



A Mental Health Service Plan for Adults 2010-15

Dr. S.F. Hung

Hospital Chief Executive

Kwai Chung Hospital



Hospital Authority Mental Health Task Force

Dr. W L CHEUNG, D(CS) Co-Chair

Dr. S F HUNG, HCE/KCH

**Dr. Eric CHEUNG, NTWC CC(PS)/
CPH CONS GAP**

**Dr. Eva DUNN, HKEC CCOS(Psy)/
PYNPSY COS**

Dr. Roger NG, KHPSY CON

Dr. Dicky CHUNG, TPHPSY COS(PSY)

Dr. Tony KO, CM(SSP&KM)

Ms. Margaret TAY, CM(ICP)

Dr. S V LO, D(S&P) Co-Chair

Ms. Sylvia Fung, CM(N)/CNE

Ms. Eva TSUI, CM(S&WP)

Ms. Ivis CHUNG, CM(AH)

**Ms. Jolene MUI, Nurse Consultant,
CPS, CPH**

Mr. Ian WYLIE, SM(SPD)

Mr. Andy WAN, M(IP)

Dr. Leo CHAN, M(SP)

Ms. Wendy LEUNG, M(SPD) Secretary



A Mental Health Service Plan for Adults

2010-15

● **Content of the talk**

- Why is there a need for a Mental Service Plan?
- What are the processes?
- What are the contents?



Shane Solomon

Chief Executive, Hospital Authority

“Directly or indirectly, mental illness affects all of us and it can have profound, sometimes tragic, effects on lives. For too long societies through the world did not give mental illness the recognition and care it deserves

...it is timely for the Hospital Authority to develop a long-term vision and goals for our services.”



**Dr. W.L. Cheung, Director (Cluster Services) /
Dr. S.V. Lo, Director (Strategy & Planning)**

“Although this Mental Health Service Plan focuses for services for adults.....

It is the intention of the Hospital Authority to return to consider the health needs of both children and adolescents, and of elderly people, in the near future.”



