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Future Mental Health Services in Hong Kong: Conceptual and Practical

Dr. Tsang Fan Kwong, Specialist in Psychiatry

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Mental health services in Hong Kong have been a hot issue for the public in the recent odd years. There is persistent increasing demand and the current setting of the services is no longer able to cope the increasing need. A more comprehensive review of the service and formulation of Mental Health Policy deemed necessary to prevent further deterioration of public mental health and to establish a system that can meet the need of the local population.

Current scene

1. There was no formal mental health policy to guide the direction of the development mental health services in Hong Kong.
2. Improvement was done on bit and piece mainly driven by tragic incidents.
3. Investment in mental health care is on the low side when compare with other high income countries.
4. Fortunately, Hong Kong's mental health indices compare favourably with those of most developed economies.
5. Emerging community consensus indicated that the current mental health services system is no longer sustainable due to increasing number of patients, higher expectation from the community and much increased expenses in modern treatment modes.
6. Public criticism on local mental health services includes the following;
   a. No consistent policy
   b. Inadequate funding/ Under resources resulted in
      - Under staff
      - Limited drug budget with only a small proportion of patients on newer medications
      - Long waiting time of 2-3 years
      - Short consultation time of 5-7 minutes
   c. Splitting of Treatment (Health) and Social (Rehabilitation) Services
   d. Stigmatization/Inadequate public mental health education
   e. Unsatisfactory Specialist-Primary Care and Public-private cooperation
   f. Majority of the mental health treatment and rehabilitation are located in institutes and not scattering around in the community

How big is the problem?

1. There is no comprehensive data on prevalence of mental disorders in Hong Kong
2. Due to lack of data, proactive planning of the service based on scientific evidence is not possible. As there is no convincing data on mental disorder made known to the public, the impact of mental health problems has been under-estimated and has not been given proper attention.
3. Worldwide studies indicated that
   a. 1 in 6 had some sort of mental problems (e.g. mild to moderate depression, general anxiety disorders) at any given time (SEU 2004)
   b. 20% of the general population had a mental illness in the previous year (Offord DR et al 1996)
   c. 3% of population affected by severe mental illness (McEwan K & Golder E 2000)
   d. 1 in 100 developed severe mental disorders (e.g. schizophrenia, bipolar affective disorders, etc.) at any given time(SEU 2004)
   e. One third of GP consultation are related to mental health problem (SEU 2004)
   f. 91% of people having a mental problem are treated entirely in primary care (Hague & Cohen 2005)
4. WHO indicated that prevalence of different mental disorders are more or less the same in different area and nations. By 2020 depression is one of the most important causes of ill health overall, 340 million people will suffer from that. Patients suffering from depression and anxiety related disorders are on rising trend
5. 19% of local population attending public health services had some sort of mental health problems. 3.5% of the local population attending public health services suffered from severe mental illness might result in marginal social independence.
Mental disorders contribute to 16% inpatient bed days (1.1 million), 7% specialist out-patient attendance (600,000) and 8.7% of the public health budget (2.3 billion)
The demand is growing: 80-90% increase in psychiatric out-patient attendance in 10 years. (Shane Solomon, Key future directions for Hospital Authority's mental health services, 2006 Conference of the Institute of Mental Health, Castle Peak Hospital)

Some interesting data for reference

The following tables are self explanatory.

Table 1 *Public Psychiatric Service in Hong Kong*

Year	Population	Psychiatric Beds	Outpatient Attendances	Doctors in Psychiatry (Public)
98-99	6,687,200	5,133	400,152	
99-00	6,720,700	5,395	432,046	
00-01	6,665,000	5,324	471,228	
01-02	6,724,900	4,796	511,127	
02-03	6,787,000	4,928	549,133	
03-04		4,730		254 (Including trainees)
04-05		4716	572,877	258 (Including trainees)
05-06		4666		258 (Including trainees)

1. Population is increasing.
2. Outpatient attendance and new cases are increasing.
3. Number of psychiatric beds are decreasing in past 7 years. It will decrease further in the coming 2-3 years.
4. Number of doctors (including both trainees and specialists) working in public psychiatric services remained more or less the same in recent few years.

