


Hospital Authority Convention -- Development of an Integrated Service in the Management of Childhood and Adolescent Depression in Hong Kong



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Clinical attachment in United Kingdom

- Attachment period:
3rd September to 26th October 2012
- Places:
 - Maudsley Hospital, London
 - FACTS team, Prestwich Hospital,
Manchester



Schedule

- 1st week: Snowfields adolescent unit
- 2nd week: Eating Disorder team, Michael Rutter Centre (MRC)
- 3rd-4th week: Anxiety team, MRC
- 5th week: Mood disorder team, MRC
- 6th week: Lewisham community team, Kaleidoscope
- 7th-8th week: Forensic Adolescent Consultation and Treatment Service (FACTS), Prestwich, Greater Manchester West NHS



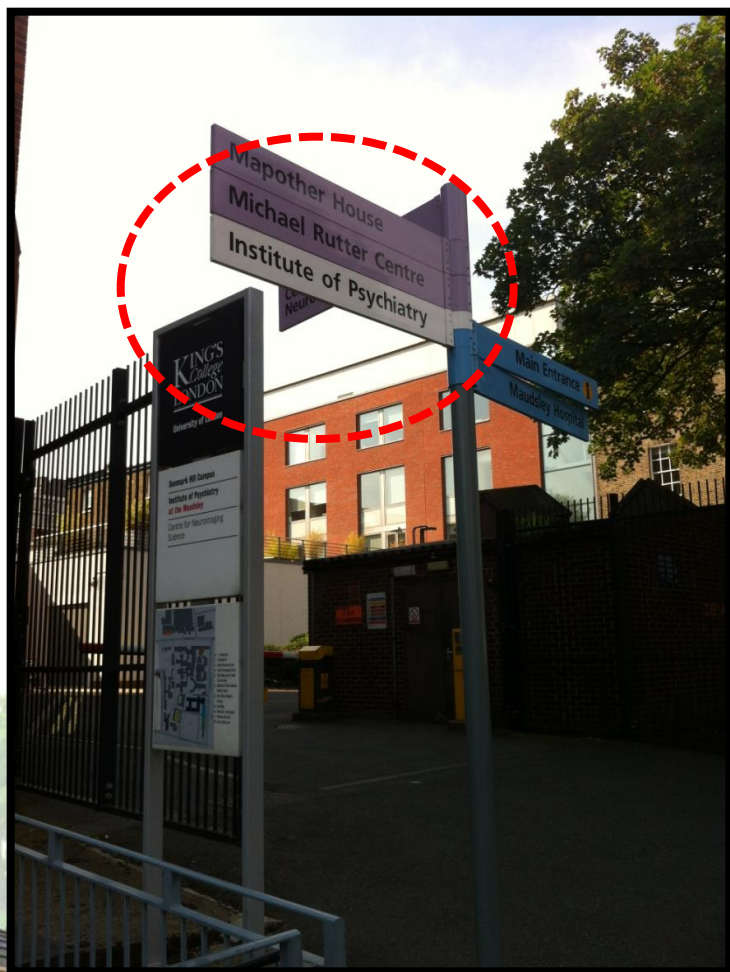
Maudsley Hospital



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Snowfields Adolescent Unit



Snowfields Adolescent Unit

- 11 in-patient beds and a day treatment services
- For adolescents aged 12-18
- Autistic spectrum disorders, eating disorders, learning disabilities, mood disorders, neurodevelopmental disorders, OCD, psychosis, self-harm/ suicidal attempts
- Care Program Approach (CPA) meetings