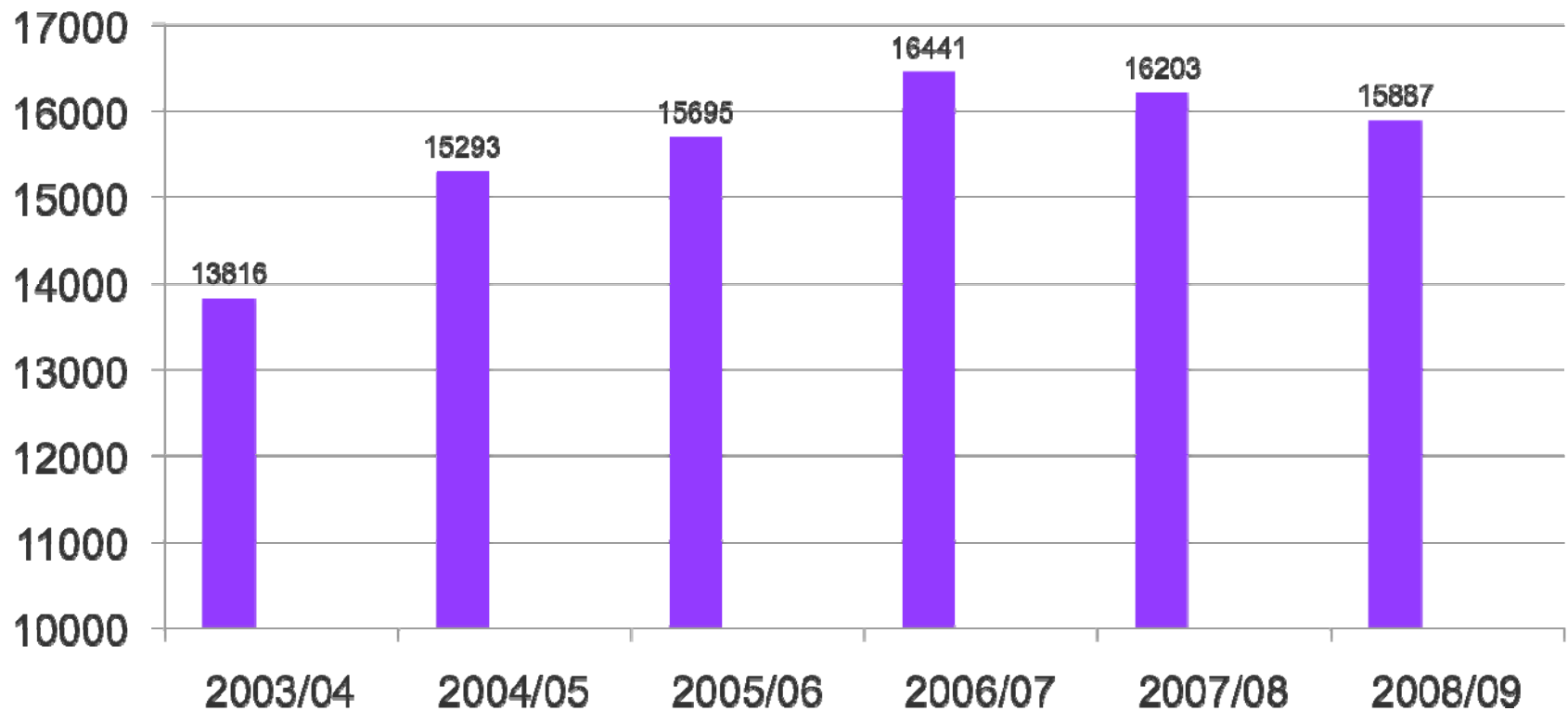
Mental Health Service in Hong Kong

Current situation:

- Efficient management of patients characterised by high throughput with a focus on risk aversion rather than personalised care
- Institutional in setting
- Long waiting lists and short consultation time
- Lack of exit strategies for common mental disorders
- Under-developed community care



