

## **Public Health Significance of Mental Health Problems**

World Health Organization (WHO) makes the proposition that there can be “**no health without mental health**” by virtue of the public health significance of mental health problems (Prince et al, 2007). Mental health problems are important for several compelling reasons:

- I) Mental Disorders are common;**
- II) Mental Disorders are disabling;**
- III) Mental Disorders cause psychological sufferings to patients, their family and their community;**
- IV) Mental Disorders, in severe cases, can result in suicide and violence;**
- V) Effective medical and psychosocial treatments are available to reduce suffering, prevent disability and mortality.**

Depression is one of the most commonly known mental disorders. The WHO estimates that **5-10% of the population at any given time is suffering from identifiable depression** needing psychiatric or psychosocial intervention. The life-time risk of developing depression is around 10-20%.

**Neuropsychiatric disorders account for 14% of global burden of disease**, mostly due to chronically disabling diseases like depression and other common mental disorders, alcohol-use and substance-use disorders, and psychoses (Prince et al, 2007). **Common mental problems** are also leading causes of long-term disability when quantified using the standard measure of DALYs (Disability-adjusted Life Years), **accounting for 31.7% of DALYs worldwide. By 2020**, the ten leading causes of DALYs include **Depression, Alcohol Use and Dementia** in developed countries.

**About 800,000 people commit suicide every year according to WHO**, and up to 90% of suicide victims suffer from a mental disorder. Such **death tolls** are comparable to 3 million deaths from **AIDS** and 1.7 million deaths from **tuberculosis** occurring each year worldwide.

### **Unmet needs of mentally ill in Hong Kong**

**The mortality associated with severe mentally ill is not a regional problem, it is a territory-wide problem.** Review of local media reports shows that approximately 55 incidents of suicide-homicide pact have occurred from 1999 to 2007, with 48% occurring in Kowloon; 12% on Hong Kong Island and 40% in New Territories. A sizeable number of these incidents probably occurred in people with severe mental disorders.

After the recent Tin Shui Wai tragedy, the government has committed to provide more psychosocial services and facilities for the district. This is laudable. At the same time, we would like to highlight that **severe mental disorders are medical conditions with manifestations of behavioral disturbances**. Medical treatment by psychiatrists are essential, together with appropriate psychosocial rehabilitation and aftercare.

**Our mental health service should offer to the needy population appropriate medical treatment coupled with psychosocial rehabilitation. It will take coordinated effort across different disciplines. The current level of health resource investment cannot bridge this service gap. The existing service should be enriched and intensified.**

### **Pressing need for a long-term evidence-based Mental Health Policy**

Hong Kong does not have a clearly articulated and comprehensive mental health policy up to now. All along, the government has reacted in a piecemeal fashion and implemented ad-hoc measures in response to tragic incidents. The public health significance of mental health problem necessitates the setting up of a long-term Mental Health Policy. An effective and sustainable Mental Health Policy should address the following issues:

#### **1) Destigmatisation**

Unlike patients suffering from other medical conditions, mentally ill patients and their families are often reluctant to seek treatment. The reasons are multiple and the prominent ones include fear for stigmatization and lack of insight. Stigma is one of the major barriers to early detection and treatment of mental disorder.

#### **2) Accessibility**

The number of psychiatric **outpatient attendance** has doubled in 10 years since 1996, reaching **600,000 in 2006**. The latest statistics from Hospital Authority (HA) shows that **136,000 newly registered and chronic patients are receiving active psychiatric service in 2006**. The current system is overloaded as evident in the long waiting list to outpatient psychiatric service. The average waiting time to community-based residential rehabilitation facilities run by Non-Government Organizations (NGOs) also reaches 4-8 months.

