



# **A Stepped-care Model with Psychology Assistant in Clinical Psychological Services**

**HA Convention 2018  
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- ❑ What roles does a Psychology Assistant (PA) play in Clinical Psychological Services (CPS) in Hospital Authority (HA)?
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# Background

- Clinical Psychological Services (CPS) review in 2008/09 in HA
- External consultant from UK

Issues Identified	Recommendations
<ul style="list-style-type: none"><li>- Far fewer CPs in HA than required</li><li>- Efficiency</li></ul>	<ul style="list-style-type: none"><li>- 'core' vs 'non-core' activities</li><li>- Use "Psychology Assistant" (PA)</li></ul>

**Stepped-care model with PA to provide low intensity service & Clinical Psychologist (CP) to focus on high intensity service**

# What is Stepped-care model ?



Psychological Therapies Program (IAPT) in UK (2008) for the treatment of adult anxiety and depression in England.

## Aims of Stepped-care models :

- **Maximize effectiveness** and **efficiency** of decisions about allocation of resources in therapy
- Define service to be provided along the stepped-care spectrum, including **low and high-intensity** psychological therapies

## 2 major principles of Stepped-care model :

- **'least burden'**: effective low-intensity treatments are offered to patients first and high-intensity treatments only offered to patients who are at risk to self or others, have a previous history of treatment failure or do not improve from initial treatment..
- **'scheduled review'**: this is required so that patients can 'step up' to more intensive treatments or change to another intervention within the same step. Scheduled reviews use objective outcome measures to assist decision-making.

# The NICE Stepped-care model for treatment of depression

The NICE depression guideline stepped care model is shown below.

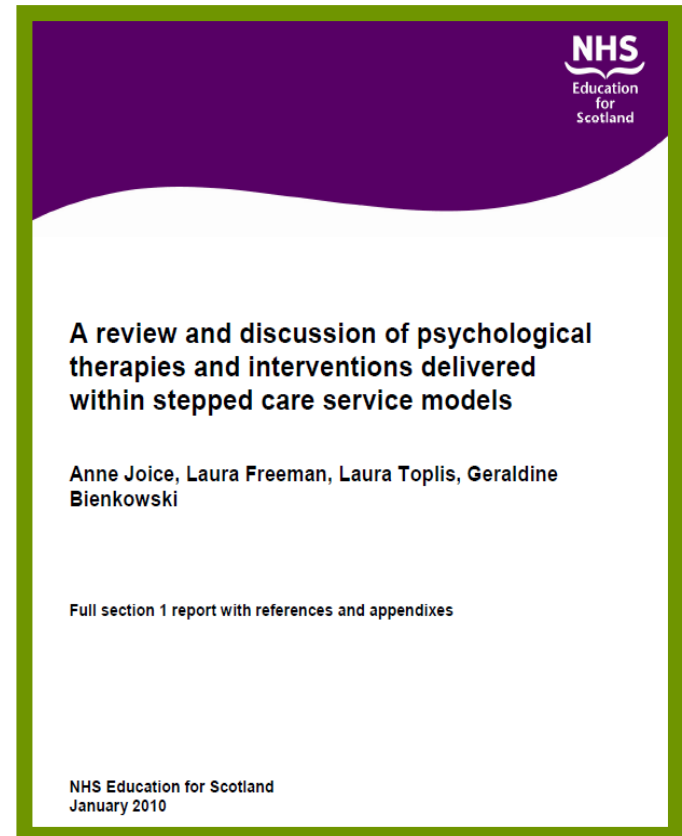
Focus of the Intervention	Nature of the Intervention
<b>Step 4:</b> Severe and complex depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
<b>Step 3:</b> Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care and referral for further assessment and interventions
<b>Step 2:</b> Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychological interventions, psychological interventions, medication and referral for further assessment and interventions
<b>Step 1:</b> All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions



The core change in a stepped care system for depression is the addition of step 2. If significant numbers of patients can be treated at this level without requiring further treatment, the available resources to manage depression can be used to treat a greater number of patients, providing both access and effectiveness and thus greater system efficiency.

## Evidences

- initial outcomes promising in management of common mental health problems like mild to moderate anxiety and depression



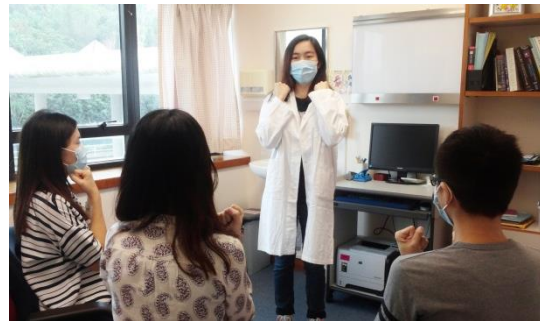
Ref : A review and discussion of psychological therapies and interventions delivered within stepped care service models, NHS Jan 2010

# What roles does a psychology assistant play in Clinical Psychological Services in Hospital Authority ?

**Telephone FU**



**Education program**



**Relaxation Group**



**Outcome measures**



# What roles does a psychology assistant play in Clinical Psychological Services in Hospital Authority ?



**Preparation for groups**



**Administer training (e.g. Biofeedback)**



**Data entry/  
documentation**

# Psychology Assistant (PA)

## Qualification of Psychology Assistant :

1. Obtained a related degree in psychology or counselling,
2. Complete Corporate PCA training program with satisfactory work & passed exam,
3. Receive continuous on job training,
4. Supervised closely by Clinical Psychologist

Psychology Assistant		Ref: HO1706020
Rank :	Patient Care Assistant I	Post Date: 26-Jun-17 30 Jun 17
Work Location :	Various Clusters	
Pay :	HK\$18,409 to HK\$21,687 per month (see Remarks 3)	
<b>Key Responsibilities</b>		
1. To assist clinical psychologists in enhancing psychosocial services including: <ul style="list-style-type: none"><li>- Carry out protocol-based psychological screening assessment</li><li>- Assist in preparing psycho-educational materials</li><li>- Assist in planning and implementing psycho-educational programs or activities</li><li>- Collect, organize and input clinical information related to patient care, clinical outcome measures and research</li><li>- Participate in service development activities</li><li>- Assist other team members for the provision of multi-disciplinary care</li><li>- Provide administrative support</li></ul>		
2. To perform low-intensity clinical duties to patients and carers under the supervision of clinical psychologists.		
3. To liaise with service co-organizers both within and outside the Cluster.		
4. To compile statistics and to prepare reports for special events, projects and services.		
5. To perform any other duties assigned.		
<b>Entry Requirements</b>		
1. A university degree in Psychology or related field.		
2. Completed the structured job-related training programme organized by HA and passed the related assessment. (See Remark 3)		
3. At least 6 months of relevant experience. (See Remark 3)		
4. Fluency in written English and Chinese as well as spoken Cantonese.		
<b>Preferred Attributes</b>		
1. Possess working experience in Health care settings.		
2. Proficiency in PC applications, especially in database management and statistical packages (e.g. SPSS)		
3. Empathetic, pleasant and mature personality.		
4. Interested to work in hospital environment.		
5. Self-motivated and able to work independently.		
<b>Remarks</b>		
<b>For Serving HA Staff</b>		
1. The selected candidate will be offered either contract or fixed term appointment for 1-3 years depending on his/her existing employment terms. The offer of salary for serving employees upon changes in appointment will be determined based on the remuneration package / employment terms of the staff concerned and prevailing policies.		
<b>For External Applicants</b>		
2. Appointment will be on contract terms for 1-3 years. 5% of total basic salary as end-of-contract gratuity		

