



Integrated Service for Patient with ADHD

HA Corporate Scholarship Presentation
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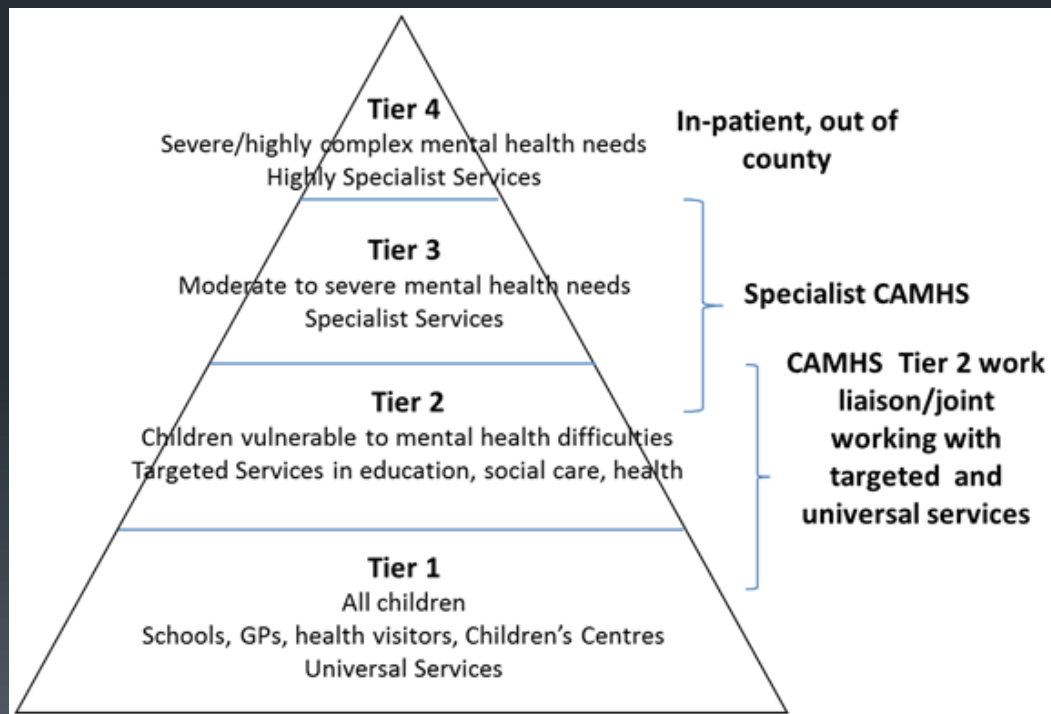


My Attachment

- 23 Jan 2011 to 21 Apr 2011
- Institute of Psychiatry (IoP) at Maudsley, London
- Clinics – Southwark CAMHS Neurodevelopmental Clinic in Sunshine House/ Lambeth Community CAMHS clinic



The Four Tier System






Tier 2 Service


- A group of CAMHS practitioners (without Psychiatrist in Southwark)
- Visit to GP's clinic/ School upon referral
- Assisting GP/School to assess and manage those children with Neurodevelopmental Disorder



Tier 3: NeuroDevelopmental Team in Sunshine House

- 2 Consultants
- 2 Clinical Psychologists
- 2 CAMHS practitioners
- 1 Social Worker
- 2 Administrators
- +/- 1-2 Psychiatric Trainee

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- Clinic sessions with Psychiatrist
 - Weekly team meeting with ALL team members discussing progress and management of the active cases
 - Constant update to on progress and management direction of cases
 - School/home visit for additional psychosocial assessment by CAMHS practitioners



Tier 4: Specialized Disorder-based Service (National Service)

- Disordered-based service in Maudsley
 - Autism Service/ Anxiety Service/OCD Service/ Neuropsychiatric Service/Neuropsychology Service/Eating Disorder Service....
- Specialized and Centralized Adolescent/Child Psychiatric Ward




CAMHS practitioners

- Non-psychiatrist mental health worker working in CAMHS
- Wide range of background – OT, Nurses, Psychologist, Family Therapist, Art Therapist
- All with specific training on psychiatric assessment and management
- Range of functions (according to level of expertise)
 - Interim home visit/ additional community based assessment (like CPN in HK)
 - Provide general psychiatric assessment (like a MO in HK with supervision by Consultant Psychiatrist)
 - Specific intervention e.g. Narrative Therapy/Arts Therapy/Play Therapist (like all the allied health CAMHS service in HK)



Case flow (\$\$ flow) across tiers

- Funding assigned to each tiers by Council of each borough
- Whenever a upward case referral, charge is made from the lower tier to the upper tier
- Case referred, money flows with it along the care change
- Standardized waiting time for new case referral
- Constant pressure for higher tier to download cases back to lower tier (to keep up the capacity to receive new referral)



Learning points from South London Model

- Four tiers system with clear role definition and resources allocation
- Available pathway for flow of resource across tiers
- CAMHS practitioner system allows more flexible use of manpower (especially in time of inadequate psychiatrist supply), esp for those children whose needs are more psycho-social laden
- Close collaboration with GP
- Availability of specific worker for community/school-based assessment and intervention
- Individually-based care plan formulation and delivery in view of heterogeneous nature of cases



HK condition

- Significantly lower in term of man-power resources
 - Difference in funding pathway, different mechanism in resource flows across the “tiers” and specialties
 - Lack of CAMHS specific community-based/school-based service
 - Inadequate pathway for collaborated care with GPs/Family physicians
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- ONE CAMHS team functions across Tier 2-4 service



Possible changes

- Specific resource on building Tier 2 community-based service i.e. specific CAMHS worker doing liaison and assessment work in school, or family clinic setting
- Further develop interfacing between educational psychologist at school and CAMHS
- ? Development of CAMHS practitioners
- ? Highly specialized tier 4 Disorder-Specific Unit



Thank You