Community Support Services for Ex-mentally Ill Persons

Meeting of Legislative Council
Panel on Welfare Services on 11 July 2009

– Submission from the Equal Opportunities Commission –

Purpose

This paper presents Equal Opportunities Commission's (EOC) view on the provision of support services for ex-mentally ill persons in the community.

International data on mental illnesses

2. In contrast to the overall improvement in health of world populations in recent decades, the burden of mental illness is growing. Mental and behavioural disorders are common, affecting more than 25% of all people at some time during their lives and are present at any point in time in about 10% of the population[1].

3. Depression is a particularly important global health problem due to both its relatively high lifetime prevalence and the significant disability that it causes. In 2002, depression accounted for 4.5% of the worldwide total burden of disease. It is also responsible for the greatest proportion of burden attributable to non-fatal health outcomes, accounting for almost 12% of total years lived with disability worldwide.[2]

4. By 2020, mental and behavioural problems are likely to account for 15% of disability adjusted life year lost.[3]

Hong Kong situation

5. According to the 2005/06 edition of the "Hong Kong Population Health Profile Series", mental and behavioural disorders (including intentional self-harm) accounted for over 24,000 in-patient discharges and deaths in Hospital Authority (HA) hospitals in 2004. These disorders also accounted for 1,570 registered deaths in the same year.

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[1] *WHO (2001), World Health Report 2001: Mental Health: New Understanding, New Hope, World Health Organization, Geneva*

[2] *WHO (2005) Revised global burden of disease (GBD) 2002 estimates. World Health Organization, Geneva*

[3] *Mental and Neurological Disorder. WHO Factsheet No. 265. Geneva: World Health Organization; 2001*

Although less than 5% of total deaths were attributable to these disorders, they accounted for a substantial number of premature deaths with 33,986 potential years of life lost at age 75 in 2004.

Existing community support services

6. According to the Administration's paper (the Paper) submitted to the Panel on Welfare Services for discussion on 8 June 2009, 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. The Paper listed the following medical and social rehabilitation services for the ex-mentally ill persons –

(a) medical rehabilitation services;

(b) follow-up consultation at the psychiatric specialist out-patient clinics;

(c) medical social services;

(d) residential care services;

(e) day training and vocational rehabilitation services;

(f) other community support services (e.g. counseling, financial assistance, etc.);

(g) psychogeriatric outreach services for the elderly;

(h) post-discharge community support to frequently re-admitted patients;

(i) recovery support programme for psychiatric patients in the community;

(j) Community Rehabilitation Day Services;

(k) Community Mental Health Link;

(l) Community Mental Health Care; and

(m) Integrated Community Centre for Mental Wellness.

Inadequate residential care services

7. According to the Paper, the Social Welfare Department (SWD) has been providing various residential care services to ex-mentally ill persons. Such services include long stay care homes (LSCH) (1,407 places); half-way houses (HWH) (1,509

places); supported hostels (83 places); and self-financing hostels (118 places). In total, 3,117 places of residential care are available for discharged mental patients.

8. There are, however, over 33,000 mentally ill patients (including those with "dementia", "mental and behavioural disorder due to use of alcohol or psychoactive substance use", "schizophrenia, schizotypal, and delusional disorders", "mood/affective disorders", "neurotic, stress-related, and somatoform disorders", and "other mental and behavioural disorders") discharge each year.[4] In other words, the places-discharges ratio is 1:10. The number of places provided is simply insufficient since the nature of these services are providing long stay (e.g. 3 years on average for HWH and even longer for LSCH) residential care for ex-mentally ill persons and the turnover is very low.

Inadequate staffing

9. According to the Paper, HA has employed more psychiatric staff to strengthen the support for psychiatric treatment and services. The number of psychiatrists and psychiatric nurses in HA are 288 and 1,880 respectively in 2008-09. On the other hand, SWD has 197 Medical Social Workers (MSW) working at the psychiatric units of public hospitals and clinics in 2008-09.

10. The hard fact, however, is that there are over 6,600 in-patients in psychiatric hospitals and over 615,000 attendances at Specialist Psychiatrics Out-patient Clinics and Family Medicine Specialist Clinics each year.[5] The rough figures for MSWs-patients, doctors-patients, and nurses-patients ratios are therefore 1:3,100, 1:2,100, and 1:330 respectively. In the light of these figures, it is EOC's view that HA and SWD are under-staffed as far as psychiatric services are concerned.

Insufficient support services for families and carers

11. People rarely choose to become carers. However, when a family is confronted with the situation that a son, daughter, or spouse has a mental illness, family members have to assume that carer role. Family members are usually the ones providing the major proportion of care for people living in the community with a mental illness. Therefore, family members are the ones who need a careful and sensitive introduction to what mental illness is, and what it is not. They need to know what can be done, by whom, when and where.

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[4] Table 3.1, Hospital Authority Statistical Report (2006-2007)
[5] Table 4.2 & Table 4.4.b, Hospital Authority Statistical Report (2006-2007)

12. The benefits of providing support for carers are far-reaching – not just to the carers but to the person with mental illness, family, and others involved in service delivery. Looking after carers contributes to better health outcomes for the mentally ill person they care for. Further, carers themselves need care to reduce their risk of developing their own mental health problems. Carer and family support is therefore a crucial and inseparable part of quality community-based care programmes.

13. Services and programmes for families and carers that are considered beneficial by the EOC but insufficient at the moment include: information and education about mental illness, training and education to help manage the caring role, education in coping skills and resilience, peer support to link carers with other carers, help with navigating the mental health system, respite, counselling, advocacy, and carer support workers or staff in the mental health system.

A comprehensive mental health policy is still lacking

14. The EOC has long been urging the Government to formulate a more comprehensive strategy on mental health in consultation with users and stakeholders. It remains the Government's position that HA, SWD, the Department of Health, and the Food and Health Bureau work closely together to provide the necessary services and support for the treatment and rehabilitation for persons with mental illness. The Government also maintains that the present system works effectively and thus sees no such need. A Working Group on Mental Health Services (the Working Group) was also formed in August 2006, chaired by the Secretary for Food and Health and comprising professionals providing psychiatric and rehabilitation services, academics and representatives of HA and SWD to review the existing mental health services and to map out the long-term development of mental health services.

15. It is noted that the Working Group has not reported on the work progress since its establishment in 2006. It is not known how many meetings have been held by the Working Group so far, or the review direction and outcome. It is also noted that there is an obvious omission, namely users of mental health services (i.e. ex-mentally ill persons or their families), in the composition of the Working Group, a central body set up to review existing services for mentally ill persons. Without input from such an important and key stakeholder, it is not known how the Working Group could achieve its stated objective of reviewing the existing mental health services in Hong Kong and mapping out the long-term development of mental health services for the users.

16. It is acknowledged that the various departments are providing essential or baseline services within their own spheres of responsibilities and available resources. However, it does seem clear that a more coordinated approach under a clear policy, with adequate resources based on a full understanding and assessment of the current situation, is called for urgently.

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