

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

11 January 2018

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

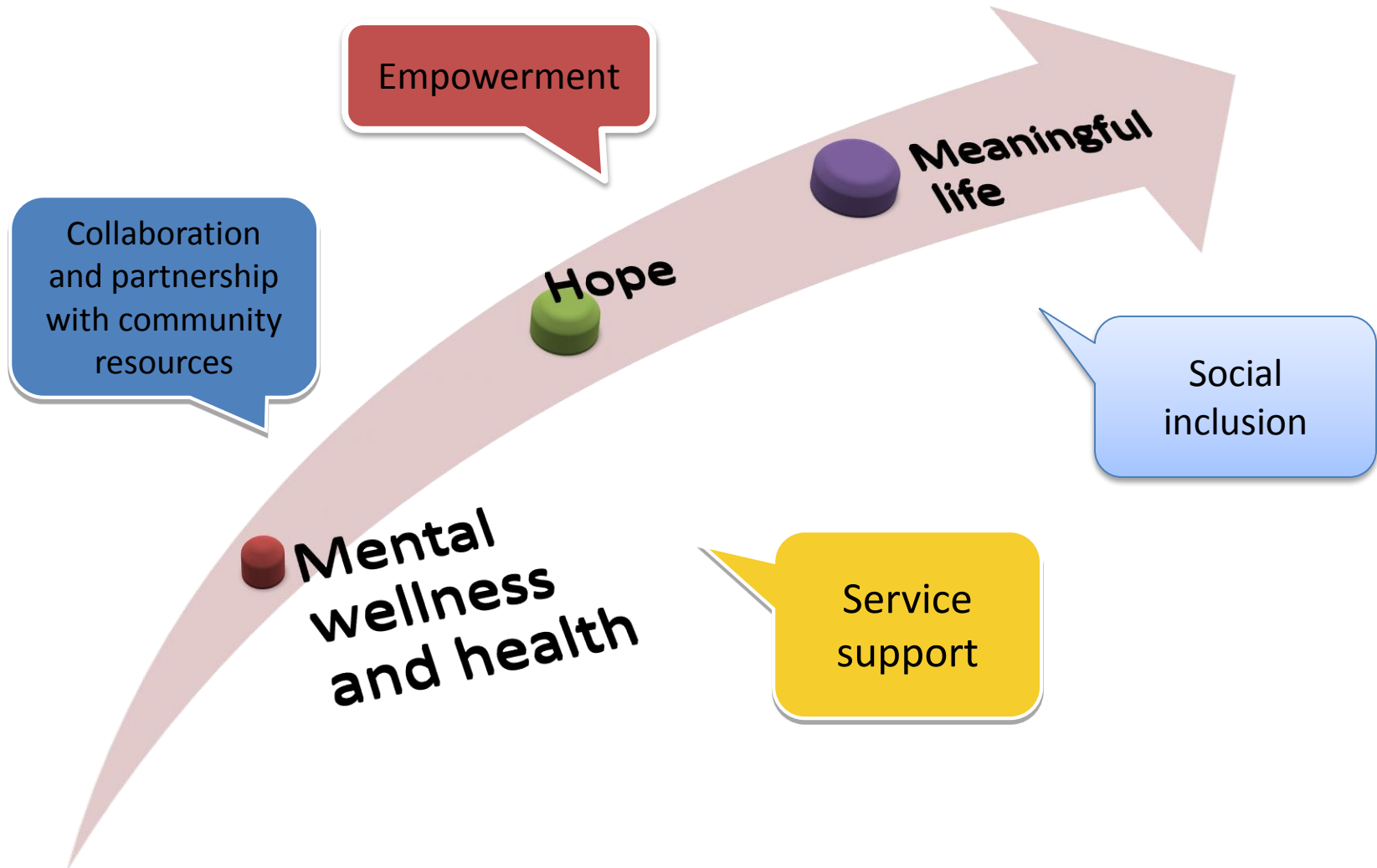
Peer support

Respect

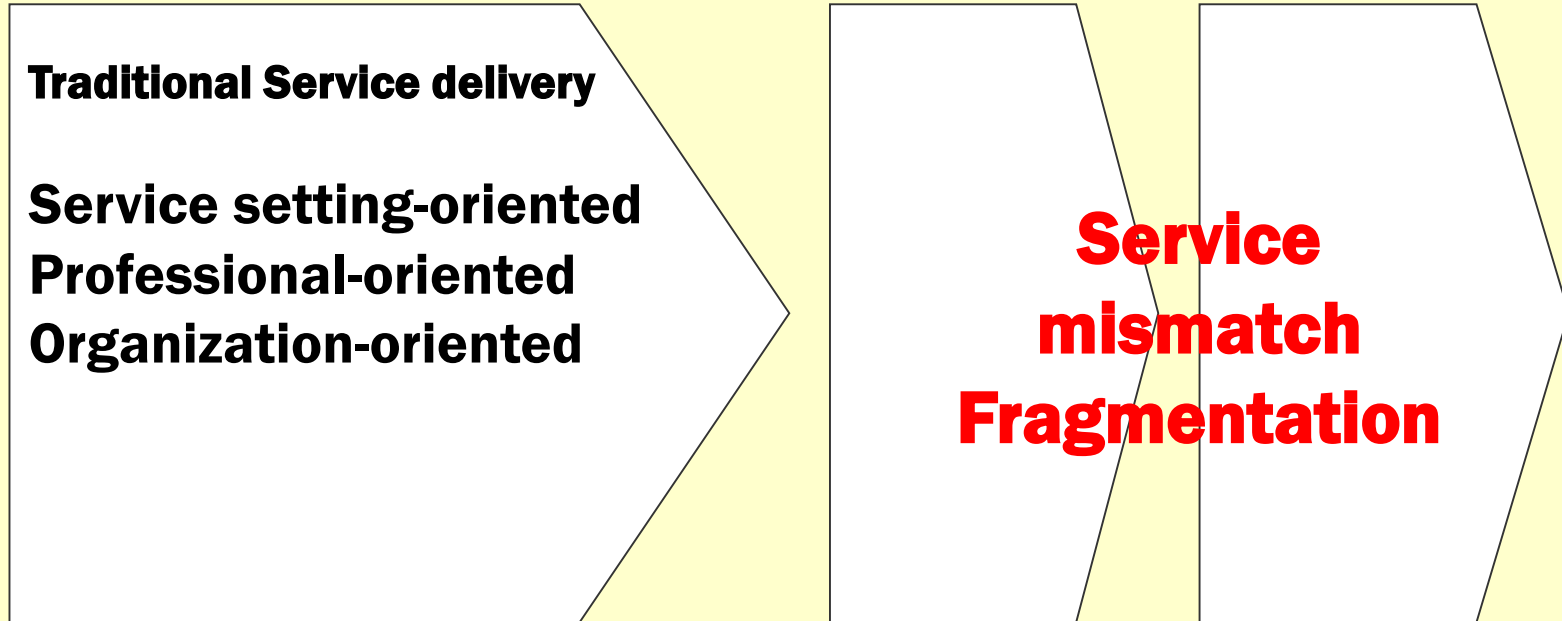
Responsibility

Hope

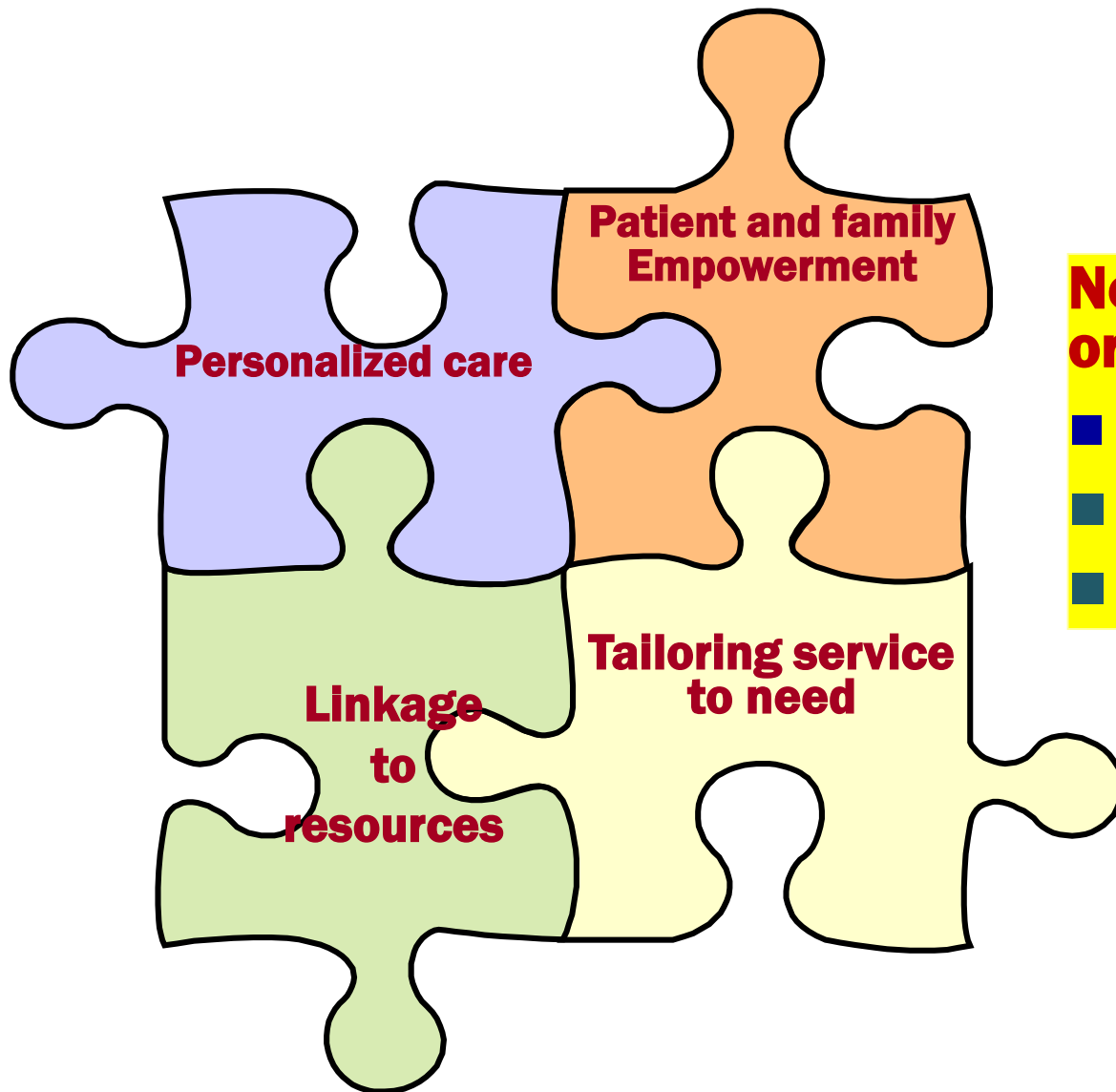
A Personal Recovery Journey



