Recovery-oriented Mental Health Service in Hong Kong

Sustainability and Challenges

Dr Eva Dunn
SD( MH) HKEC/ COS(Psy) PYNEH
Chairperson COC(Psy) Hospital Authority

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Recovery oriented Mental Health Service

- WHY ......
- HOW ..... 
- WHAT .....
Recovery Oriented Mental Health Service

• Recovery movement
• HA Mental Health Service Enhancement
• Sustainability and Challenges
What Recovery Means

Range of meanings
• Natural /spontaneous recovery
• Response to effective treatment
• Growing with or despite continuing disability

Stay in control of their life despite experiencing a mental health problem

Rediscover and develop their potentials on their journey of recovery
Definition of Recovery

“... A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/ or roles. It is a way of living a satisfying, hopeful and contributing life even with the limitations caused by illness. Recovery involves the development of new meaning and purposes in one’s life as one grows beyond the catastrophic effects of mental illness.”

(Anthony, 1993)
10 Fundamental Elements in Recovery

- Self-direction
- Individualized and person-centered
- Empowerment
- Holistic
- Nonlinear
- Strengths-based
- Peer support
- Respect
- Responsibility
- Hope

The National Consensus Statement on Mental Health Recovery SAMHSA 2004
A Personal Recovery Journey

Collaboration and partnership with community resources

Mental wellness and health

Empowerment

Hope

Meaningful life

Social inclusion

Service support
Why support could fail ....

Traditional Service delivery

Service setting-oriented
Professional-oriented
Organization-oriented

Service mismatch
Fragmentation
Personal Recovery Support Service Framework

- New Focus of Service re-organization
  - Matching needs
  - Patient autonomy
  - Development of potentials

- Personalized care
- Patient and family Empowerment
- Tailoring service to need
- Linkage to resources
Hong Kong Mental health Service
The road we travelled

Two Major Mental Hospitals

Castle Peak Hospital 1961

Kwai Chung Hospital 1981

Regional Psychiatric Units of 7 clusters
7 Clusters

5 Regional Gazetted Psychiatric Units
Demand of Mental Health Services in HA

Total no. of patients received mental health services in HA

Remarks: Around 4-7% annual growth
## Service Statistics – Inpatient Services

<table>
<thead>
<tr>
<th>Year</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of mentally ill beds</td>
<td>3 607</td>
<td>3 607</td>
<td>3 607</td>
<td>3 607</td>
<td>3 607</td>
</tr>
<tr>
<td>No. of psychiatric inpatients/ day-patient headcounts</td>
<td>14 900</td>
<td>15 200</td>
<td>14 600</td>
<td>14 700</td>
<td>14 600</td>
</tr>
<tr>
<td>Occupancy rate</td>
<td>75%</td>
<td>74%</td>
<td>71%</td>
<td>71%</td>
<td>72%</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>63</td>
<td>60</td>
<td>57</td>
<td>54</td>
<td>49</td>
</tr>
</tbody>
</table>
# Manpower of HA Psychiatric Services

<table>
<thead>
<tr>
<th>Year</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychiatrists (including trainees)</td>
<td>332</td>
<td>335</td>
<td>333</td>
<td>344</td>
<td>349</td>
</tr>
<tr>
<td>Psy. Nurses (including CPN)</td>
<td>2 296</td>
<td>2 375</td>
<td>2 442</td>
<td>2 472</td>
<td>2 493</td>
</tr>
<tr>
<td>Clinical Psychologists</td>
<td>65</td>
<td>71</td>
<td>77</td>
<td>82</td>
<td>90</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>218</td>
<td>227</td>
<td>236</td>
<td>245</td>
<td>257</td>
</tr>
</tbody>
</table>

*Remarks: Starting from 2016-17, psychiatric doctors also include doctors working in SLH*
Challenges:
- Growing demand
- Institutional environment and long hospital LOS
- Long waiting list in SOPC
- Lack of community and discharge support

Directions:
- Reduce dependence on hospital bed-based PSY services
- Focus on recovery and personalized care
- Strengthen and broaden the care in community and primary care settings
- Emphasis on support to carers and families

The Pyramid of Care
Trend of Service Development

- From Hospital to Community
- Early and Targeted interventions
- Development of Clinical Standards & Outcome focused care
- Continuous Quality and Safety enhancement
- User engagement and Recovery Oriented Service
- Community partnership and collaboration
HA Adult Mental Health Service Plan
2010-2015

“The Vision of the Future is of a Person-Centred service based on Effective Treatment and the Recovery of the individual”
### Mental Health Service Plan for Adult 2010-2015

#### Strategic Objectives

<table>
<thead>
<tr>
<th>Objective 1</th>
<th>To develop a <strong>quality, outcomes-driven</strong> mental health service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective 2</td>
<td>To work for the <strong>early identification and management</strong>, including self-management, of mental illness</td>
</tr>
<tr>
<td>Objective 3</td>
<td>To manage <strong>common mental disorders</strong> in primary care settings, where possible</td>
</tr>
<tr>
<td>Objective 4</td>
<td>To develop and expand <strong>community</strong> mental health teams</td>
</tr>
<tr>
<td>Objective 5</td>
<td>To refocus <strong>inpatient</strong> and <strong>outpatient</strong> hospital services as new <strong>therapeutic</strong> environments</td>
</tr>
<tr>
<td>Objective 6</td>
<td>To seek greater <strong>collaboration</strong> with disability support and rehabilitation providers <strong>outside the HA</strong></td>
</tr>
</tbody>
</table>
Inpatient - Modernizing Ward Environment

