For Discussion
on 22 November 2007

Legislative Council Panel on Health Services

Mental Health Policy and Services

PURPOSE

This paper briefs Members on the Government's mental health policy and services available in the public sector.

BACKGROUND

2. Mental illness is a complex health problem. The causes of mental and behavioural problems are still not much understood but it is believed that such disorders are the result of a complex interaction between biological, psychological and social factors. In general, there are three broad categories of mental illness -

(a) The first category covers the majority of cases, which are mild mental health problems involving acquired mental disturbances, possibly resulting from the accumulation of daily-life pressure, unpleasant experience and unwholesome habits. While counselling and psychological support from family and friends are sometimes effective cure for the illness, where indicated, psychiatric treatment and drugs are needed in treatment of these mild illnesses.

(b) The second category covers minor psychiatric morbidities and disorders such as depression, and anxiety disorders, etc. These illnesses are treated by psychiatrists and in some cases, handled by family doctors who have received additional training.

(c) The third category covers the most serious mental illness, such as schizophrenic and affective disorders, which must be treated by psychiatrists. In some cases, in-patient care and even long-term hospitalization are necessary but such patients only account for a

small portion of all mental patients.

3. In 2006-07, a total of around 12 000 mentally ill patients were discharged from psychiatric departments of hospitals under the management of the Hospital Authority (HA). In the same year, a total of around 136 000 patients were treated by HA's psychiatric specialist out-patient clinics (including patients for first-time consultation and follow-up consultations). According to the statistics in 2006, the top three principal diagnosis for psychiatric inpatients were Schizophrenic Disorders (38.1%), Affective Psychoses (18.4%) and Adjustment Reaction (5.5%).

MENTAL HEALTH POLICY

4. The Government is committed to promoting mental health and we seek to achieve this objective through various measures and initiatives on –

(a) prevention;

(b) medical treatment; and

(c) rehabilitation services.

We deliver a whole continuum of services for mentally ill persons, which include early identification, in-patient treatment and follow up support in the community, through an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers.

5. Apart from timely and appropriate treatment, we also provide other social services to mentally ill persons in need to facilitate their reintegration into the society. These services include financial and housing assistance, training on social skills and work ability, as well as counselling services to address their emotional problem, family problem, inter-personal relationship problems, etc. The existing mental health services provided in the public sector are detailed in the ensuing paragraphs.

EXISTING SERVICES

Prevention

Public education and promotion

6. Over the years, we have continued our efforts on public education and promotion to increase the awareness and correct understanding of mental health in the community. The Government has been collaborating with the 18 District Councils (DCs) of HKSAR, local organizations and non-governmental organizations (NGOs) to organize public education programmes and promotion campaigns, with a view to raising general public's awareness and understanding on mental health problems, as well as to promoting social inclusion of ex-mentally ill persons. We have employed various channels to disseminate our messages to different target groups, which include Announcements of Public Interest, television programmes, public exhibitions, workshops and community activities, etc.

7. The Rehabilitation Advisory Committee's Sub-committee on Public Education on Rehabilitation has also set "Mental Health" as one of the main themes of its annual public education activities. The Sub-committee mobilizes the 18 DCs, NGOs and schools to organize educational and promotional activities on mental health. Meanwhile, the HA is promoting mental health through its psychiatric services while the Department of Health (DH) has incorporated mental health into its public health education portfolio.

Early identification and intervention

8. With the significant advancement in medical technology and pharmaceutical science, most mental health problems can now be effectively brought under control and even be cured if detected and treated at an early stage. Early detection and treatment not only can enhance the chance of recovery and reduce the seriousness of resulting disability, but also greatly lower the cost of medical treatment and subsequent follow-up care. Therefore one of the foci of our mental health policy is early identification and intervention.

9. We have launched a number of community-based outreach

programmes for early identification of persons with signs of mental health problems in schools, families and in the community for provision of early counselling and treatment services. These programmes are specially designed to cater for different target groups such as children, adolescent, adults and elders.

Medical treatment

Specialist Out-patient Services

10. Patients with mental illness are likely to receive psychiatric assessment and treatment for the first time at the psychiatric specialist out-patient clinics (SOPCs) of the HA. The HA currently operates 18 psychiatric SOPCs on a cluster basis to handle referrals from HA's general out-patient clinics. A triage mechanism is in place to ensure that urgent cases are attended to within a reasonable time frame. In 2006-07, 94% of the cases triaged as first priority were treated within two weeks. In the same period, the number of first attendances at HA's psychiatric SOPC was about 25,800.