In-patient service throughput





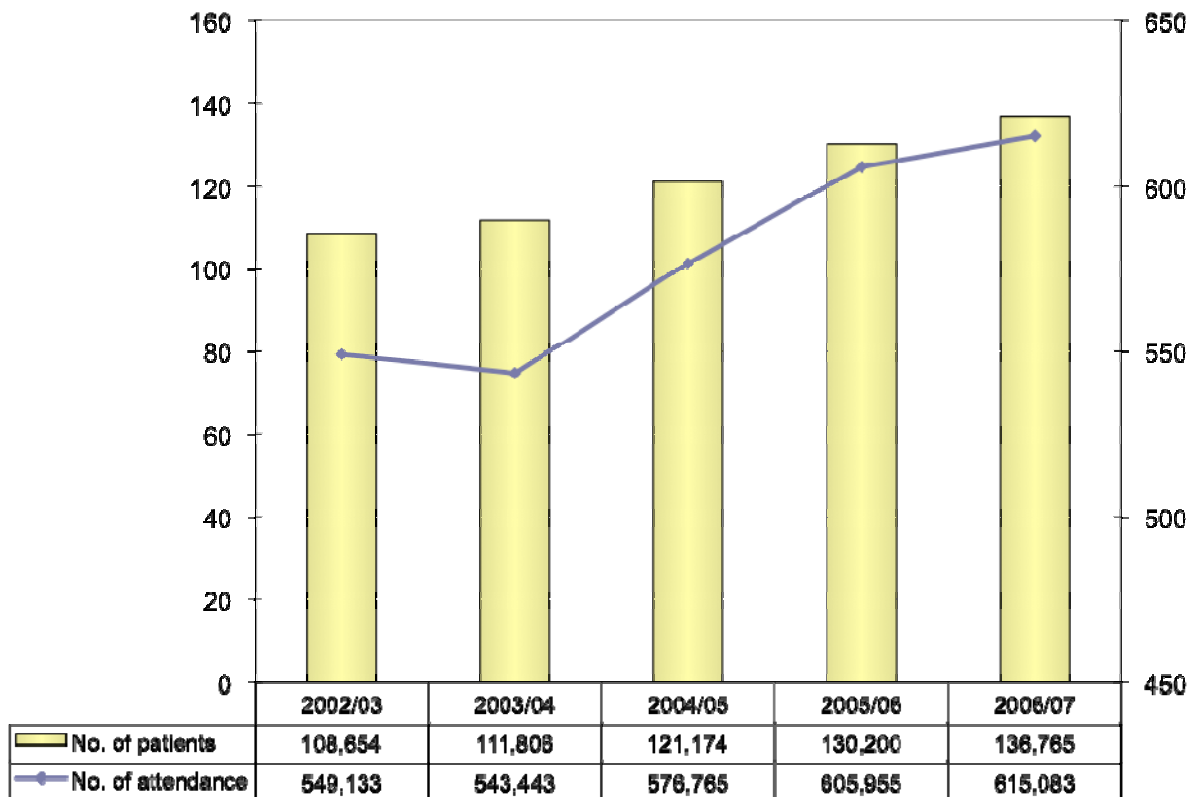
Rising demand on outpatient service

SOP Patients

26%

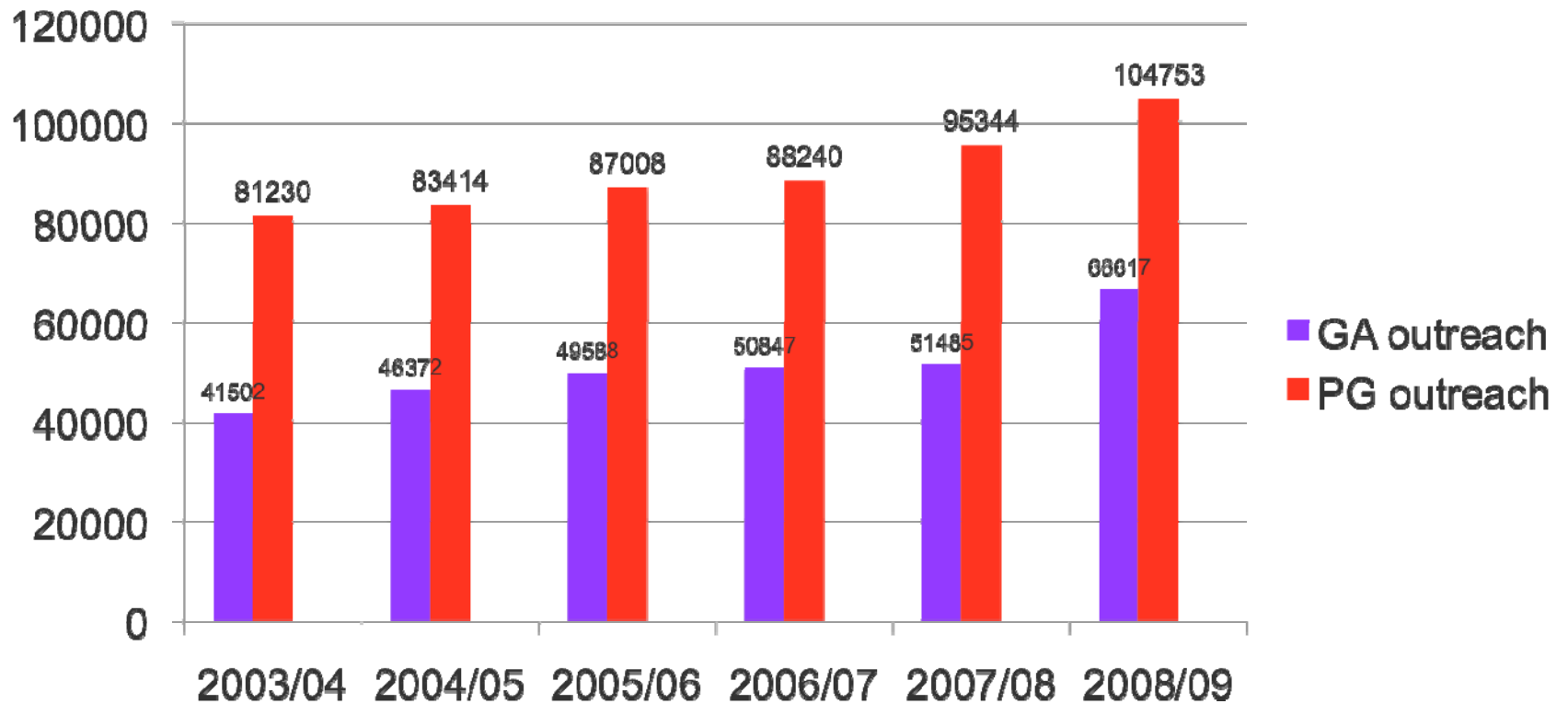
SOP Attendances

12%





Outreach attendance





Current gaps in community service



- Splitting of social & psychiatric care
- Limited range of residential & daytime activity options
- Providers-led services



