

**For information
on 14 March 2011**

Legislative Council Panel on Health Services

**Initiatives for Enhancement of Mental Health Services
in the Hospital Authority**

PURPOSE

This paper briefs Members on the initiatives to be introduced by the Hospital Authority (HA) in 2011-12 to enhance the support for persons with mental health problems. It also reports the follow-up action on a review with reference to an incident involving a mental patient in Kwai Shing East Estate in May 2010.

MENTAL HEALTH POLICY AND SERVICE ENHANCEMENTS IN RECENT YEARS

2. The Government is committed to promoting mental health through a comprehensive range of mental health services, including prevention, early identification, medical treatment and rehabilitation services. We seek to ensure that these services are accessible by people in need on a continuous basis. We also actively promote public awareness and proper understanding of mental health problems through public education and publicity. The Food and Health Bureau (FHB) assumes the overall responsibility of coordinating mental health policies and service programmes by working closely with the Labour and Welfare Bureau (LWB), HA, Social Welfare Department (SWD) and other relevant parties. We will continue to adopt a multi-disciplinary and cross-sectoral team approach in delivering mental health services with a view to catering for the needs of persons with mental health problems in a holistic manner.

3. With the increasing importance of mental health services in community settings, we have in recent years implemented various initiatives to enhance the community support services for mental patients to facilitate their recovery and re-integration into the community. To support various initiatives, the funding allocation by the Government on mental health services has been increasing with an annual expenditure of above \$3 billion. The revised estimate of the Government's expenditure on mental health services in 2010-11 amounted to \$3.92 billion.

INITIATIVES OF HA TO ENHANCE THE SUPPORT FOR MENTAL PATIENTS IN 2011-12

4. At present, over 160,000 persons with mental health problems are receiving treatment and support through the hospitals, psychiatric specialist outpatient clinics (SOPCs) and community services of HA. In 2011-12, the Government will allocate additional funding of over \$210 million to HA to launch various initiatives to further enhance the support to different groups of mental patients. Details of the initiatives are set out in the ensuing paragraphs.

Case Management Programme for Persons with Severe Mental Illness

5. Since April 2010, HA has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) for patients with severe mental illness. The case managers under the programme work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness (ICCMWs) set up by SWD, in providing intensive, continuous and personalized support to target patients. About 80 case managers have been recruited in 2010-11 to serve a target number of 5,000 patients. In 2011-12, HA will extend the programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit more patients. Around 100 to 120 additional psychiatric nurses and allied health professionals with experience in mental health services will be recruited as case managers to support 6,000 more patients residing in these districts. It is estimated that the implementation of the expanded programme will involve an additional expenditure of about \$73 million in 2011-12.

6. Meanwhile, SWD has since October 2010 set up ICCMWs across the territory to provide one-stop, district-based and accessible community support and social rehabilitation services for discharged mental patients, persons with suspected mental health problems, their families/carers and residents living in the serving district. In 2011-12, the Government will allocate \$39.37 million to strengthen the manpower of these centres to handle more cases and dovetail with the Case Management Programme of HA.

7. To enhance service collaboration at district level, we have set up in 2010 District Task Groups on Community Mental Health Support Services (DTGs) across the territory to develop strategies and resolve operational issues in respective districts. These DTGs are co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD and comprise representatives of ICCMW operators and relevant government departments, such as Housing Department and the Police. In addition, to enhance the capability of case managers and ICCMW staff to serve mental patients and to strengthen cross-sectoral collaboration for service

delivery, a task group comprising representatives of HA, SWD and ICCMW operators has been formed to organise structured training programmes for case managers and ICCMW service personnel. As a start, a series of induction seminars is being conducted in February and March 2011.

Crisis Intervention Teams

8. Apart from providing community psychiatric services to support its mental patients, HA also makes outreach intervention in response to referrals and incidents in the community. To strengthen its support for very high-risk patients and its capacity to provide rapid and prompt response to emergency referrals in the community, HA proposes to set up Crisis Intervention Teams in all the seven clusters in 2011-12.

9. The Crisis Intervention Teams will serve two functions. First, the teams will adopt a case management approach to support those patients with severe mental illness who are in the high-risk group. Second, they will provide rapid outreach service for all other patients requiring urgent attention under crisis situations. The target patients for intensive follow-up under a case management approach include all those with propensity to violence or record of severe criminal violence, who are currently categorized in the “sub-target group” under the priority follow-up system. At present, there are around 500 such patients in HA and they are being followed up by community psychiatric nurses and/or medical social workers. With the setting up of designated Crisis Intervention Teams, such patients will receive highly intensive, personalized and long-term care in the community. In tandem, SWD will strengthen the psychiatric medical social services for this group of patients and their families. It is estimated that the setting up of the teams will involve additional manpower of around six doctors and 42 nurses and incur a total sum of about \$35 million in 2011-12. A total of around 1,000 patients will benefit each year by this initiative.