Snowfields Adolescent Unit

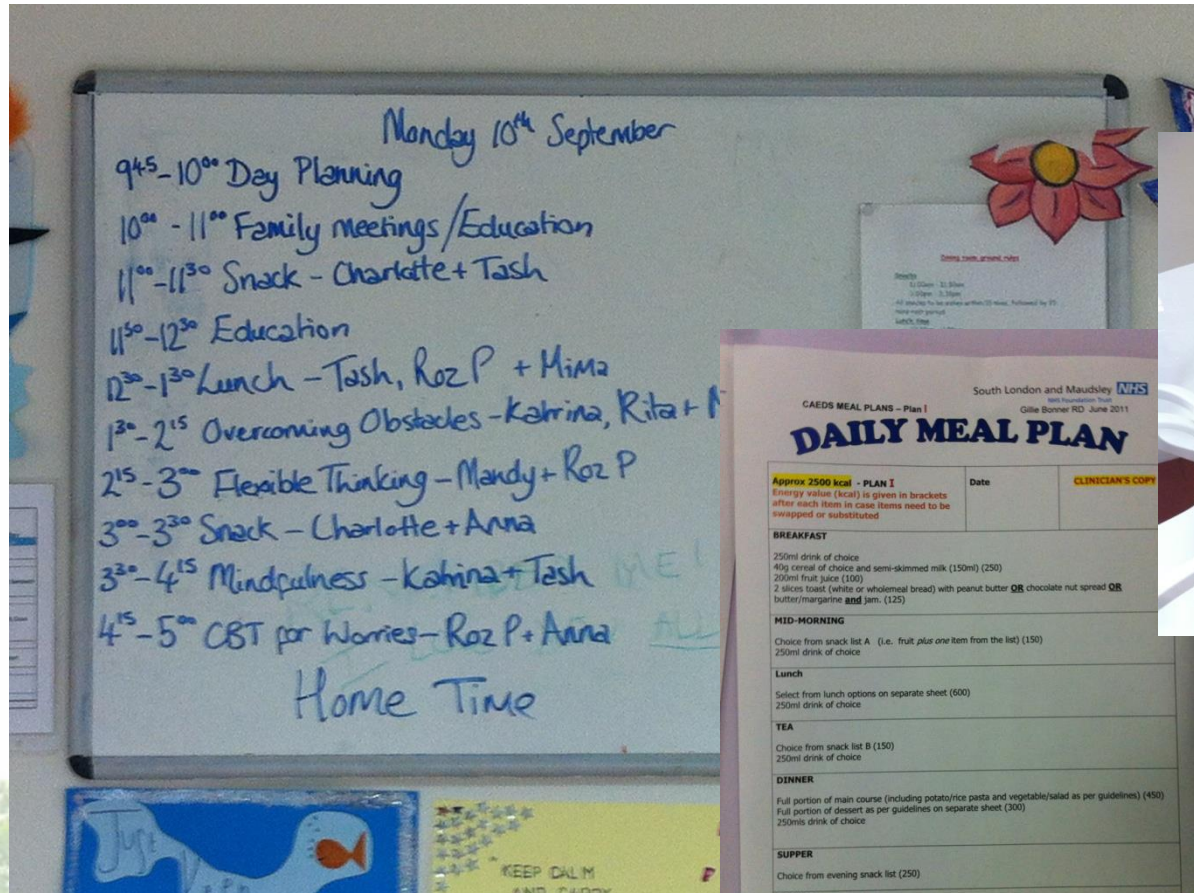
GROUP ROOM AND KITCHEN BOOKING						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9.30-10 MIND SPACE	10-11 MIND SPACE	FREE	9-12 INDIVIDUAL ART PSYCHOTHERAPY	9-11 ART PSYCHOTHERAPY INDIVIDUAL 11-12 CREATIVE GROUP	FREE	FREE
FREE	FREE					
12-12.30 LUNCH	12-12.30 LUNCH	12-12.30 LUNCH	12-12.30 LUNCH	12-12.30 LUNCH	12-12.30 LUNCH	12-12.30 LUNCH
FREE	FREE					
3.30-4.30 Y.P.B.M	3.30-5 ART AND CRAFT GROUP	2.30-3.30 MIND SPACE 3.30-5 LIVING SKILLS	1.30-2.30 ART PSYCHOTHERAPY GROUP 2.30-5 INDIVIDUAL ART PSYCHOTHERAPY	12.30-5 ART PSYCHOTHERAPY INDIVIDUAL	FREE	FREE
FREE	6-8 BAKING	FREE	FREE	FREE	FREE	FREE



