

Rehabilitation Services for Mental Patients

Democratic Party's Proposals	Responses/Follow-ups of HA/Relevant Government Departments
1. Assessment indicators in respect of the provision of services, such as the rate of re-admissions, should be set by the Hospital Authority (HA), with a view to exercising better quality control.	Since the treatment and rehabilitation services for mental patients are individualised and the rehabilitation progress varies from patient to patient, the targets for each case will thus be very different. So, it is very difficult to draw up a universal set of assessment indicators applicable to all mental patients. However, as a general indicator, the unplanned re-admission rate of mental patients (less than 28 days) in Hong Kong is about 3%, which has remained low in recent years and is similar to that of some overseas countries with well-developed psychiatric services.
2. The number of hospital beds should be increased to provide medical services to the patients in need, so as to prevent the conditions of the patients from further deteriorating. Allowing the mental conditions of ex-mental patients to deteriorate will only further strain our long-term medical and care services.	HA will continue to regularly review the demand for psychiatric hospital beds to meet service needs. HA will provide over 700 additional psychiatric hospital beds between 1998 and 2001.
3. Interface services, such as the services provided by rehabilitation agencies and day hospitals, should be strengthened, so that the more stable patients can re-establish social ties and learn to look after themselves, while hospital resources can be utilised more effectively.	Between 1998 and 2001, HA will provide 130 additional day hospital places for mental patients. In addition, HA has maintained close liaison with the non-governmental organisations (NGOs) and other relevant parties through various channels in order to improve the interface at the organisational and operational levels. This will ensure continuity of medical treatment and aftercare services for mental patients.
4. The number of discharged mental patients should be increased to	To ensure that appropriate social rehabilitation services are provided to

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<p>enhance the utilisation efficiency of hospital beds. For example, chronic psychiatric patients may be referred to Long Stay Care Homes for other types of hostels, with a view to shortening the period of hospitalisation.</p>	<p>discharged mental patients at an early stage, the Government has provided 320 additional halfway house places in the past three years. As at October 1998, there are 31 halfway houses providing 1 177 places. Resources have already been allocated to provide 200 additional halfway house places in the next few years. As regards the long stay care home service, there are currently 570 places. Resources and sites have already been secured to provide 800 additional long stay care home places in 2002.</p> <p>In addition, the day hospital service, community psychiatric nursing service and outreach services of HA provide mental patients with necessary medical rehabilitation services after discharge.</p>
<p>5. Increase the number of medical social workers trained in the discipline of psychiatry.</p>	<p>At present, there are 139 medical social workers (psychiatry) in the Social Welfare Department. The number of cases handled by them was over 68 000 in 1997-98, i.e. each medical social worker handled 95 long term cases and 655 short term cases. The Social Welfare Department is conducting a review on the manning ratios of medical social workers with a view to projecting the future manpower requirements.</p>
<p>6. A rehabilitation programme should be drawn up by a psychiatrist at the time when a patient is admitted. Regular assessment and review should be conducted with regard to the rehabilitation programme. Before a patient is discharged, medical social workers should be allowed to plan for the relevant post-discharge and referral arrangements, as well as to</p>	<p>HA is of the view that the rehabilitation programme of individual mental patients should be drawn up before the patient is discharged. The ideal is to start drawing up such programme once the mental patient is admitted. The hospitals' pre-discharge teams, which comprise different health care professionals, provide rehabilitation service to enable discharged mental</p>

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<p>brief the patients and their carers on how to prepare for post-discharge lives. To put this into practice, the number of medical social workers should be increased to provide adequate counselling to the patients before they are discharged, so as to equip the patients with adequate social skills, living skills and social knowledge for the purpose of facilitating their acceptance by the community and their adjustment to post-discharge social lives.</p>	<p>patients to look after themselves, acquire acceptable levels of social and living skills, and prepare them for admission to halfway houses. In addition, vocational rehabilitation is provided by hospitals to chronic mental patients to equip them with vocational skills and to facilitate their return to work.</p>
<p>7. The interface between medical and rehabilitation services should be strengthened by establishing a set of commonly agreeable yardsticks to assess the extent of recovery of patients. In parallel, the procedures for moving on from one service to another service should be streamlined in order to shorten the processing time taken for referral applications.</p>	<p>There are different assessment tools adopted by hospitals and NGOs to assess the rehabilitation progress of mental patients. The Social Welfare Department supports the proposal to draw up a set of assessment tools in view of the needs of discharged mental patients to receive rehabilitation services as early as possible. However, some NGO operators disagree. The Social Welfare Department will continue to liaise with NGO operators concerned so as to shorten the processing time for referral applications of discharged mental patients.</p> <p>In addition, the Social Welfare Department has set up a working group comprising representatives from HA and NGO operators to streamline referral procedures so as to ensure that discharged mental patients receive rehabilitation services as early as possible. The recommendations of the working group include ceasing the use of the first application date for rehabilitation service as the date for wait-listing for the service, setting</p>