Integrated Mental Health Programme for Persons with Common Mental Disorders

10. In 2010-11, HA has set up Common Mental Disorder Clinics at the psychiatric SOPCs to enhance the assessment and consultation services for patients with common mental disorders. An Integrated Mental Health Programme (IMHP) was also launched in October 2010 at selected general out-patient clinics of five HA clusters (Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East clusters) to provide better support to these patients in the primary care settings, covering a total of over 4,000 patients. Under the programme, patients with stabilized conditions will be provided with maintenance treatment in the primary care settings by

family medicine specialists and general practitioners working in multi-disciplinary teams.

11. In 2011-12, this programme will be expanded to cover all clusters to tackle more effectively cases of mild mental illness in the community, with the target of serving a total of around 7,000 patients each year. The expanded programme will involve total manpower of around 20 doctors, nurses and allied health professionals working in multi-disciplinary teams and incur an additional expenditure of about \$20 million in 2011-12. Meanwhile, psychiatrists from the Common Mental Disorder Clinics will continue to provide support to family medicine specialists and general practitioners to facilitate the management of mental patients in the primary care setting.

Early Intervention Service for Psychosis

12. HA has implemented since 2001 the Early Assessment and Detection of Young Persons with Psychosis (EASY) Programme, which targets at young people aged between 15 and 25 with first episodic psychosis. The specialized teams under the EASY programme offer one-stop, phase-specific and ongoing support for these target patients for the first two years of illness. The EASY programme has proved successful in early identification of persons with psychotic disorders and the provision of prompt treatment to prevent deterioration and unnecessary hospitalization. At present, there are about 2,000 new cases of early psychoses in all age groups in Hong Kong each year and about 700 cases involving young persons are covered by the EASY programme.

13. To enhance the early intervention for psychosis, HA plans to expand the service target of the EASY programme to include adults and to extend the duration of intensive care to the first three critical years of illness in 2011-12. It is estimated that an additional 600 or so patients will be served each year. The expansion of the programme will involve additional manpower of around 43 nurses and allied health professionals and incur an additional expenditure of about \$30 million in 2011-12. Meanwhile, SWD will strengthen the psychiatric medical social services for these patients and their families.

Psychogeriatric Outreach Services for the Elderly

14. The psychogeriatric outreach service of HA provides consultation to elders in residential care homes for the elderly (RCHEs) with varying degrees of mental health problems, such as dementia, depression and chronic psychosis. The outreach service also provides training and support to carers and staff of RCHEs. The service currently covers all subvented RCHEs and over 100 private RCHEs in the territory. HA will gradually strengthen its psychogeriatric outreach service in the coming three years to enhance the coverage for the

medium and large-sized RCHEs. In 2011-12, about 80 more RCHEs will be covered by HA's outreach service, involving additional manpower of around seven doctors and seven nurses and an additional expenditure of about \$13 million in the year.

Child and Adolescent Mental Health Services

15. We attach great importance to providing adequate support to children suffering from autism and hyperactivity disorder to ensure that they receive appropriate care during their development. To this end, HA will expand the professional team comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from these mental diseases. The professional team will also share their knowledge of the two diseases with the parents and caregivers to enhance their understanding of the condition and treatment needs of these children. The initiative is expected to benefit an additional 3,000 or so children each year. It is estimated that the enhanced service will involve additional manpower of around 48 doctors, nurses and allied health practitioners working in multi-disciplinary teams and incur an additional expenditure of about \$45 million in 2011-12.

16. SWD will continue to increase the number of places for pre-school rehabilitation services so that children with mental health problems will be provided with early intervention service and training as soon as possible. SWD's psychiatric medical social services will also be strengthened.

OTHER ENHANCEMENT MEASURES

Psychiatric drugs

17. We have taken measures over the years to increase the use of new psychiatric drugs with less disabling side effects. Apart from introducing new psychiatric drugs in its drug formulary for provision to patients at standard charges, HA has also revised the prescription guidelines to enable more mental patients to be treated with new psychiatric drugs. In 2011-12, HA will further expand the provision of new drugs with proven efficacy, involving an additional expenditure of about \$40 million each year. It is expected that around 4,000 patients under suitable clinical conditions will benefit.