Table 2 *Mental Health Funding (WHO Mental Health Atlas 2005)*

Country/ region	Total health budget (%GDP)	% for Mental Health (%GDP)	Allocated Funding
Australia	9.2	9.6 (0.8832)	Yes
Denmark	8.4		Yes
France	9.6	8 (0.768)	Yes
Germany	10.8		Yes
Hong Kong	**2.8**	**8.7* (0.2436)**	**No**
Italy	8.4		Yes
Japan	8	5 (0.4)	Yes
Korea	6	3 (0.18)	No
Singapore	3.9	6.1 (0.2739)	Yes
UK	5.8	10 (0.58)	Yes
US	13.9	6 (0.834)	Yes

**Shane Solomon, Key future directions for Hospital Authority's mental health services, 2006 Conference of the Institute of Mental Health, Castle Peak Hospital*

Hong Kong's spending on mental health services (0.2436% GDP) is just 1/3 to 1/4 of that of Australia and the U.S. Such investment is not adequate for a good enough community psychiatric services and therefore patients are kept in hospital and outpatients departments are over-crowded with extremely long waiting list.

Table 3 *Population to specialist ratio of major specialties in Hong Kong*

Specialty	Hong Kong	UK	New Zealand	USA
Internal Medicine	43,642* (1:7390 if subspecialties included)	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
Psychiatry	**44,202**	**16,836***	**11,087**	**8,652***

* Excluding sub-specialties

Table 5 *Population Psychiatrists ratio*

Country/Region	Psychiatrists/100,000 population (Periodicity Year, Applied Time Period 2005)
Hong Kong	2
Australia	14
China	1.29
Indonesia	0.21
Japan	9.4
Malaysia	0.6
New Zealand	6.6
Papua New Guinea	0.09
Philippines	0.4
United States of America	13.7
Taiwan	4.1
Viet nam	0.32

Prof. Byron J. Good , The changing role of mental hospitals: global perspective, Institute of Mental Health Conference, Institute of Mental Health, Castle Peak Hospital

The number of psychiatrists (specialists) per 100,000 population is 2, only 1/7 of Australia and the U.S.

HA Central Coordinating Committee in Psychiatry (COC Psy) 2000 estimated that the number of psychiatrists to population needed will be 1:30,000. Such estimation was based on

- current supply of specialists,
- the expected demand on service,
- benchmarking with data from other countries as well as the needs of patients

It takes at least 10 years for the current specialist training system in Psychiatry to produce sufficient number of specialists to meet this target ! Nevertheless, such estimation is rather conservative and might not be able to meet the changing need of the community.

How to tackle the problem?

Public awareness in mental health increased and the public expect better quality of care. Long waiting time and short consultation time is no longer acceptable. Community care and minimal hospitalization is the trend. More psycho-education is expected and the demand for talking cure (Psychotherapy) in on the rising trend. Patients, patient advocates and relative groups are willing to take part in the decision of treatment mode and health care policy. More funding to hire more mental health professionals/ psychiatrist is deemed mandatory. The following for a betterment of mental health service in Hong Kong came across my mind in recent few years.

1. Consistent Mental Health Policy aimed at tackling immediate problem and to formulate long term plan, according to the population dynamics and scientific evidence , with stakeholders participation should be established.
2. Overseas (European communities and Australia) experience in the reoganisation of mental health services indicated that success relies heavy on government commitment and citizens' support.
3. Increasing funding/investment (might be up to 1% GDP if we follow the Australian or the US experience or 0.58% GDP if we adopt the UK experience) and hence increase numbers of mental health care professionals (doctors, nurse, clinical psychologist, occupational therapist, social worker, etc.) is the most essential step for a balanced hospital-community based mental health service.
4. Increased number of psychiatrists/doctors under training will shorten waiting time immediately and provide a more ideal contact time for follow-up appointment.
5. Community psychiatric treatment is the trend and there is tons of evidence that such arrangement is humane, able to preserve the dignity of patients, with better quality of life and of course able to prevent secondary impairment resulted from prolonged hospitalization.
6. Evidence showed that newer generation medications are of equal or better efficacy

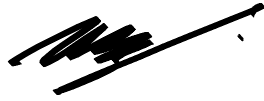
yet with much better side-effect profile. Newer drugs are welcome by the patients and able to enhance treatment compliance. Yet newer medications are far more expensive and the current system might not be able to sustain if there is no additional funding pumped in.

