

**For information
on 31 March 2012**

Legislative Council

Panel on Health Services and Panel on Welfare Services

Community Mental Health Services

PURPOSE

This paper briefs Members on the initiatives to support persons with mental illness in the community and the work progress of the Working Group on Mental Health Services.

MENTAL HEALTH POLICY AND SERVICE ENHANCEMENT 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 responsibility of coordinating mental health policies and service programmes by working closely with the Labour and Welfare Bureau (LWB), the Hospital Authority (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. It is the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stabilised for treatment in the community. Hence, the Government has strengthened its community psychiatric services in line with this direction in an effort to allow more patients who are suitable for discharge to receive treatment in the community, so that they can re-integrate into the community and start a new life as early as possible.

INITIATIVES TO SUPPORT MENTAL PATIENTS IN THE COMMUNITY

4. At present, over 180 000 persons with mental health problems are receiving treatment and support through the hospitals, psychiatric specialist outpatient clinics (SOPCs) and community services of HA. On the welfare side, SWD monitors closely the operation of and demand for the social rehabilitation services for persons with mental health problems and their family members / carers to ensure that the services would keep pace with the changing circumstances.

5. In the past five years, the Government has increased funding allocation for mental health services by about 30%, from 3.39 billion in 2007-08 to \$4.52 billion in 2011-12. Out of these expenditures, total Government expenditure on the provision of psychiatric community services has increased from \$160 million in 2007-08 to \$410 million in 2011-12, representing an increase of 156%; and total Government expenditure spent on community rehabilitation services (including residential care services, community support services, day training and vocational rehabilitation services for ex-mentally ill persons) has also increased from \$720 million in 2007-08 to \$1 billion in 2011-12, representing an increase of 39%.

6. Details of these services are set out in paragraphs 7 to 27 below.

Services for Persons with Severe Mental Illness

7. 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 Centre for Mental Wellness (ICCMWs) set up by SWD, in providing intensive, continuous and personalised support to target patients. In 2011-12, HA has extended the programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) to benefit more patients. As at the end of 2011, HA employed a total of 138 healthcare and allied health personnel with experience in community mental health services as case managers for the provision of intensive and personalised community support to some 9 000 patients.

8. In 2012-13, HA will further extend the Case Management Programme to four more districts, including Kowloon City, Southern, Central & Western and Islands districts. It is estimated that an additional 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients.

Integrated Community Centres for Mental Wellness

9. Through consolidating existing resources and an additional provision, SWD allocated a total of \$135 million to revamp the mental health community support services and set up 24 ICCMWs across the territory in October 2010 to provide comprehensive, district-based and one-stop community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems, their families / carers and residents living in the district.

10. During the period from the commencement of service in October 2010 to December 2011, the 24 ICCMWs had served about 16 400 ex-mentally ill persons and persons suspected to have mental health problems. In 2011-12 and 2012-13, the ICCMWs are allocated with additional provisions totalling \$48 million to strengthen their manpower with a view to providing comprehensive and accessible services for more persons in need, and dovetailing with the aforementioned Case Management Programme implemented by HA to provide support for persons with severe mental illness living in the community. The total amount of resources allocated for ICCMWs will be over \$180 million in 2012-13.

11. Currently, among the 24 ICCMWs, 15 have identified permanent accommodation. Six of them are operating in permanent accommodation; seven have secured suitable premises and are conducting relevant preparatory work, such as preparing for or carrying out fitting-out works; and two others have identified premises pending local consultation to be conducted later this year. We will continue to proactively identify suitable premises for the remaining nine ICCMWs. Pending the availability of permanent accommodation, the operators of these nine ICCMWs are using suitable premises of their organisations, local facilities, or renting suitable commercial premises as temporary service points. Up to now, SWD has already approved four applications for renting commercial premises in setting up temporary service points in Kowloon City, Tsuen Wan, Eastern and Mongkok.

Enhancement of Service Collaboration

12. The effective operation of ICCMWs hinges upon close communication and collaboration among relevant stakeholders, including the medical and social welfare sectors. At the headquarters level, a Central Co-ordinating Group co-chaired by SWD and HA and comprising representatives of the medical and social welfare sectors was formed in early 2010 to monitor the implementation of ICCMW services and the Case Management Programme, and to review cross-sectoral collaboration amongst stakeholders on community mental health services. To enhance service collaboration at district level, District Task Groups on Community Mental

Health Support Services (DTGs) were set up in 2010 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. A series of induction seminars was conducted in February 2011, March 2011 and March 2012. Training programmes on topics such as clinical and social assessment, case sharing on crisis intervention etc. are organised at district level for different stakeholders as appropriate.

Outreach Services for High-risk Patients

13. HA carries out community 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 has set up Crisis Intervention Teams in all the seven clusters in 2011-12.

14. The Crisis Intervention Teams 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 patients requiring urgent attention under crisis situations. The target patients for intensive follow-up under a case management approach include psychiatric patients with propensity to violence or record of severe criminal violence, who are currently categorized in the “sub-target group” under the HA priority follow-up system.

15. At present, there are around 500 sub-target patients in HA and they are provided with follow up care 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 by case managers. In tandem, SWD has strengthened the psychiatric medical social services for psychiatric patients and their families. From 2006-07 to 2011-12, SWD has provided 69 additional psychiatric medical social workers, representing an increase of 40%.

16. In 2011-12 (as at 31 December 2011), the HA has recruited a total of about 30 healthcare professionals to serve a total number of 1 000 patients. In 2012-13, HA will continue with this service provision through the Crisis

Intervention Teams.