### 3) Quality care

Quality care in the existing service is compromised by an overloaded system. **By 2006, there are only 256 psychiatric doctors (specialists and trainee psychiatrists inclusive) and 1944 psychiatric nurses** serving in the HA Mental Health System (see [Figure A in Appendix](#)). The HA's expenditure on mental health service has not significantly increased since 2002. ([Table 1](#)) Hong Kong's mental health expenditure per capita is only about one-third of expenditure in Victoria, Australia. Mental health professionals from all disciplines are over-burdened while aiming at delivering quality care efficient in early detection, treatment and rehabilitation, relapse prevention and crisis intervention. For instance, an average psychiatrist can only afford about 10 minutes for each follow-up consultation in outpatient clinic.

The Community Psychiatric Service (CPS) of Hong Kong is also overloaded. Since its inception in 1990's, the primary target patients are severe mentally ill who demand intensive services to sustain them in the community. The other objective is the early detection and treatment of severe mentally ill. **The workload of CPS has increased from 20,000 visits per year in 1994 to 80,000 visits per year in 2006.** (See [Figure B in Appendix](#)) **These well-targeted service scopes are delivered by only 118 community psychiatric nurses and less than 20 community psychiatrists serving different catchment populations in Hong Kong.** The staff-to-patient ratio far exceeds comparable service in United Kingdom (See [Paper 1 in Appendix](#))

Year	HK\$ Million
2002/03	2,575
2003/04	2,636
2004/05	2,593

Table 1. HA's Mental Health Expenditure

### 4) Evidence-based Policy

Mental Health Policy should be designed according to the **demographic pattern and epidemiologic profile of our community**. There is a pressing need for a **new territory-wide epidemiological study** as the only epidemiological study undertaken in Hong Kong to establish psychiatric morbidity was conducted in the 1980s by the Chinese University of Hong Kong. In the past three decades, there have been major demographic transitions in HK population with the most prominent features being an aging population and influx of immigrants' families from Mainland China. The special needs of the community in the New Millennium must be mapped precisely and prioritized.

## **SUMMARY STATEMENTS**

- 1) Mental health problems constitute major public health burden. Mental health problems relate to significant disability and premature mortality. Evidence-based effective medical and psychosocial treatments are available. Early detection, treatment and active rehabilitation will decrease mortality and disability.
- 2) Repeated incidents of domestic violence related to mental problems reflected the unmet needs of consumers, their caregivers and the community.
- 3) The current resource allocation by the Government fails to meet the needs of our community, in spite of evidence-based opportunities for alternative models of mental health care.
- 4) Our society needs a well-informed evidence-based Mental Health Policy to address the high-priority mental health needs of our community in a coordinated, cost-effective and sustainable manner.

## **REFERENCE**

Prince M, Patel V, Saxena S, Maj M, Maselko J, Philips MR, Rahman A. Global Mental Health : No health without mental health. Lancet 2007; 370: 859-877.