Service Developments in Hong Kong 2001-09

2001/02

- New Psychiatric Drugs
- EASY

2002/03

- EXITERS
- Elderly Suicide Prevention Project

2006/07

- Extension of New Psychiatric Drug

2007/08

- Community Mental Health Intervention Project

2008/09

- Programme for Frequent Re-admitters
- Consultation Liaison Service in AED
- Outreach Service to Private Old Aged Homes

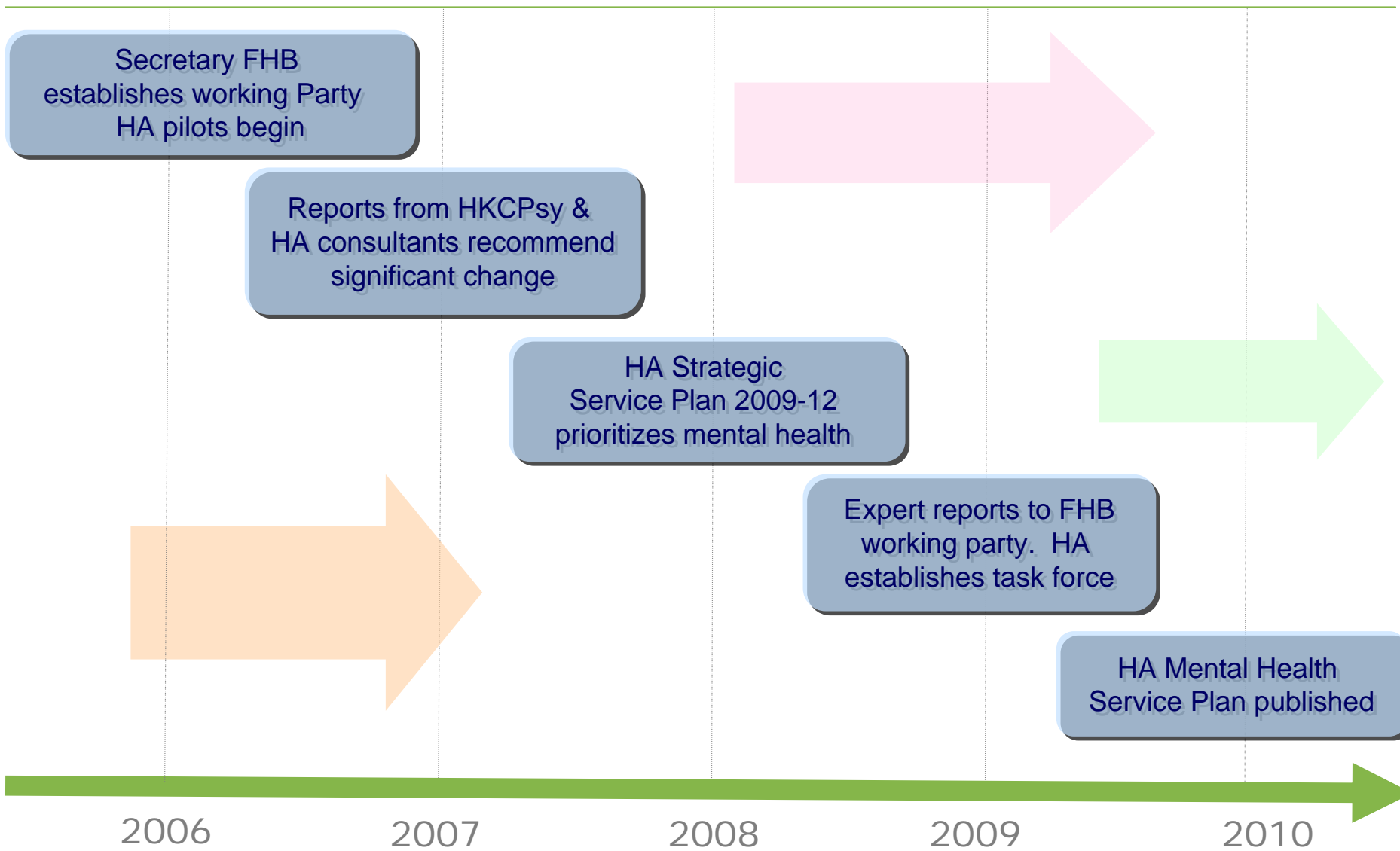
2009/10

- Extension of Outreach Service to Private Old Aged Homes
- Recovery Support Program for discharged patients
- Triage Clinics and Allied Health Clinics



