

**For information
on 11 May 2010**

Legislative Council Panel on Health Services

New Mental Health Service Programmes in the Hospital Authority

PURPOSE

This paper introduces the new mental health service programmes launched by the Hospital Authority (HA) in 2010-11 to enhance support for persons with mental health problems.

BACKGROUND

Mental health policy

2. The Government is committed to promoting mental health through the provision of a comprehensive range of mental health services on early intervention, medical treatment and community support. We adopt a multi-disciplinary and cross-sectoral team approach in delivering mental health services with a view to catering for the needs of persons with mental health problems in a holistic manner. The Food and Health Bureau (FHB) assumes the overall responsibility of coordinating mental health policies and service programmes by working closely with the Labour and Welfare Bureau, HA, Social Welfare Department (SWD) and other relevant parties.

Resources and service enhancements in recent years

3. The services for persons with mental health problems have been strengthened in recent years with additional resources. The funding allocation by the Government on mental health services has been increasing in recent years with an annual expenditure of above \$3 billion. The revised estimate of the Government's expenditure on mental health services in 2009-10 amounted to \$3.77 billion. From 2001-02 to 2009-10, the Government has provided additional funding of \$283 million to HA and \$85.1 million to SWD to implement a series of new initiatives.

4. Among the major initiatives implemented are the use of psychiatric drugs with less disabling side effects, intensive rehabilitation service in home-like settings for long stay mental patients in hospitals, early assessment for young persons with psychosis, prevention of elderly suicide through early detection of depression, support to discharged mental patients particularly the

frequently readmitted patients, psychogeriatric outreach services for the elderly in private old aged homes, psychiatric consultation-liaison service at accident and emergency departments and the setting up of triage clinics at psychiatric specialist outpatient clinics (SOPCs). We have also enhanced the manpower for mental health services by increasing the number of psychiatrists, psychiatric nurses, medical social workers, etc.

NEW PROGRAMMES OF HA TO ENHANCE THE SUPPORT FOR MENTAL PATIENTS IN 2010-11

5. At present, over 150,000 persons with mental health problems are receiving treatment and support through the hospitals, psychiatric SOPCs and community services of HA. Among them, around 40,000 are diagnosed with severe mental illness (such as psychosis) and around 70,000 are diagnosed with common mental disorders (such as neuroses and affective disorders). HA has launched two new programmes to enhance the support for these two major groups of mental patients. Details of the programmes are set out in the ensuing paragraphs.

Case Management Programme for persons with severe mental illness

6. In the light of the international trend to divert the focus of the treatment of mental illness from inpatient care to community and ambulatory services, we seek to enhance the support services to patients in community settings in order to achieve better treatment outcome and facilitate their recovery and re-integration into the community. For patients with severe mental illness, those in stabilized conditions may be discharged from hospitals to continue their treatment and rehabilitation in the community, subject to risk assessment by a multi-disciplinary team of healthcare personnel comprising psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers.

7. Patients with severe mental illness who reside in the community have various needs in their daily life. Their conditions call for the adoption of a coordinated approach to provide personalized care to them. To enable the provision of intensive, continuous and personalized support to these patients, HA has launched the Case Management Programme (CMP) for persons with severe mental illness.

8. Each patient covered by CMP has a designated case manager to follow-up on his/her care. The case manager will establish a close service relationship with the patient and develop an individual care plan having regard to the patient's needs and risk profile. The case manager will maintain contact with the patient throughout the recovery journey, coordinate and arrange for the delivery of appropriate services to the patient. He/she will at the same time

monitor the progress of recovery and make prompt arrangements for the patient to receive treatment when there is sign of relapse of mental illness. In discharging his/her functions, the case manager will work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness, the first of which was set up in Tin Shui Wai in March 2009 and operated by a non-governmental organization under SWD's subvention to provide one-stop, integrated and accessible community support services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents in the district.

9. The CMP has been launched as pilots in Kwai Tsing, Kwun Tong and Yuen Long districts where relatively more patients with severe mental illness reside. The target is to serve 5,000 patients within the year. Around 80 to 100 additional psychiatric nurses and allied health professionals with experience in mental health services will be recruited in the year to serve as case managers for the Programme. They will be provided with structured training on case management through intensive classroom teaching, structured workshops and practicum with supervision. It is estimated that the pilot CMP will incur a total sum of \$78 million in 2010-11. Subject to the evaluation of the pilot programme, HA will roll it out to other districts in the coming years.