Why support could fail



Personal Recovery Support Service Framework



New Focus of Service re-organization

- Matching needs
- Patient autonomy
- Development of potentials

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



醫院管理局
HOSPITAL
AUTHORITY

願景

- 市民健康
- 員工熱心
- 大眾信賴

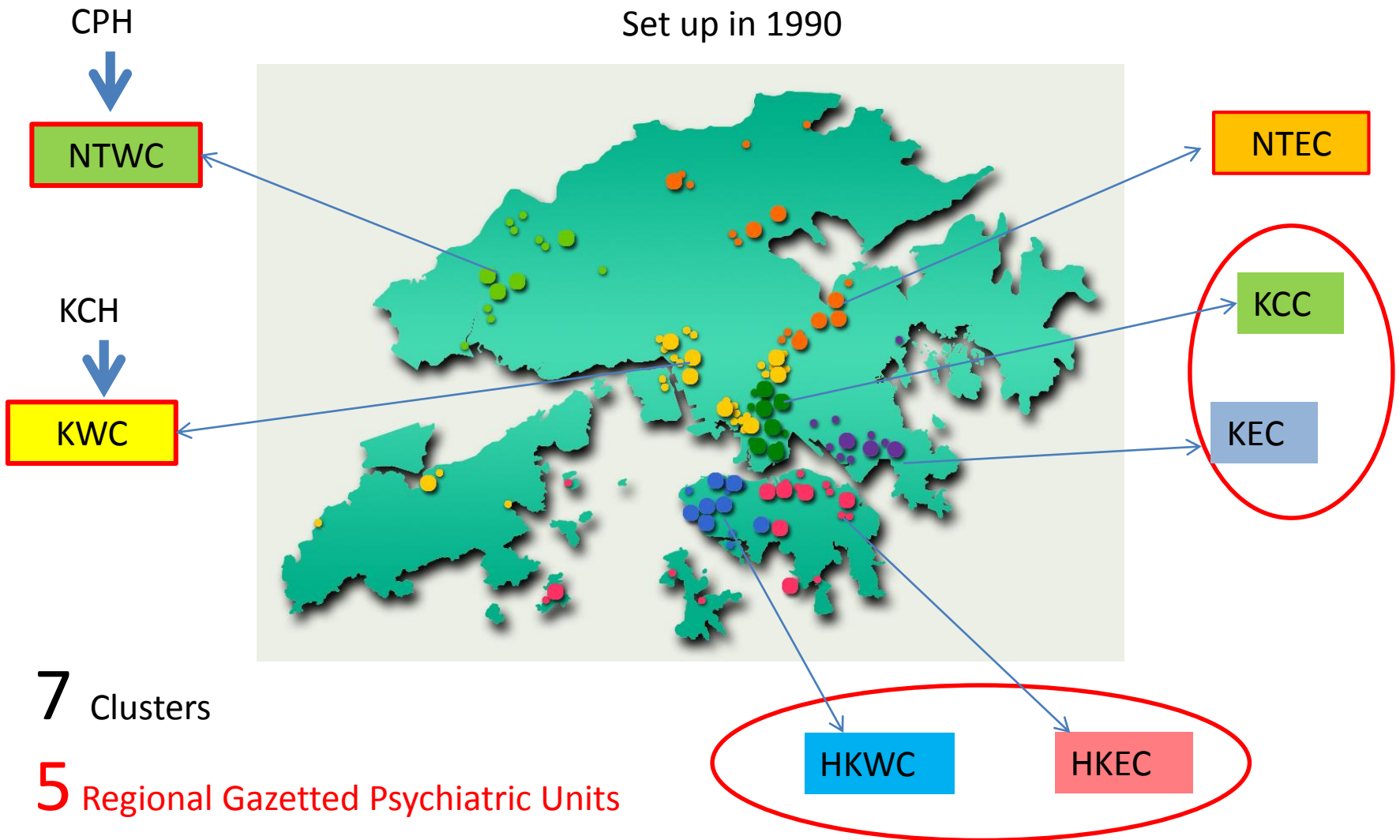