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Milestones





Task Force terms of reference

1

- To review current and anticipated service need for mental health services in HA

2

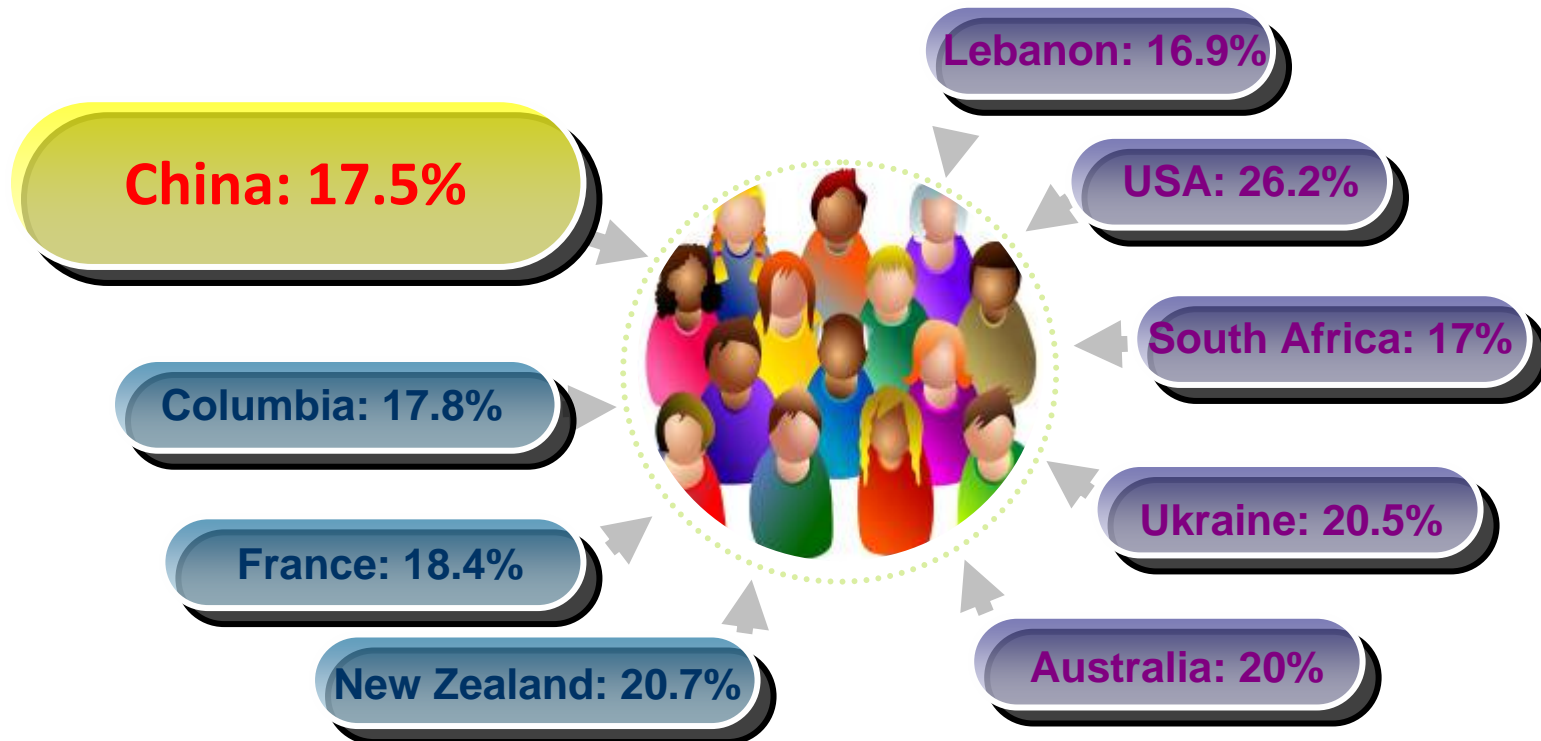
- To identify strategies and priority services to address major anticipated gaps over the next 5 years

3

- To advise on the future service model(s) to enhance the quality and outcome of mental health services



Mental Illness: how much of it is there?