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Eating Disorder team



South London and Maudsley NHS
Gillie Bonner RD June 2011

CAEDS MEAL PLANS - Plan 1

DAILY MEAL PLAN

Approx 2500 kcal - PLAN 1
Energy value (kcal) is given in brackets after each item in case items need to be swapped or substituted

	Date	CLINICIAN'S COPY
BREAKFAST		
250ml drink of choice		
40g cereal of choice and semi-skimmed milk (150ml) (250)		
200ml fruit juice (100)		
2 slices toast (white or wholemeal bread) with peanut butter OR chocolate nut spread OR butter/margarine and jam. (125)		
MID-MORNING		
Choice from snack list A (i.e. fruit plus one item from the list) (150)		
250ml drink of choice		
Lunch		
Select from lunch options on separate sheet (600)		
250ml drink of choice		
TEA		
Choice from snack list B (150)		
250ml drink of choice		
DINNER		
Full portion of main course (including potato/rice pasta and vegetable/salad as per guidelines) (450)		
Full portion of dessert as per guidelines on separate sheet (300)		
250mls drink of choice		
SUPPER		
Choice from evening snack list (250)		
DRINKS		
As per meal plan plus additional drinks in hot weather/ if participating in sports.		

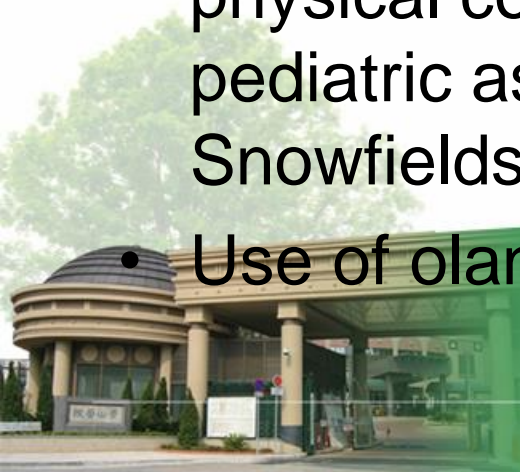
KING'S HEALTH PARTNERS
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Eating Disorder team

- Out-patient assessment and treatment
- Intensive treatment programme (ITP) for AN and ED-NOS for seven-weeks
- Multi-family therapy (MFT) – intensive four-day multi-family workshop and follow-up group meetings for nine months
- Those very severe AN (e.g. BMI under 13 or with physical complications) → King's hospital for pediatric assessment and then transferred to Snowfields Adolescent Unit for in-patient treatment
- Use of olanzapine and diet supplement

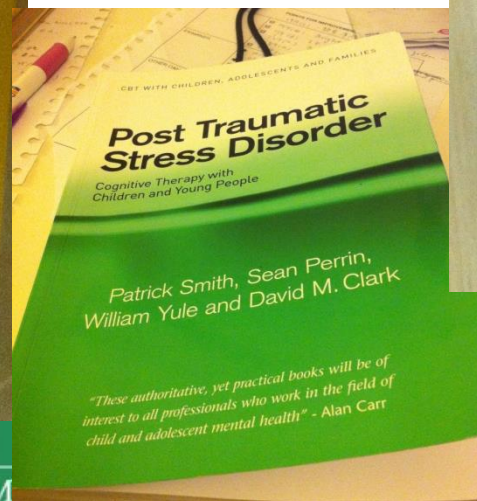


Anxiety team

- Clinical Psychologists only
- If patients need medication, the team would ask the psychiatrists from mood disorder team to do assessment.
- For patients with GAD, separation anxiety disorder, specific phobias, PTSD
- Individual +/- family therapy
- CBT, Interpersonal therapy, trauma-focused CBT for PTSD



