

# A community mental health intervention project (CoMHIP) to assist suspected mental health persons to receive psychiatric service & its 6-month outcome

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# 急撥2000萬跟進精神病個案

【本報訊】天水圍日前發生涉及精神病人的三屍命案後，勞工及福利局局長張建宗指出，社會福利署獲撥款二千萬元推出新服務，已先在水圍推行，並與八個非政府組織及醫院管理局合辦，專責處理社區內類似精神病患者及其家人之輔導工作，有需要會轉介醫管局處理評估。負責服務元朗區的善導會昨在水圍天華邨設立首支隊伍率先推出服務。

社署本月推出的「社區精神健康協作服務」，對象為十五歲或以上懷疑有精神健康問題、但並非精神科服務所處理中的個案人士，共有十一隊各由三至四名專業社工及非政府機構成員組成的服務隊，接受各區的综合家庭服務中心、保潔家庭及兒童服務課等小組轉介個案，遇有情況嚴重者會轉介于醫院處理，預計元年服務一千三百至一千五百人。

社署總社會工作主任方鳳良表示，計劃中涉及的工作



十名社工及六名醫療社二均為新設職位，十一個社區的資源分配，則按各區人口分布調動。未有證據顯示天水圍有較多精神病人個案，現時仍以人口來考慮資源分配，一年後檢討才會作出相應資源調配。

## 家訪後七日完成評估

善導會的服務隊名為「靈康動力」，成員包括區域經理、計劃經理及三名社工，今年獲資助約一百四十萬元，料今年處理約一百二十六個案。該會區域經理吳美儀（圖圖）指，小隊主要以外展模式接觸轉介個案，如聯家訪了解事主，七个工作日内完成評估，並以健康檢核或興趣小組方式，令事主注重自己的精神健康。參與計劃的社工本月底將接受社署安排的專業訓練，不同協作部門亦會有季度性的定期檢討，減少因溝通不足而延遲處理個案。

# Objective of the Project

- To provide specialized, intensive and reaching-out social work intervention
- To assist persons in the community with suspected mental health problems and/ or their family members to deal with problems arising from their poor mental health conditions

# Criteria of the target group

- Aged 15 or above
- Suspected mental health persons living in community
- They are not active cases receiving any psychiatric services

# CoMHIP Teams

- At least one CoMHIP team operated by NGOs\* in each district
- Referrals receiving from IFSCs\*, ISCs\*, FCPSUs\* and MSSU\*
- Working closely with Hospital Authority's Community Psychiatric Service (CPS) for needy cases

\* NGOs, non-government organisations; *IFSCs, Integrated Family Services Centres; ISCs, Integrated Services Centres; FCPSUs, Family and Child Protective Services Units; MSSU, Medical Social Services Units*

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# Study Objectives



# Study Objectives

1. To improve access to psychiatric service for suspected mental health persons living in the community and refusing mental health intervention
2. To examine the socio-demographic and clinical characteristics of the target population
3. To evaluate satisfaction of collaborative organizations and caregivers

