

For discussion  
on 8 June 2009

**LEGISLATIVE COUNCIL  
PANEL ON WELFARE SERVICES**

**Community Support Services for Ex-mentally Ill Persons**

**PURPOSE**

This paper briefs Members on the provision of medical and social rehabilitation services in the community for ex-mentally ill persons.

**BACKGROUND**

2. The Government is committed to promoting mental health through the provision of a comprehensive range of measures and initiatives focusing on prevention and early identification, medical treatment and medical/social rehabilitation services in the community. We seek to provide a continuum of services for mentally ill persons, and in achieving this policy objective, there is close collaboration among relevant Government bureaux/departments. On the policy level, the Food and Health Bureau (FHB) assumes the overall responsibility in coordinating the policies and programmes on mental health. It works closely with the Hospital Authority (HA), Department of Health (DH), Social Welfare Department (SWD), Non-governmental Organisations (NGOs) and other relevant parties in formulating policies on mental health and providing mental health services to those in need.

3. This Panel paper covers the provision of rehabilitation services to ex-mentally ill persons in the community. These services complement the medical treatment of mental illness and play an important role in maximising the capabilities of ex-mentally ill persons and facilitating their reintegration into society. In this regard, HA, SWD and NGOs work closely together to ensure the effective delivery of rehabilitation services, including the following medical and social rehabilitation services, to the ex-mentally ill persons -

- (a) medical rehabilitation services ;
- (b) follow-up consultation at the psychiatric specialist out-patient clinics (SOPCs) ;
- (c) medical social services ;

- (d) residential care services ;
- (e) day training and vocational rehabilitation services ; and
- (f) other community support services (e.g. counselling service, financial assistance, etc.)

These services are detailed in the ensuing paragraphs.

## **EXISTING REHABILITATION SERVICES**

### Medical Rehabilitation Services

4. HA's medical rehabilitation and community psychiatric services are mainly delivered through the 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, occupational therapists and medical social workers. 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. The number of HA's community psychiatric outreach attendances has increased from 71 408 in 2001-02 to 103 167 in 2008-09.

5. HA delivers community psychiatric outreach services to the elderly with mental illness through its seven Community Psycho-geriatric teams in all seven clusters. The Community Psycho-geriatric teams 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.

6. Community psychiatric nurses (CPNs), on the other hand, follow up on the discharged patients through regular visits to patients' home, half-way house or other residential places to monitor their progress of treatment or rehabilitation. CPNs remind patients to take medication regularly, and give advice and support to family members and carers for compliance with treatment. The urgency and frequency of the home visits depend on the clinical condition of the patients on discharge.

### Follow-up Consultation at Psychiatric SOPCs

7. Ex-mentally ill persons will also be arranged to receive

follow-up consultations at HA's psychiatric SOPCs upon return to the community. The number of follow-up attendances at HA's psychiatric SOPCs was about 621 100 in 2008-09.

### Medical Social Services

8. Recognising that high-risk families with members suffering from mental health problems require particular attention, SWD has stationed 197 Medical Social Workers (MSWs) at the psychiatric units of all HA public hospitals and clinics to provide support for mentally ill persons who are hospitalised, ready to be discharged or undergoing follow-up consultations.

9. These MSWs provide counselling as well as financial and housing assistance to the patients and their families to help them deal with various problems arising from their illness and disability, such as emotional and inter-personal relationship problems. MSWs also work with other medical and allied health professionals to draw up discharge plans for the patients, and assist the patients and their families to apply for medical fee waivers, social security benefits, relevant rehabilitation services and community resources such as integrated home care services and compassionate rehousing.

### Residential Care Services

10. SWD has been providing various residential care services to ex-mentally ill persons. Such services include long stay care homes (LSCH) (1 407 places) that provide long-term residential care and active maintenance services to discharged chronic mental patients; half-way houses (HWH) (1 509 places) that provide transitional (3 years on average) community rehabilitation service in preparation for ex-mentally ill persons' re-integration into the community; supported hostels (SHOS) (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; and self-financing hostels (118 places) that provide alternative accommodation for ex-mentally ill persons who are more capable of independent living.

