

**For information
on 25 February 2013**

**Legislative Council Panel on Health Services
Mental Health Services**

PURPOSE

This paper gives Members an updated account of the spectrum of services to support persons with mental illness and briefs Members on the Government's plan to conduct a review on mental health with a view to promoting mental health and strengthening support for persons with mental problems.

BACKGROUND

2. The Government attaches great importance to the mental well-being of the public and has been adopting a coordinated approach in the promotion of mental health through a service delivery model that covers prevention, early identification, timely intervention and treatment, and rehabilitation for persons in need. We seek to provide multi-disciplinary and cross-sectoral services to persons with mental health problems through a number of policy bureaux and departments, including the Food and Health Bureau, the Labour and Welfare Bureau, the Hospital Authority (HA), and the Social Welfare Department (SWD). Having regard to changing social needs and international development, we will from time to time review our mode for delivery of mental health services, including identifying new initiatives and services at the clinical and community levels that best suit our need. A summary of major initiatives and services launched in recent years to patients suffering from mental health problems is set out at Annex.

PROVISION OF MENTAL HEALTH SERVICES BY HA

3. In 2012, more than 195 000 persons with mental health problems received treatment and support through the hospitals, psychiatric

specialist out-patient clinics (SOPCs) and community services of HA. The SOPCs serve as major entry points for new patients into the mental healthcare system in HA. HA will, according to the clinical conditions of individual patients (including their medical history, existing mental conditions, whether there is adequate support for the patients in the community, etc), broadly categorise them into three types according to their risk level¹ and arrange for suitable follow-up treatment. As at 31 December 2012, there were 334 doctors (including psychiatrists), 2 073 psychiatric nurses (including community psychiatric nurses), 54 clinical psychologists, 189 occupational therapists and 243 medical social workers providing various in-patient, out-patient and outreach psychiatric services in HA.

Early detection of mental health issues

4. Early detection of mental health issues and mental illnesses, followed by appropriate, timely intervention can reduce the severity, duration and recurrence of mental illness and its associated social problems. To facilitate early detection and identification for patients with mental health issues, HA has enhanced services for the following target groups:

- i. Children suffering from autism and hyperactivity disorder – Healthcare professionals in various disciplines will provide early identification, assessment and treatment for children suffering from these mental illnesses. The professional teams will help parents and caregivers of children with these disorders understand the treatment needs of these children. The service enhancement will benefit about 3 000 children each year.
- ii. Young people and adults aged between 15 and 64 displaying symptoms of early psychoses – HA has launched the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme to provide one-stop, phase-specific and

¹ For patients assessed to be of higher risk, HA will follow up on their cases closely and admit them to hospitals where necessary. For patients assessed to be of medium risk, HA will provide them with personalized support according to their clinical conditions so as to help them recover and re-integrate into the community when their conditions are stabilized. For those assessed to be of low risk, attending doctors will provide them with suitable treatment, including providing them with vocational rehabilitation services.

ongoing support for patients with psychotic disorders for the first three years of illness in order to prevent deterioration and unnecessary hospitalisation. In 2012, about 1 300 new patients with psychotic disorders were diagnosed under the EASY Programme.

Timely intervention and appropriate treatment to patients diagnosed with mental health problems

5. Among the 195 000 mental patients treated by HA in 2012, about 45 000 were suffering from severe mental illnesses such as schizophrenia. Depending on the treatment needs of mental patients, HA provides in-patient, out-patient, outreach, or a mix of the aforesaid psychiatric services to them.

(A) Psychiatric in-patient services

6. In each of the past three years, HA maintained 3 607 psychiatric beds and provided in-patient care to about 14 000 patients. Among them, about 700 patients required long-term care and had been hospitalised for more than one year. The bed occupancy rates of HA's psychiatric beds have remained steady at around 80%. Psychiatric in-patient care is essential to facilitate symptom control, behavioural management as well as early recovery for patients experiencing acute psychiatric crisis. The demand for in-patient services for mental patients has remained stable. HA does not envisage a need to increase the number of psychiatric beds or build new mental hospitals. It will continue to upgrade the facilities in psychiatric in-patient admission wards as necessary, including renovating the Kwai Chung Hospital in the short and medium term and redeveloping it in the longer term. It will also recruit additional multi-disciplinary staff to provide a highly structured therapeutic programme for those in need of psychiatric in-patient services.