Anxiety team

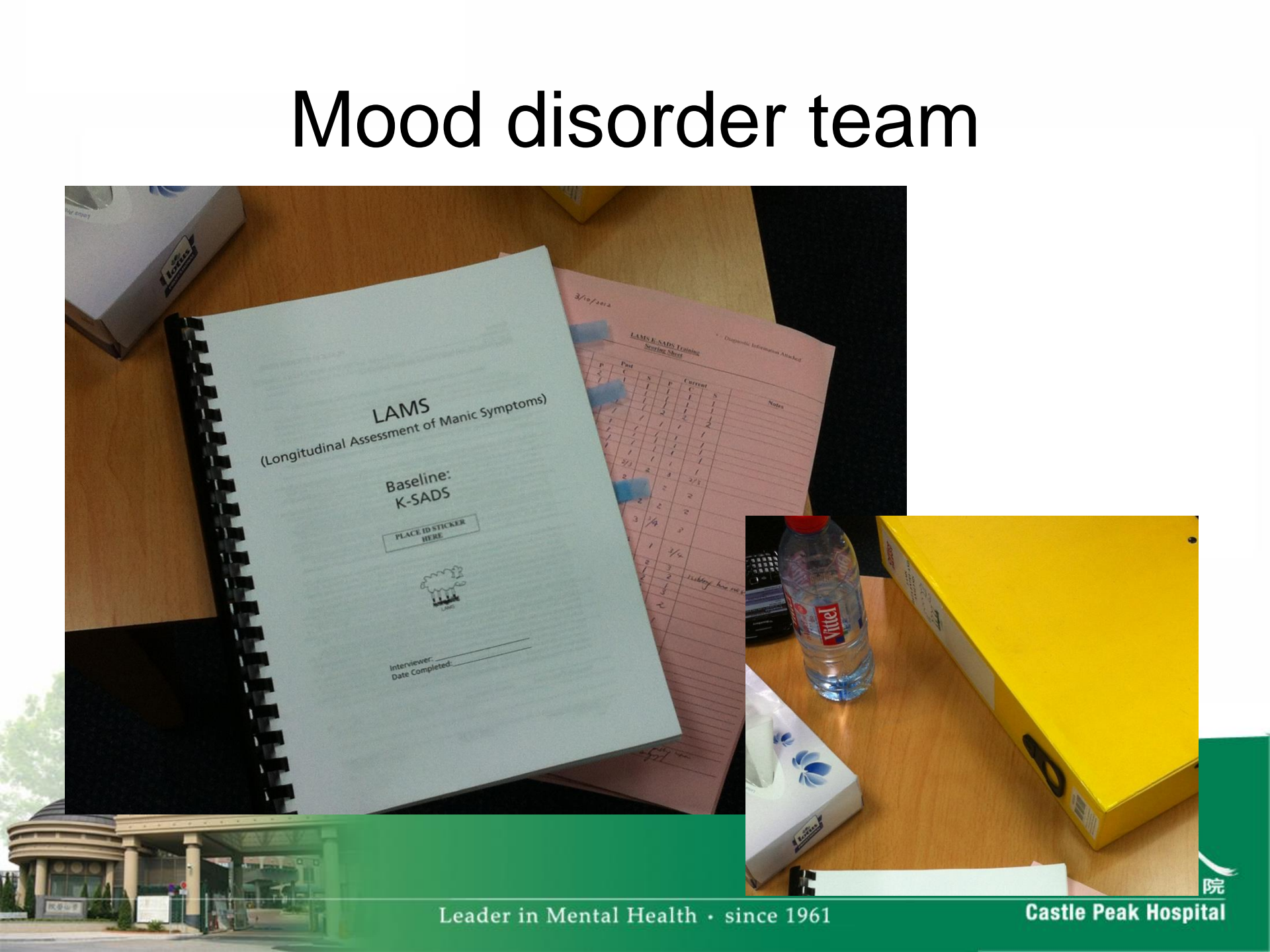