使命

- 與民攜手
- 保障健康

核心價值

- 以人為先
- 專業為本
- 精益求精
- 群策群力

Set up in 1990

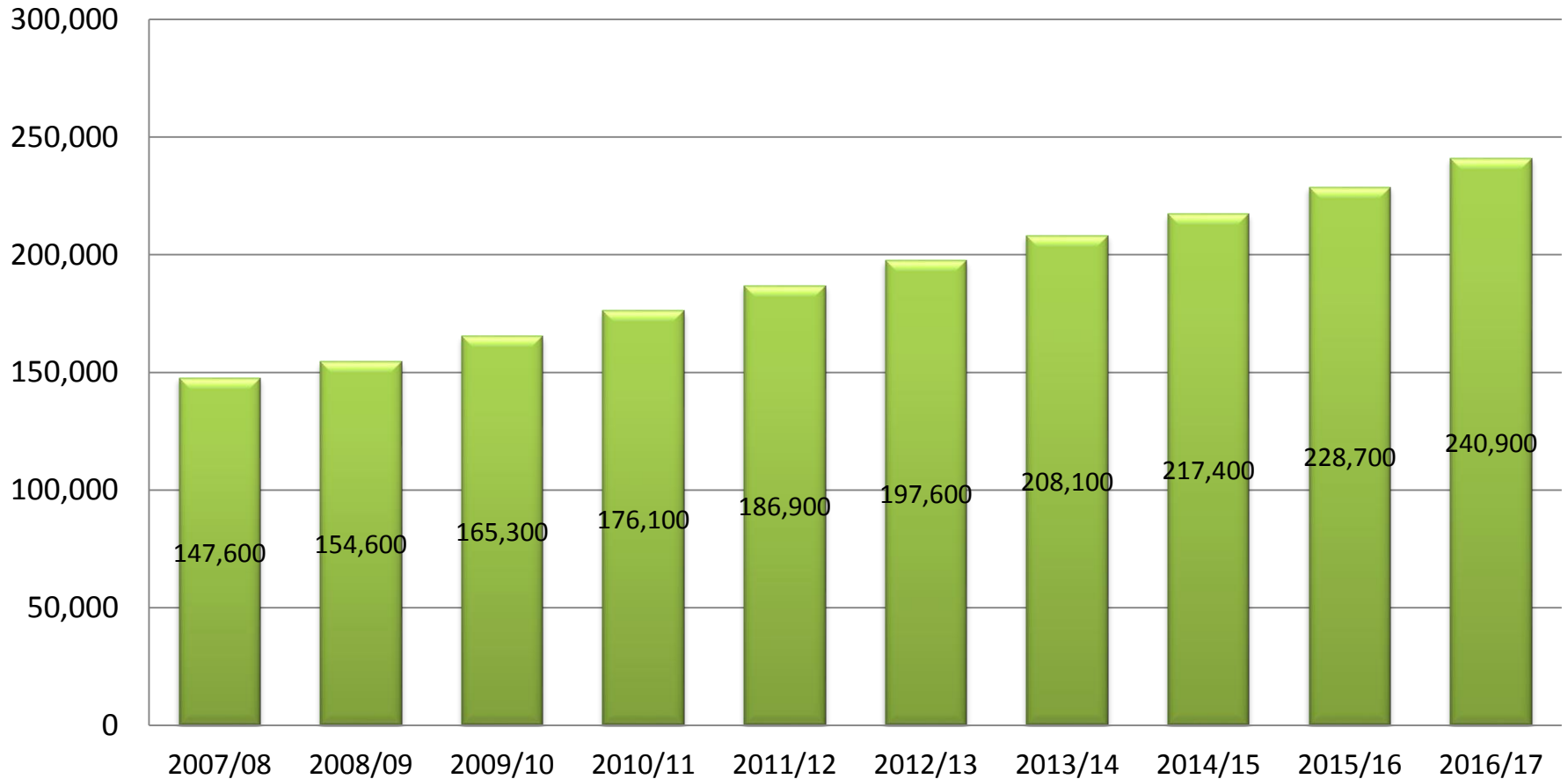


7 Clusters

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

Year	2012/13	2013/14	2014/15	2015/16	2016/17
No. of mentally ill beds	3 607	3 607	3 607	3 607	3 607
No. of psychiatric in-patients/ day-patient headcounts	14 900	15 200	14 600	14 700	14 600
Occupancy rate	75%	74%	71%	71%	72%
Average length of stay (days)	63	60	57	54	49

Manpower of HA Psychiatric Services

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

Remarks: Starting from 2016-17, psychiatric doctors also include doctors working in SLH

