

For information
on 21 February 2014

**LEGISLATIVE COUNCIL
PANEL ON WELFARE SERVICES
PANEL ON HEALTH SERVICES**

Joint Subcommittee on Long-term Care Policy

Mental Health Case Management

Purpose

This paper briefs Members on the existing services to support people with severe mental illness (SMI) to re-integrate into the community.

Background

2. The Government is committed to promoting 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.

3. People suffering from SMI or experiencing acute psychiatric crisis will need in-patient care to facilitate symptom control and behavioural management. As their conditions become stabilised, they will be discharged for treatment in the community. This practice is in line with international trend in the treatment of mental illness to allow the early discharge of mental patients with stabilised conditions and to facilitate their re-integration into the community. To enable early recovery and social inclusion for patients recovering from SMI, the Government has strengthened its community psychiatric services in recent years.

Provision of Community Psychiatric Services by HA, SWD and NGOs

Community Psychiatric Services

4. At present, over 195 000 persons with mental health problems are receiving treatment and support through the hospitals, psychiatric specialist outpatient clinics and community psychiatric services of HA. Among them, about 45 000 are suffering from SMI (e.g. schizophrenia). These patients will need a variety of support and personalised services during their recovery. To facilitate treatment in the community, HA will broadly categorise patients with SMI into three types according to their risks and needs such as their medical history, their current mental conditions, family and social support, etc., and provide them with the following personalised community support –

- 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 high-risk patients who may have suffered long-term disability and are more prone to remission and relapse. The Crisis Intervention Teams comprising community psychiatric nurses and medical social workers (MSWs) will reach out to patients requiring urgent attention and provide timely intervention including referrals to appropriate treatment if necessary. As at 30 September 2013, about 1 000 patients were provided with intensive, personalised and long-term care in the community under this programme.
- ii. ***Patients with multiple needs and would benefit from personalised and continuous support*** – HA has introduced a Case Management Programme to provide intensive, continuous and personalised support to patients suffering from SMI 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. Launched in April 2010 initially in three districts, the Case Management Programme will be expanded to cover all 18 districts in Hong Kong in 2014-15, benefitting about 17 000 patients. Details on the coverage of the Case Management Programme are set out at Annex.

- iii. ***Rehabilitation services and short-term support for patients with low risks*** – Patients with SMI who recover comparatively well and require less intensive support will be assessed by their attending doctors and provided with vocational rehabilitative services and other short-term support as appropriate.

Mental Health Direct

5. HA has established a 24-hour psychiatric hotline – Mental Health Direct – to support patients with SMI and their carers. The hotline is operated by professional psychiatric nurses, who will give advice to patients, their carers and other stakeholders on mental health issues. The psychiatric nurses will also contact rehabilitated service users with a view to facilitating their reintegration into the community.

Medical Social Services

6. Patients recovering from SMI require various medical and social services. MSWs employed by the SWD assist in coordinating the appropriate services in consultation with medical and allied health professionals as well as rehabilitation service providers. MSWs also help identify the special needs of patients and their families/carers so that the discharge and rehabilitation plan can be drawn up accordingly to facilitate the patient's recovery and reintegration into the community.

Integrated Community Centre for Mental Wellness

7. To enhance community support for discharged mental patients, persons with suspected mental health problems and their families/carers (having regard to their varying needs at different stages of social rehabilitation), SWD has revamped the community mental health support services and set up 24 Integrated Community Centres for Mental Wellness (ICCMWs) operated by NGOs across the territory to provide one-stop, district-based and timely mental health support services since October 2010. These services range from prevention to crisis management and include casework counselling, therapeutic and supportive groups, outreaching services, day training, drop-in services, social and recreational activities, public education programmes etc. Cases that warrant follow-up assessment and treatment are referred to HA. Community support services are provided by ICCMWs to patients recovering from mental illness residing in the community to dovetail with the implementation of the Case Management Programme of HA.

8. From 2011-12 to 2013-14, additional funding totalling \$60.5 million have been made available on top of the recurrent resources of \$135 million. Additional allocation will continue to be provided in 2014-15 to strengthen the manpower of the ICCMWs to dovetail with the service extension of the Case Management Programme of HA and to provide services for more persons in need. From October 2010 to September 2013, ICCMWs provided services to over 33 200 persons recovering from or suspected of having mental health problems and conducted about 192 100 outreach visits.

Cross-sectoral Partnership and Collaboration

9. The effective operation of the community mental health services calls for close collaboration among stakeholders from the medical and welfare sectors. In this connection, a three-tier collaboration platform was jointly set up by HA and SWD in 2010 to facilitate cross-sectoral communication at the central, district and frontline levels.

Central Coordinating Group

10. At the headquarters level, a Central Coordinating Group co-chaired by SWD and HA and comprising representatives of the medical and welfare sectors is in place to monitor the implementation of ICCMW services and the Case Management Programme, and to review cross-sectoral community mental health services provided by major stakeholders. In addition, a Task Group comprising representatives of HA, SWD and ICCMW operators has been formed to organise structured training programmes on mental health for relevant stakeholders including case managers and frontline staff of the ICCMWs.

District Task Groups on Community Mental Health Support Services

11. To enhance service collaboration at the district level, 11 District Task Groups on Community Mental Health Support Services (DTGs) have been set up across the territory to develop strategies and resolve operational issues in respective districts. These DTGs are co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD, and comprise representatives of ICCMW operators and relevant government departments, such as the Housing Department and the Police Force.

Collaboration at the Frontline

12. Patients recovering from SMI may have multiple and complex needs and require various support at different levels of intensity. Frontline staff of HA, ICCMWs, Integrated Family Service Centres and Medical Social Service Units will meet to discuss cases requiring special attention and multi-disciplinary collaboration periodically to ensure that necessary support and services are provided to these patients and their families/carers in a coordinated and holistic manner. To facilitate multi-disciplinary collaboration, relevant programmes and workshops are organised at the local level for stakeholders, including case managers and frontline staff of ICCMWs, to facilitate their work in assessing the multiple needs of patients, handling at-risk cases, intervening in times of crisis, monitoring medication compliance of patients, etc.

Advice Sought

13. Members are invited to note the contents of the paper.

**Food and Health Bureau
Labour and Welfare Bureau
Hospital Authority
Social Welfare Department
February 2014**

Coverage of the Case Management Programme

Year	District	Estimated No of Patients Covered
Since 2010-11	1. Kwun Tong	4 600
	2. Kwai Tsing	
	3. Yuen Long	
Since 2011-12	4. Tuen Mun	5 600
	5. Wan Chai	
	6. Sha Tin	
	7. Sham Shui Po	
	8. Eastern	
Since 2012-13	9. Kowloon City	2 000
	10. Southern	
	11. Central & Western	
	12. Island	
Since 2013-14	13. Wong Tai Sin	2 800
	14. Sai Kung	
	15. North	
Since 2014-15	16. Yau Tsim Mong	2 000
	17. Tai Po	
	18. Tsuen Wan & North Lantau	
	Total	17 000