Submission of

The Hong Kong College of Psychiatrists

to the Panel on Health Services of the Legislative Council

on Mental Health Policy in Hong Kong

November 2007

Background

The Hong Kong College of Psychiatrists would like to submit to the Panel on Health Services of the Legislative Council our opinion on the future development of mental health services in Hong Kong and in particular the rationale and content of a comprehensive **Mental Health Policy** for Hong Kong. As the professional body representing all specialist psychiatrists in Hong Kong, we believe that psychiatrists are one of the most important stakeholders in this process and that the College has the responsibility and expertise to contribute actively in the future development of mental health services in Hong Kong. In relation to this, representatives of the College has met with and presented our recommendation on this topic to the Secretary for Food and Health on 31 May 2007. This submission is an elaborated version of the views and recommendations put forward by the College.

Current Scene

Until very recently, development in mental health services has been of low priority in Hong Kong. Owing to budgetary constraints, mental health services are mainly centred on stand-alone large psychiatric institutions with a strong hospital component. Global development in new models of psychiatric care, advances in psychotropic drugs and novel therapies have led to revolutionary changes in the quality of life of people suffering from mental illnesses. However, due to the lack of a forward looking mental health policy, service development, training and manpower planning in mental health have been piecemeal and reactive. Psychiatric services were provided to address only imminent problems and crisis. There have been insufficient resources to plan for longer-term development.

Under-provision for Mental Health Care

The Hong Kong Government is spending approximately 2.8% of its gross domestic product (GDP) on the provision of health care, of which 8.7% (0.24% of GDP; approximately 2.3 billion) is on mental health (WHO Mental Health Atlas 2005) (Table 1).

Table 1: Mental Health Funding of selected countries (WHO Mental Health Atlas 2005)

Country	Total health budget as % of GDP	% for mental health (% of GDP)	Budget allocation
Australia	9.2	9.6 (0.88)	Yes
UK	5.8	10 (0.58)	Yes
USA	13.9	6 (0.83)	Yes
Hong Kong	2.8	8.7 (0.24)	No
Singapore	3.9	6 (0.27)	Yes
Japan	8	5 (0.4)	Yes

It is clear that investment on mental health care in Hong Kong is low compared to other developed countries. In the recent decade, the demand for mental health care has increased. Significant contributing factors included stresses associated with changing social situations in Hong Kong, increase in awareness of mental disorders and a quest for quality care.

Inadequate Manpower

The Hong Kong College of Psychiatrists considers psychiatrists as the qualified and core professionals who should play key roles in the development of mental health services in Hong Kong. The provision of specialist psychiatrists in Hong Kong significantly lags behind that of most developed countries. The population to specialist ratio for psychiatrist in Hong Kong is 1:44202 as at 2005 (Table 2):

Table 2: International benchmarking of population to specialist ratio

Country	Hong Kong	Singapore	New Zealand	UK	USA
Population to specialist ratio	44,202	40,384	11,087	16,836∗	8,652

∗ Excluding subspecialties

On examining the population to specialist ratio of other medical specialties of developed countries, it becomes apparent that the under-provision is unique to Psychiatry (Table 3).

Table 3: Population to Specialist Ratio of major specialties in Hong Kong

Specialty	Population per specialist in Hong Kong	Population per specialist in the UK	Population per specialist in New Zealand	Population per specialist in the USA
Internal Medicine	7390	26,489	6,970	1,823
General Surgery	20,522	21,423	20,874	8,337
Paediatrics	15,888	19,801	20,768	4,430
Orthopaedics and Traumatology	27,917	22,914	22,235	13,742
Obstetrics and Gynaecology	20,584	23,736	20,874	7,965

The insufficient provision of specialist psychiatrists has resulted in long waiting time for first appointment and short consultation time for subsequent assessments in the public system. For example, in most clusters of the Hospital Authority (HA), it has been estimated that the average consultation time for each subsequent follow-up assessment was six minutes per patient in 2005-2006. This is in stark contrast to clinical practice in developed countries such as the UK where the average time for subsequent follow-up assessment is typically 20 minutes per patient.

In a manpower planning paper submitted to the Hong Kong Academy of Medicine in March 2005, after taking into account our training capacity and international benchmark, the College recommended a population to specialist ratio of 1:16,000-19,000 (including the development of subspecialties). It has been estimated that a 20-year period of continuous expansion of training positions for specialist psychiatrists is required to reach a basic UK standard.

Lack of a Mental Health Policy

Among developed societies in the world, Hong Kong is among the very few where there is no mental health policy directing and coordinating the development of mental health services. The lack of a coherent mental health policy has resulted in a lack of coordination between the medical sector, which provides assessment and treatment of mental disorders and the social sector, which provides rehabilitation and ensures re-integration and support for people recovering from mental disorders. On the other hand, early law-makers in Hong Kong clearly saw the need for a separate Mental Health Ordinance in the Laws of Hong Kong, underpinning the unique nature of

mental illnesses as being distinct from other physical illnesses.