In-patient services

11. In general, patients will be admitted to psychiatric departments of HA hospitals based on diagnosis and assessment at SOPC. There are also a small number of patients with acute episode of mental illness who may be admitted to psychiatric hospital through the Accident and Emergency Departments.

12. As at end March 2007, the HA has a total of 4 622 psychiatric beds in ten public hospitals to provide medical care for patients whose condition requires hospitalization. The beds are used by acute patients as well as chronic patients who often have special needs and problems such as violent or anti-social behaviour and hence have difficulty in finding suitable placement in the community. A small number of beds are also used to treat criminal offenders who are mentally ill. The occupancy rate of HA's psychiatric beds has dropped from over 80% in 2000-01 to 74% in 2006-07. Meanwhile, the number of staying patients with prolonged hospitalization (i.e. for one or more years) has consistently decreased in recent years, from 1 734 on 30 June 2003 to 997 on 30 June 2007.

13. The HA has in recent years rationalized the provision and distribution of psychiatric beds on a cluster basis so that each cluster can have a whole spectrum of psychiatric services including in-patient beds, ambulatory and community services. Such cluster-based services can facilitate continuity of patient care and promote the development of partnerships between local community groups and the hospitals. In addition, the more evenly distributed beds would reduce the need for cross-districts admittance and minimize the inconvenience for patients and their carers.

14. Before a patient is discharged, the multi-disciplinary team, comprising psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses and medical social workers, will determine the most suitable discharge plan and rehabilitation programme for the patient, having regard to the patient's mental conditions, their compliance with the drug regimen, their self-care ability as well as the availability of community support.

Ambulatory care

15. For the modern treatment of mental illness, the international trend is shifting the focus from in-patient care to community and ambulatory services. In the light of this trend, the HA has been reviewing its in-patient psychiatric services in recent years and has stepped up the effort in developing more comprehensive community psychiatric services, to progressively allow more suitable psychiatric patients to receive treatment in the community, thereby enhancing their prospect of re-integration into the community after rehabilitation.

(i) Day hospitals

16. Psychiatric day hospitals are part of HA's ambulatory care facilities that provides multidisciplinary assessment, continued care and rehabilitation to psychiatric patients. For patients with more stable conditions, they can receive partial hospitalization and treatment in day hospitals and can return home in the evenings. The set up of the psychiatric day hospitals conforms to the current trend of provision of psychiatric care in a less restrictive environment. HA currently provides 842 psychiatric day hospital places.

(ii) Follow-up consultation at psychiatric SOPCs

17. Upon return to the community, all ex-mentally ill persons will be arranged to receive follow-up consultations at HA's psychiatric SOPCs. For high-risk cases, the community psychiatric nurse (CPN) of the HA's psychiatric outreach service will follow up the cases through home visits. The number of follow-up attendances at HA's psychiatric SOPCs was about 589,300 in 2006-07.

(iii) Community psychiatric outreach services

18. The HA also provides community outreach services to persons with mental illness. Specifically, the HA has Community Psycho-geriatric teams in all clusters to provide designated care, rehabilitation programmes and home visits to elders with mental illness aged 65 or above. The number of HA's community psychiatric outreach attendances has increased from 71 408 in 2001-02 to 88 240 in 2006-07; whereas the attendance by the psycho geriatric teams has increased from 37 462 in 2001-02 to 50 847 in 2006-07.

Rehabilitation Services

19. The provision of rehabilitation services aims to maximize the capabilities of ex-mentally ill persons and to facilitate their re-integration into the community. The HA, the Social Welfare Department (SWD) and NGOs have worked closely together for effective delivery of the rehabilitation services, which include medical rehabilitation and social rehabilitation such as residential services, medical social services, day training and vocational rehabilitation, and community support services.