- Renovation of in-patient wards in 3 hospitals including PYNEH, KH and TPH (2012-2014)
- Planned Redevelopment of Kwai Chung Hospital
- Recruit addition psychiatric nurses and AH in all clusters
- Provide multi-disciplinary recovery-oriented treatment to inpatient
- Aim to facilitate early discharge and community re-integration
Community Psychiatric Services

3-Tier Service Model

Psychiatric patients in need of community support

Strength, Needs and Risk assessment

Low

Standard CPS
- Short-term support for community adjustment

Moderate

Personalized care Program
- Personalised case management support for long term care

High

Intensive Care Team
- Personalised case management support for intensive care
Community Psychiatric Services----Collaboration with ICCMW

- *Three-tiered coordination Channel*

![Diagram showing three levels of coordination: Central Level, District Level, Team Level. Each level has specific groups and stakeholders.](image-url)
Community Psychiatric Services----Collaboration with ICCMW

**CPS**
- Medical need predominant
- Patient with unstable mental condition, and higher risk of violence or suicide.
  - Psychiatric assessment
  - Symptoms and risk management
  - Adherence therapy
  - Psychological interventions, etc.

**ICCMW**
- Social need predominant
- Patient with relatively stable mental state and low risk, but in need of help for establishing social support network, daily functioning and vocational capability (default referral)
  - Day time engagement
  - Social support
  - Day training
  - Leisure and recreational activities, etc.

**Standard care from psychiatric SOPC and social care facilities**

**Additional case management service**

**Case Managers in CPS of HA**
- Focus on medical support
- Liaison with social sector

**Case Managers in ICCMWs/MSSUs**
- Focus on social service
- Liaison with medical sector

**Mutual referral facilitated by:**
- Sharing of patient information
- Standardised needs-risks-strength assessment
- Communication platform
Medical Social Collaboration
“Service Framework on Personalised Care for Adults with Severe Mental Illness in Hong Kong”

- For enhancing the collaboration and communication between the medical and social sectors
- HA, SWD and major psychiatric NGOs have set up a task group to revisit the existing service model and develop the “Service Framework on Personalised Care for Adults with Severe Mental Illness in Hong Kong” in 2016
- To articulate a clear delineation of roles of different service providers, which would help eliminate service gaps and enable service providers to better respond to the needs of patients and families
- Recovery focused
- Assessment tools on Strength, Needs and Risk assessment
- Interface with regional ICCMWs
Early Assessment Service for Young Persons with Early Psychosis (EASY) & Extension

- Started in 2001, target of first episode psychosis patients aged 15 – 25
- Aims at early identification and treatment to prevent deterioration
- Extended to adult patients (15-64) since 2011/12 in all clusters
- Multidisciplinary Team providing one-stop services for the first 3 years of illness, case manager approach with focus on recovery
- Outcome evaluation: EASY produced better outcome
  - Less negative symptoms, less suicides (to 1/3), less hospitalization (to 50%)
  - Better functioning
Recruitment of Peer Support Workers in all clusters
Others Mental health service initiatives

- Common Mental Disorder Clinic
- Integrated Mental Health program at GOPC
- Mental health Direct – 24 hr hotline
- Enhance Consultation Liaison support at AEDS
- Use of New drugs
HA Mental Health Service Enhancement

- Renovation of acute wards
- Recovery oriented care in inpatients
- Consultation Liaison at AED
- Recovery Support program for discharge inpatient

- EASY and Extension
- Elderly Suicide Prevention Program
- Perinatal clinic/CCDS
- Substance Misuse clinic
- Common Mental Disorder Clinics
- Primary Care- Integrated MH Clinic
- Child & Adolescent service enhancement

- Psychogeriatric outreach to OAH
- 24 hr Mental Health Direct Hotline
- Personalized Care program
- Intensive Care Team
- District Task force with ICCMW
- Service Framework for Adult with SMI
- Peer Support Workers
- Mental Health Promotion
Cluster level

• Local Recovery oriented care planning
• Staff engagement and training
• Peer support workers
• Users and carers empowerment
• Community collaboration
• Mental health promotion
Sustainability and Challenges

• Kick started
• still a long way....
• Obstacles and doubts ......
• Breadth Vs Depth of services
• Manpower shortage
• Measurement of effectiveness
Sustainability and Challenges

• Mindset and Culture building
• Capacity building
• Varieties of psychotherapeutic skills—building up potentials, listening to needs
• Creativity and Innovation
Sustainability and Challenges

• Policy planning across Bureau / Department/ Sectors
• To build in recovery oriented care in all stages and types of mental illness
• Develop necessary infrastructure and human resource
• Network building – Collaboration and partnership
• Governance and evaluation
• Community Mental Health literacy
• De-stigmatization
Sustainability and Challenges

- Hardware
- Software
- Network

➢ User navigation and feedback
Mental Health Review Report
2017

Areas under Review

- Mental Health Promotion
- Mental health service for Adults
- Mental Health Service for Children and Adolescents
- Mental Health Service for the Elderlies
- Applicability and Practicability of Introducing Community Treatment Order in HK

40 recommendations on 20 areas

Set up a Standing Advisory Committee on Mental Health
THANK YOU