(B) Psychiatric out-patient services

7. Psychiatric out-patient services are mainly provided by the multi-disciplinary teams at the SOPCs. In 2012, the SOPCs recorded a total of 773 000 psychiatric out-patient attendances. Among them, about

30 000 were first attendances. New cases received at SOPCs will be triaged into priority 1, priority 2 and routine cases according to their severity and urgency. HA seeks to keep the median waiting time for first appointment at SOPCs for priority 1 and priority 2 cases under two and eight weeks respectively to ensure the more urgent and severe cases are followed up promptly. This service pledge has been met.

8. The median waiting time for first appointment at SOPCs for routine cases was 12 weeks in 2012-13 (as at 31 December 2012). To enhance psychiatric specialist out-patient services and reduce the waiting time of non-urgent patients for their first appointment in the SOPCs, HA has introduced the following measures to improve efficiency in its care delivery model -

- i. Common Mental Disorder Clinics have been set up at the psychiatric SOPCs in all seven clusters to enhance the assessment and consultation services for these patients.
- ii. Under the Integrated Mental Health Programme, patients with mild mental illness will be provided with maintenance treatment in the primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams at HA's designated general out-patient clinics in all seven clusters. About 7 000 patients will be treated under the Programme every year.

(C) Psychiatric outreach services

9. In line with the international trend to gradually focus more on community and ambulatory services in the treatment of mental illness, we have also introduced various initiatives to enhance community support for mental patients with a view to facilitating their recovery and re-integration into the community. HA has identified three groups of mental patients who are receiving treatment in the community that may benefit most from the personalised services provided to them –

- i. High-risk patients including those with propensity to violence or record of severe criminal violence – HA has set up Crisis

Intervention Teams in all seven clusters to provide intensive support and long-term care to these patients. The Crisis Intervention Teams comprising community psychiatric nurses and medical social workers will reach out to patients requiring urgent attention and provide timely intervention including referrals to appropriate treatment if necessary. At present, about 30 case managers in the Crisis Intervention Teams are providing intensive, personalised and long-term care in the community to about 1 000 people.

- ii. Patients suffering from severe mental illness – HA has introduced a Case Management Programme to provide intensive, continuous and personalised support to patients suffering from severe mental illness but with stabilised conditions. The case managers, who are often experienced nurses, allied health professionals or social workers, provide a range of services including encouraging and promoting medication compliance and providing necessary counselling to patients as well as to their families. The case managers will also work closely with other service providers, especially the Integrated Community Centres for Mental Wellness in providing support to target patients (*Please refer to paragraph 12 for details*). The coverage of the Case Management Programme was extended from three districts in 2010-11 to 12 districts² in 2012-13. A total of 207 case managers are now providing services to around 12 000 patients with severe mental illness living in these districts. HA plans to further roll out the Case Management Programme to three more districts (i.e. Sai Kung, Wong Tai Sin and North) to serve an additional 2 800 patients with severe mental illness in 2013-14, and to cover all districts in Hong Kong in about two years. It is estimated that an additional 56 case managers will be recruited in 2013-14.
- iii. Elders in residential care homes for the elderly with varying degrees of mental health problems – Noting the demand on

² The 12 districts are Eastern, Wanchai, Central and Western, Southern, Islands, Kwun Tong, Kowloon City, Sham Shui Po, Kwai Tsing, Shatin, Tuen Mun and Yuen Long

mental health services from elders, HA has stepped up its services to provide diagnostic and treatment services for elders in residential care homes. The psychogeriatric outreach service of HA provides consultation to these elders with varying degrees of mental health problems, such as dementia, depression and chronic psychosis. The outreach service also provides training and support to carers and staff of the residential care homes. The service currently covers around 110 subvented residential care homes for the elderly and over 200 private ones all over Hong Kong.

(D) Psychiatric drugs

10. Medication plays an important part in controlling the symptoms of mental patients and preventing relapse. Over the years, HA has taken measures to increase the use of psychiatric drugs with less disabling side effects. The number of HA patients prescribed with anti-psychotic drugs with less disabling side effects but proven efficacy has increased by 100% in the past five years (from 2007-08 to 2011-12). Starting from 2012-13, HA has expanded the provision of psychiatric drugs including anti-depression, anti-dementia drugs and drugs for hyperactive disorders. It is expected that about 5 500 patients will benefit from this. HA will continue to keep in view the new development of psychiatric drugs and review the use of drugs through the established mechanism.

COMMUNITY MENTAL HEALTH SUPPORT SERVICES BY SWD AND NON-GOVERNMENTAL ORGANISATIONS (NGOs)

11. In addition to the mental health services provided by the HA, SWD and NGOs also provide a range of community mental health support services through NGOs with a special focus on rehabilitation and helping patients re-integrate into the community.