# Methodology

# Methodology (1)

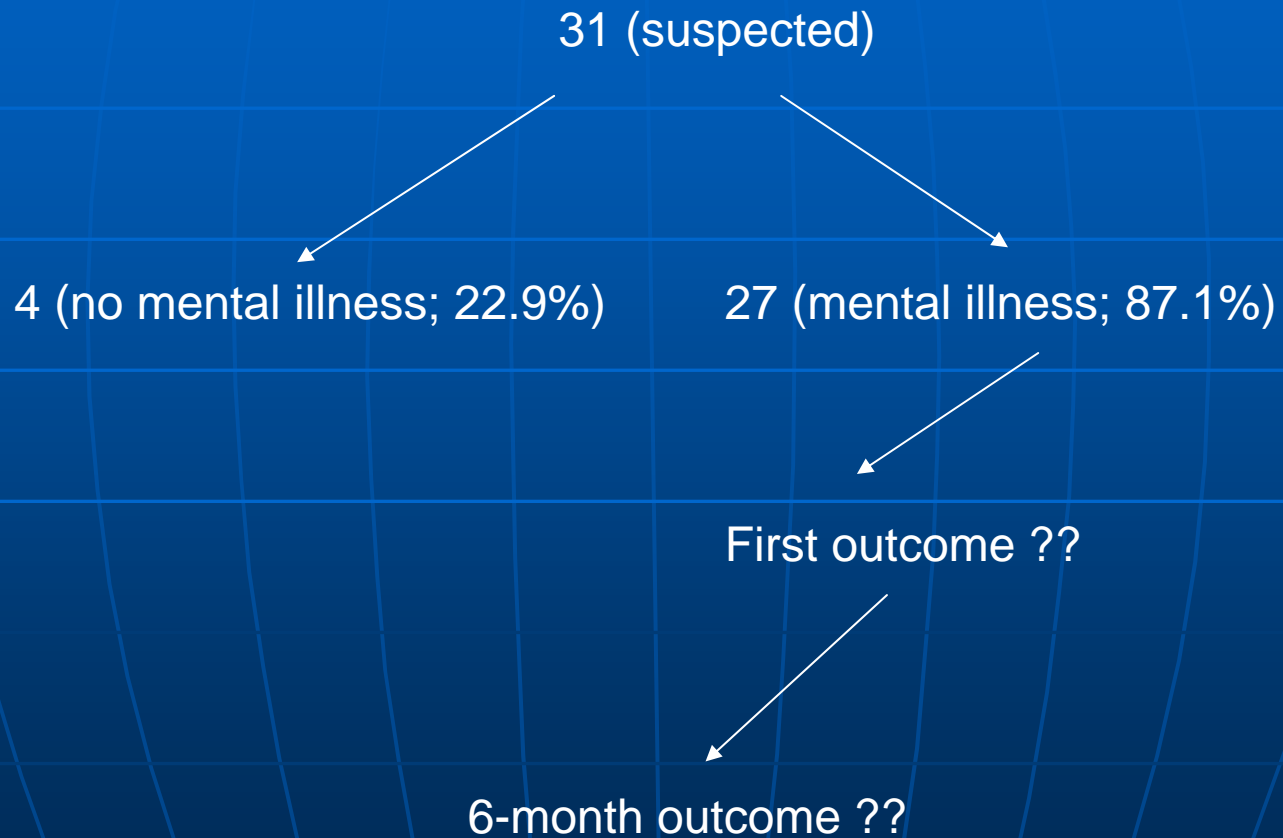
- October 2007 – September 2008
- Persons with suspected mental problems were assessed by a multidisciplinary team
- Diagnosis was made according to ICD-10 criteria
- Their clinical and socio-demographic parameters were studied

# Methodology (2)

- The six-month outcome of the mentally ill persons was examined
- Service satisfaction was formally discussed with collaborative non-government organizations and caregivers

**Result**

# Result (1)



# Result (2)

## - Sociodemographic characteristics of the patients (N=27)

	N (%)
<b>Age</b> (mean±SD; range)	52.4±18.0; 17-87
<b>Gender</b>	
Female	19 (70.4)
<b>Marital status</b>	
Married	15 (59.3)
Single	5 (18.5)
Divorced/Widow/Separated	6 (22.2)
<b>Educational level</b>	
Illiterate	4 (14.8)
Primary	9 (33.3)
Secondary	14 (51.9)
<b>Employment status</b>	
Employed	4 (14.8)
Unemployed (past 6 months)	7 (25.9)
Housewife	9 (33.3)
Retired	7 (25.9)
<b>Religious status</b>	
Yes	8 (29.6)