# The development of Stepped-care model with PA in different HA service settings

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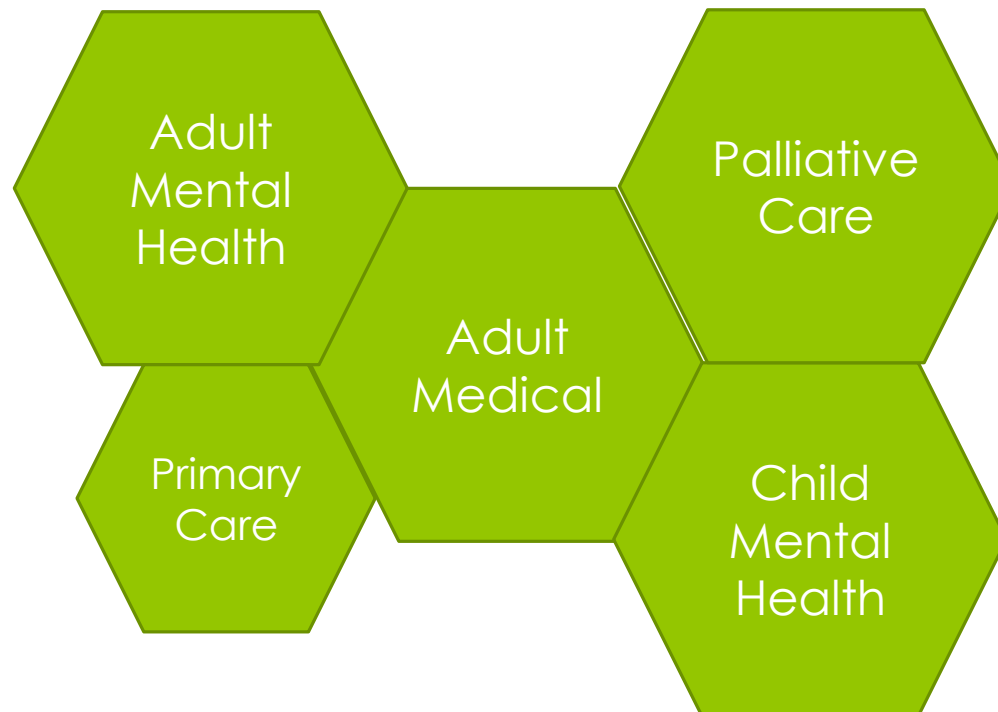


2012/13

25



2017/18





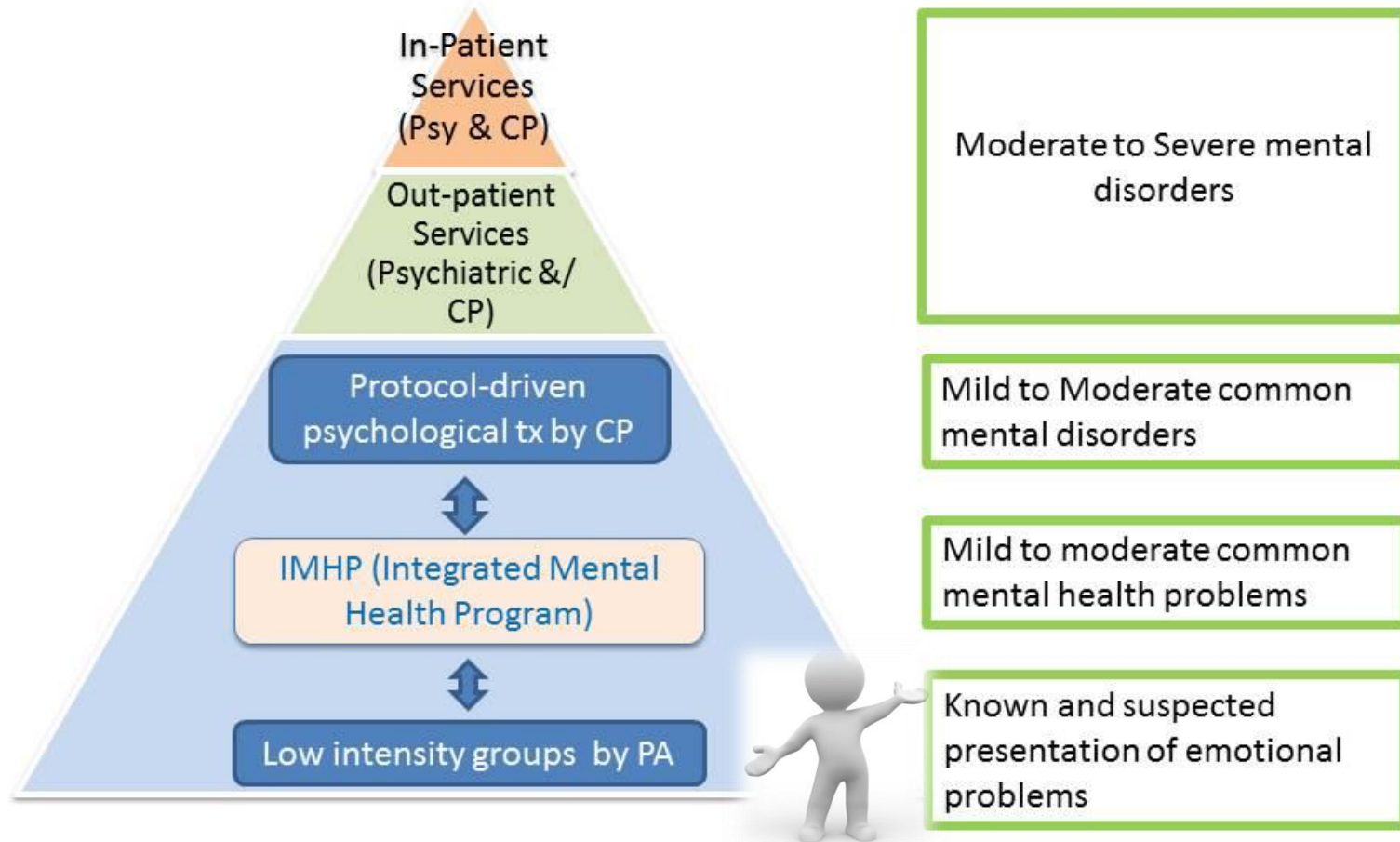
# Illustrations with Stepped-care model by integrating PA in CP services