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**APPENDIX**

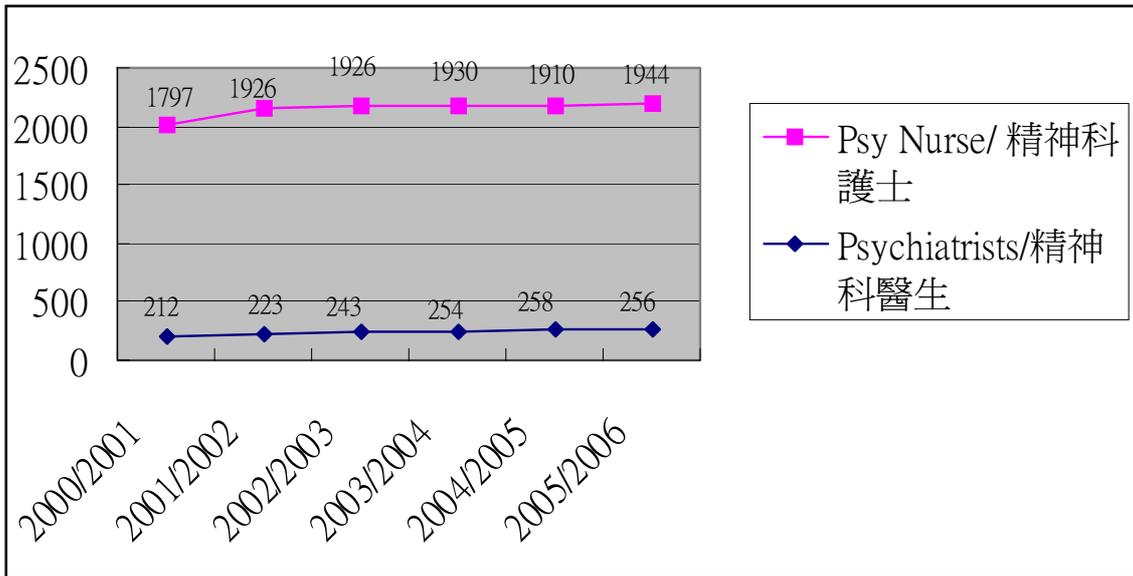


Figure A. No. of HA Psychiatrists and Psychiatric Nurses (2000-2006)

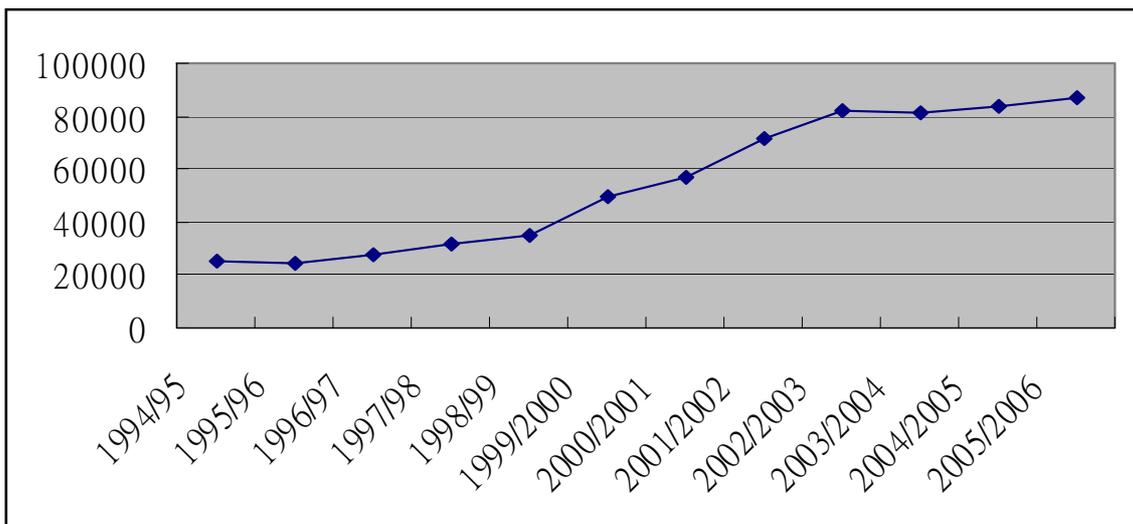


Figure B. No. of community outreach visits by Community Psychiatric Teams (1994-2006)

## **PAPER 1**

Advances in Psychiatric Treatment (2005) 11: 388-397

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**Assertive community treatment in UK practice**

### **REVISITING... SETTING UP AN ASSERTIVE COMMUNITY TREATMENT TEAM**

**Andrew Kent and Tom Burns**

Since 2000 assertive outreach has been a requirement of community mental health provision in the UK. This has led to rapid proliferation of assertive community treatment teams offering a pure form of clinical case management to people with severe mental illness. The teams provide intensive support in obtaining material essentials such as food and shelter and place a greater emphasis on social functioning and quality of life than on symptoms. People with psychotic illness with fluctuating mental state and social functioning and poor medication adherence are most likely to benefit. Teams are ideally placed to monitor clozapine treatment in the community. **Teams require a broad skills mix, and team members need some competence across a wide range of areas. Teams should include a psychiatrist or have regular access to one. Ideal individual case-loads are 10 – 12 patients.** Around-the-clock availability is no longer considered essential, particularly in view of the rise of crisis resolution/home treatment teams.