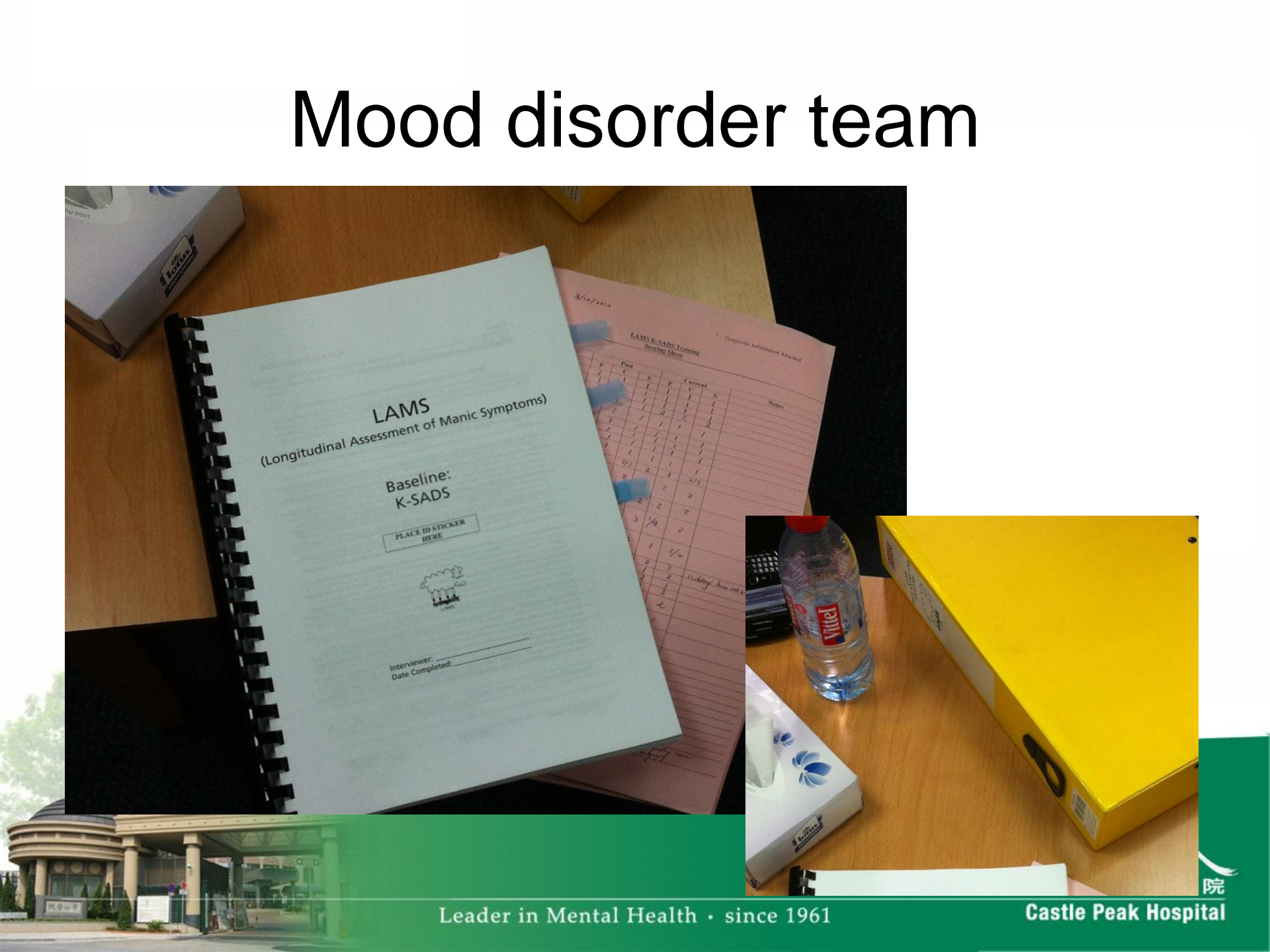