# CMC Palliative Care Multidisciplinary Team with PA (PCA)

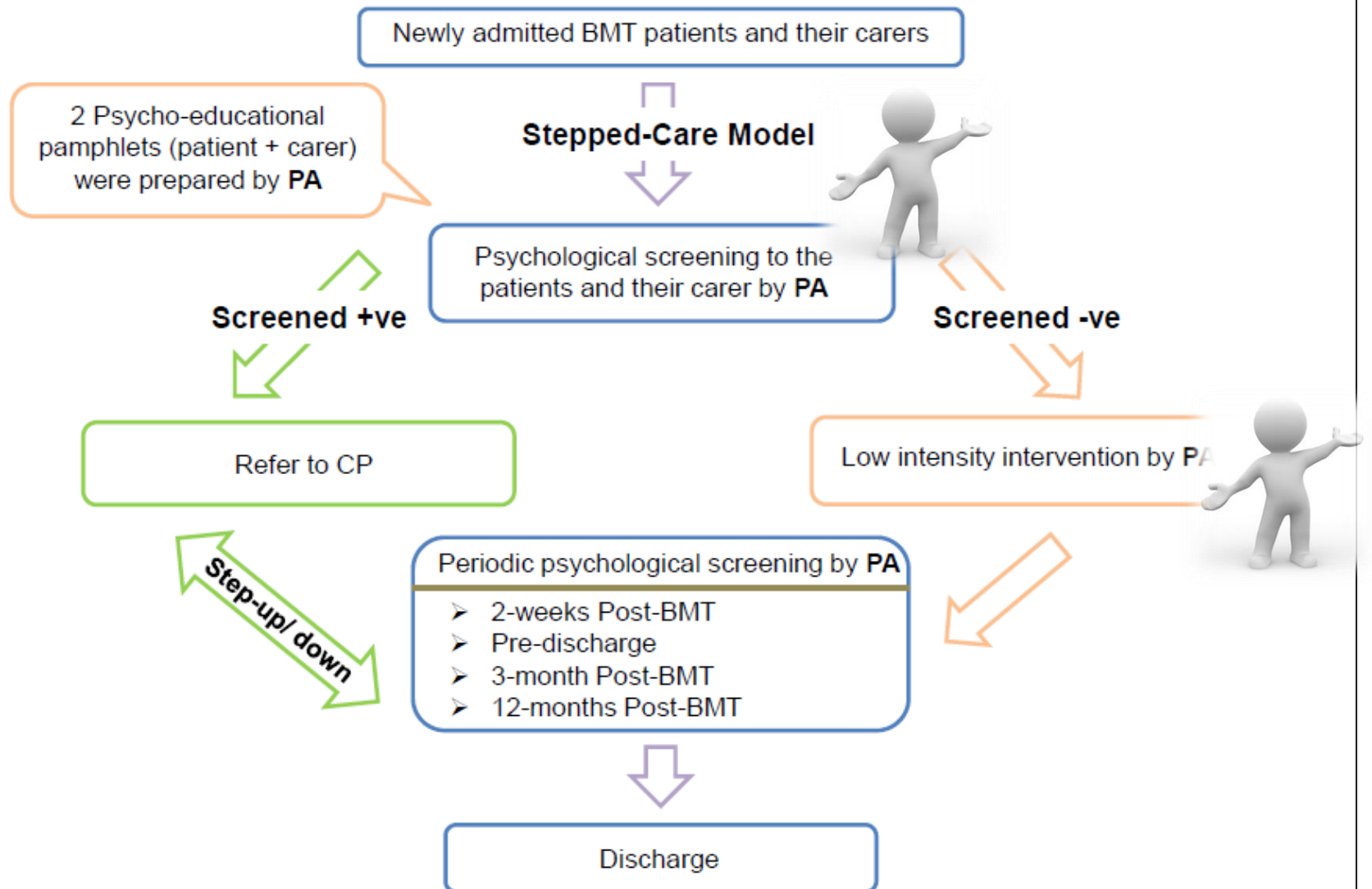
- 1. Use of standardized tools for risk identification done by PA**
  - ☐ ALL Results documented in records and discuss in case conference
- 2. Triage to PA or CP directly**
  - ☐ Patient/Caregivers identified by PC team to have psychological risk will discuss in case conference and triage for PA or CP
- 3. Report on interventions by PA in case conference**
  - ☐ All interventions by PA will report by CP ± step up intervention
- 4. Information transfer from PA directly to related disciplines and vice versa**

Ref. : The stepped care psychosocial services in Palliative Care  
Presented in HA Convention 2017 by By Dr. Annie Kwok

