

Legislative Council Panel on Welfare Services
Meeting on 19 October 1998

Rehabilitation and Support Services for Discharged Mental Patients

PURPOSE

This paper outlines the rehabilitation and support services available to discharged mental patients. These services can be classified into two major areas, namely, medical rehabilitation and social rehabilitation and are provided through the collaborative efforts of the Government, the Hospital Authority (HA) and non-governmental organisations (NGOs).

MEDICAL REHABILITATION

2. Medical rehabilitation for mental patients envisages a spectrum of care, with the ultimate objectives being to re-establish the self-identity, social ties and social skills of mental patients and to facilitate their re-integration into the community. Medical rehabilitation services for mental patients, through multi-disciplinary collaboration, are provided as an integral part of psychiatric services. The psychiatric services of HA are organised into clusters which facilitate the development of a comprehensive range of psychiatric services and continuity of care. Apart from in-patient services, psychiatric treatment and rehabilitation are also provided through ambulatory services, community care and outreaching services. Increasing emphasis is being put on community-based rehabilitation.

In-Patient Service

3. At present, the HA provides over 5 000 psychiatric hospital beds to meet the needs of mental patients whose condition requires hospitalisation. In addition, a predischarge service is provided by staff from various disciplines in hospitals to enable discharged patients to look after themselves, achieve an acceptable level of social as well as living skills, and to prepare them, if necessary, for admission to half-way houses or long stay care homes.

Ambulatory Care

4. Ambulatory care services are provided to discharged mental patients who require regular follow-up or assessment services. This is done either on an out-patient or day-patient basis.

(a) Out-patient Service

5. HA currently run 18 psychiatric specialist out-patient clinics. These provide treatment, assessment and follow-up services for mental patients in the community. A system is in place to accord priority treatment to patients in need of urgent psychiatric care. For follow-up attendance, there is a system to recall patients who fail to attend scheduled appointments. Contacts are made through various means such as telephone calls, letters and home visits to ensure that the patients are provided with appropriate medical attention. Psychiatrists will also contact the responsible community psychiatric nurses and medical social workers to help trace the patients as necessary.

6. A pilot weekend depot injection service scheme has been implemented in Kwai Chung Hospital, Pamela Youde Nethersole Eastern Hospital and United Christian Hospital since December 1997. The scheme aims to offer injection service to those discharged patients who find it more convenient to receive depot injections outside their working hours.

(b) Day Hospitals

7. Day hospitals provide treatment to mental patients, especially acute and sub-acute ones, during daytime so that they can return home in the evening to their families. This treatment conforms with the modern view that where possible, patients should be treated outside psychiatric hospitals. The HA is currently providing about 580 psychiatric day hospital places. With a view to ensuring that the services provided in the day hospitals and activity centres for discharged mental patients complement each other, HA maintains close liaison with the operators of these centres.

Community and Outreach Services

8. Community care aims to provide specialist support to discharged psychiatric patients and their carers in the community. This facilitates the continuity of care, provides timely diagnosis, evaluation as well as treatment of health problems, and contributes to secondary and tertiary prevention so as to

enhance the functional status and quality of life of discharged mental patients without having them to be institutionalised or hospitalised.

9. The HA has set up five Community Psychiatric Teams (CPTs) to detect early relapses, institute timely and appropriate treatment and intervention to discharged mental patients, and provide support to carers of these patients through regular outreach visits. CPTs pay regular visits to the homes, half-way houses, long stay care homes, sheltered workshops and the workplaces of individual discharged mental patients to monitor their treatment and rehabilitation progress. They also give advice and support to family members and carers of discharged mental patients so as to ensure compliance with treatment.

10. In addition, there is a Community Psychiatric Nursing Service (CPNS). This provides mental health treatment and community psychiatric rehabilitation services to discharged mental patients, maintains continuity of aftercare treatment, assists patients in their social re-adjustment, and educates them and their families in mental health by conducting regular home visits. This service aims to reduce the risk of relapse of discharged psychiatric patients. The CPNS is operated on a regional basis, accepting referrals from both in-patient and out-patient psychiatric services. There are currently 12 CPNS Centres.