REPORT OF HA REVIEW COMMITTEE FOLLOWING THE KWAI SHING INCIDENT

18. Members were informed in June 2010 of the setting up of a Review Committee by HA to review its management and follow-up of mental patients, including liaison with other service providers, with reference to the fatal

incident involving a mental patient in Kwai Shing East Estate on 8 May 2010. The Review Committee has completed the review and submitted a report to FHB and HA on 3 August 2010. The report has been released and uploaded on the website of HA (<http://www.ha.org.hk>) for public information.

19. We support the recommendations of the Review Committee to enhance the community care for mental patients. Our follow-up on various key recommendations are set out as follows –

(a) *Intensive follow-up on high-risk mental patients using a case management approach*

As mentioned above (in paragraphs 5, 8 and 9), HA will expand its Case Management Programme for patients with severe mental illness and set up new Crisis Intervention Teams in all clusters to provide intensive support for severely mentally ill patients who are in the high-risk group.

(b) *Enhanced education and information to family members of mental patients on skills in detecting symptoms of deterioration and channels to seek help*

The case managers of HA will maintain close contact with the family members and carers of patients under their care and provide them with appropriate advice and support throughout the treatment and rehabilitation process. Between October 2010 and February 2011, HA implemented a Carers Programme in all the seven clusters to empower families and carers of patients with severe mental illness through educational talks, discussion forums and experience sharing sessions. An educational pamphlet was also produced to provide handy and useful tips to carers. Meanwhile, the ICCMWs will continue to organise various public education programmes on mental health for the local communities.

As a continuous public education initiative, LWB, in collaboration with various Government departments, public organisations, non-governmental organisations and the media, have been organising annually a “Mental Health Month” in support of the World Mental Health Day. During the event, a series of territory-wide and district-based publicity campaigns are launched to enhance public understanding of mental health and encourage the public to accept mental patients, with a view to facilitating the re-integration of persons recovering from mental illness into society.

(c) *Communication mechanism among relevant departments and parties*

We are exploring a possible communication mechanism to enable various departments and service providers to communicate information on persons with mental health problems in the community, having regard to the principles and requirements for protection of privacy with respect of personal data.

(d) *Community Treatment Orders*

We are exploring the feasibility of introducing statutory community treatment orders (CTO) for mental patients to receive treatment and services in the community, having regard to overseas experience in the implementation of CTOs and relevant considerations for protection of patients' rights and privacy.

WAY FORWARD

20. The Government keeps its mental health policy and services under review and makes necessary adjustment and enhancement in response to changes in social circumstances and service needs. The Working Group on Mental Health Services (the Working Group), which is chaired by the Secretary for Food and Health and comprises academics and relevant professionals and service providers, assists the Government in reviewing our mental health services on an ongoing basis. There is a subgroup under the Working Group to study in-depth the demand for mental health services and the relevant policy measures. The subgroup is supported by three expert groups comprising professionals with relevant service experience to study the service needs of different age groups (children and adolescents, adults, and elderly). The Working Group and its subgroup/expert groups will keep in view the needs of mental health services and make suggestions for the formulation of various initiatives for continuous service enhancement.

21. At the meeting of the Panel held on 11 May 2010, Members were informed that HA was formulating a Mental Health Service Plan for Adults for 2010-2015. HA has in the process engaged relevant stakeholders including the relevant professionals within HA, government departments, professional bodies, universities, non-governmental organizations, primary care clinicians, private practitioners, patients and carers. In general, the stakeholders are supportive of the service plan which sets out the goals, objectives and action priorities for the mental health services for adults in the next five years.

22. To take forward the service plan, HA will implement, in collaboration with relevant parties, a series of action priorities in two stages in order to achieve the following six key long-term strategic objectives: to develop quality, outcomes-drive mental health service; to work for the early identification and management, including self-management, of mental illness; to manage common mental disorders in primary settings where possible; to further develop and expand community mental health teams; to refocus in-patient and out-patient hospital services as new therapeutic environments; and to achieve greater collaboration with disability support and rehabilitation providers outside HA. HA will finalize its service plan and release it shortly. Meanwhile, HA will consider developing similar service plans for other age groups having regard to the ongoing deliberations in the Working Group.

ADVICE SOUGHT

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

**Food and Health Bureau
Labour and Welfare Bureau
Hospital Authority
Social Welfare Department**

March 2011