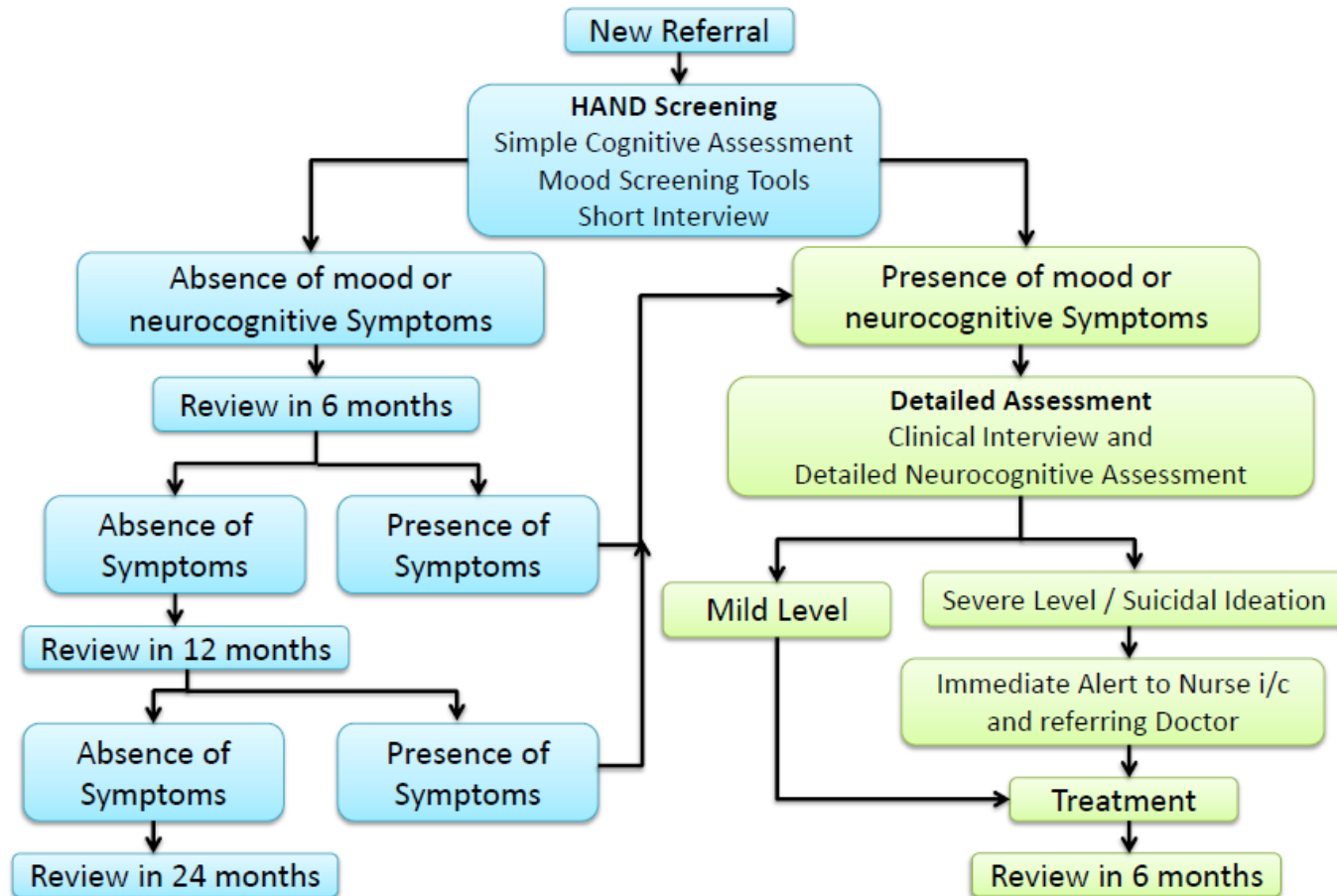
# HKEC Psychological services in GOPC/FM – A Stepped-care Model in Primary Care



