

**For discussion  
on 30 September 2009**

**Joint Meeting of the  
Legislative Council Panel on Health Services and Panel on Welfare Services  
Community Support Services for Ex-mentally Ill Persons**

**PURPOSE**

This paper updates Members on the provision of community support services for ex-mentally ill persons.

**BACKGROUND**

2. At the meeting of the Panel on Welfare Services on 8 June 2009, Members noted vide paper CB(2)1711/08-09(03) the existing medical and social rehabilitation services in the community for ex-mentally ill persons, as well as the new initiatives and improvement measures launched in recent years. Subsequently, the Panel on Welfare Services held a special meeting on 11 July 2009 and invited deputations to give views on the subject. The Administration took note of the views and suggestions raised by the deputations attending the meeting. At the request of the Panel on Welfare Services, we have provided response to the views and suggestions raised at the special meeting vide paper CB(2)2460/08-09(01) separately. As the views expressed by deputations were related to both medical and social rehabilitation services, Members of the Panel on Welfare Services requested to hold a joint meeting with the Panel on Health Services to further discuss community support services for ex-mentally ill persons.

**MENTAL HEALTH POLICY**

3. The Government is committed to promoting mental health through the provision of a comprehensive range of services on early intervention, medical treatment and community support. The Food and Health Bureau (FHB) assumes the overall responsibility in coordinating the policies and programmes on mental health and works closely with the Labour and Welfare Bureau (LWB), the Hospital Authority (HA), the Social Welfare Department (SWD) and other relevant parties in this regard. We adopt an integrated and multi-disciplinary team approach involving professionals from the medical and social sectors for the effective delivery of mental health services. In particular,

we seek to facilitate the re-integration of ex-mentally ill persons into society through various initiatives and measures on medical and social rehabilitation.

4. At present, the total Government expenditure on mental health services (including psychiatric medical services and community rehabilitation services) amounts to \$3.2 billion each year. From 2001-02 to 2008-09, the Government has provided a total of \$250 million additional funding to HA and \$86.3 million to SWD to support a number of service enhancement initiatives.

## **EARLY INTERVENTION AND TREATMENT**

5. Early detection and intervention of mental health problems can enhance the chance of recovery and reduce the seriousness of resulting disability, as well as lower the cost of medical treatment and follow-up care. We have launched a number of community-based outreach programmes for early identification of persons with signs of mental health problems in schools, families and in the community with a view to providing early counselling and treatment. These programmes, such as the Early Assessment and Detection of Young Persons with Psychosis, Child and Adolescent Mental Health Community Support Project and Community Mental Health Intervention Project, are specially designed to cater for different target groups and have all achieved positive results.

6. Persons with mental health problems may receive psychiatric assessment and treatment at the psychiatric specialist out-patient clinics (SOPCs) of HA. HA has in place a triage mechanism to assess and categorize new patients according to their clinical conditions so as to ensure that urgent cases are attended to within a reasonable time frame. In 2008-09, 96.7% of the cases triaged as first priority were treated within two weeks. On the other hand, to shorten the waiting time of non-urgent cases, HA has set up Triage Clinics at the psychiatric SOPCs in five hospital clusters in July 2009 to provide timely consultation for patients triaged as routine cases.

7. If necessary, patients will be referred for admission to psychiatric inpatient units of HA hospitals based on clinical assessment at SOPCs. Patients with sudden acute episode of mental illness may be admitted for inpatient treatment through the Accident and Emergency Departments. As at 31 March 2009, HA provides a total of 4,000 psychiatric beds.

## **ARRANGEMENTS FOR DISCHARGE OF PSYCHIATRIC PATIENTS**

8. Before a psychiatric patient is discharged from hospital, a pre-discharge risk assessment will be conducted according to established

procedures to ensure that the patient is fit for discharge and to determine the most suitable discharge plan and rehabilitation programme for the patient. The scope of the assessment covers the extent of the patient's recovery, his or her propensity to violence, suicidal tendency, compliance in drug-taking and attending follow-up consultation, and the availability of family and social network support.

9. The assessment is conducted by a multi-disciplinary team comprising psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists, and medical social workers. Family members of the patient are also consulted on the discharge arrangements. For high-risk patients who have been classified as the priority follow-up category during their stay in hospital, a senior psychiatrist will be assigned to further review the recommendation for their discharge made by the multi-disciplinary team. Only after the senior psychiatrist has completed the review and endorsed the multi-disciplinary team's assessment can these patients be discharged.

10. The hospital will arrange for discharged patients to receive rehabilitation services in the community having regard to their treatment and rehabilitation needs. If necessary, individual cases will be referred for follow-up by medical social workers in the light of the patients' welfare and other needs. Medical social workers provide counselling service to patients and their families to help them cope with the emotional and family problems arising from their illnesses, and assist them in applying for various welfare benefits, community resources and relevant rehabilitation services.