10. Meanwhile, with an additional funding of \$70 million in 2010-11, SWD will expand the service model of the Integrated Community Centres for Mental Wellness across the territory and strengthen the manpower of these centres to provide comprehensive and accessible services to persons in need. These centers will work in close collaboration with the case managers under the CMP of HA to provide effective support for persons with severe mental illness.

Common Mental Disorder Clinics and Integrated Mental Health Programme

11. In 2009-10, HA set up triage clinics at the psychiatric SOPCs in five of the clusters (Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West clusters) to provide timely assessment and consultation for patients with common mental disorders and other relatively mild conditions who were triaged as routine cases. The triage clinics successfully helped to shorten the waiting time of routine cases, with the median waiting time for first appointment of these cases reduced from 17 weeks in 2008-09 to 8 weeks in 2009-10.

12. Based on the service model of the triage clinics, HA has set up Common Mental Disorder Clinics (CMDCs) at the psychiatric SOPCs to further enhance the support for persons with common mental disorders. The CMDCs provide patients waiting for appointment at psychiatric SOPCs with assessment and services. Depending on their conditions and needs, patients may receive pharmacological treatment and allied health services such as psychological

therapy by clinical psychologists or occupational therapists at the CMDCs. A total of seven CMDCs (with one in each of the seven hospital clusters) have been set up and they have subsumed the triage clinics previously set up in five clusters. It is estimated that they will altogether provide 23,000 consultations and 8,400 allied health service attendances a year.

13. Meanwhile, an Integrated Mental Health Programme (IMHP) will be introduced later this year at the family medicine specialist clinics (FMSCs) and general outpatient clinics (GOPCs) of HA to foster collaboration between the CMDCs and primary care services for better support to patients. Under the IMHP, patients with stabilized conditions from the CMDCs will be provided with maintenance treatment in the primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams. The IMHP will also screen, assess and treat other patients at FMSCs and GOPCs with signs of mental health problems so as to relieve their conditions as early as possible and enhance their chance of recovery. To facilitate the management of mental patients in the primary care settings, psychiatrists will share the clinical practices and protocols with primary care personnel.

14. The IMHP will be piloted in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East clusters in the latter half of 2010-11. A total of around 13,800 consultations will be provided at FMSCs and GOPCs under the pilot programme in the year. The setting up of the CMDCs and the implementation of the IMHP will involve additional manpower of 30 doctors, nurses and allied health professionals and a total sum of about \$31 million.

Other enhancement measures

15. In 2010-11, HA will further expand the provision of new psychiatric drugs with proven effectiveness to 2,000 additional patients under suitable clinical conditions in order to optimize their treatment outcome. The estimated additional recurrent expenditure involved is \$10 million. HA will continue to review the use of psychiatric drugs under its established mechanism.

WAY FORWARD

16. The Government keeps its mental health policy and services under review and makes necessary adjustment and enhancement in response to changes in social circumstances and service needs. The Working Group on Mental Health Services (the Working Group), which is chaired by the Secretary for Food and Health and comprises academics and relevant professionals and service providers, assists the Government in reviewing our mental health services on an ongoing basis. There is a subgroup under the Working Group to study in-depth the demand for mental health services and the relevant policy

measures. The subgroup is supported by three expert groups comprising professionals with relevant service experience to study the service needs of different age groups (children and adolescents, adults, and elderly). The deliberation of the Working Group and its subgroup/expert groups have contributed to the formulation of the two new programmes for mental health services introduced in the foregoing.

17. To enhance the mental health services in response to the needs of the community in a systematic manner, HA is developing a mental health service plan for adults for 2010-2015, setting out the goals, objectives and action priorities for the mental health services for adults in the next five years. In formulating the service plan, HA has taken account of the views of the Working Group and its subgroup and relevant expert group. HA will consult relevant service providers, patients, carers, and other stakeholders on the service plan in the coming months. Meanwhile, HA will consider developing similar service plans for other age groups having regard to the deliberations in the Working Group.

ADVICE SOUGHT

18. 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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