# QMH – Bone Marrow Transplantation (BMT)



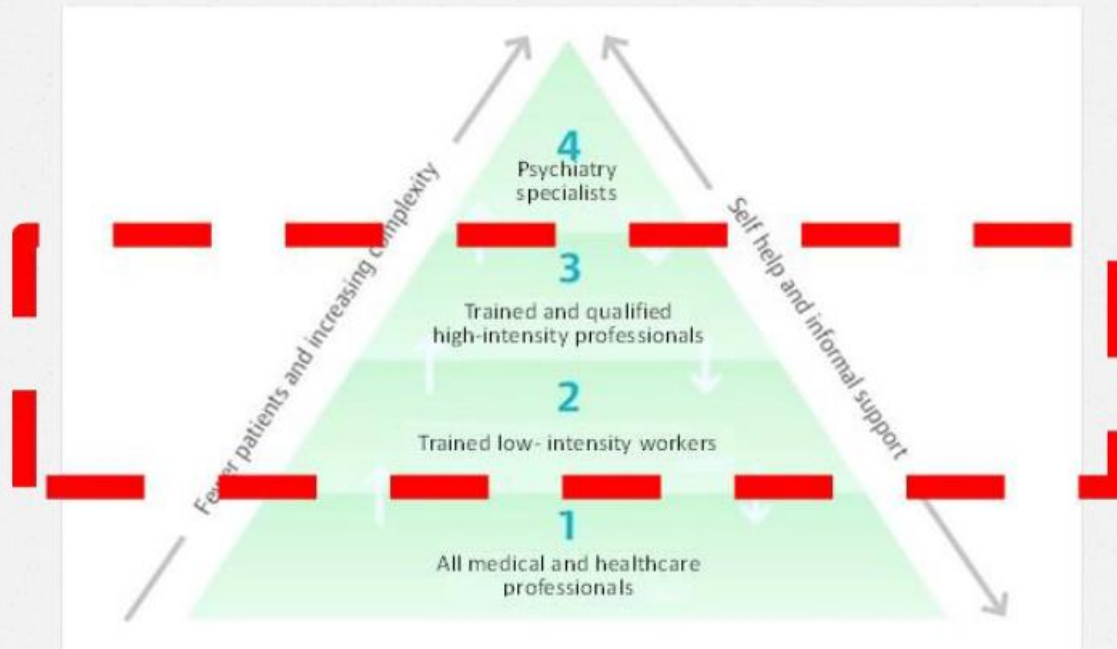
# Flow Chart of HAND Screening





# PMH/CP Service for HIV patients

## Service model

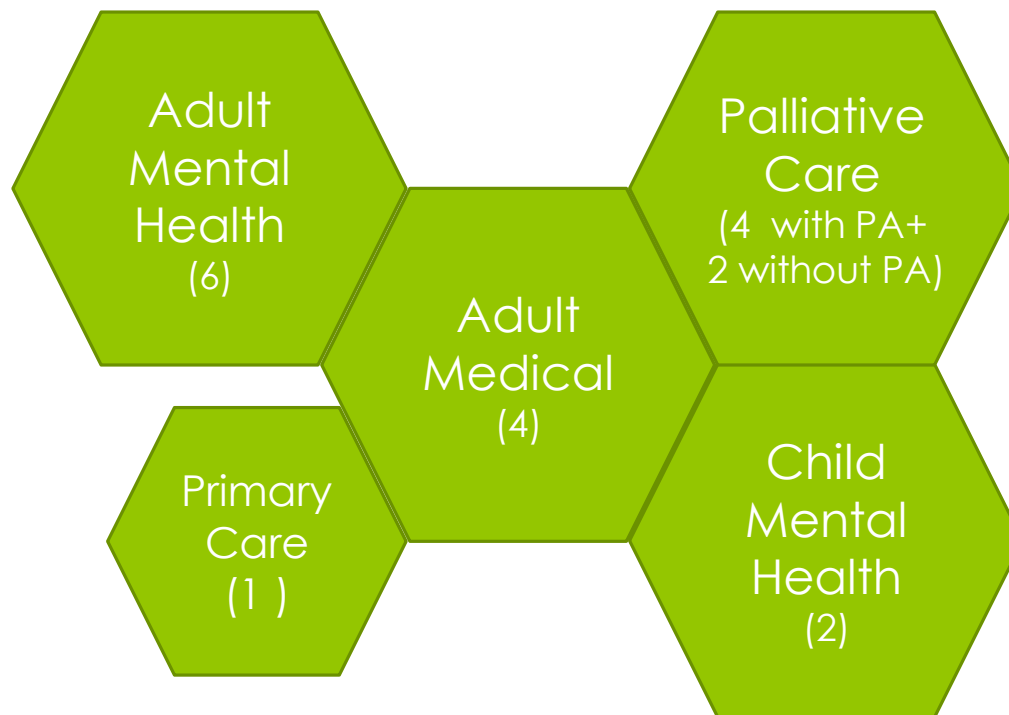


*Adapted from recommended model of stepped care provision of psychological support in BHIVA guidelines on standards for psychological support for adults living with HIV (British Psychological Society, British HIV Association, & Medical Foundation for AIDS & Sexual Health, 2011)*

How can this model improve efficiency and quality of clinical psychological services in HA?