Source: World Mental Health Survey, WHO (2009)



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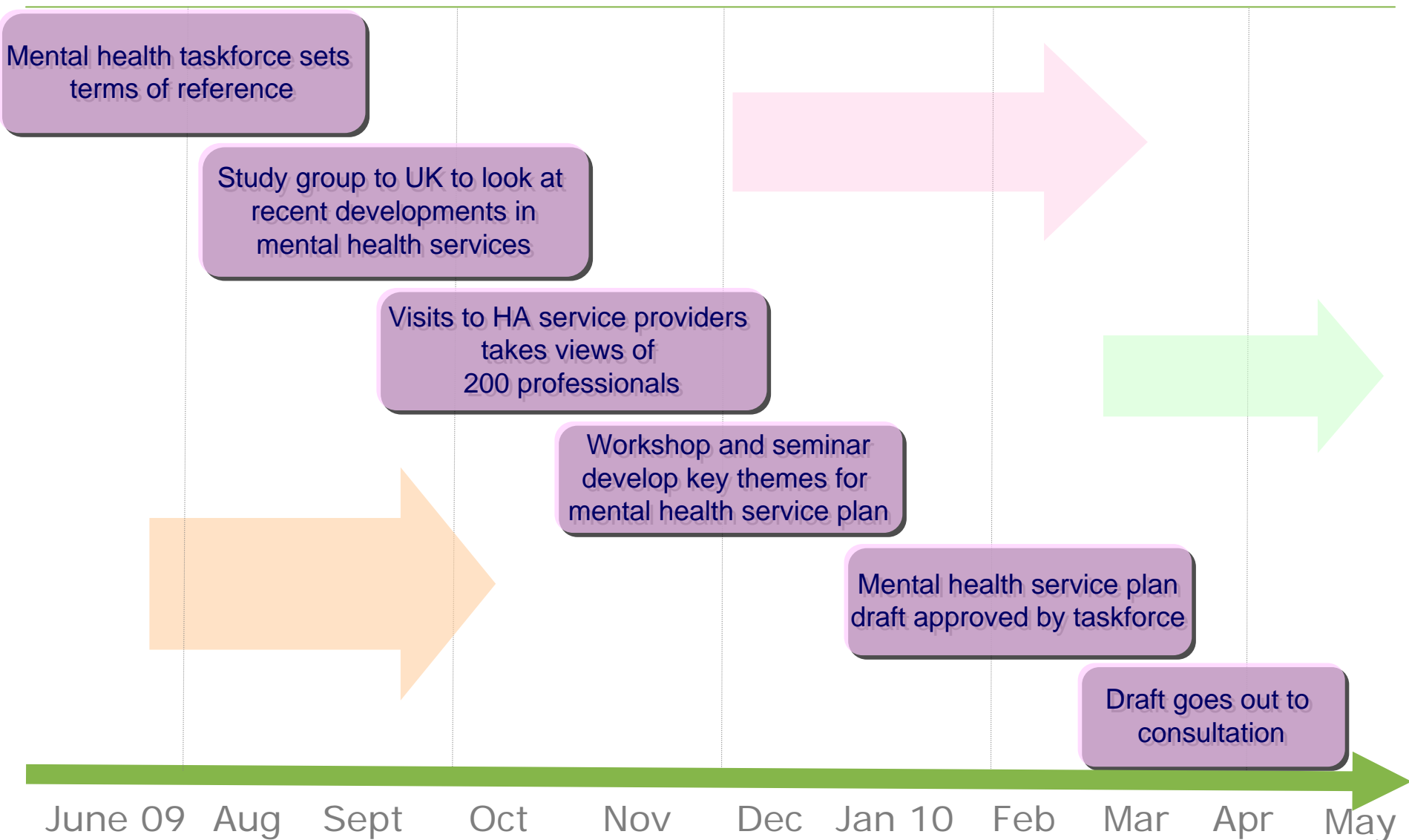
Methodology of service planning





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Process of developing Draft Service Plan





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International seminar on mental health



November seminar engaged specialist staff across HA



A new direction for mental health services

- Taskforce recommends a new model of mental health services for HA.
- Care should be developed in primary, community and secondary settings according to need.
- HA should aim to achieve five goals for mental health services by 2015.
- HA should focus on six strategic objectives over the next five years.
- Developments should be in two stages: stage 1 (2011-14) and stage 2 (2014 onwards).





