

**For Discussion
on 19 May 2008**

Legislative Council Panel on Health Services

Mental Health Policy and Services

PURPOSE

This paper updates Members on Government's mental health services and the relevant new initiatives to be introduced in 2008-09 in support of our mental health policy.

BACKGROUND

2. At the special meeting of the Panel on Health Services on 22 November 2007, we presented a paper (LC Paper No. (2)373/07-08(01)) setting out the Government's mental health policy and the services available in the public sector. We also took note of the views and suggestions raised by a number of deputations/individuals attending the meeting. At the request of the Panel, we have provided responses to the views and suggestions raised at the special meeting vide a letter to the Clerk to the Panel dated 13 May 2008 separately.

3. The Government will continue to promote mental health and facilitate the ex-mentally ill persons to re-integrate into the community. In this regard, the Hospital Authority (HA) and Social Welfare Department (SWD) have planned to launch a number of new initiatives to further enhance their medical services and social rehabilitation services for mental health.

MEDICAL SERVICES

4. HA is currently providing a spectrum of out-patient service, in-patient service, ambulatory services, community care and outreach services through a multi-disciplinary approach that involve professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. In the light of the international trend to shift the focus of the treatment for mental illness from in-patient care to community and ambulatory services, HA has enhanced its community psychiatric services in

recent years.

5. HA will continue to follow the direction of enhancing ambulatory and community care for psychiatric services by launching two pilot programmes and expanding its psychogeriatric outreach services in 2008-09.

Post discharge community support to frequently readmitted psychiatric patients

6. According to HA's record, in the past five years 230 and 50 patients at Castle Peak Hospital had been readmitted once and at least twice respectively within 365 days after their discharge. In Kwai Chung Hospital, 426 and 177 patients had been readmitted once and at least twice respectively in the period from April 2006 to March 2007. HA's experience in implementation of various services programmes shows that the model of case management is a cost-effective way to handle the discharge of long stay schizophrenic patients and to provide follow-up care in the community. The case management approach could reduce undue readmission of these patients without deterioration in the patients' mental state.

7. To reduce the frequency of re-admission and length of stay by these frequently re-admitted patients (FRPs), HA plans to set up community psychiatric mobile support teams to provide round-the-clock, support to a group of about 240 FRPs who were diagnosed to be suffering from either schizophrenia or other severe psychotic disorders without co-morbidities with substance abuse, mental handicap or dementia. These FRPs will be followed up by a case management approach, with each of them being handled by a case manager assigned from the community psychiatric mobile support teams. The case manager will also provide home visits and counseling service to targeted patients and their families.

8. HA plans to pilot the community psychiatric support teams in Kowloon West Cluster and New Territories East Cluster in 2008-09. The initiative will involve an additional manpower of two doctors and 12 nurses and an additional annual expenditure of about \$11 million. It is estimated that the programme could reduce the readmissions of the 240 selected FRPs by 20%.

Psychiatric Consultation-Liaison service at Accident and Emergency Departments in public hospitals

9. HA estimates that about 5 to 10% of attendances at Accident and Emergency Departments (A&E Depts) are made by patients with acute psychiatric conditions, self-harm behaviour, suicidal tendency or acute

psychosocial distress who may require urgent psychiatric attention. However, the Community Psychiatric Teams (CPTs) of different hospital clusters who are currently responsible for crisis assessment and emergency intervention services for psychiatric patients cannot respond immediately to urgent cases given their other duties. Such cases, if effectively handled in a timely manner, could help relieve the patients and reduce avoidable in-patient admission.

10. To reduce avoidable admission to psychiatric wards or mental hospitals, HA will pilot the Consultation-Liaison psychiatric teams at A&E Depts in the Kowloon East Cluster and the Kowloon Central Cluster to provide psychiatric consultation service for patients with acute psychiatric conditions. The pilot programme will provide a total of 3 000 consultations per year and involve an additional manpower of two doctors and 7 nurses and an estimated annual expenditure of about \$7.5 million.

Enhancement of Psychogeriatric outreach services

11. According to HA's estimate, about 36% of the elders in residential care homes for the elderly (RCHEs) may have varying degrees of mental illnesses such as dementia, depression and chronic psychosis and may require psychogeriatric treatment. At present, HA's 7 Psychogeriatric Teams (PGTs) (one PGT in each of the 7 clusters) provide, among other things, outreach services to about 120 subvented RCHEs. To enhance the psychiatric support to elders at the community level, HA plans to increase the number of psychogeriatric outreach attendances from 51 100 in 2007-08 to 61 100 in 2008-09, by providing 10 000 outreach attendances at private residential care homes for the elderly. The HA will deploy an additional \$8 million and recruit seven doctors in 2008-09 to provide the enhanced service.