Medical rehabilitation

20. The HA's medical rehabilitation and community psychiatric services are mainly delivered through the eight multi-disciplinary community psychiatric teams (CPT) based at Queen Mary Hospital, Pamela Youde Nethersole Eastern Hospital, Kowloon Hospital, United Christian Hospital, Kwai Chung Hospital, Shatin Hospital, North District Hospital and Castle Peak Hospital. Each CPT comprises psychiatrists, community psychiatric nurses, clinical psychologists, occupational therapists, and medical social workers. The CPTs provide a comprehensive range of mental health services in the

community setting, mainly for discharged mentally ill patients of public hospitals to facilitate rehabilitation and reintegration into society.

21. The community psychiatric nurses (CPNs), on the other hand, follow up on the discharged patients through regular visits to patients' home, half-way house or other residential places to monitor their progress of treatment or rehabilitation. CPNs remind patients to take medication regularly, and give advice and support to family members and carers for compliance with treatment. The urgency and frequency of the home visits depend on the clinical condition of the patients on discharge.

Social Rehabilitation

(i) Medical Social Services

22. Recognizing that high-risk families with members suffering from mental health problems require particular attention, SWD has stationed psychiatric Medical Social Workers (MSWs) at the psychiatric units of all HA public hospitals and clinics to provide support for the mentally ill persons who are staying in hospitals, ready to be discharged and undergoing follow-up consultations; as well as the ex-mentally ill persons.

23. The psychiatric MSWs provide counselling as well as financial and housing assistance for the patients and their families to help them deal with various problems arising from their illness and disability, such as emotional and inter-personal relationship problems. MSWs also work with other medical and allied health professionals to draw up discharge plans for the patients, and assist the patients and their families to apply for medical fee waivers, social security benefits, relevant rehabilitation services and community resources.

(ii) Residential Services

24. SWD has been providing residential and vocational service to ex-mentally ill persons. Types of residential services include long stay care homes (1 407 places) that provide long term residential care and active maintenance services to discharged chronic mental patients; half-way houses (1 509 places) that provide transitional (3 years on average) community rehabilitation service in preparation for ex-mentally ill persons' re-integration into the community; supported hostel (60 places) that provide group home

living for ex-mentally ill persons who can live semi-independently with a fair amount of assistance from hostel staff in daily activities; and self-financing hostels (121 places) that provide alternative accommodation for ex-mentally ill persons who are currently living in subvented hostels but are more capable of independent living.

(iii) Day Training and Vocational Rehabilitation Services

25. To assist ex-mentally ill persons to improve their social adjustment capabilities and enhance their social and vocational skills, SWD has set up the Training and Activity Centre for ex-mentally ill persons, sheltered workshops, Integrated Vocational Rehabilitation Services Centres (IVRSCs), etc. SWD also provides supported employment service, On the Job Training Programme, Sunnyway - On the Job Training Programme for Young People with Disabilities, "Enhancing Employment of People with Disabilities through Small Enterprise" Project and marketing consultancy service etc, to help persons with disabilities, including ex-mentally ill persons, to seek employment and make a living in the open market.

NEW INITIATIVES AND OTHER IMPORVEMENTS IN RECENT YEARS

26. The total amount currently spent on mental health services (including psychiatric medical services and community rehabilitation services) amount to around $ 3.2 billion per year. From 2001-02 to 2006-07, the Government has provided a total of $ 209 million additional funding to the HA and $39.4 million to SWD to support a number of new initiatives, including early identification and intervention of mental health problems, purchase of new drugs for treatment, and enhancement of community psychiatric services.

27. A series of community support services have been launched in recent years to offer the ex-mentally ill persons and their families with continuous care and support. These services, such as the Community Rehabilitation Day Services (CRDS), Community Mental Health Link (CMHL) and Community Mental Health Care (CMHC), etc. are introduced to facilitate the ex-mentally ill persons to re-integrate into the community.

(a) Community Rehabilitation Day Services (CRDS)

CRDS provides outreaching occupational therapy services for the ex-mentally ill persons so as to give them continuous support in the community, assist them to resolve the adjustment problems in their daily living and help them re-integrate into the community. Since the commencement of the service in October 2006 till September 2007, a total of 651 ex-mentally ill persons were served.

(b) Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone (EXITERS)

EXITERS was introduced in 2001 to enable early integration of extended care patients into the community. Three hospitals (Castle Peak Hospital, Kwai Chung Hospital and Pamela Youde Nethersole Eastern Hospital) were involved and their vacant hospital quarters were converted into home-like settings to facilitate intensive rehabilitation and training of chronic patients with complex need and required longer stay in psychiatric hospitals. From 2003-04 to 2006-07, 811 extended care patients were recruited into the project, and 599 patients had been discharged into the community by 2006-07.