11. An additional 175 places for LSCH and 40 places for SHOS will come on stream in the next three years to meet demand. SWD will endeavour to identify suitable premises to increase the residential care places with a view to facilitating the ex-mentally ill persons to re-integrate into the community.

## Day Training and Vocational Rehabilitation Services

12. To assist ex-mentally ill persons to improve their social adjustment capabilities and enhance their social and vocational skills, SWD provides various day training and vocational rehabilitation services through the Training and Activity Centre for ex-mentally ill persons, sheltered workshops, supported employment service, Integrated Vocational Rehabilitation Services Centres, etc. SWD also provides On the Job Training Programme, Sunnyway - On the Job Training Programme for Young People with Disabilities, “Enhancing Employment of People with Disabilities through Small Enterprise” Project and marketing consultancy service etc, to help persons with disabilities, including ex-mentally ill persons, to seek employment and make a living in the open market.

## Other Community Support Services

13. The following community support services are also provided to cater for the different needs of ex-mentally ill persons -

- (a) Integrated home care services (home help services) - auxiliaries may be provided to those discharged mentally ill patients who are in need of domestic help services;
- (b) Compassionate rehousing - where there is a housing need for a discharged mentally ill patient, compassionate re-housing will be arranged for him/her on social and/or medical grounds;
- (c) Counselling service - for those who are not receiving follow-up treatment in hospitals or clinics, they can approach the Integrated Family Service Centre operated by SWD/NGOs for counselling, financial assistance and necessary social services. Clinical psychology service in the form of psychological assessment, counselling and treatment will also be provided as required;
- (d) 24-hour Telephone Psychiatric Advisory Service - information and advice relating to mental health issues may be obtained through a dedicated hotline; and
- (e) Financial Assistance - ex-mentally ill persons who encounter financial difficulties may approach the Social Security Field Units of SWD for financial assistance as required.

## **NEW INITIATIVES AND OTHER IMPROVEMENT MEASURES IN RECENT YEARS**

14. The total Government expenditure on mental health services (including psychiatric medical services and community rehabilitation services) amounts to around \$3.2 billion each year. From 2001-02 to 2008-09, the Government has provided a total of \$250 million additional funding to the HA and \$86.3 million to SWD to support a number of new initiatives seeking to strengthen early identification and intervention of mental health problems, purchase new drugs for treatment, and enhance community psychiatric services and medical social services.

15. Also, a series of community support services have been launched and enhanced in recent years to provide ex-mentally ill persons and their families with continuous care and support. These measures include -

- (a) psychogeriatric outreach services for the elderly;
- (b) post-discharge community support to frequently re-admitted psychiatric patients;
- (c) recovery support programme for psychiatric patients in the community;
- (d) Community Rehabilitation Day Services;
- (e) Community Mental Health Link;
- (f) Community Mental Health Care; and
- (g) Integrated Community Centre for Mental Wellness.

Details of these enhanced measures are set out below.

### Psychogeriatric Outreach Services for the elderly

16. 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. HA plans to further enhance the service in 2009-10 to provide an additional 10 000 attendances covering another 50 private RCHEs.

### Post-Discharge Community Support to Frequently Readmitted Psychiatric Patients

17. HA has introduced the programme in the Kowloon West Cluster and New Territories East Cluster since 2008-09. It aims to reduce the frequency of re-admission and length of stay of frequently re-admitted psychiatric patients. Community psychiatric mobile support teams have been set up to provide round-the-clock support to the frequently re-admitted psychiatric patients on a case management approach. The case managers, assigned from the mobile support teams, also provide home visits and counselling service to targetted patients and their families.