7. Worldwide experience indicated that funding for mental health services would be easily taken away for other purpose and mental patients as a group are least motivated to protect their resource due to the illness nature and pressure from stigmatization. For all countries with a good enough mental health service, the allocated funding for mental health service is ring-fenced. We need the same in Hong Kong. Long term commitment from government and secure funding is a determinative factor in establishing a good mental health service for Hong Kong.
8. There are discussions on how to develop mental health services locally. Hospital based, community based or a balanced care model? Converting inpatient treatment to community mode of treatment is the trend. However, drastic closing down of large mental hospitals brings social nuisance, e.g., increased number of people with no fixed abode, increased number of domestic violence, patients left unattended and being neglected in the community or getting their ways into correctional services. Countries cut down their inpatient psychiatric beds in a drastic manner in the 80s and 90s do need addition money to re-establish more inpatient beds in the 21st century. We should learn from others' traumatic experience. Might be, we could set up a model of balanced mental health care with dual emphasis on community and modern hospital treatment.
9. To conduct an epidemiological study on mental disorders in Hong Kong will enable us to know the magnitude of the problem and make use of the data to have better planning of the service
10. New investigation machines/instruments in brain wave study, brain mapping and neuron-imaging might improve the accuracy of diagnosis and act as a tool for scientific research in the field. Modern ECT machine, bio-feedback machine and the accompanied skills/accessories are safe and more acceptable to our patients. Yet all new things are expensive and need investment if we opt for that.
11. Psychotherapy is one of the most important treatment modes for mental disorders. Nearly 100% of patients benefited from some form of psychotherapy during the course of their illness. However, due to limited resources and lack of skills, local psychological treatment is still at her infant stage of development. Research findings in new psychological treatment modes and fine adjustment of old modes on treatment of different mental disorders are very promising. Research findings on integrated treatment with both medications and psychotherapy bring better outcome to our patients in terms of adhesion to treatment, compliance, relapse rate and social adjustment while they return to the community. Psychotherapy should

be used as a basic treatment for all patients and/or their carers/ relatives/ family members. The subspecialty of psychotherapy should be developed as part of modern psychiatric treatment.

12. As the local community changes rapidly, traditional rehabilitation activities might not be able to equip our patient to live in a changing metropolitan city. Innovative rehabilitation arrangement, occupational therapy, recreational therapy, domestic training and budgeting/ modern community living training involving different community partners might be able to help patients reintegration in the community. The concept of life coaching for patients suffering from severe mental disorders is effective in helping patients to lead their own life in the community.
13. As the treatment issue is under the HA and the rehabilitation process is owned by different NGOs and there is a gap in between. It is time to review, re-engineer, and streamline the process to establish a more integrated model of care delivery and enhance a more close cooperation among treatment and rehabilitation facilities.
14. Labelling and stigmatization hinders smooth integration of patients into the community and prevent patients from seeking prompt treatment. Public mental health education via various means and situations should be supported. Knowing could do away rejection and brings acceptance to our patients. School might be the best place to start mental health education.
15. Professional training, both local and global, should be enhanced to equip and retain adequate number of staff to take part in the challenging mental health services.
16. Taking UK as reference benchmark, as health care system are similar and the expenses are reasonable, with adjustment on the local scene, training capacity, population expectation, etc. a psychiatrist population ratio of **1:15,000 to 19,000** (including the development of psychiatric subspecialties) might be the minimum requirement to provide a reasonable good enough mental health services for the local community. Assume a population of 800 millions, a total number of **460 ± 40** psychiatrists will be needed by 2020.
17. Of course, the number of other mental health professionals (nurse, occupational therapist, clinical psychologist and medical social workers, etc.) should be increased according to global standard.
18. To enhance specialist-primary care , public-private cooperation by transfer of skills, providing training and supervision, flow of patients, regular audit of quality of services provided might be able to engage doctors in primary care and private sectors to take up a more active role in the caring of patients suffering from mental disorder.
19. Psychiatric treatment centres and rehabilitation facilities like HWH, SWS , etc. should be scattering in the community instead of situated in mega complex

institutes. Rehabilitation facilities should be placed in private housing estate as well as in public housing estate. Psychiatric clinics should be placed in big shopping malls and not at remote locations



Prepared by FK Tsang
Correspondence: Castle Peak Hospital, 15 Tsing Chung Koon Road, Tuen Mun, HK