## **COMMUNITY SUPPORT SERVICES**

11. To cater for the various needs of ex-mentally ill persons living in the community, relevant Government bureaux/departments and service agencies work in close collaboration to ensure the coordinated planning and effective delivery of community support services. At the service planning level, given that mental illness is a complex health problem and that mental health services cover both healthcare and social rehabilitation services, FHB works closely with LWB in setting the direction of service development, including resource allocation, while the HA Head Office and SWD Headquarters regularly discuss the interface of their service strategies through established channels. At the service delivery level, service personnel of HA hospitals, SWD service units and non-governmental organizations (NGOs) in the districts maintain close communication and collaboration with one another regarding the care and support for service users.

12. In the light of the direction to enhance community and ambulatory

care in mental health services, HA and SWD have enhanced their medical and social rehabilitation services for ex-mentally ill persons in recent years. Details of these services are set out in the ensuing paragraphs.

### ***Medical rehabilitation services***

13. HA's medical rehabilitation and community psychiatric services are mainly delivered through the eight multi-disciplinary community psychiatric teams 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 team comprises psychiatrists, community psychiatric nurses, clinical psychologists, occupational therapists, and medical social workers. These teams conduct outreach visits and provide a comprehensive range of mental health services in the community setting to facilitate the rehabilitation and re-integration of discharged psychiatric patients into society. The number of outreach attendances by the community psychiatric teams has increased from 71,408 in 2001-02 to 103,167 in 2008-09.

14. For high-risk discharged patients, community psychiatric nurses follow up by making regular visits to patients' homes, half-way houses or other residential places to monitor their progress of treatment or rehabilitation. They remind patients to take medication regularly, and give advice and support to family members and carers regarding patients' compliance with treatment. The urgency and frequency of the home visits depend on the clinical condition of the patients on discharge.

15. HA has also set up community psycho-geriatric teams in all clusters to provide designated care, rehabilitation programmes and home visits to elders with mental illness aged 65 or above. The attendance by the community psycho-geriatric teams has increased from 37,462 in 2001-02 to 66,617 in 2008-09.

16. Psychiatric patients in the community may also receive continued care and treatment at HA's psychiatric day hospitals or psychiatric SOPCs. For high-risk discharged patients, the hospital will make arrangements for senior psychiatrists to attend their follow-up consultation sessions at psychiatric SOPCs as far as possible. In 2008-09, HA provides 889 psychiatric day hospital places and 621,100 follow-up attendances at its psychiatric SOPCs. HA will continue to promote the use of new antipsychotics to minimize the disruption to patients' daily life arising from the side effects of drugs and further optimize treatment outcome.

17. In recent years, HA has introduced a number of new initiatives to strengthen medical rehabilitation and community psychiatric services. Details are set out in paragraphs 18 to 20 below.

*Recovery Support Programme for psychiatric patients in the community*

18. Newly discharged psychiatric patients require special care and support to help them adapt to community life and cope with the potential stressors in the community. To facilitate the recovery of newly discharged patients, HA launched the Recovery Support Programme in all clusters in April 2009 to provide recovery support services using a case management approach. Under the Programme, a case manager is assigned for each patient and he or she works in a multi-disciplinary team to formulate a personalized plan for illness management and relapse prevention of the patient. The case manager also provides proactive support through outreach and phone care services. The Programme will provide a total of 14,400 outreach attendances to 2,800 discharged patients per year.

*Post-discharge community support to frequently readmitted psychiatric patients*

19. To enhance the support for a small group of psychiatric patients who are prone to frequent relapses, HA has implemented a pilot programme in the Kowloon West Cluster and New Territories East Cluster to provide post-discharge community support to these patients since 2008-09. Under this programme, community psychiatric mobile support teams are set up in these two clusters to provide round-the-clock support to a selected group of frequently readmitted psychiatric patients using a case management approach. The case managers, assigned from the mobile support teams, provide home visits and counselling service to the patients and their families. The programme targets to reduce the readmission rate of the selected patients by 20%. In 2008-09, the programme has provided 4,834 outreach attendances to 230 frequently readmitted patients. A recent interim review shows that the programme has been successful in reducing the relapse rate and readmission rate of the patients.

*Psychogeriatric Outreach Services for the elderly*

20. The Psychogeriatric Outreach Service serves to provide specialist consultation to elders in residential care homes for the elderly (RCHEs) with varying degrees of mental illness, such as dementia, depression and chronic psychosis, and to provide support to the carers of these RCHEs. In 2008-09, HA has enhanced the psychogeriatric outreach service to cover 50 private RCHEs, providing about 10,000 additional outreach attendances. In 2009-10,

HA will further enhance the service to provide an additional 10,000 attendances covering another 50 private RCHEs.

### *Social rehabilitation services*

21. The objective of social rehabilitation services is to provide appropriate training, support and care services to persons with disabilities, including persons with mental health problems, thereby assisting them in developing their potential, enabling them to continue to live independently at home and preparing them for re-integration into the community. These services also aim to strengthen the caring capacity of families and carers and relieving their stress. To achieve these objectives, SWD has been collaborating closely with NGOs to provide a range of rehabilitation services, which include residential services, day training and vocational rehabilitation services and community support services. Details are set out in paragraphs 22 to 29 below.