Provision of Cost-effective Services - Coping with Inadequate Resources

Despite limited resources, the mental health service has strived to cope with increasing demand from the community. Our total outpatient attendance has risen 80-90% over the past 10 years, while the total number of psychiatric hospital beds decreased from 5133 in 1998-99 to 4666 in 2005-06 in the ***absence*** of substantial investment in community care like the UK and Australia. A review of the service statistics in the NTWC revealed that, even without additional investment, the admission rate for general adult psychiatric patients was 0.12% (1238 admissions per 1 million population) in 2005-06. This is in stark contrast to an admission rate of 0.31% in Southampton in the UK, which was only brought down to 0.17% with the introduction of a Home Treatment Team initiative and substantial investment.

More recently, with the injection of some resource in the form of RAE funding, a range of new service initiatives have been developed by the mental health service of Hong Kong; most notably the Early Assessment Service for Young people with psychosis (EASY), which provides early detection and intervention for young people presenting with first onset psychosis; the EXITERS programme which aims to facilitate discharge of extended care patients from hospital; as well as the Elderly Suicide Prevention Programme (ESPP), which provides early detection and management of elderly at risk of suicide. All of these projects have proved to be effective in advancing care in the community and reducing hospitalisation.

The Need for Further Development

Despite the best effort of mental health professionals in Hong Kong to provide cost-effective services as well as sporadic funding allocation for circumscribed service innovation, further development and major modernisation is mandatory for Hong Kong to cope with the increasing mental health needs of our society. As mentioned earlier, rapid advances in psychotropic drug treatment has brought about effective control of most major psychopathologies; global development of new models of psychiatric care has substantially improved the quality of life of people with mental illnesses, especially those suffering from SMI. Secondly, there has been increasing public demand for better psychiatric care. A heightened state of awareness and expectation poses additional quest for injection of resources for better care. Thirdly, rapidly changing economic and social situations in the HKSAR has led to a high prevalence of adjustment problems and psychiatric morbidity, which increases the demand for psychiatric care.

Recommendations

Mental Health Policy

The College believes that one of the most important issues in tackling the long-term development of mental health services in Hong Kong is the formulation of a HKSAR Mental Health Policy. A national mental health policy can be found in all developed countries. It defines the direction and scope of mental health service and secures dedicated funding for its development. We believe that a consistent and long-term mental health policy will address many problems already identified.

Characteristics and Content of the HKSAR Mental Health Policy

1. It should state the philosophy of mental health service provision, which is to provide the **best possible, effective, accessible and humane and dignified treatment** for people with mental illnesses. It should recognise that mental illness is a **public health problem** because mental illnesses are common and causes considerable disease burden and economic loss to afflicted individuals, their families and society as a whole.
2. It should **involve all stakeholders**, including not only the professionals, but also the service users.
3. A **separate funding** should be set aside and earmarked for the purpose of mental health. The people we are serving are the most under-privileged and least resourceful in our society. Apart from the public sector, very few alternative forms of health care options are available. They are often unable to advocate for themselves.
4. It should coordinate service development and delivery of both the **medical and social sector**, so that the current mismatch of service is addressed.
5. It should assert a **commitment for comprehensive psychiatric care from early detection to rehabilitation.** This is especially relevant for people with SMI. At the same time, a **healthy balance** between hospital bed provision and community support should be established. This will involve **substantial direct investment** in health care.
6. It should emphasise on **early detection, intervention** and **suicide prevention** as well as addressing **accessibility** issues.
7. It should **prioritise** areas of pressing needs for resource allocation – namely SMI, high-prevalence disorders, age-specific disorders and community mental health education.
8. It should provide a mandate for an extensive campaign in **de-stigmatising mental**

illness and provide ongoing sustained public education.

9. It should be guided by **evidence and data**. A territory-wide **epidemiological study** to determine essential statistics on mental illness in Hong Kong to inform future service planning will inform the Government about the scope of mental health needs. The Government should invest in and support **research** in mental illness. Evidence-based clinical research to evaluate efficacy of intervention and service programmes should be an integral part of service planning and delivery.
10. It should provide a roadmap for **training and manpower planning** of mental health professionals.

Strategy and Priority

The College acknowledges that there are budgetary constraints for health care. We consider that future developments should be problem-focused, and resources should be allocated according to well defined priorities that meet the needs of Hong Kong. For this, we have identified a few pressure areas and suggested a multi-dimensional strategy.

