Enhancement of Community Mental Health Services

Panel on Health Services and Panel on Welfare Services Joint Meeting on 31 March 2012

~~ Submission from the Equal Opportunities Commission ~~

Purpose

This paper aims to provide views of the Equal Opportunities Commission ("EOC") on the enhancement of community mental health services.

Background

For centuries, people commonly held the views that persons with mental illness ("PMIs") would pose danger to the public, and it was widely believed that PMIs should be isolated and refrained from contacting other people in the community. With the advance of modern medicine and better understanding of mental illness, governments gradually adopted a health and welfare perspective to handle mental health issues. In general, it remains a common practice for governments and relevant authorities to assign PMIs to medical care: the less serious cases to be treated through clinical care and the more serious ones to be admitted to confined institutions such as mental hospitals.

The above approach has evolved fairly rapidly in recent years in the developed countries as the public begins to understand and accept the rights of PMIs. It is also widely recognized that approaching mental health issues solely from a health and welfare perspective is far from satisfactory, and a comprehensive and community based approach is needed. There is a paradigm shift from taking an institutional care approach to the adoption of community care approach. Nowadays, there is a growing trend to encourage and support discharged mental patients ("DMPs") or ex-mentally ill persons to re-integrate into the community so they may lead a normal life again, like any other recovered patients.

Convention on the Rights of Persons with Disabilities

In respect of the Convention on the Rights of Persons with Disabilities ("CRPD"), Article 3 of the Convention states that one of the principles of CRPD is to ensure the full and effective participation and inclusion of PWDs in the society. Meanwhile, Article 19(c) states that "*States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that: (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.*"

Taking into account the spirit and core values enshrined in the CRPD and the paradigm shift from institutional care to community care for PMIs, Hong Kong should accord a higher priority and take proactive measures to provide community support and care to PMIs and to facilitate DMPs' re-integration into the community.

Current situation

The Government has since 2001 launched a number of initiatives to improve community support services for PMIs/DMPs in order to help them improve their social adjustment capabilities for early and better re-integration into the community. The following are some of the measures:

(a) Post-discharge community support to frequently re-admitted psychiatric patients;
(b) Recovery support programme for psychiatric patients in the community;
(c) Community Rehabilitation Day Services;
(d) Community Mental Health Link;
(e) Community Mental Health Care; and

(f) Integrated Community Centre for Mental Wellness ("ICCMW").

Despite these measures, PMIs/DMPs still face tremendous difficulties in medical care and in community acceptance. Our observation on the key problems and the corresponding recommendations are as follows.

Inadequate medical services

It is crucial for PMIs residing in the community to receive timely follow-up treatments. However, owing to the lack of mental health professionals as well as allied health personnel with experience in community mental health services, PMIs have to wait for a long time to receive proper medical consultations and treatments. Besides, first-line psychiatric drugs dispensed by the public hospitals are often criticized by users to be outdated and have undesirable side effects.

Moreover, the Government closed all evening out-patient clinics for mental patients ("evening clinic") in 2005 due to the low utilization rate. However, according to a survey conducted by Society for Community Organization ("SOCO") in 2011, about 80% of the 350 respondents said that they had to attend medical consultations on their own, and half of the respondents indicated that the closure of the evening clinic had negative impact on their work, income and image as they had to take leave at daytime to attend medical consultation.

The Government should map out long-term manpower plans in relation to the training of mental health professional as well as allied health personnel with experience in community mental health services. The Government must also review the psychiatric drugs given to PMIs and consider upgrading them to those with less undesirable side effects. In addition, the Government should consider re-opening some evening clinics to facilitate those working PMIs/DMPs to attend medical consultations without causing disruptions to their work.

Lack of employment opportunities

Given some DMPs do not have the most up-to-date job related skill and experience, it is not easy for them to find suitable jobs after they return to the community. According to the above-mentioned survey conducted by the SOCO, only about 30% of the respondents were in employment. Moreover, as reported in the "Survey on Persons with Disabilities and Chronic Diseases" (Census and Statistics Department, 2006-07), the unemployment rate of persons with mental illness/mood disorder was 14% whereas the overall unemployment rate for the Hong Kong population in 2007 was 4%.