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Mood disorder team

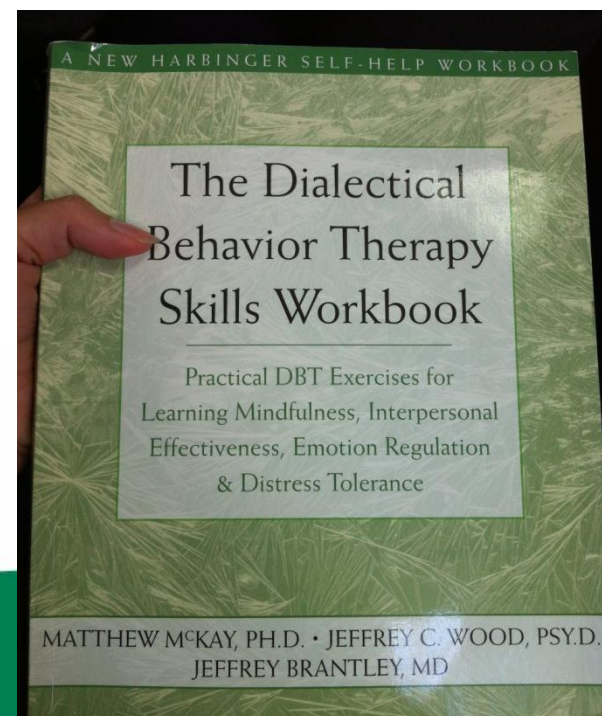
- Depression, Bipolar affective disorder, Dysthymia, Seasonal affective disorder
- Psychological treatment first
- Medication usually used: fluoxetine, sertraline, citalopram
- Mainly out-patient treatment, only those with high suicidal/ self-harm risk require in-patient treatment
- Research (Longitudinal assessment of manic symptoms, LAMS)



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Teams not covered

- Neurodevelopmental team – ASD, LD
- ADHD team
- OCD team
- Conduct disorder team
- Adoption and Fostering Service
- Dialectical Behaviour Therapy Service



Lewisham Community team



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Lewisham Community team

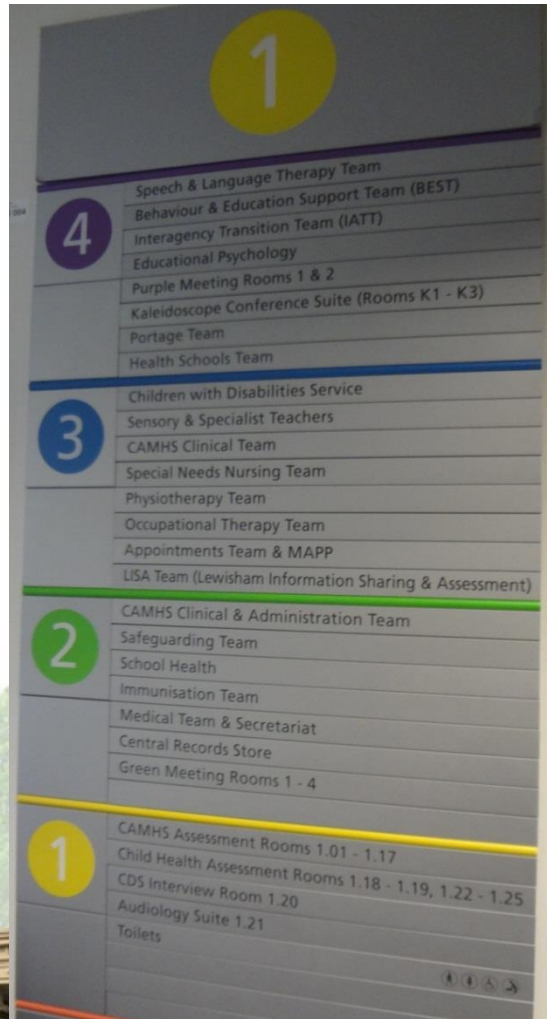
- General child and adolescent team
- Child abuse team
- ADHD clinic
- Neurodevelopmental team