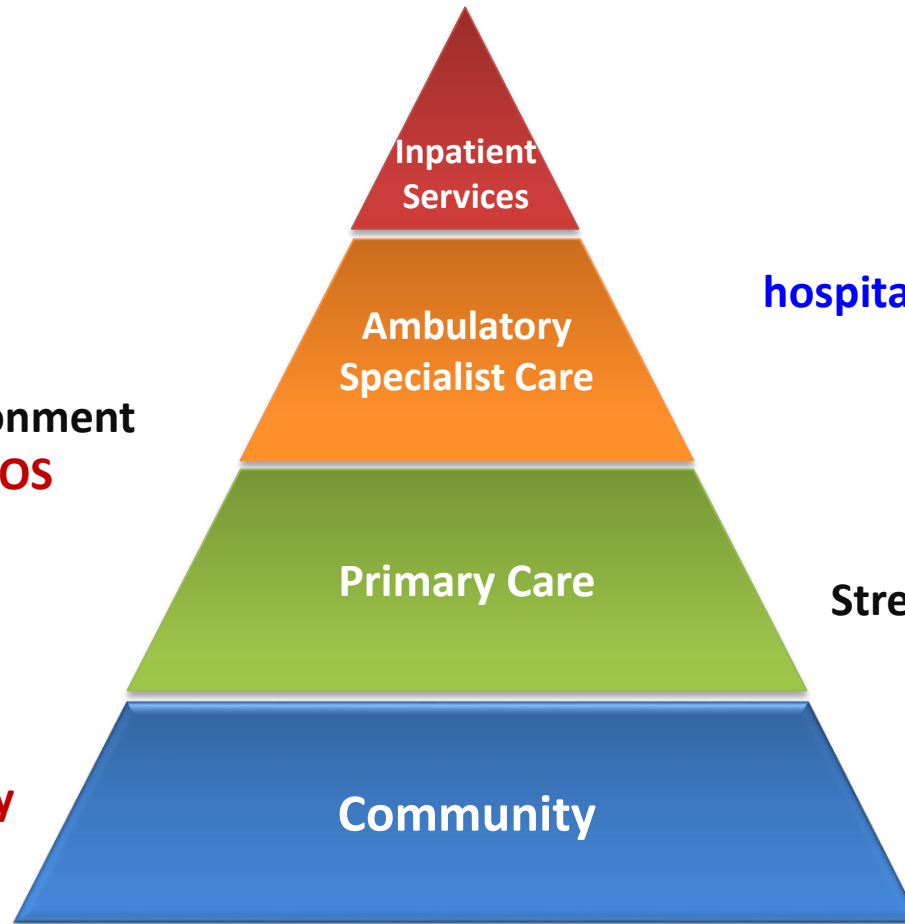
Challenges

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

Objective 1

To develop a **quality, outcomes-driven** mental health service

Objective 2

To work for the **early identification and management**, including self-management, of mental illness

Objective 3

To manage **common mental disorders** in **primary care** settings, where possible

Objective 4

To develop and expand **community** mental health teams

Objective 5