11. To cater for the needs of more elderly patients, the HA has also established nine Community Psychogeriatric Teams (CPGTs). The CPGTs not only provide various psychiatric services to psychogeriatric patients, but also deliver outreach support services to clients and their carers in the community and social welfare residential facilities.

12. To ensure the provision of continuity of medical treatment and aftercare services for discharged mental patients, the HA maintains close liaison with NGOs through various channels such as the Joint Community Work and Aftercare Meeting.

SOCIAL REHABILITATION

13. Social rehabilitation services for discharged mental patients aim at developing their capabilities to the fullest extent which their disabilities permit. Under the guiding principle of re-integration into the community, rehabilitation and other support services are provided by the Social Welfare Department, Labour Department and NGOs to meet the various needs of discharged mental patients.

14. In rehabilitation centres, there are assessment tools to assess the self-care/daily living/vocational ability of people with disabilities, including discharged mental patients. The assessment process is necessary to match the service needs of individual clients. The tools are particularly useful in service centres for discharged mental patients since the progress of clients can be monitored, and any symptoms of relapse can be detected early for appropriate intervention and treatment.

Residential Service

15. The objective of a residential service for discharged mental patients is to provide an environment with appropriate support to assist these persons to live independently in the community. At present, we have over 1 800 residential places for discharged mentally ill persons. In order to meet demand, we have already allocated resources to provide some 1 000 additional residential places for discharged mental patients over the next few years.

(a) Supported Hostel

16. A supported hostel, usually with a capacity of 20, provides a form of semi-independent living as in a small group home. It is designed for persons with disabilities, including discharged mental patients, who can manage semi-independent living with a some assistance from hostel staff in performing certain domestic tasks and engaging in community living activities. This is to enhance the independence and integration of persons with disabilities. There is currently one supported hostel with 20 places for discharged mental patients and a new hostel with 40 places will be available next year.

(b) Half-way House

17. A half-way house provides a period of residential care for discharged mental patients following a period of hospital treatment, before they can fully return to the community. Special provision in half-way houses is available for discharged mental patients with a history of criminal violence or who are assessed to be disposed towards violence (i.e. sub-target group). They are integrated together with other discharged mental patients. There are currently 1 177 half-way house places including 110 places specifically for the sub-target group. Resources have been allocated to provide for 200 additional places over the next few years.

(c) Long Stay Care Home

18. This is a facility for chronic mental patients who are in stable or controlled medical and mental conditions, who require no active medical treatment but who need some nursing care. Programmes are designed to help residents progress from a state of being dependent to semi-independent, or eventually to be independent. There are presently three long stay care homes with 570 places and 800 additional places will be provided in the coming years.

Day Service

(a) Sheltered Workshop

19. Sheltered workshops are provided for disabled persons, including discharged mental patients, who are not able or not yet ready to enter into open employment. The service aims to help them establish and develop their social and economic potential to the fullest extent possible. These workshops offer a planned and controlled working environment to accommodate the limitations arising from the physical or mental conditions of disabled persons. They also provide opportunities for work adjustment and advancement for discharged mental patients with the ultimate objective of moving on to open employment whenever possible. There are currently 6 215 sheltered workshop places and resources have been allocated for another 1 800 places over the next few years.

(b) Activity Centre for Discharged Mental Patients

20. An activity centre for discharged mental patients is designed to improve the social adjustment capabilities of discharged mental patients. The aim is to help them develop their social and vocational skills and prevent relapse of mental illness leading to hospitalisation. Each activity centre comprises a day centre and a social club, with a standard capacity of 50 and 200 respectively. The social club is mainly intended for those discharged mental patients who are engaged in day training or employment (either open or sheltered). It provides them with meaningful leisure activities and opportunities to develop interpersonal relationship skills. At present, there are four activity centres for discharged mental patients providing 180 day centre places and an additional centre will open next year.