Services for Persons with Mild Mental Illness

17. An Integrated Mental Health Programme was 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 patients in the primary care settings, covering a total of over 4 000 patients. Under the programme, patients with mild mental illness will be treated in the primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams. In 2011-12, this programme has been expanded to cover all HA clusters to provide service to patients with mild mental illness in the community, with the target of serving a total of around 7 000 patients each year. The expanded programme involves total manpower of around 20 doctors, nurses and allied health professionals working in multi-disciplinary teams. In 2012-13, HA will continue with this service provision in the primary care settings.

18. In 2010-11, HA set up Common Mental Disorder Clinics at the psychiatric SOPCs to enhance the assessment and consultation services for patients with common mental disorders. Psychiatrists will continue to provide support to family medicine specialists and general practitioners to facilitate the management of patients in primary care settings.

Services for Persons with Psychosis

19. 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 episode 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.

20. To enhance the early intervention for psychosis, HA has expanded 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 addition of about 600 patients will be served each year. The expansion of the programme involved additional manpower of around 40 nurses and allied health professionals. In 2012-13, HA will continue with this

service provision. To dovetail with HA's initiative, SWD has strengthened the provision of psychiatric medical social services for these patients and their families as mentioned in paragraph 15 above.

Outreach Services for the Elderly

21. 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. In 2011-12, about 80 more RCHEs have been covered by HA's outreach service, involving additional manpower of around 14 doctors and nurses. The service currently covers around 110 subvented RCHEs and over 200 private RCHEs in the territory.

Services for Children and Adolescents

22. 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 has expanded the professional team comprising healthcare professionals in various disciplines to provide early identification, assessment and treatment services for children suffering from these mental diseases. The professional team has shared their knowledge on management of these disorders 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 children each year. In 2011-12, an additional manpower of around 48 doctors, nurses and allied health practitioners working in multi-disciplinary teams are involved. SWD has also provided five additional medical social workers under the welfare portfolio to dovetail with the service of the team. In 2012-13, HA will continue with this service provision through its inter-disciplinary professional team.

OTHER ENHANCEMENT MEASURES

Psychiatric drugs

23. 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 has further expanded the provision of new drugs with proven efficacy, involving an additional expenditure of about \$40 million each year to benefit around 4 000

patients under suitable clinical conditions. From 2008/09 to 2010/2011, the number of HA patients prescribed with new anti-psychotic drugs increased by about 40%. In 2012-13, HA will further expand the provision of new psychiatric drugs including newer anti-depression, anti-dementia drugs and drugs for hyperactive disorders. It is estimated that about 5500 patients will benefit. HA will continue to keep in view the development of new psychiatric drugs and review the use of the drugs through the established mechanism.

Mental Health Public Education

24. The Government is committed to promoting mental health, including early intervention of mental health problems, amongst members of the public.

25. HA has launched the “Child and Adolescent Mental Health Community Support Project” to promote mental health among youngsters and their parents through the schools and community youth centres while the Department of Health (DH) has included mental health in its public health education programme. As at the end of December 2011, about 17 000 members of the public participated in 125 such public education activities organised by HA and about 166 000 participated in those by DH.

26. In tandem, LWB, in collaboration with more than 20 government departments, public organisations, NGOs and the media, has been organising annually the “Mental Health Month” since 1995, whereby territory-wide and district-based publicity campaigns, such as television and radio programmes, Announcements in the Public Interest, newspaper supplements and publicity programmes targeting residents in the community, are launched to promote public understanding on mental health and acceptance of persons recovering from mental illness. In addition, LWB has substantially increased the allocation for the relevant public education activities from around \$2 million to about \$13 million annually since 2009-10 to reinforce efforts in promoting the spirit and core values enshrined in the United Nations Convention on the Rights of Persons with Disabilities. Themes of these public education activities include promotion of mental health and full integration of persons recovering from mental illness into the community. In 2011-12, with sponsorship from LWB, 11 such public education campaigns were organised by NGOs and public organisations to promote the general awareness of mental health and community support for persons recovering from mental illness. A total of about 29 600 members of the public participated in the promotion activities of the Mental Health Month and the aforementioned publicity campaigns in 2011-12.

27. Furthermore, ICCMWs will continue to organise public education activities in their serving districts to enhance community understanding of

mental health. As at the end of December 2011, about 2 700 community mental health education activities with 171 000 participants had been launched through the ICCMWs to enhance the community's awareness of mental health.

PROGRESS OF WORKING GROUP OF MENTAL HEALTH SERVICES

28. The Working Group of Mental Health Services (Working Group) was set up in 2006. The Working Group, chaired by the Secretary for Food and Health and comprises academics and relevant professionals and service providers as members, keeps the mental health policy and services under review and makes recommendation for adjustment and enhancement having regard to changes in social circumstances and service needs as necessary.

29. The Working Group is supported by the Subgroup 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). In 2011, a Focus Group on Community Treatment Order (CTO) has been set up to study the overseas jurisdictions and experience of CTO and its applicability in the local context.

30. Since their setting up, the Working Group, the Subgroup, the Expert Groups and the Focus Group have met regularly to discuss various issues pertaining to the mental health policy and services. All of the aforementioned service programmes and enhancement measures were formulated under the concerted effort of Members of the Working Group, the Subgroup and the Expert Groups.

31. The Working Group, the Subgroup and the Expert Groups will keep in view the international trend, the needs of mental health services and the existing service provision, and make recommendations with a view to further enhancing services for persons with mental illness.

ADVICE SOUGHT

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

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