To refocus **inpatient** and **outpatient** hospital services as new **therapeutic** environments

Objective 6

To seek greater **collaboration** with disability support and rehabilitation providers **outside the HA**

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

moderate

high

Standard CPS

- Short-term support for community adjustment

Personalized care Program

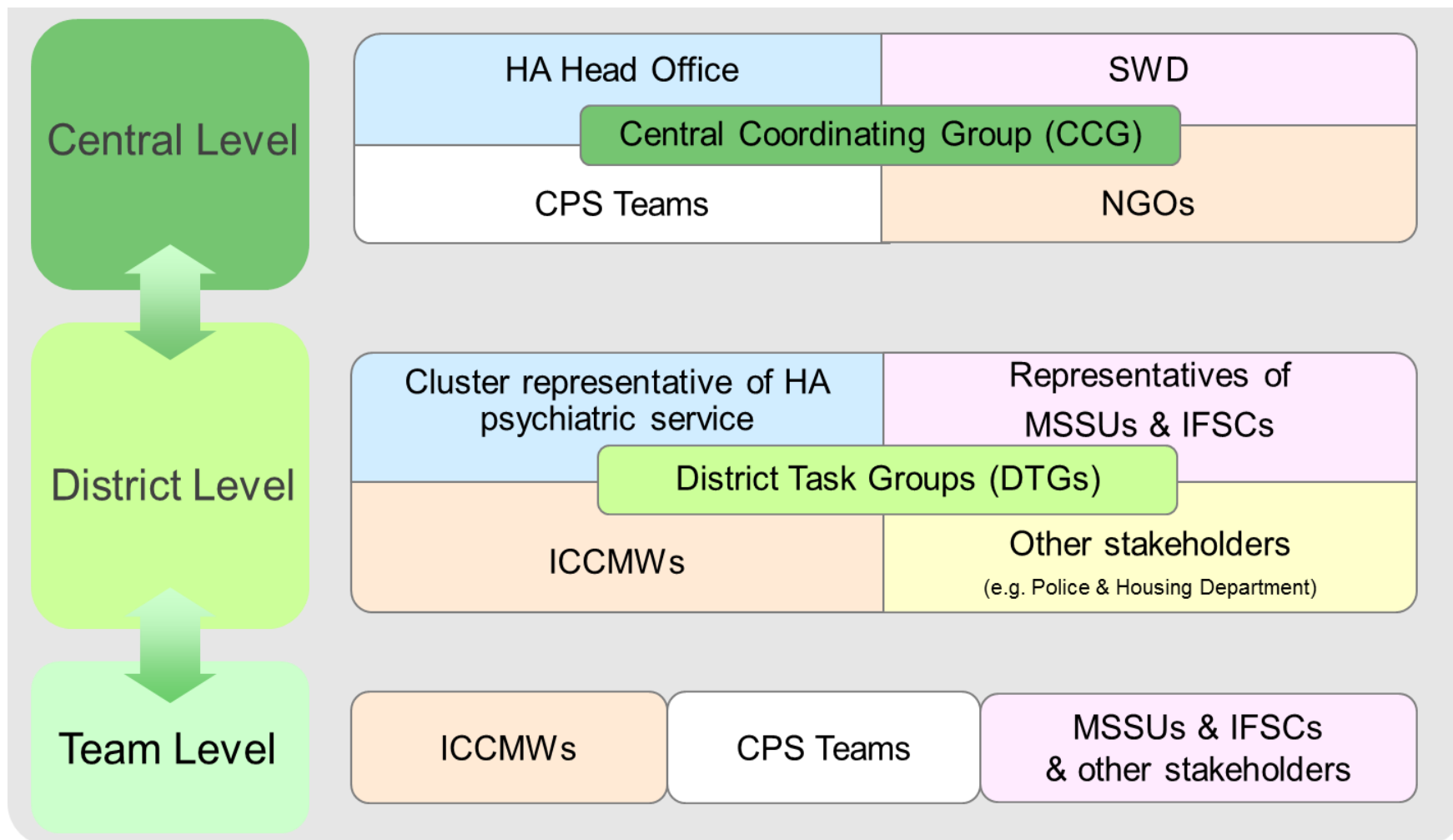
- Personalised case management support for long term care