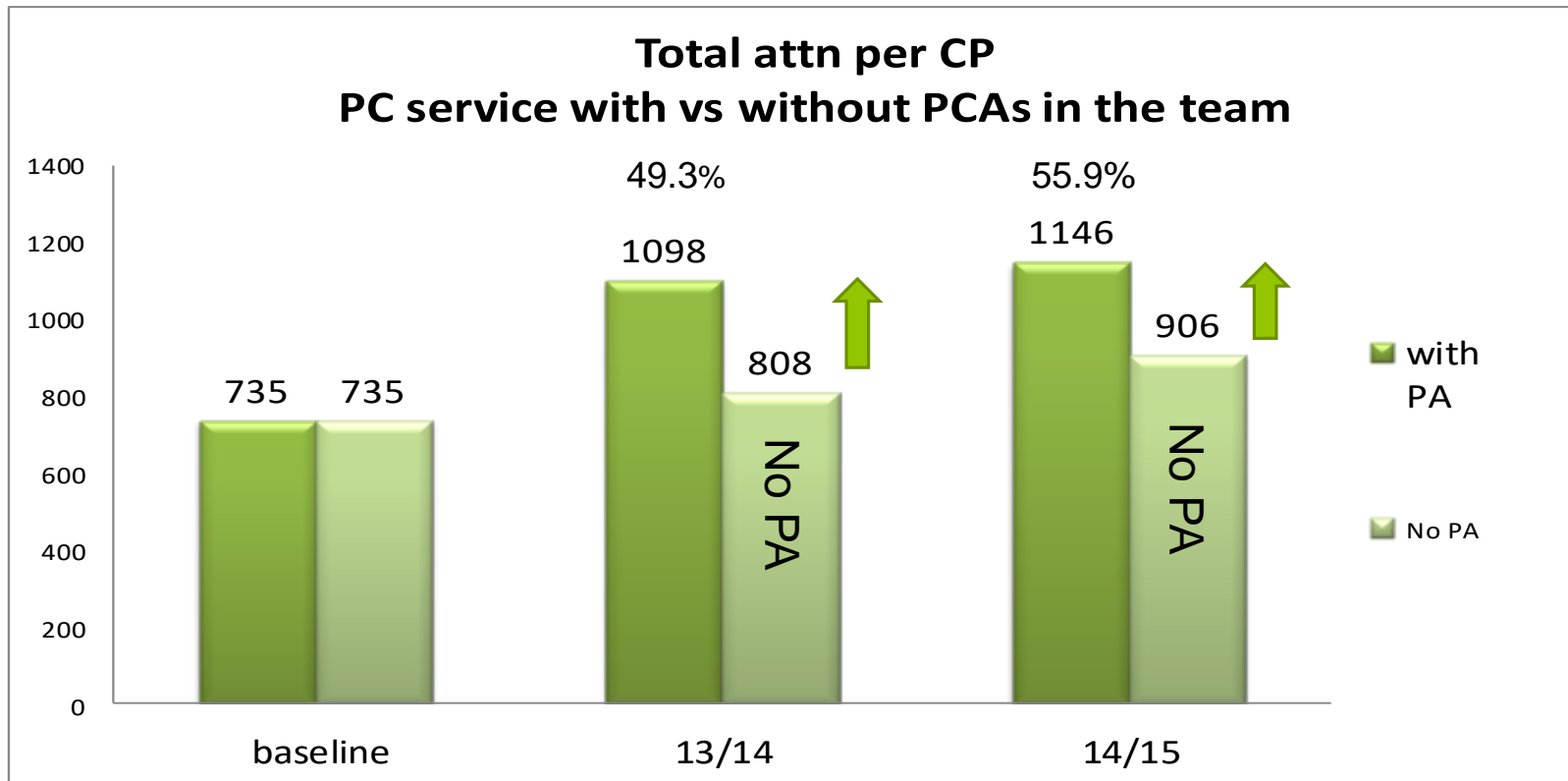
# Evaluation



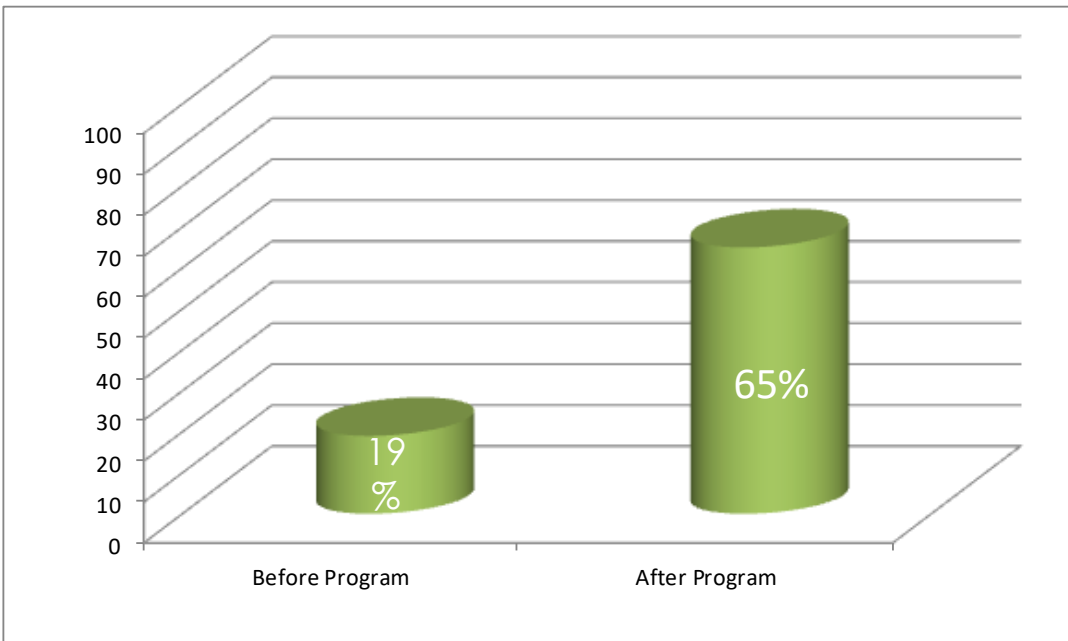
Data collected from 2012/13 to 2014/15

# Palliative Care Service with Stepped-care model

- **Efficiency** increased more in PC services with PA integrated in the service



□ **Quality** : enhance overall **coverage** of psychological care in Palliative care



In CMC Palliative Care Multidisciplinary Team with PCA

Improvement found in

1. Service coverage from 19% to 65%
2. Early identification of psychological needs with stratification, with matched level of psychological intervention
3. Psychological well-being both in carers and patients

Ref. :

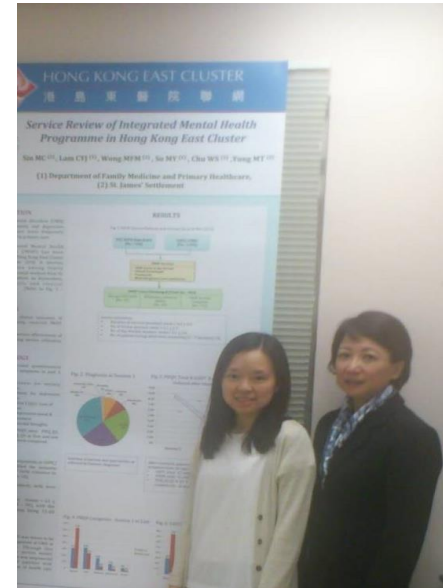
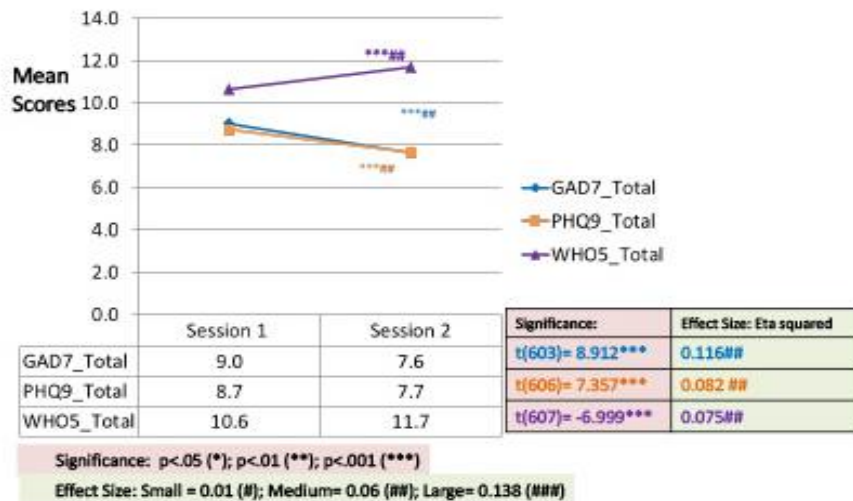
1. Cho W C et al. *Application of Stepped-care Model on Psychosocial Services for PC patients and caregivers in Hong Kong*. Abstract submission to HA Convention 2016.

*Data from CMC and OLMH PCUs*

2. Paper presented in the 13th Hong Kong Palliative Care Symposium free paper presentation, 2016

# Psychological service with PA in HKEC GOPC /FM

**Fig. 2 Anxiety (GAD7) and Depressive (PHQ9) Symptoms Reduced & Wellbeing (WHO5) Improved Significantly (Assessed in all 4 Groups, both sessions)**



- ❑ 3 low intensity groups, run by trained PA, has generated over 1000 attendances. This model of service has enhanced efficiency and improved access to psychological service.
- ❑ Outcomes measures with GAD7, PHQ9 & WHO5 showed reduction in anxiety and depressive symptoms and improved well-being in 2 sessions

# HIV-Associated Neurocognitive Disorder (HAND) Neuro screening Program

- PA screening is **cost-effective**
- HAND screening provides objective **monitoring of clinical progress and outcome**
- Medical and neuropsychological services to HIV+ patients are enhanced

