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Review of the longer term outcomes of the Integrated Mental Health Programme (IMHP) in primary care in Kowloon East cluster

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Introduction

IMHP was launched in General Out-patient clinics (GOPCs) since 2010. The initial reviews conducted in 2011 and 2012 showed that the programme was effective in serving the gate-keeping role for referrals of patients with common mental disorders (CMD) to Psychiatry SOPC in KEC. During the past few years, the KEC IMHP team continued to strive to enhance the programme with improved clinical experience through regular liaison meetings with the visiting psychiatrist and updated clinical guidelines, enriched modalities of psychological interventions including mindfulness therapy and brief cognitive behavioral therapy, and enhanced communication with community services including the Integrated Family Service Centres and Integrated Community Centre for Mental Wellness.

Objectives

To review the effectiveness and outcomes of IMHP after programme enhancement in recent 2 years.

Methodology

All new cases (N= 2267) referred to KEC IMHP from 1st October 2015 to 30th September 2017 were included. Data were retrieved from the IMHP consultation summary reports to assess the change in symptoms severity by Patient Health Questionnaire (PHQ-9) and General Anxiety Disorder Questionnaire (GAD-7) scores after at least 3 months of interventions.

Result

1002 subjects (44.2%) attended IMHP doctor/ keyworker clinic (with or without pharmacotherapy given) while 1265 subjects (55.8%) received key workers' (occupational therapist and psychiatric nurse) interventions only. 74.4% of subjects

were female. The mean age was 56. 93.5% (vs 61.2% in the 2012 review, $p < 0.001$) of patients with initial moderate or above depressive symptom scores dropped to mild or normal level. 89.2% (vs 65.0% in the 2012 review, $p < 0.001$) of patients with initial moderate or above anxiety symptom scores dropped to mild or normal level. Non-pharmacological intervention by key workers rendered remission in 85.7% and 90.9% of the patients having depression and anxiety disorder respectively. IMHP was effective in managing CMD in primary care settings. With the gaining of more clinical experience and enhancement of the programme, the outcomes could further be improved. A multidisciplinary approach in collaboration with the psychiatrists and community services was the key to success of the programme.