Intensive Care Team

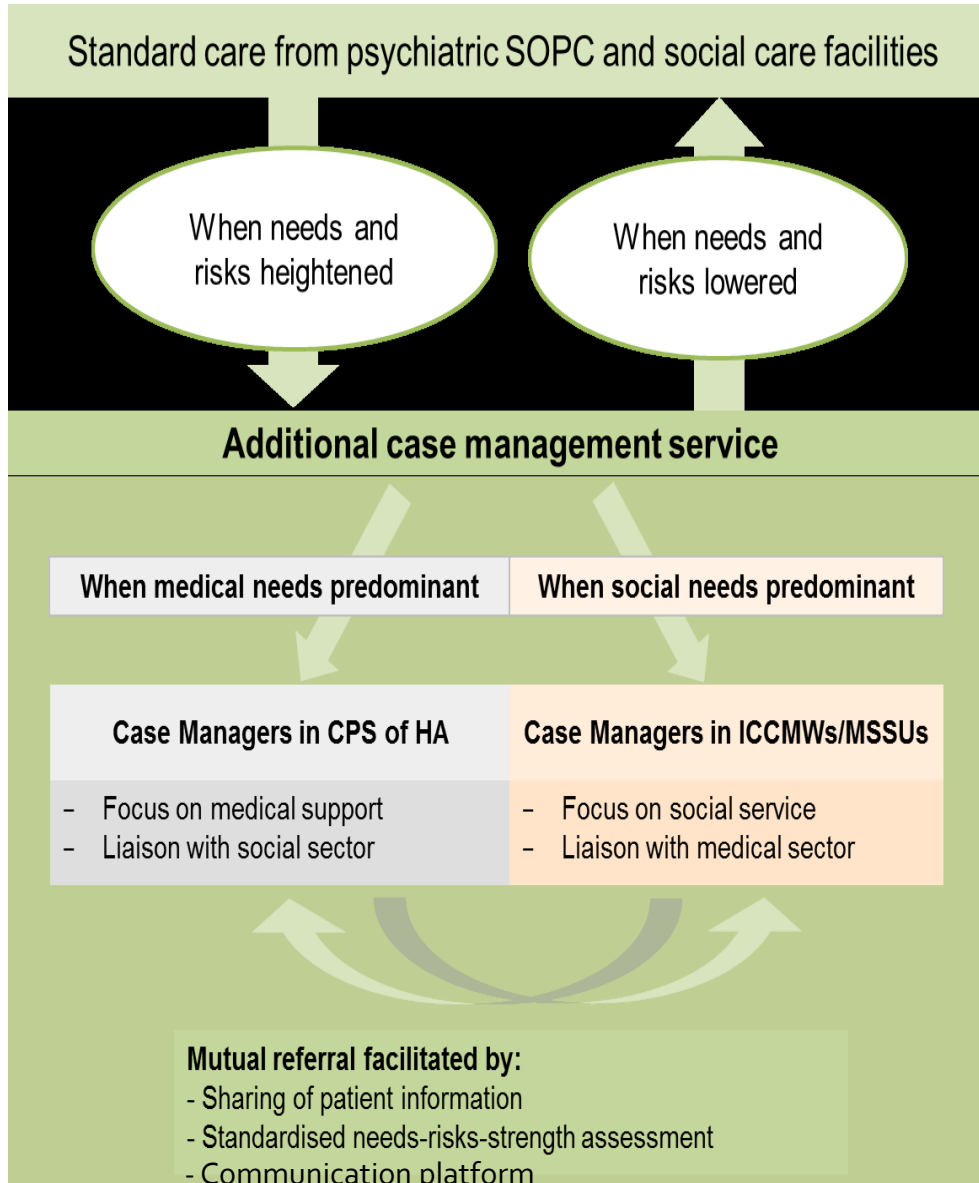
- Personalised case management support for intensive care