(c) Supported Employment

21. Supported employment provides job matching and placement, ongoing support in the form of on-the-job supervision, training and counselling to enable people with disabilities, including discharged mental patients, to secure and maintain a job in open and competitive employment. This serves as an avenue for upward mobility of disabled persons in sheltered workshops and a necessary step towards integration for some moderately disabled persons, who otherwise might not be able to take up open employment. Currently, there are 1 070 supported employment places including 400 places for discharged mental patients.

(d) Parents Resource Centre

22. Parents resource centres are set up on a regional basis to provide emotional support and practical advice to parents and relatives of persons with disabilities. The aim is to enhance their acceptance of their dependants with a disability and to strengthen their resources and ability to take care of their dependants at home. At present, the Government subvents six parents resource centres with one specifically designated for parents and carers of discharged mentally ill persons and mental patients.

Employment Services

23. The Selective Placement Division of the Labour Department provides a specialised employment service to people with disabilities, including discharged mental patients, seeking open employment. Each job-seeker is given personal attention by a placement officer who provides counselling and employment services. In 1997, the Selective Placement Division recorded 3 100 registrations. 25% of the registrants were discharged mental patients. The successful placement rate for these discharged mentally ill registrants was 30%.

Other Support Services

(a) After-care service for Former Residents of Half-way Houses

24. The Government started to subvent the after-care service provided to former residents of half-way houses in 1996-97. Eight social workers render support and counselling to help former residents re-integrate into the community and adjust to their new social and job environment.

(b) Home-help service

25. Home-help service including food-buying, meal delivery, laundry, house-cleaning and etc. is designed to provide auxiliaries to help vulnerable groups including discharged mental patients, to remain in the community.

(c) Compassionate rehousing

26. Where there is a housing need after leaving a hospital or residential home, compassionate rehousing will be arranged for discharged mental patients on social and/or medical grounds. A stable abode will facilitate discharged mental patients to re-integrate into the community.

(d) Counselling service

27. When discharged mental patients encounter emotional and interpersonal relationship problems or face financial difficulties etc., in re-adjusting to normal life, they can always approach the Family Services Centres or Medical Social Services Units of the Social Welfare Department for advice and assistance. Professional input from clinical psychologists is also available in the form of psychological assessment, counselling and treatment.

(e) Mutual help groups

28. Mutual help groups, which are either self-financing or receiving financial support from various funding bodies, provide a valuable support network for discharged mental patients to enable them to re-integrate into the community.

(f) Hot-line services

29. Hot-line services are available round-the-clock to provide information relating to mental illnesses, rehabilitation and psychiatric services through pre-recorded messages or facsimile transmission. Referrals are also made for cases in need of medical/professional intervention as appropriate.

(g) Financial Assistance

30. Discharged mental patients who face financial hardship in maintaining themselves can seek assistance under the Comprehensive Social Security Assistance Scheme and Social Security Allowance Scheme.

(h) Marketing Consultancy Office (Rehabilitation)

31. The Marketing Consultancy Office (Rehabilitation) started as a pilot project in January 1997 under the Social Welfare Department. It is staffed by experienced marketing personnel from the business sector. The objectives are to promote the employment opportunities and productivity of people with disabilities, including discharged mental patients, who are attending sheltered workshops or supported employment, so that they can achieve a higher income and lead a more independent life.

PUBLIC EDUCATION

32. Public education on mental health plays an important part in the social rehabilitation of mental patients. The main objective is to promote a better understanding and acceptance of mental patients and discharged mental patients by the community. It also aims at educating the general public to recognise the causes and symptoms of mental illness, and the need for early treatment to prevent the onset of residual disability, and to know where treatment and rehabilitation services are available. With the public becoming more aware of the importance of mental health and acquiring more of an understanding of mental illness, it is hoped that discharged mental patients can be more readily accepted by the community, and relapse of discharged mental patients can be prevented or detected at an early stage.

33. To this end, we have placed significant emphasis on mental health education in our publicity campaigns. Through the collaborative efforts of the Government, the HA and NGOs, a number of activities ranging from territory-wide to district-level have been organised. These include the "Mental Health Month" (being held this month), "TV Announcements in Public Interests", seminars, exhibitions, survey, games, essay competition and visits, etc.