(c) Early Assessment and Detection of Young Persons with Psychosis (EASY)

As Psychosis typically begins in late adolescence or early adulthood, the EASY programme is targeted at patients within the age range of 15 to 25. The objective of EASY is to reduce the lag time between the onset of severe mental illness and treatment through early detection and treatment of young persons with psychosis. The number of patients treated by EASY teams was 674 in 2001-02 and 642 in 2006-07. The mean duration of untreated psychosis has been reduced from 500 days to 300 days and the suicide rate of patients with first episode psychosis has dropped from 3.5% to 1.6%.

(d) Community Mental Health Link (CMHL)

CMHL aims at providing care and support, including counselling service, social/recreational/educational activities, outreaching visits, networking and community educational activities, for ex-mentally ill persons and their families/carers. From 2001 to 2007, a total of 32 001 ex-mentally ill persons and their family members/carers benefited from the service.

(e) Community Mental Health Care (CMHC)

CMHC aims at providing continuous support for the recently discharged ex-mentally ill persons or halfway house residents in the community mainly through outreaching visits and various support services, with a view to helping them resolve their adjustment problems and re-integrate into the community. Since the commencement of the service in October 2005 till September 2007, a total of 3 245 ex-mentally ill persons were served.

(f) Elderly Suicide Prevention Programme (ESPP)

Introduced since 2002, the programme serves to educate health care professionals and those who work with the elderly on elderly depression and suicide. Fast track clinics that offer prompt assessment and treatment were set up while educational programmes for general practitioners, social workers, volunteers were organized. Up to 31 March 2007, the total number of attendances at the fast track clinics under the programme was around 22,900 and about 260 educational programmes were offered to doctors and related care workers.

(g) Child and Adolescent Mental Health Community Support Project

Introduced since 2005, the project aims to provide outreach service for early identification and intervention for children and adolescent aged between six to 18 with emotional problems (e.g. depression, anxiety, etc). SWD and the HA jointly implemented the project. Up to March 2007, a total of 686 cases were handled, 127 talks and workshops to 8 611 participants were organized under the project.

(h) Community Mental Health Intervention Project (CoMHIP)

Launched in October 2007, the CoMHIP is a new outreach service specifically designed to provide in-depth outreaching social work intervention services and appropriate counseling service to those who may have early signs of mental health problem, or those living in the community who are suspected to have mental health problems. This innovative service includes mental health assessment, follow-up action and therapeutic/supportive group services. Where necessary, CoMHIP teams will refer cases to HA for more detailed assessment and follow-up action by psychiatrists. The service is targeted to serve about 1 300 persons with suspected mental health problems per year.

28. In recent years, the HA has employed more psychiatric staff to strengthen the support for psychiatric treatment and services. For example, the number of psychiatrists in the HA has increased from 212 in 2000-01 to 256 in 2006-07; and that of psychiatric nurses has also increased from 1 797 to 1 927 (including 118 community psychiatric nurses) during the same period. At present, SWD has stationed 193 psychiatric MSWs at the psychiatric units of all public hospitals and clinics.

29. In addition, the HA has also increased the use of new drugs to improve treatment. Since 2001-02, the Government has in total allocated an additional $95 million to HA for the procurement of new drugs. In 2006-07, about 19 000 patients were prescribed with these new anti-psychotic drugs, 51 000 with new anti-depressants drugs and 3 500 with new anti-dementia drugs.

FUTURE DEVELOPMENT

30. Over the years, we have kept our mental health policy and services under review in response to changes in the environment and service needs. To further improve mental health in our society, a working group, chaired by the Secretary for Food and Health and comprises professionals of psychiatric and rehabilitation services and academia, has been set up in August 2006 to review the existing mental health services and map out the long-term development of

mental health services.

31. The Government will continue to improve its services on mental health by stepping up public education to promote public awareness of mental health; making more efforts in early identification of those with mental health illness for appropriate treatment; enhancing professional training with emphasis on primary care and community care, as well as promoting rehabilitation to facilitate re-integration of patients into the community.

ADVICE SOUGHT

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

Food and Health Bureau
Hospital Authority
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