### *Residential services*

22. Residential care services provided by SWD for ex-mentally ill persons include long stay care homes (1,407 places) that provide long term residential care and active maintenance services to discharged chronic psychiatric patients; half-way houses (1,509 places) that provide transitional community rehabilitation service for an average of three years in preparation for ex-mentally ill persons' re-integration into the community; and supported hostels (83 places) that provide group home living for ex-mentally ill persons who can live semi-independently with a fair amount of assistance from hostel staff in daily activities.

23. To meet the demand for residential services, SWD plans to provide additional 175 places for long stay care homes and 40 places for supported hostels in the next three years. SWD will continue to identify resources and premises for provision of more residential care places.

### *Day training and vocational rehabilitation services*

24. SWD provides day training and vocational rehabilitation services to assist ex-mentally ill persons to improve their social adjustment capabilities and enhance their social and vocational skills.

25. SWD has set up five Training and Activity Centres for ex-mentally ill persons which aims at helping them develop their social and vocational skills, providing them with suitable leisure activities, thereby preventing their

recurrence of mental illness and reducing their need for rehospitalisation. SWD also provides vocational training services to ex-mentally ill persons through sheltered workshops, supported employment service and Integrated Vocational Rehabilitation Services Centres, and arranges for them to receive proactive job training through such programmes as “On the Job Training Programme for People with Disabilities” and “Sunnyway – On the Job Training Programme for Young People with Disabilities” in order to enhance their employment opportunities.

26. To create more employment opportunities for persons with disabilities, including ex-mentally ill persons, SWD has implemented the “Enhancing Employment of People with Disabilities through Small Enterprise” Project since 2001-02. Under this project, seed money is granted to NGOs to support the establishment of small enterprises and the organizations receiving subsidies are required to employ persons with disabilities, including ex-mentally ill persons, at a ratio of not less than 50% of the total number of employees. As at June 2009, the project has granted subsidy to 23 NGOs for creation of 52 small enterprises. The organizations receiving subsidies have employed 330 persons with disabilities, among which 154 are ex-mentally ill persons.

#### *Community support services*

27. In recent years, SWD has launched a number of new initiatives to enhance community support services for persons with mental health problems and their families and carers. These schemes, including the Community Mental Health Link, Community Mental Health Care Services, Community Rehabilitation Day Services and Community Mental Health Intervention Project, help the respective target groups build up their community network and acquire daily living skills through intensive social work intervention. SWD has also set up a Parents/Relatives Resource Centre to provide emotional support and counselling service for families and carers of ex-mentally ill persons and strengthen their ability to care for their dependants with mental health problems.

28. The first Integrated Community Centre for Mental Wellness in Tin Shui Wai started operation in March 2009 to provide one-stop, accessible and integrated community mental health support services to discharged mental patients, persons with suspected mental health problems, their families and carers and residents living in the district. These integrated services range from early prevention to risk management through public education, day training, counselling, outreaching visits and where required, direct liaison with HA for urgent medical consultation to meet the varying needs of service users. SWD is reviewing the effectiveness of this new service model and assessing whether to expand this new service model across the territory by revamping its existing

community mental health support services.

29. To strengthen the medical social support for patients at HA psychiatric inpatient units and psychiatric SOPCs and other ex-mentally ill persons, SWD has also increased the number of medical social workers from 166 in 2005-06 to 197 in 2008-09. In 2009-10, ten additional medical social workers will be provided to support the treatment and rehabilitation services of HA.

## **WAY FORWARD**

30. The Government keeps its mental health services under review and make necessary adjustment or enhancement to the services in response to changes in social circumstances and service needs. In the short and medium term, we will continue to allocate additional resources on prevention, early intervention, treatment and rehabilitation services to further improve our mental health services and facilitate re-integration of ex-mentally ill persons into the community.

31. For the long term development of mental health services, this will be examined and planned under the overall framework of healthcare reform. In the meantime, the Working Group on Mental Health Services, which is chaired by the Secretary for Food and Health and comprises academics and professionals from the healthcare and social welfare sectors, will continue to assist the Government in reviewing the existing mental health services. This is a long-term and ongoing process.

32. The Working Group has established a Subgroup to study in-depth the demand for mental health services and the relevant policy measures. Three expert groups have been formed under the Subgroup with members comprising professionals with relevant service experience to study the service needs of three different age groups (children and adolescents, adults, elderly).

33. At the last meeting of the Working Group in September 2009, Members have considered the preliminary views of the expert groups about the service needs of different age groups, the potential areas for service enhancement and their initial suggestions for service improvement. In the light of the views and suggestions of the expert groups, we would prioritize and proceed with the suggested improvement initiatives on a step by step basis and in a practicable manner. In seeking service improvements, we would first target at those who are most at risks and would explore the effective service model to meet the needs of these patients through collaborative efforts among the medical, social and other relevant sectors.

## **ADVICE SOUGHT**

34. 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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