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	<p>deadline for completing referral procedures, extending the validation period of medical reports, simplifying and standardising the referral forms used by different operators, and regularly disseminating the latest information on waiting time and waiting list for rehabilitation services to the referrers. Some of these recommendations have already been implemented. The working group will complete the study on the referral procedures and the recommendations will be implemented by phases.</p> <p>At present, the average waiting time for halfway houses for clients who have no preference of location is about one month. However, the waiting time for long stay care home is longer because of its low discharge rate. It is expected that with the completion of several new projects in 2002, the waiting time for the long stay care home service will be considerably shortened.</p>
<p>8. The manpower situation of psychiatrists should be improved to shorten the waiting time, so as to facilitate more communication between medical personnel and patients' families. The more in-depth knowledge about the conditions of the patients both within the family and the community would give a clearer picture of the patients' mental conditions.</p>	<p>HA accords priority to reducing the waiting time for new cases in out-patient psychiatric clinics.</p>
<p>9. The proportion of expenditure on the purchase of the new generation of psychotropic drugs should be increased and continuing review should be carried out on the</p>	<p>The Drug Advisory Committee under HA will continue to study and analyse the medications used by hospitals with a view to formulating strategies to help doctors choose medications with high</p>

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effectiveness of the new drugs.	treatment value, low side effects and high cost-effectiveness. HA has already introduced new psychiatric medications for the treatment of depression and schizophrenia as a pilot project. The effectiveness of these new medications will continue to be reviewed.
10. The service hours of psychiatric clinics should be extended to the evening. This would greatly facilitate working patients to attend to follow- up consultations after working hours and would encourage the patients' relatives to accompany them to attend to consultations after working hours.	Kwai Chung Hospital has implemented a pilot project to extend the service hours of the psychiatric clinic at the Yaumatei Psychiatric Centre since May 1998. A review on the utilisation rate and effectiveness of the pilot project will be conducted shortly.
11. Medical injection services should be provided in places and at time convenient to the patients.	Since December 1997, a pilot weekend depot injection service scheme has been introduced in Kwai Chung Hospital, Pamela Youde Nethersole Eastern Hospital and United Christian Hospital. The scheme aims to offer injection service to discharged mental patients who find it more convenient to receive depot injections outside their working hours.
12. The streaming system should be enhanced to ensure that patients suffering from acute mental illness could receive priority treatment.	HA has implemented a system in the out-patient psychiatric clinics to ensure that urgent appointments are offered to cases requiring immediate medical care.
13. The resources provided for private medical practitioners and Department of Health clinics should be increased, so that persons manifesting mild psychiatric syndromes, such as psychic tension and mild depression, may seek medical advice from them, thereby relieving the demand for services at specialised psychiatric clinics.	The Department of Health will follow up on this suggestion regarding its clinics.
14. Effectiveness indicators, such as those	HA is committed to reducing the