The new model of care

The Hospital Authority will develop a new model for mental health services:

From

managing mental illness in a system weighted to institutional care



To

person-centred service based on effective treatment and the recovery of the individual



The pyramid of need





Five goals for mental health services in 2015



1 High quality care focused on need in a timely, accessible and appropriate manner.



2 Users will be informed and involved in decisions about their health care, design and provision of these services.



Aim to **restore patients to health** and lead happy and fulfilled lives. Case management approach will be used, where appropriate



HA will work with its partners to ensure **support to carers and families** as well as to patients.



Will aim to provide **services in relaxed, informal settings**, e.g., home-like, rooms not wards, casual clothes not pyjamas.





Six strategic objectives



1 Development of a quality, outcomes-driven mental health service

- Develop clinical practice standards and agreed treatment guidelines (stage 1)
- Agree on single set of mental health outcome measures (stage 1)
- Establish a mental health users group (stage 2)





Six strategic objectives

2 Early identification and management of mental illness

- Extend the age range of the EASY program (stage 1)
- Expand psychiatric consultation liaison with AEDs (stage 1)
- Work with primary care, including private GPs, on management protocols for mental illness (stage 2)





Six strategic objectives

3 Management of common mental disorders in primary care settings, where possible

- Teams of mental health specialists to work with GOPCs and FMSCs (stage 1)
- Extend treatment guidelines to GOPCs and review & expand drug formulary (stage 1)
- Establish formal mechanism for working between mental health specialists and private GPs (stage 2)





Six strategic objectives

4 Development of specialist community mental health teams

- Comprehensive case management for all SMI patients (stage 1)
- Incentives to attract and retain mental health specialists in community settings (stage 1)
- Develop district-based multi-disciplinary mental health teams (stage 2)





Six strategic objectives



Refocusing of out-patient and in-patient hospital services as new therapeutic environments

- Staff training program to move from containment to personalized model of care (stage 1)
- Modernize inpatient wards to give safe, home-like environments (stage 2)
- New outpatient model based on multidisciplinary approach to improve range of services (stage 2)





Six strategic objectives

6

Greater collaboration with mental health service providers outside the Hospital Authority

- Work with SWD on licensing and quality standards in private hostels (stage 1)
- Work with Housing Authority to develop model of intensive living options for people with long-term SMI (stage 2)
- Work with relevant parties to reduce stigma of mental illness and increase health literacy (stage 2)





- Feedback from the consultation will be incorporated into final Plan
- An implementation group within HA will cost the introduction of these proposals
- All proposals will be subject to the HA's annual planning mechanism and disciplines
- Progress towards 2015 goals will be audited through HA's annual reporting mechanism



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Next steps

14 April

HA Directors' meeting approves Plan

End of April

Translation into Chinese

April to June

Consultation with stakeholders

11 May

Service Plan to be introduced by Dr SF Hung at HA Convention

June

Taskforce reviews consultation & plans implementation

Aug

MSDC to formally adopt Mental Health Service Plan

Dec 2010

Publication of approved Service Plan



精神健康服務的新方向

- 專責小組建議醫管局應就成年人的精神健康服務訂立新的願景
 - 服務應按需要於基層及社區發展
 - 醫管局應在**2015年**達到五個精神健康服務的目標
 - 醫管局應於未來五年專注於六個策略方向
- 發展應分成兩個階段：第一階段 (2011-14) 和第二階段 (2014 以後)
-





2015年的五個精神健康服務目標



1 達致高水平的精神健康服務，能適時、便捷及適切地配合需要



2 精神健康服務的使用者能獲悉及參與決定自身的醫護程序，讓使用者和照顧者一同設計和提供這些服務



3 讓病人恢復健康，並過著開心充實的生活。如可以的話，精神健康服務會透過個案管理方式提供



4 醫管局會和醫護夥伴緊密合作，並為照顧者、病者家人及病者提供支援



5 盡可能在輕鬆、沒壓迫感的環境下提供精神健康服務，例如會盡量把醫院佈置成家居環境：房間而非病房；病人穿上便服而非病人服





Thank You