Integrated Community Centres for Mental Wellness (ICCMWs)

12. SWD has set up 24 ICCMWs in all districts to provide district-based and one-stop support services for discharged mental patients,

persons with suspected mental health problems, their families and carers, as well as residents living in districts. The services provided by the ICCMWs include casework counselling, therapeutic and supportive groups, outreaching services, day training, social and recreational activities, and public education programmes to enhance community understanding of mental health. Where necessary, ICCMWs will refer cases to the HA for clinical assessment or psychiatric treatment. They also work closely with the HA to provide community support services for patients with severe mental illness under the Case Management Programme. As at 31 December 2012, a total of around 27 000 persons with mental health problems or suspected to have mental health problems had been served by the ICCMWs since their operation in October 2010.

Residential Care Services

13. Apart from providing community support services, the Government also provides a range of subsidised residential care services through NGO operators to meet the diversified residential care needs of persons with mental illness who are assessed by their attending psychiatrists to be mentally suitable for group living in the community. These services include:

- i. Long Stay Care Home (1 507 places as at December 2012): It provides long term residential care for discharged chronic mental patients who are in stable or controlled medical and mental conditions requiring no active medical treatment but some nursing care;
- ii. Half-way House (1 509 places as at December 2012): It provides a transitional period of residential care to facilitate ex-mentally ill persons to achieve an optimal level of functioning for the purpose of community reintegration; and
- iii. Supported Hostel for Ex-mentally Ill Persons (83 places as at December 2012): It provides group home living for ex-mentally ill persons who can only live semi-independently with a fair amount of assistance from hostel staff in daily activities.

REVIEW COMMITTEE ON MENTAL HEALTH

14. The Government plans to set up a committee to review the existing mental health service provision with a view to promoting mental health, and strengthening support for persons with mental problems.

15. The review committee will be chaired by the Secretary for Food and Health and will comprise stakeholders including healthcare professionals, representatives from service providers, academics and patient group. The committee will study the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong. It will also consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community and resources availability. The committee will also consider necessary changes to the Mental Health Ordinance, including the need and feasibility of introducing community treatment order in Hong Kong having regard to overseas experiences and local circumstances.

16. We are preparing for the establishment of this review committee and aim to convene the first meeting in the second quarter of 2013. Subject to the deliberation at the review committee, our tentative schedule is to conclude the review in around a year's time.

ADVICE SOUGHT

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

**Food and Health Bureau
February 2013**

Major initiatives and services launched in recent years to support patients suffering from mental health problems

Initiative / programme	Description
<i>Programmes with a special focus on early detection and identification of illnesses</i>	
Enhancement of Child and Adolescent Mental Health Service	<ul style="list-style-type: none">• Professional teams comprising healthcare practitioners in various disciplines will provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder.• 3 000 children will benefit from this service enhancement each year.
Early Assessment of Detection of Young Persons with Psychosis (EASY) Programme	<ul style="list-style-type: none">• The programme provides one-stop, phase-specific and ongoing support for patients with psychotic disorders for the first three years of illness in order to prevent deterioration and unnecessary hospitalization.• About 1 300 new patients with psychotic disorder were identified under this Programme in 2012.
<i>Programmes to provide timely treatment to patients in need</i>	
Common Mental Disorder Clinics	<ul style="list-style-type: none">• HA has set up Common Mental Disorder Clinics at the psychiatric SOPCs in all seven clusters to provide timely assessment and consultation services to patients suffering from mild mental illness.
Integrated Mental Health Programme	<ul style="list-style-type: none">• Patients with mild mental illness will be treated in the primary settings by family medicine specialists and general practitioners.• About 7 000 patients will be covered under the Programme every year.

Initiative / programme	Description
<i>Outreach programmes for mental patients with special needs</i>	
Crisis Intervention Teams	<ul style="list-style-type: none"> ● Intensive care management will be provided to high risk patients in the community. Prompt services including necessary referrals for treatment will be provided under crisis situation. ● About 1 000 patients are identified and covered under this service.
Case Management Programme	<ul style="list-style-type: none"> ● Intensive, continuous and personalised support will be provided to patients with severe mental illness. ● HA has extended the coverage of the Programme to cover 12 districts in Hong Kong. It will further roll out the Programme to three more districts in 2012-13.
Psychogeriatric Outreach Service	<ul style="list-style-type: none"> ● HA will provide psychogeriatric outreach services to elders in residential care homes for elderly. The services include prevention, consultations and assessment to elders with varying mental health issues. ● About 310 subvented and private residential care homes are covered.