community. As at March 2004, there were 2,389 residential places involving a total recurrent expenditure of \$226 million for discharged mentally ill patients, being provided by 3 supported hostels, 34 halfway houses and 4 long stay care homes. Some 500 additional places will be provided over the next few years.

Day Training Service

14. There are at present five training and activity centres for discharged mentally ill patients, which provide 230 day training places. The total cost running these places for 2003-04 is about \$13 million. The aim is to help these patients develop their social and vocational skills and prevent relapse of mental illness leading to hospitalization. Each centre comprises a day training centre and a social club. The social club is mainly intended for those discharged mentally ill patients who are engaged in day training or employment. It provides them with meaningful leisure activities and opportunities to develop interpersonal relationship skills.

Vocational Rehabilitation Services

15. According to the abilities of discharged mentally ill patients, different vocational rehabilitation services are provided. The objectives are to maximize their potential and to promote self-reliance. Existing vocational rehabilitation services include sheltered workshop, supported employment, on-the-job training programme and enhancing employment of people with disabilities through small enterprise project. The sheltered workshops offer a planned and controlled working environment to accommodate the limitations of discharged mentally ill patients. Supported employment serves as an avenue for upward mobility of discharged mentally ill patients from sheltered workshops and a necessary step towards integration for some moderately disabled persons, who otherwise might not be able to take up open employment. As at March 2004, there were a total of 7457 sheltered workshop places and 2,125 supported employment places of which 2,796 and 2,047 were occupied by discharged mentally ill patients respectively. Annual expenditure for the provision of these services in 2003-04 is \$303 million.

16. On-the-job training programme and enhancing employment through small enterprise project also provide training and job opportunities for discharged mentally ill patients. As at March 2004, the on-the-job training programme has served 1127 disabled persons of which 601 were discharged mentally ill patients and the small enterprise project created a total of around 250 job opportunities of which 150 were specially for people with disabilities including the discharged mentally ill patients.

17. The Marketing Consultancy Office (Rehabilitation), established under SWD, increases employment opportunities and productivity of people with disabilities, including discharged mentally ill patients, who are attending sheltered workshops or supported employment, so that they can achieve a higher income and lead a more independent life. From April 2003 to March 2004, the Office has secured for people with disabilities a sum of \$6.4 Mn of job orders, \$2.2Mn of tender contracts and 44 job places. In addition, 43 marketing events and 3 training courses have been organized.

Community Support Services

18. Continuous social support is provided in the community so as to prevent the discharged mentally ill patients from relapses and to facilitate them to re-integrate into the community. The district-based Community Mental Health Link (CMHL) units aim to provide accessible support services for both the discharged mentally ill patients and their families/carers in their neighbourhood. It links them up with the necessary welfare services. Parents resource centres provide emotional support and practical advice to parents and relatives of the disabled persons, including discharged mentally ill patients. Mutual Help Groups provide valuable support networks for discharged mentally ill patients to enable them to re-integrate into the community. Home-help service provides auxiliaries to discharged mentally ill patients. Aftercare services for discharged residents of halfway houses help them re-integrate into the community and adjust to their new social and job environment. Medical social workers stationed in psychiatric hospitals or psychiatric out-patient clinics provide emergency outreach service for discharged mentally ill patients who have disturbance in thoughts, feelings or behaviour to the extent of being out of control of himself/herself.

19. Other community support services include hotline, counselling and compassionate rehousing services. Hotline services provide information and advice relating to mental illness, rehabilitation and psychiatric services. When discharged mentally ill patients and their carers face emotional problems, interpersonal relationship problems or financial difficulties, medical social workers stationed in the psychiatric clinics where these patients receive follow-up treatment stand ready to offer them assistance. For those who are not receiving follow-up treatment in hospitals or clinics, they can approach the

Integrated Family Services Centre/ Family Social Services Centers of the SWD/NGOs for counselling, financial assistance and necessary social services. Professional input from clinical psychologists in the form of psychological assessment, counselling and treatment is also available. Where there is a housing need for discharged mentally ill patients, compassionate re-housing will be arranged for them on social and/or medical grounds.

Public Education

20. Public education on mental health plays an important part in the social rehabilitation of mental patients. The main objective is to promote a better understanding and acceptance of mental patients and discharged mentally ill patients by members of the public, hence their integration into the community. It also aims at educating the general public to recognize the causes and symptoms of mental illness, and the need for early treatment to prevent the onset of residual disability, and to know where treatment and rehabilitation services are available. Through the collaborative efforts of the Health, Welfare and Food Bureau (HWFB), relevant government departments, district bodies, the HA and NGOs, a major theme-based territory-wide publicity campaign, named the Mental Health Month, has been organized annually since 1995. Under this annual campaign promotional activities including seminars, workshops, exhibitions and road shows etc are organized. In addition, to strengthen public's acceptance of people who have recovered and/or are suffering from mental illness, the HWFB, in collaboration with other bodies including the Equal Opportunities Commission to launch media programmes such as TV APIs.