Community Psychiatric Services----Collaboration with ICCMW

- *Three-tiered coordination Channel*



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

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

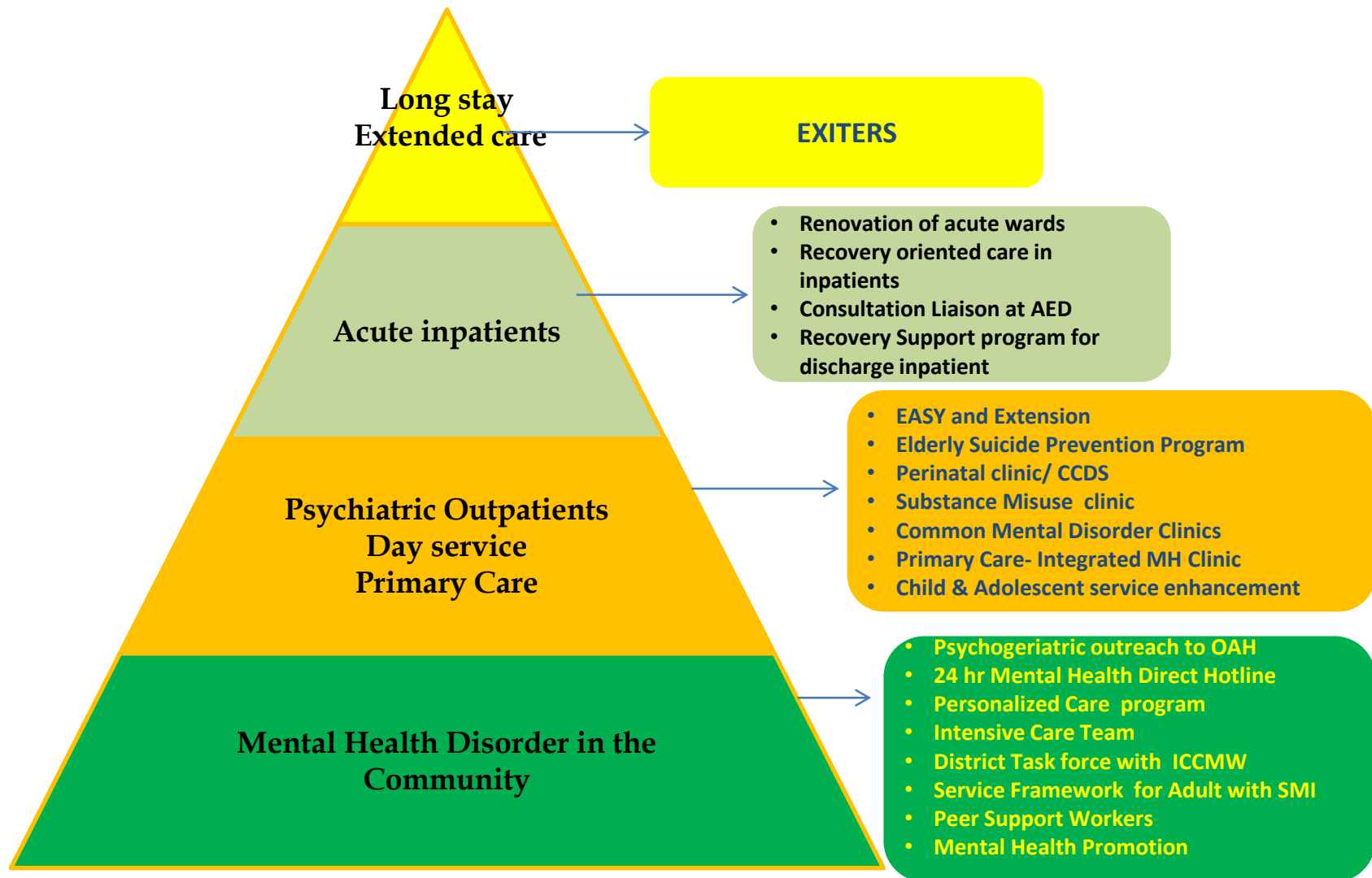
Recruitment of Peer Support Workers in all clusters



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



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