### Recovery Support Programme for Psychiatric Patients in the Community

18. Launched by HA in April 2009, the programme adopts a case management approach to provide recovery support service for newly discharged psychiatric patients. Seven support teams have been set up in all seven hospital clusters to implement the programme, which will provide a total of 14 400 outreach attendances to 2 800 discharged patients each year.

### Community Rehabilitation Day Services (CRDS)

19. Introduced by SWD in October 2006, CRDS provides outreaching occupational therapy services for ex-mentally ill persons so as to give them continuous support in the community, assist them to resolve the adjustment problems in their daily living and help them re-integrate into the community. Since the commencement of the service in October 2006 till March 2009, a total of 1 489 ex-mentally ill persons were served.

### Community Mental Health Link (CMHL)

20. SWD introduced the CMHL to provide care and support, including counselling service, social/recreational/educational activities, outreaching visits, networking and community educational activities etc, for ex-mentally ill persons and their families/carers. From 2001 to 2009, a total of 40 688 ex-mentally ill persons and their family members/carers benefited from the service.

### Community Mental Health Care (CMHC)

21. Launched by SWD in October 2005, CMHC aims at providing continuous support for the recently discharged ex-mentally ill persons or halfway house residents in the community mainly through outreaching visits

and various support services, with a view to helping them resolve their adjustment problems and re-integrate into the community. Since then and till March 2009, a total of 5 648 ex-mentally ill persons were served.

### Integrated Community Centre for Mental Wellness

22. The Integrated Community Centre for Mental Wellness (ICCMW) at Tin Shui Wai (TSW) has commenced service since March 2009. It is the first integrated centre under SWD's subvention providing one-stop community support and social rehabilitation services for the residents, discharged mental patients, persons with suspected mental health problems and their families/carers living in TSW district. The ICCMW will serve 450 cases and 1 200 families/carers per year.

### Strengthening of Staffing

23. In recent years, HA has employed more psychiatric staff to strengthen the support for psychiatric treatment and services. The number of psychiatrists in HA has increased from 212 in 2000-01 to 288 in 2008-09; and that of psychiatric nurses has also increased from 1 797 to 1 880 (including 133 community psychiatric nurses) during the same period. In addition, SWD has increased the number of MSWs at the psychiatric units of public hospitals and clinics from 166 in 2005-06 to 197 in 2008-09. Ten additional MSWs will be provided in 2009-10 to dovetail with new initiatives of HA, including enhanced psychiatric outpatient services.

## **PUBLIC EDUCATION**

24. Public education on mental health also plays an important part in the social rehabilitation of mental patients. Over the years, we have made continuous efforts on public education and promotion with a view to enhancing the awareness and understanding of mental health in the community. With the collaborative efforts of the Labour and Welfare Bureau, the Rehabilitation Advisory Committee, the 18 District Councils, NGOs and relevant Government departments, a major theme-based territory-wide publicity campaign, entitled the Mental Health Month, has been organised annually since 1993. Under this annual campaign, promotional activities including television programmes, Announcement of Public Interest, seminars, workshops, exhibitions and community activities are organised to promote mental health. Meanwhile, HA regularly organises activities to promote mental health through its psychiatric department while the Department of Health has incorporated mental health into its public health education portfolio.

## **FUTURE DEVELOPMENT**

25. Over the years, we have kept our mental health policy and services under review in response to changes in the environment and service needs. To further improve mental health in our society, the Working Group on Mental Health Services, chaired by the Secretary for Food and Health and comprising as members professionals of psychiatric and rehabilitation services and the academia, has been set up in August 2006 to assist the Government in reviewing the existing mental health services and mapping out the long-term development of mental health services.

26. The Government will continue to improve its services on mental health by stepping up public education to promote public awareness of mental health; making more efforts in early identification of those with mental illness for appropriate treatment; enhancing professional training with emphasis on primary care and community care, as well as promoting rehabilitation to facilitate re-integration of ex-mentally ill persons into the community.

## **ADVICE SOUGHT**

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

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

**June 2009**