Evaluation of the outcome of discharged patients in the Integrated Mental Health Program at KCC

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Introduction
The Integrated Mental Health Program (IMHP) has been launched for the patients with common mental disorders (CMD) in KCC General out-patient clinic (GOPC) since Oct 2011. The program provides an assessment of depression and/or anxiety, triage according to risk stratification and program based intervention. Once pre-defined exit criteria is met, patients would leave IMHP. Afterwards, patients would be monitored regularly through phone enquiry before ultimately discharged. This study is conducted to evaluate the final condition of the patients 12 months after leaving IMHP of KCC.

Objectives
1. Evaluation of the outcome of discharged patients in the Integrated Mental Health Program after 1 year. 2. To have early intervention if relapse

Methodology
A retrospective study was conducted to evaluate the outcome of the patients’ condition after discharge from KCC IMHP. All patients who have attended IMHP and completed the program from 11/10/2011 to 31/3/2013 were recruited. Upon discharge, PHQ-9 score for depression patients, and GAD-7 score for anxiety patients is reviewed in the CMS. Scores of 5, 10 and 20 in PHQ-9 represent cut-off points for mild, moderate and severe depression respectively whilst scores of 5, 10 and 15 in GAD-7 stand for mild, moderate and severe anxiety. Questionnaire was conducted for cases with moderate and severe risk in PHQ-9 and GAD-7 by either telephone or face to face interview. Their score at the time of release from the program and 12 months after was compared using student’s T-test.
**Result**

643 patients initially from the program at moderate and severe risk were discharged from IMHP during the period 11/10/2011 to 31/3/2013. 210 patients were referred to psychiatric outpatient clinic and 117 patients had refusal service. A total number of 316 completed the program and 103 patients were contacted successfully via phone or face to face interview and screened with PHQ-9 and GAD-7 periodically. A total number of 449 patients, originally from the program at moderate risk has mean scores for PHQ-9 and GAD-7 at 16.5 and 10.4 respectively. A total number of 194 patients originally from the program at severe risk have mean scores for PHQ-9 and GAD-7 at 14.7 and 16.5 respectively. Upon leaving the program, the mean score of 259 clients of moderate risk for PHQ-9 and GAD-7 were 4.5 and 3.8 respectively, and 0.6 and 0.8 (p<0.001) after 12 months. 57 clients with severe risk for PHQ-9 and GAD-7 were 4.8 and 4.5 respectively, whilst 0.6 and 0.6 (p<0.001) after 12 months. The mean scores maintained in normal level. There have 213 case (67%) were untraceable via phone, 2 cases (0.006%) had reactivated in IMHP and 2 cases (0.006%) under management in psychiatric outpatient clinic. Conclusions The conditions of the patients departed from IMHP maintained stable. Regular monitoring of released patients from IMHP was necessary. Post-exit follow up may help identify patients with relapse of symptoms so that prompt interventions can be arranged.