# Result (3)

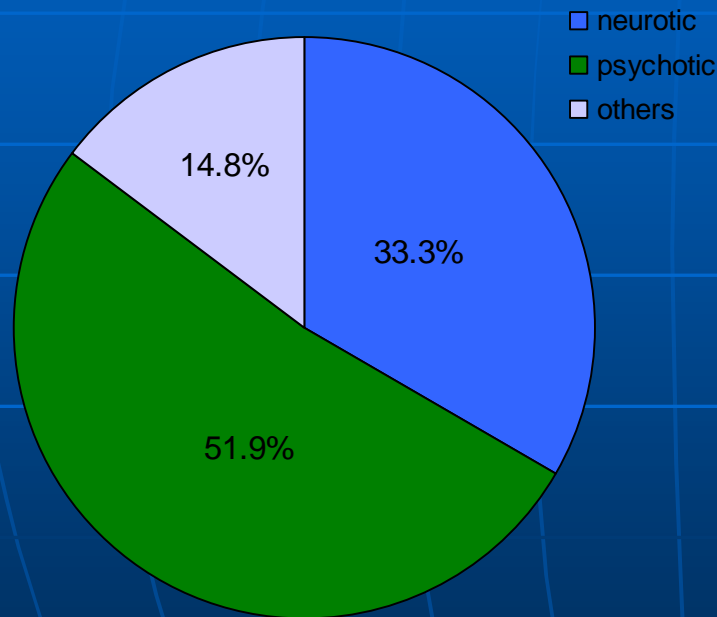
## - *Clinical characteristics of the patients (N=27)*

<b>Duration of mental health problems</b> (months) (Mean±SD; range)	49.0±70.8; 1-288
<b>History of psychiatric admission</b> Yes (%)	1 (3.7)
<b>History of suicide attempts</b> Yes (%)	2 (7.4)
<b>History of deliberate self-harm</b> Yes (%)	1 (3.7)
<b>Forensic history</b> Yes (%)	0 (100)



# Result (4)

## - Clinical diagnosis of the patients (N=27)



Primary Diagnosis	Number of Patients (%)
<b>Psychotic Disorder</b>	
Schizophrenia	9 (33.3)
Delusional disorder	4 (14.8)
Psychosis	1 (3.7)
<b>Neurotic disorder</b>	
Depressive episode	5 (18.5)
Adjustment disorder	4 (14.8)
<b>Others</b>	
Dementia	3 (11.1)
Somatization disorder	1 (3.7)

# Result (5)

- *Clinical outcome of the patients (N=27)*

## First outcome

Outpatient treatment (%)	18 (66.7)
Inpatient treatment (%)	7 (25.9)
Refusal (%)	2 (7.4)

Contacting MHS: 25 (92.6%)

# Result (6)

- *Clinical outcome of the patients (N=27)*









## 6-month outcome

Outpatient treatment (%)	18 (66.7)
In recovery (%)	4 (14.8)
Refusal (%)	5 (18.5)

Continuing MHS/ Recovery: 22 (81.5%)

# Result (7)

## - *Service satisfaction*

Satisfaction items	NGO case workers (N=6)		Caregivers (N=27)	
	Positive	Negative	Positive	Negative
Handling of mental problem				
Involvement in the management				
Amount of Main problem improved				
Overall satisfaction				

# Summary of the findings

# Summary of the findings (1)

- 87.1% referred persons – mental disorder
- Among mentally ill persons, we successfully assisted 92.6% of them who had persistently rejected mental health intervention to receive psychiatric service
- 81.5% of them continued receiving psychiatric service or remained in recovery after 6 months

# Summary of the findings (2)

- Collaborative NGOs and caregivers showed positive satisfaction with the service provided
- Majority of mentally-ill persons were not working or receiving any psychiatric service before contact with CoMHIP

# Conclusion



# Conclusion

- The CoMHIP was effective in assisting suspected mental health persons to receive psychiatric services with positive response from NGOs and caregivers
- Study on potential savings in health care cost after implementation of CoMHIP is recommended in future

# Case Sharing

# Case sharing (1)

- Mr. Brown, 47 years old, single, unemployed, lives with his family in a public housing unit
- Presented with socially withdrawn, self-neglect, decreased self hygiene, and collecting and piling trash up
- Strong family history of mental illness (2 younger brothers)

# Case sharing (2)

Presenting problems	His bedroom environment
Self-muttering & self-giggling	Very dirty, dusty and smelly
Hearing non-existing voices	Piles of trash on the floor with cigarette heads
Self-neglect/ poor self-hygiene	Little Flies (>10+ pieces) flied up when the door was opened
Irrelevant speech	Mattress without any bed sheet
Temper outburst	No fluorescent tube in the ceiling light set