We believe that **three levels of development** should be planned. All levels are indispensable for the improvement of mental health service delivery in Hong Kong. On the other hand, given the pre-requisite of limitations in resources, it is important to consider the priority according to the severity of psychiatric morbidities and risks for crisis to the community. We consider the following priority as practical and relevant:

1. **Enhancing service for age-specific severe mental illnesses (Level 1)**
2. **Strategies to tackle high-prevalence mental disorders (Level 2)**
3. **Community mental health education (Level 3)**

Problem-oriented and Client-centred Considerations

For all levels of development, it would be important to adopt a problem-oriented approach. Service planning should be catered for the different needs of the population. Mental disorders are complex brain diseases, symptomatology are heavily dependent on the state of mental maturity interacting with different environmental influences.

There are strikingly different needs for mental health care of patients in different age groups. For child and adolescent age groups, conditions such as Attention Deficit Hyperkinetic Disorder (ADHD) cause substantial demand for psychiatric care. For adults, psychotic conditions of schizophrenia and severe affective disorders would be of immense psychiatric morbidities. With life expectancy climbing up to the top of the

world, dementia with neuropsychiatric disturbances has become a major burden to the psychiatric services. To ensure that the needs of all sectors of the population are thoughtfully considered, a problem-oriented and client-centred approach should be adopted.

Streamlining Community Care

The College supports the development of psychiatric care in the community to ultimately achieve a balanced model of care. However the provision of comprehensive community care requires substantial investment. In the UK where a 10-year programme of mental health reform was launched since 1999, a total of 18 billion pounds has been invested to increase the number of consultant psychiatrists by 55%, clinical psychologists by 69% and psychiatric nurses by 24% to set up Assertive Outreach, Crisis Resolution and Early Intervention teams nationally; and this is on top of a budget already two to three times more than ours at baseline. In Australia, similar initiatives in enhancing community involved an 80% increase in its mental health budget. Relying on the meager resources that we have, the mental health service in Hong Kong has been doing very well, especially in the management of the severely-mentally-ill (SMI), which we consider as one of the core businesses of psychiatry.

Enhancing Public-Private Collaborations

The College supports collaboration with the private medical sector, both in the form of shared care and step-down. We believe that the critical success factor for shared care with the private medical sector is close and intensive collaboration, mutual support and back-up. The partnership may involve different levels ranging from parties between psychiatrists and psychiatrists, psychiatrists and primary care physicians, psychiatrists and psychologists. The College believes that the involvement of “primary care therapists” in the UK mental health reform could be a useful model to Hong Kong. In addition, a fast track referral system should be in place for private practitioners participating in shared care programmes to refer patients to and fro the public sector in case of need. However, all of this will require substantial funding and investment in manpower.

Manpower and Training

A trained workforce is the most important critical success factor of any form of health care service. Monetary investment must be matched by an appropriate long-term manpower plan. In this regard, the College has submitted a manpower plan to the Hong Kong Academy of Medicine in 2005 outlining our estimated need up to the year

2020. Taking into account international benchmark and adjusting for local factors as well as our training capacity, the College has recommended a population-to-specialist ratio of **1:16,000 to 19,000**, which translates to a total of **460 specialist psychiatrists by about 2020**.

Since not all of these trained specialists would remain in the public service for various reasons, apart from training sufficient number of specialists, the issue of retaining them also needs to be addressed. **Investment is needed to employ and retain at least twice the current number of specialist psychiatrists in the public service**, taking into account the rate of anticipated attrition until 2020.

The training plan for other mental health professionals, especially psychiatric nurses and allied health professionals would be equally important. Opinions should be sought from the respective professional organisations. As mentioned earlier, the idea of enhancing public-private collaborations in delivering generic psychological therapies in the primary care setting should be further explored.

Conclusion

In this submission, The Hong Kong College of Psychiatrists has set out our vision for a major Mental Health Reform in Hong Kong. We believe that mental health is a public health issue because mental illnesses are common, disabling and most individuals afflicted with them will rely on the public system for health care and that the current provision of service is inadequately funded and poorly planned. This is why the College believes that significant direct investment is needed from the Government to extensively revamp the mental health service and that Hong Kong needs a Mental Health Policy to direct such a reform. We have outlined strategies we believe are relevant, pragmatic and cost-effective in bringing about the desired outcome. Taking into account the need to implement new service models, train and retain mental health professionals including psychiatrists, nurses and allied health professionals, we believe that a **dedicated budget** of **0.48% of our GDP** (approximately **twice the current spending on mental health**) is needed to achieve the proposed mental health reform over the next five to ten years.

Appendix

College Working Group on Mental Health Policy:

Dr. Hung Se-Fong (Chairman), President, The Hong Kong College of Psychiatrists

Professor Linda CW Lam, Vice-President (Censor/Education), The Hong Kong College of Psychiatrists

Dr. Ip Yan-Ming, Vice-President (General Affairs), The Hong Kong College of Psychiatrists

Dr. Roger MK Mg, Chairman, Scientific Committee, The Hong Kong College of Psychiatrists

Dr. Eric FC Cheung (Secretary), Honorary Secretary, The Hong Kong College of Psychiatrists