12. The psychogeriatric outreach service could enhance the quality of life of elders in several ways. Firstly, the provision of service at residential care homes for the elderly would enable the health care professionals to have more accurate understanding on the clinical conditions, life style and treatment compliance of the elders, thereby improving the management of mental health problems of the elders. Secondly, the health care professionals could take the opportunity of outreach attendance to provide training to carers and staff of residential care homes. This could in turn enhance the quality of care of the elders. Finally, it would be more convenient for the elders as they would not have to travel to HA's psychiatric specialist outpatient clinics for follow up consultations.

Other enhancement measures

13. HA has in recent years launched a number of community-based psychiatric services which focus on different target groups. These programmes, such as the Early Assessment and Detection of Young Persons with Psychosis (EASY), Extended Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS) and Elderly Suicide Prevention Programme (ESPP) have all achieved positive results. HA will consider if there is any scope for further improvement of these programmes. As regards medical treatment, HA will continue to promote the use of new drugs to achieve better clinical outcomes.

SOCIAL REHABILITATION SERVICES

14. The overall objective of social rehabilitation services for people with mental health problems aims to develop the latter's capabilities, thereby facilitating their re-integration into the community. Under this guiding principle, SWD has been collaborating closely with non-governmental organizations (NGOs) to provide a range of rehabilitation and community mental health support services, which include residential services, medical social services, day training and vocational rehabilitation services, and community support services. In 2008-09, SWD will continue to provide and develop various social rehabilitation services for persons with mental health problems with a view to helping their community living.

Residential services

15. To meet the service demand in respect of residential services, SWD has planned to provide 175 additional long stay care home places (100 places in 2008-09 and 75 places in 2012-13), 40 supported hostel places and 40 self-financing hostel places in 2008-09 for the ex-mentally ill persons. With the additional places, the total number of long stay care home places, supported hostel places and self-financing hostel places will be increased to 1 582, 123 and 160 respectively.

16. In tandem with the further development of community support services, SWD will continue to actively identify suitable premises to enhance the various residential services. In addition, with a view to providing more alternatives for service users, SWD will continue to promote the three-pronged development of private, self-financing and subvented homes. In this regard, the Government is actively undertaking preparatory work to introduce a licensing scheme to regulate the operation of the residential care homes for persons with disabilities to ensure service standard and provide more options for service users.

Community Support Services

17. To further enhance support services on mental health in the community, SWD plans to introduce a new service delivery mode by setting up two integrated community support service centres in Tin Shui Wai in 2008-09 and 2012-13 respectively. The new centres serve to provide one-stop community support and social rehabilitation services for discharged mental patients and persons with suspected mental health problems as well as their families/carers in the community. In addition to centre-based training and supportive group work services, these two centres will also reach out to persons with suspected mental health problems in the community and to provide them with counseling and support services.

18. Subject to the effectiveness of this new service delivery mode, SWD will consider setting up similar centres in other districts through revamping the existing community mental health support services. To cope with the increase in service demand, four additional medical social worker posts will be created to strengthen the psychiatric medical social services in 2008-09 as well.

PREVENTION AND EARLY IDENTIFICATION

19. Apart from medical treatment and social rehabilitation, prevention and early identification are also key elements of our mental health services. Through various channels, the Government and NGOs have been organizing public education programmes and promotion campaigns to enhance the awareness and correct understanding of mental health in the community, as well as to promote the social inclusion of ex-mentally ill persons. One of the major promotion programmes is the annual Mental Health Month organized by the Labour and Welfare Bureau (LWB) and the Rehabilitation Advisory Committee Sub-committee on Public Education on Rehabilitation in collaboration with over 20 government departments and NGOs since 1995. Territory-wide and district-based publicity campaigns have been launched under the programme to promote mental health. In recent years, the project has been targeting children, youths and families, and its programmes have included television and radio campaigns, docudrama, adventure-based camp for teenagers, etc. In 2008-09, the Government has earmarked about \$500,000 for this project.

20. The Government will continue to run community-based outreach programmes in 2008-09 for early identification of persons with signs of mental health problems in schools, families and the community, with a view to

providing early counselling and treatment services.

WAY FORWARD

21. In the short and medium term, we will allocate additional resources and launch new measures on prevention, medical treatment and rehabilitation services, to step up public education to promote mental health and to further improve our mental health services and facilitate re-integration of ex-mentally ill persons into the community.

22. For the long term development for mental health services, this will be examined and planned under the overall framework of healthcare reform, particularly in respect of reform in enhancing primary care. The Working Group on Mental Health Services, which is chaired by the Secretary for Food and Health and comprised of professionals from the medical and rehabilitation services of mental health, academics of psychiatry and representatives of LWB, HA and SWD, will assist the Government to review the existing mental health services; identify key priority areas; and advise on the future direction and strategy of mental health services in the long term. At its last meeting on 2 May 2008, the Working Group agreed to work on the formulation of an appropriate framework for developing our mental health services and identify key areas for priority action.

ADVICE SOUGHT

23. Members are invited to note the content of the paper.

Food and Health Bureau
Labour and Welfare Bureau
Hospital Authority
Social Welfare Department

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