Types and Provisions of Social Rehabilitation Services for Discharged Mentally Ill Patients

Services for Discharged Mentally Ill Patients	Availability: Provision (no. of places/ units)			Waiting Time (if applicable) (year)			Remarks
(DMPs)	as at 31/3/2001	as at 31/3/2002	as at 31/3/2003	2000-01	2001-02	2002-03	1
(I) Residential Services							
Long Stay care Home (places)	770	980	980	6.9	5.2	8.5	About 500 additional places
Halfway House (places)	1307	1349	1349	0.3	0.4	0.5	will be provided in 2004-05 and 2005-06.
Supported Hostel (places)	154	223	243	1.7	1.0	1.2	 Supported hostels serve both DMPs and mentally handicapped persons. The provision for DMPs in 2001, 2002 and 2003 is 20, 60 and 60 respectively.
(II) Day Training Service							
Training and Activities Centre (unit)	5	5	5	0.1	0.2	0.2	The 5 units provide totally 230 training places to the DMP.
(III) Vocational Rehabilitation Services							
Sheltered Workshop (SWs) (places)	6895	7527	7487	0.7	0.7	0.6	 SWs serve all kinds of people with disabilities (PWDs). By estimation, SWs had served 2300, 2400 and 2600 discharged mentally ill patients (DMPs) in

							2000-01, 2001-02 and 2002-03 respectively.
Supported Employment service (SE) (places)	1220	1862	1825	N/A	N/A	N/A	 SE serves all kinds of PWDs. SE has served 990, 1510 and 1963 DMPs in 2000-01, 2001-02 and 2002-03 respectively.
On the Job Training Programme for People with Disabilities (The Programme) (no. of programme)	360	360	360	N/A	N/A	N/A	 The Programme, which has commenced operation with effect from 15 October 2001 serving all kinds of PWDs. The Programme has served 102 and 248 DMPs in 2001-02 and 2002-03 respectively.
(IV) Community Support Service							
Medical Social Services (Psychiatric) (no. of social workers)	140	147	161	N/A	N/A	N/A	Medical social workers are stationed in all psychiatric hospitals and specialist clinic to provide patients and their families timely psycho-social intervention to help them cope with or solve personal and social problems arising from illness, trauma or

							disability.
Community Mental Health	N.A.	20	20	N.A.	N.A.	N.A.	The service starts in January
Link (units)							2002 and has served total
							6360 DMP or their family
							members/carers till
							31.3.2003.
Parents/Relatives Resource	1	1	1	N.A.	N.A.	N.A.	The average no. of registered
Centre (unit)							family members of DMP in
							this period is 556 each year.
Aftercare workers (no. of	8	8	8	N.A.	N.A.	N.A.	The average total number of
social workers)							cases served each month is
							352.

Types and Provisions of Medical Rehabilitation Services for Discharged Mentally Ill Patients

Service type	Availability	Waiting time
Out-patient consultation	Depending on needs, discharged mentally ill patients are arranged for follow-up consultation / treatment at Psychiatric Specialist Out-patient Department (SOPD).	Patients under SOPD Triage Category I would be given appointment within 2 weeks from date of triage assessment. Patients under SOPD Triage Category II would be
		given appointment within 8 weeks from date of triage assessment.
		Patients under SOPD Triage Category III would be given appointment beyond 8 weeks from date of triage assessment.
Day Rehabilitation - Psychiatric Day Hospitals	Psychiatric Day Hospitals are part of the ambulatory care facilities providing multi-disciplinary assessment, continued care and rehabilitation to psychiatric patients. The mode of care facilitates patients' re-integration back to the community.	Not applicable
Community Psychiatric Nursing Service	Community Psychiatric Nursing Services (CPNS) is the integral part of Community Psychiatric Service. The essence of the CPN's community practice is toward reintegrating patients into community. CPNs provide mental health treatment and community psychiatric rehabilitation services to patients, maintain continuity of care, assist patients in their social readjustment and educate them and their families in mental health by regular home visits to the discharged mental patients. This service aim at reducing the risk of relapse of the clientele and assist them to function at their maximum potential. Together with the multi-team, CPNs also provide crisis intervention.	Outreach services are arranged to discharged patients on the basis of clinical needs. Urgent/crisis cases are attended to promptly.