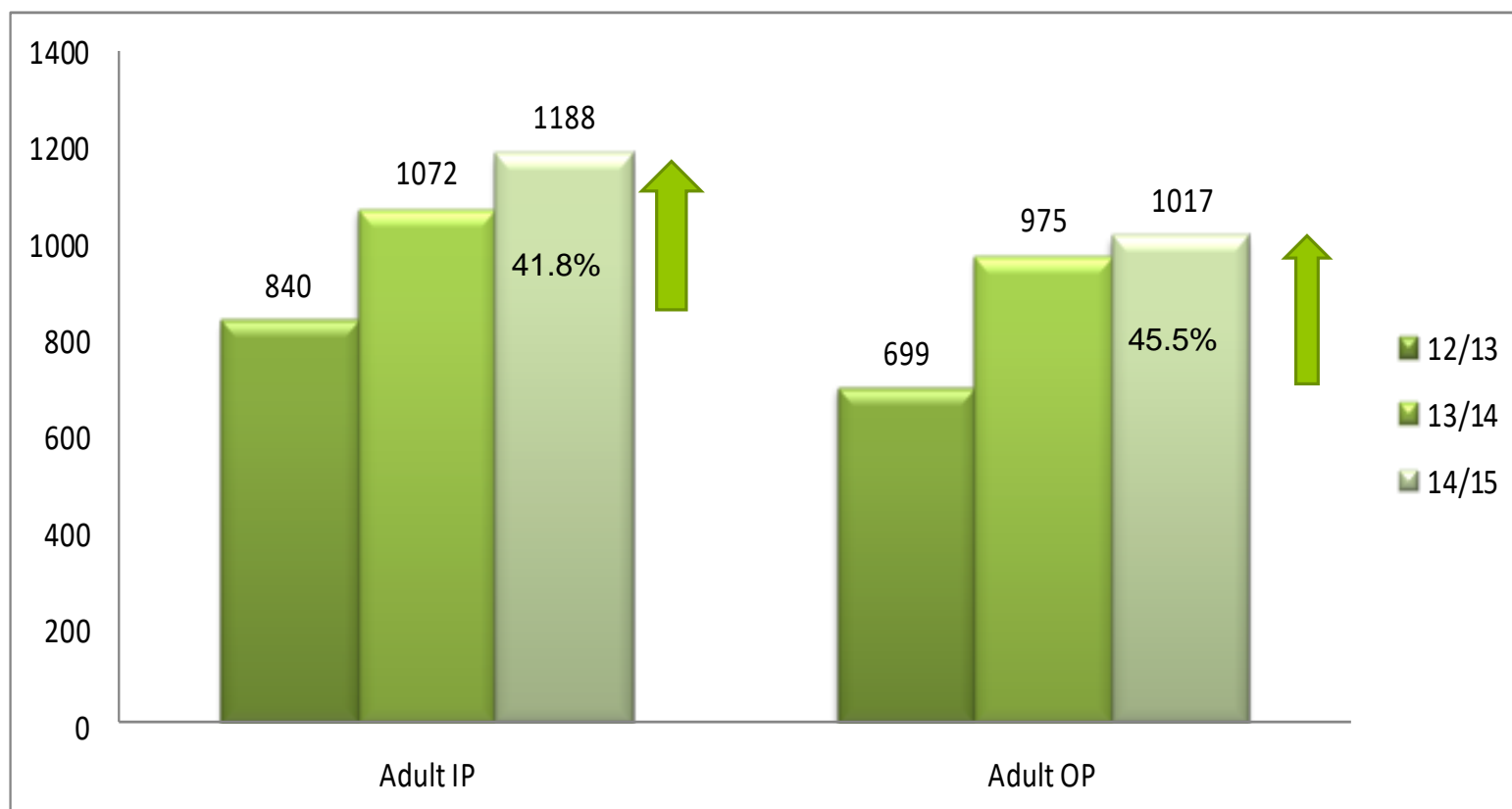
*Descriptive Statistics and Paired Samples t-test Results for IHDS, MoCA, HADS and DASS in the group with Mood Disturbance Only (n=15)*

Outcome	First HAND		Second HAND		t	df
	M	SD	M	SD		
IHDS	9.83	1.14	10.07	1.58	-.49	14
MoCA	26.87	1.77	26.13	1.92	1.70	14
HADS - Anxiety	9.20	4.04	6.67	3.52	3.08**	14
HADS - Depression	7.33	3.24	5.73	3.37	1.92	14
HADS - Total	16.53	6.11	12.40	6.45	3.01**	14
DASS - Depression	14.53	8.90	12.40	9.42	.76	14
DASS - Anxiety	17.87	8.70	12.40	6.34	1.83	14
DASS - Stress	17.73	9.77	13.33	6.97	2.43*	14

*Note. \*p < .05, \*\*p < .01.*

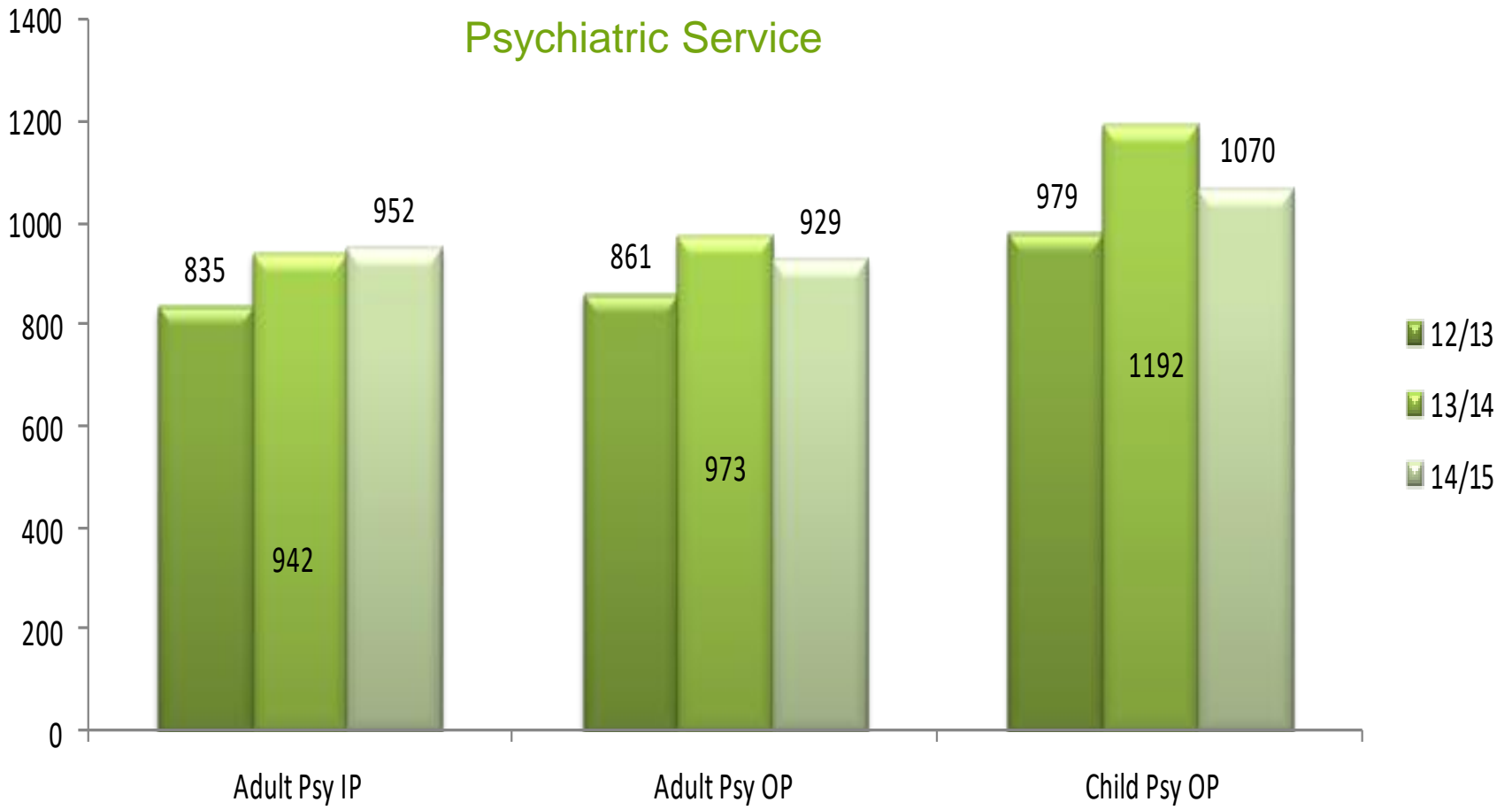
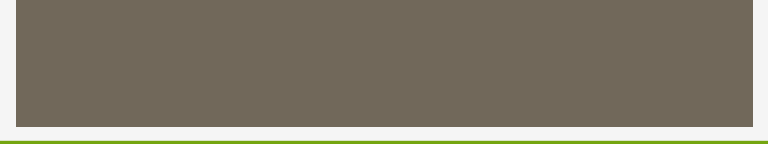
- ▣ Total attendance per CP increased with PA (PCA) integrated into CP services