21. Under the steer of the Public Education Sub-committee on Rehabilitation of the Rehabilitation Advisory Committee, HWFB allocated about \$20.5 million in the past five years as grants to government departments, district councils and NGOs in organizing public education activities on rehabilitation, out of which, about \$6.2 million were geared at people who have recovered and/or suffering from mental illness.

(ii) Improvement In Progress

22. As at 31.3.03, there were 97 community psychiatric nurses working as an integral part of the eight community psychiatric teams. In

addition, there are 79 registered nurses trained as community psychiatric nurses working in different psychiatric services. In line with the international trend of enhancing community-based care, another 34 registered nurses will complete their clinical practice in community psychiatric training in 2003/04.

23. Different task groups have been set up under the SWD to examine the current practices and procedures of medical social services to identify areas for re-engineering and streamlining. In order to improve the performance of medical social workers and to encourage professional development, multi-disciplinary training programmes, clinical supervision teams and peer learning groups are formed in service units. Professional good practice guidelines are also developed and core competencies for medical social workers are identified to assist performance management.

24. As a measure to improve the residential services currently provided to discharged mentally ill patients and to rationalize the use of resources, a Working Group has been formed under the SWD with relevant stakeholders including the psychiatrists. It is tasked to explore the feasibility of re-engineering existing residential services to meet the changing needs of the discharged mentally ill patients.

(iii) Inter-departmental and Inter-sectoral Collaboration

25. To provide a comprehensive and integrated service to discharged mentally ill patients, inter-departmental and inter-sectoral collaboration is essential. There are four levels in which this is achieved: (a) at the individual patient's level, (b) at the hospital level, (c) at the district level and (d) at the department level. The following outlines measures adopted at different levels.

(a) Individual Patient's level

26. Every patient in the hospital is managed by a team of healthcare professionals including doctors, nurses, occupational therapists and medical social workers. The doctor co-ordinates care provided to patients in the hospital and for services that require the input of other departments such as housing or employment. The medical social worker plays an active role to mobilize community resources to provide patients with the services they need.

27. To ensure continuity of care, seven large hospitals with psychiatric beds and psychiatric out-patient clinics attached, including Prince of Wales Hospital, Kowloon Hospital, Tai Po Hospital, Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Castle Peak Hospital and Kwai Chung Hospital, have adopted “One Patient, One Medical Social Worker” approach. The patient is served by the same medical social worker regardless of his/her in-patient or out-patient status. This approach not only enhances continuous one-stop personal service to patients, but also ensures efficient use of resources. There are at present 157 psychiatric medical social workers. They maintain close collaboration with other team members to assess the patients’ psychosocial condition, formulate rehabilitation plans and enable patients and their families to make the best use of medical and rehabilitative services in medical institutions and in the community.

(b) At the hospital level

28. As rehabilitation services for discharged mentally ill patients are mainly provided by NGOs, hospitals have formed committees to liaise with the various parties concerned. Representatives from the various NGOs participate at the liaison meetings to discuss operational issues of mutual concern. Community Work and Aftercare Unit (CWAU) has also been set up among all disciplines and parties concerned in major psychiatric hospitals to work on mentally ill patients' discharge and aftercare arrangement.

(c) At the District Level

29. District Coordinating Committee meetings are held regularly at district level. These meetings provide a forum for representatives from relevant government departments, service providers and users to discuss measures to meet the special needs of the clients, including discharged mentally ill patients in each district.

30. District Social Welfare Officers of SWD will also sit in cluster liaison meetings of the respective newly formed medical clusters of HA to facilitate better collaboration between the welfare sector and medical sector in service delivery.

(d) At the Department level

31. Regular liaison meetings are conducted among the HA, SWD, NGOs and patient groups to discuss issues of mutual concern relating to the rehabilitation of discharged mentally ill patients. There is also good partnership between HA and SWD as evidenced by the successful engagement of the HA to establish 400 long stay care home places on a temporary basis at its Lai Chi Kok Hospital premises in 2001 pending the construction and commissioning of the two rehabilitation complexes at Lai King Headland and Tuen Mun respectively in 2004-05. This arrangement facilitates earlier provision of service to chronic mentally ill persons who need long term rehabilitation, including those in HA's hospitals who are suitable for discharge.

32. Through regular liaison meetings between Housing Department and SWD, there has also been agreed improvement measures on compassionate re-housing and other housing assistance for the discharged mentally ill patients.

33. Seminars/briefing sessions had been and will continue to be held to educate staff of Housing Department and its Property Management Companies in Public Housing Estates on the existing welfare services, including the relevant services in the community for discharged mentally ill patients.

34. Regular training courses had been and would be conducted by local trainers for different professionals including social workers, clinical psychologists and police officers on conducting video-recorded interviews for Mentally Incapacitated Persons (including discharged mentally ill patients).

Advice Sought

35. Members are requested to **note** the contents of this paper.