Hence, the Government should intensify vocational training to DMPs and provide active assistance to them to re-enter the labour market. We also urge the Government to enhance public education on mental health and rectify public misunderstanding about PMIs, as part of the effort to facilitate the employment of PMIs/DMPs.

Integrated Community Centres for Mental Wellness ("ICCMWs")

In order to provide one-stop, integrated and accessible community health support services to DMPs, persons with suspected mental health problems, their families and carers and residents living in the district, Social Welfare Department ("SWD") set up the first ICCMW in Tin Shui Wai in 2009. In the 2009-2010 Policy Address, the Government announced that it would provide additional recurrent funding for expanding the service mode of ICCMW to all the 18 districts in 2010-2011.

However, as at February 2012, 6 ICCMWs have been operating in permanent premises, 9 have secured permanent accommodation and 9 ICCMWs have yet to identify suitable premises. One of the difficulties is the lack of public acceptance to ICCMWs, and some members of the public as well as community leaders hold opposing views on the proposed locations for ICCMWs. The lack of sufficient mental health care professionals and supporting personnel is also an obstacle to the smooth and effective implementation and operations of ICCMWs.

The relevant departments including SWD and Home Affairs Department's District Offices should take a more proactive and progressive approach in facilitating the early establishment of the remaining ICCMWs. Local objections can never be eliminated altogether, but so long as there is firm proof that the service is safe, is needed by all in the local community, and will be adequately staffed to ensure effective care for PMIs, they should proceed after a reasonable period has been allowed for public education and consultation.

Further recommendations

We have a number of other recommendations, based on years of observation, learning from best practice elsewhere, and listening to stakeholders.

Setting up a central coordination body – Mental Health Council

Mental health is more than the absence of mental illness. People can have varying degree of mental health condition, whether or not they have a mental illness. Mental illnesses and problems are believed to result from a complex interaction among social, economic, psychological and biological/genetic factors. Thus, the Government should adopt a multi-sectorial and co-ordinated approach to provide integrated and accessible community health support services to PMIs, especially the DMPs, persons with suspected mental health problems, their families and carers and residents living in the district. EOC has advocated for a long time that the Government should set up a high powered and broad based Mental Health Council, preferably chaired by the Chief Secretary for Administration, who should proactively co-ordinate and monitor the formulation and implementation of both short term and long term policies and action plans related to mental health support services.

Engaging key stakeholders

The Government should involve key stakeholders, including members of the public, PMIs, DMPs, community leaders, educationalists, health professionals in the policy making process in order to facilitate the formulation of a more comprehensive policy and corresponding resource input.

Mental health information system

It is noted that Article 31 of CRPD asserts that "*States Parties undertake to collect appropriate information, including statistical and research data, to* enable *them to formulate and implement policies to give effect to the present Convention.*"

Currently, it appears that there is no accurate and reliable figures for the prevalence of most psychological disorders and mental illness in the local community. In the absence of a thorough knowledge of the mental health profile of the population, it is difficult for the Government to formulate relevant and effective policies. It is also hard to assess whether or not the community support services for PMIs are adequate to address the actual demands.

In light of the above, setting up a comprehensive database is essential. It should form part of the work of the Mental Health Council.

Recognizing the contribution and supporting the needs of PMI's families

Families of PMIs, whether they are made up of relatives or drawn from a person's broader circle of support, are a major resource in promoting well-being, providing care and fostering recovery across the life-span for PMIs. Their contribution should be recognized, as are the needs of families themselves. Families should be engaged and helped through education and programmes such as parenting and sibling support, financial assistance, peer support and respite care. Wherever possible,

families should be treated as partners in the care and treatment of their love ones and integrated into decision-making in a way that respects consent and privacy.

Equal Opportunities Commission
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