## General Medical



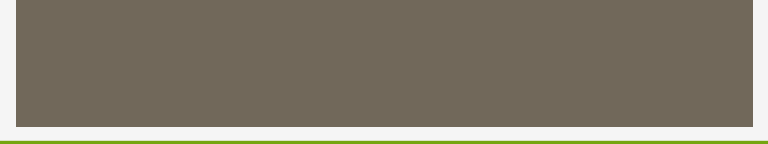
Note : Data collected from 7 clusters from 2012 - 2015





Baseline  
(no PCA)





Is this model with PA  
sustainable in HA?

# Evidence of sustainability

## Recruitment :

- ❑ No difficulty so far
- ❑ Central recruitment attracted over 300 applications for a few vacancies in the past

## Duration of service :

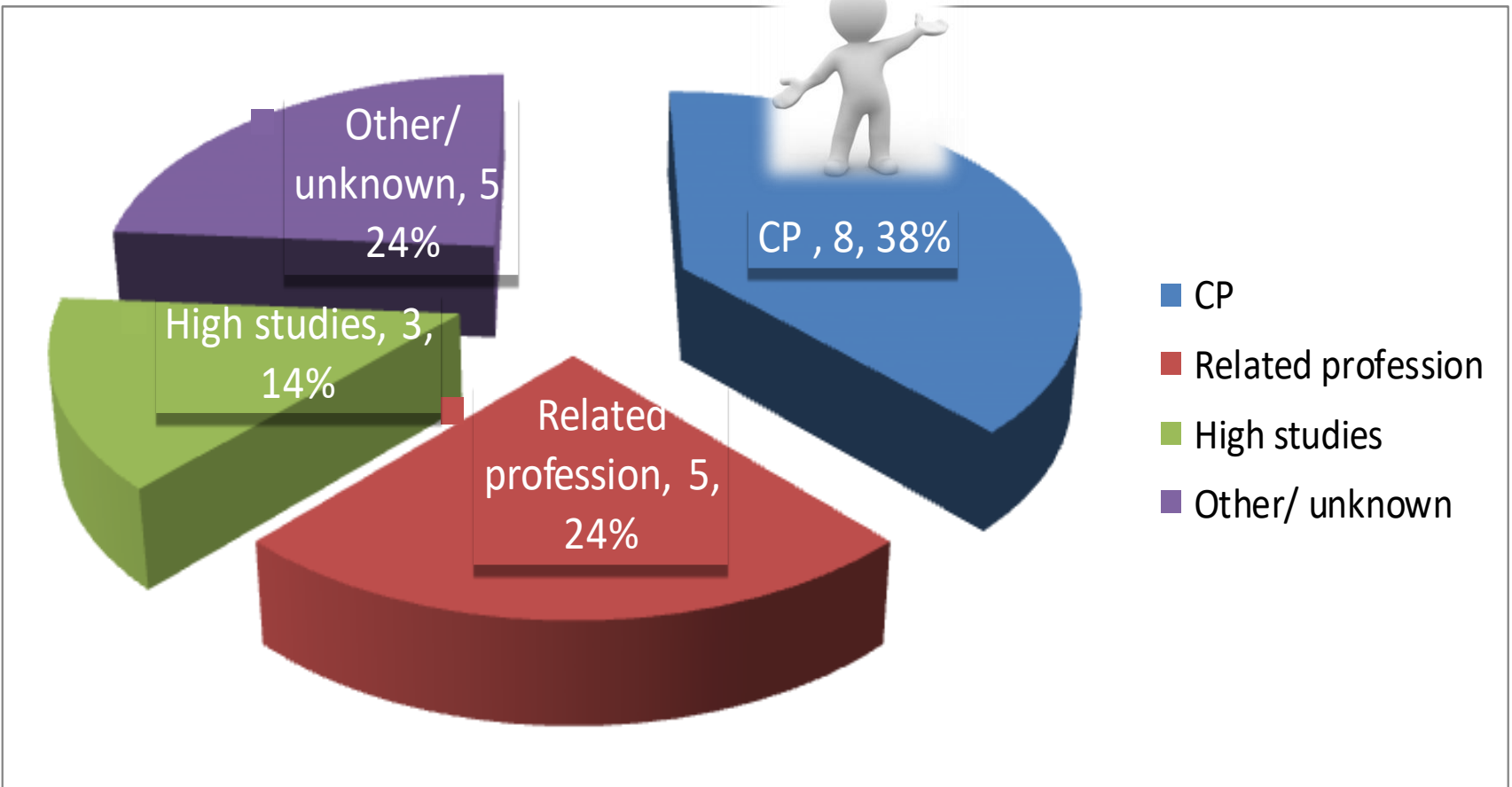
- ❑ Those resigned : median of 2 yrs
- ❑ PA still in post : longest is 5 yrs

## Training

- ❑ Regular Central training organized by HOHR
- ❑ Work-based training under continuous supervision by clinical psychologist

## Career Prospect

- ❑ 21 has resigned since 2012/2013
- ❑ 8 has been admitted to local CP program



# Conclusions

The Stepped-care model with PA (PCA I) to do low intensity work :

- can consistently increase **Efficiency** and **Quality** to clinical psychological services in HA
- can be applied **across different service settings/** programs
- is **sustainable** in current Hong Kong manpower situation
- Is **cost-effective**
- highly recommended to become a **standard service model for clinical psychological services in HA**

# Acknowledgement

1. Dr. Annie Kwok, Consultant of Department of M&G, Team Head of Palliative Care Unit, CMC
  2. Dr. Alice Kwok, SCP, AHNH, HKEC
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  6. Dr. Angela Sze, CP, PMH
- 
- For sharing their powerpoint for information & references