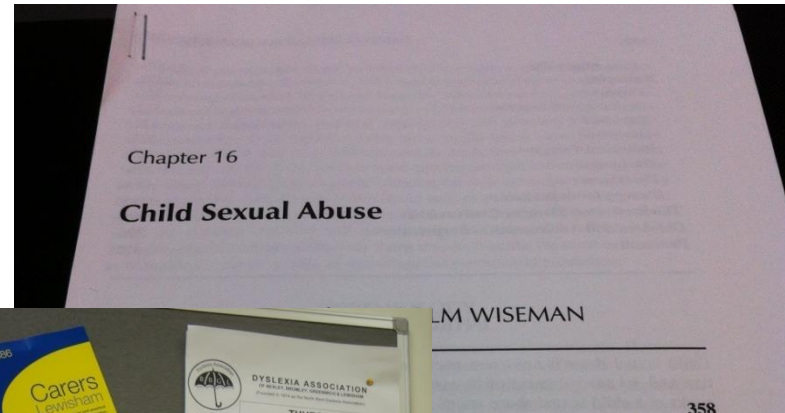
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Lewisham Community team



Lewisham Community team



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FACTS team, Manchester



Forensic Adolescent Consultation and Treatment Service (FACTS)

- First adolescent forensic service in UK, established in 1983
- Consultant psychiatrist, nurse specialists, CP, Arts therapist
- OPD assessment
- Community outreach (national service)
- Day hospital service – education, group/individual therapy, 6 patients
- Gardener Unit, in-patient adolescent forensic unit, Prestwich Hospital, max 12 beds



FACTS team

- Redbank adolescent secure unit– medium secure unit, young offenders aged 15-18, or high risk groups such as those running away from home
- Hindley Adolescent Prison and Wetherby Adolescent Prison



FACTS team

- Risk and needs assessment
- Work with Youth Offending Team (YOT) – social workers/ probation officers/ mental health service providers and Child and Adolescent Mental Health Services (CAMHS)
- Court reports
- Treatment in institutions – ADHD, depression, self-harm, aggression, sex offenders



St. Andrew's hospital, Northampton

- Largest forensic unit in UK
- Forensic unit for adolescent and women
- Charitable organization, with some private services such as for patients with dementia, traumatic brain injury etc.



Main differences UK vs. HK

- Structured assessment and use of different assessment tools such as Conner's, SDQ, mood and feelings Questionnaire, Structured Assessment of Violence Risk in Youth
- Emphasize on psychological treatment
- CPA approach
- Risk and needs assessment
- 4 tiers of health system
- Work with caregivers/ parents



Potential modification in HK

1. Establishment of local assessment/ screening tools and norms
(e.g. use in consultation-liaison, referral to out-patient clinic, assessment in high risk groups such as those in forensic setting)
2. Introduction of case managers in child and adolescent psychiatry (e.g. nurses, OT etc.)



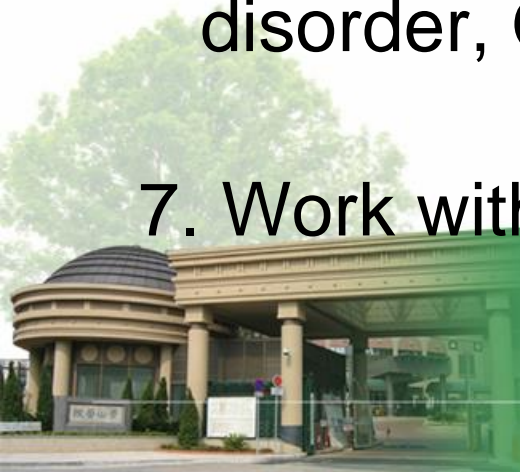
Potential modification in HK

3. Introduction of Care Program Approach
(balance risks vs. needs, involvement of patients and caregivers)
4. Strengthening the collaboration with school, Education Bureau, caregivers and other stakeholders (e.g. regular meeting with Educational psychologists, collaboration with school by case managers)



Potential modification in HK

5. Development of specialized clinic for depression/ mood disorders (need further input of psychiatrists and allied health staff)
6. Training to staff about specialized areas related to depression e.g. eating disorder, anxiety disorder, OCD
7. Work with primary care doctors



Thank you!



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