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relating to waiting time and consultation time, should be set to enhance quality control over psychiatric medical services.	waiting time for first appointment in out-patient psychiatric clinics. The duration of each appointment for individual patients depends on the condition of the patient. For example, if the patient attending a scheduled appointment is in a stable condition, it is not necessary for the psychiatrist to extend the consultation time.
15. The development of community psychiatric services should be planned from a new perspective.	HA has set up a Community Psychiatric Team in the Pamela Youde Nethersole Eastern Hospital since 1995 to serve the Hong Kong region. At present, there are five Community Psychiatric Teams under HA.
16. The interface between community psychiatric teams and other service providers must be clearly spelt out.	HA has been working closely with relevant government departments and NGOs to improve co-ordination so as to ensure continuity of medical treatment and aftercare services for discharged mental patients.
17. HA should be funded to set up case management teams, comprising psychiatrists, medical social workers, community psychiatric nurses and occupational therapists, to identify cases of high risk and with high probability of relapses, to initiate regular follow-up consultations, to help the patients develop good habit of taking drugs and turning up for follow-up consultations, as well as to arrange appropriate medical and rehabilitation services.	The Community Psychiatric Team of HA comprises different health care professionals. The Team pays regular visits to discharged mental patients in a less stable mental state and with higher risk of relapse so as to institute timely and appropriate treatment.
18. The number of community psychiatric nurses should be increased. Contact should be maintained with those discharged patients who are not given immediate regular visits. CPNS centres should be charged with the responsibility of providing regular	HA is concerned about the development of a community psychiatric nursing service and will review the provision of and demand for this service as necessary.

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<p>follow-up consultations for the discharged patients. Follow-up actions for ex-mental patients living alone or without family support, in particular those relating to the development of the habit of taking drugs, should be strengthened.</p>	
<p>19. The demand for places in half-way houses and long stay care homes should be reviewed, so as to set a reasonable indicator for maximum waiting time. Development plan regarding the provision of residential services should be drawn up.</p>	<p>The Government is currently conducting a review of the Rehabilitation Programme Plan to plan for the next five years. Halfway house and long stay care home services are already covered under the review.</p>
<p>20. Public education should be strengthened to enhance the community's knowledge about and their acceptance of mental patients.</p>	<p>The Government has placed significant emphasis on mental health education. Through the collaborative efforts of the Government, HA and NGOs, a number of public education activities including the "Mental Health Month", "TV Announcements of Public Interests", seminars, exhibitions, survey, games, essay competition, TV dramas and visits, etc. are organised each year. The Government will try to develop a culture in which the public is willing to accept discharged mental patients.</p>
<p>21. The demand for these services should be reviewed and development programme in this respect should be drawn up.</p>	<p>The Co-ordinating Committee in Psychiatric under HA will review the demand for psychiatric services and formulate new development plans to meet service needs.</p>
<p>22. The division of work between day hospitals and activity centres should be clearly set out.</p>	<p>According to the Rehabilitation Programme Plan, the division of work between day hospital and activity centre for discharged mental patients (ACDMP) is clearly delineated. The placement of discharged mental patients to day hospital or ACDMP depends on the degree of medical rehabilitation services required by the patients. The</p>

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	<p>provision of treatment services in day hospital is for acute and subacute patients who need medical input while the services in ACDMP cater for the needs of patients with less serious residual psychiatric symptoms as diagnosed by the psychiatrist and are with a more stable mental state.</p>
<p>23. Increase the number of social workers in the rehabilitation agencies providing aftercare services.</p>	<p>Aftercare service for discharges of halfway house is a new service which aims to provide support and counselling to discharges so as to help them adjust to their new living and working environment. In 1998-99, the Government has provided six additional aftercare workers, making eight in total. The provision is adequate to meet the existing and projected demand for the aftercare service.</p> <p>In addition, discharged mental patients attending scheduled appointments may also seek assistance from medical social workers in the respective hospitals or psychiatric clinics.</p>
<p>24. Subsidise the self-help groups formed by families of mental patients and strengthen the counselling services and education for their families, so as to enable their participating in the course of rehabilitation of mental patients.</p>	<p>Support services including counselling, education and group activities are provided to parents and carers of mental patients and discharged mental patients through the subvented parents resource centre, ACDMPs and their associated social clubs, patients resource centres under HA and patients' self-help groups. The Government also supports carers to set up their own self-help groups to establish a support network. In addition, the Government supports the development of self-help organisations and encourages their participation in the development of policies to ensure that the services</p>

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	provided meet the needs of people with disabilities. The Social Welfare Department will continue to support self-help organisations in applying for the use of premises for a welfare purpose.
25. Increase the number of medical social workers, relieve their workload and recognise the importance of forming mutual-help groups by encouraging social workers to devote more time in pursuing group work.	<p>The Social Welfare Department encourages medical social workers to organise therapeutic and developmental groups for mental patients and their families. In 1997-98, medical social workers in the Department organises 385 such activities.</p> <p>These groups are under the medical social services programme. The leaflet distributed to mental patients and their families contains such information.</p>