# Case sharing (3)

- He was admitted to psychiatric hospital initially
- He continues outpatient treatment till now (2 years) with regular drug compliance and enhanced insight
- Improved functioning such as looking after his mother

**In Future**

# In Future (1)

2009-2010 Policy Address

Strengthening the support  
with SMI in the community

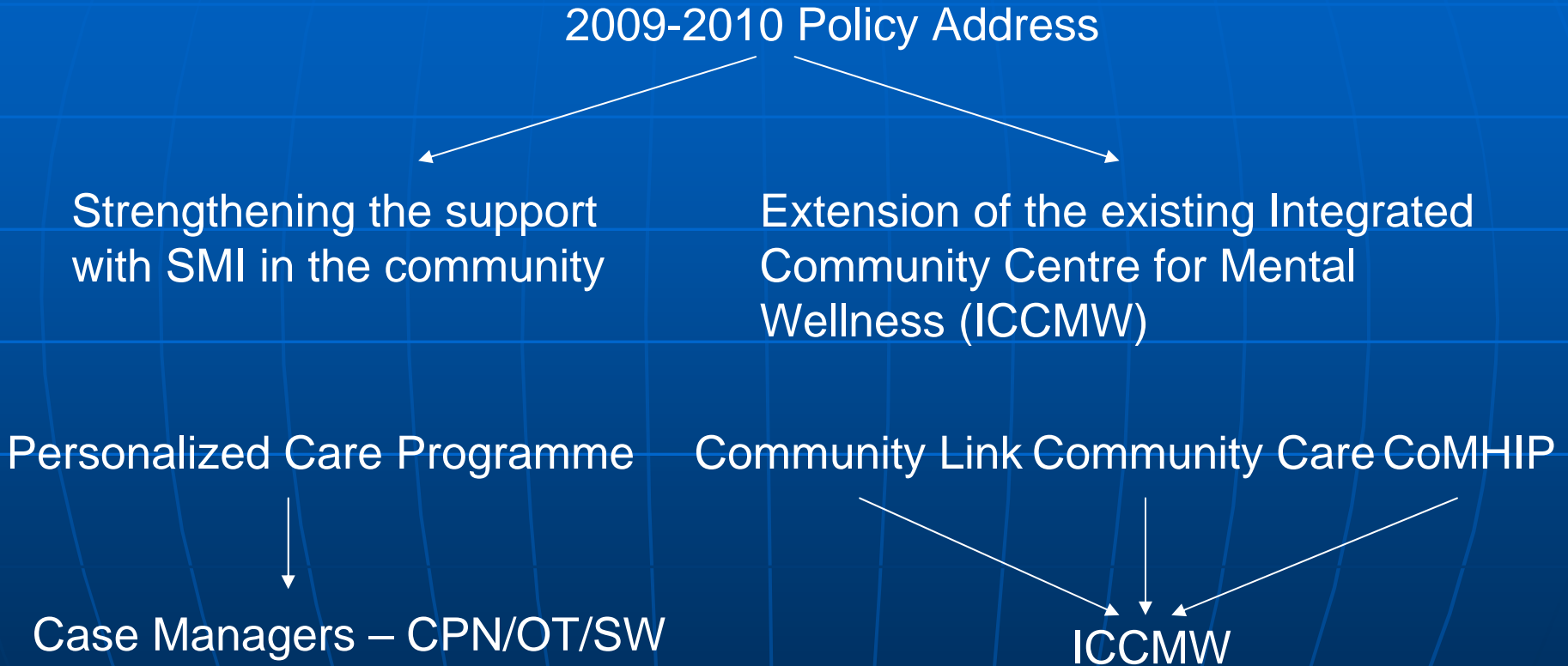
Extension of the existing Integrated  
Community Centre for Mental  
Wellness (ICCMW)

Personalized Care Programme

Community Link Community Care CoMHIP

Case Managers – CPN/OT/SW

ICCMW





# In Future (2)

PCP

ICCMW



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graph TD; PCP --> Personalisation; ICCMW --> Personalisation;
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Personalisation

Meeting the needs of individuals in ways that work best for them

# In Future (3)

- *A new direction for the next decade*



# Acknowledgement

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# Acknowledgement



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