

# One-year Outcome of a Recovery Support Programme (RSP) for People with Severe Mental Illness Discharged from Mental Hospitals

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## Introduction

In recent years, the care of patients with severe mental illness (SMI) in the community was made possible by the development of new treatment options, the awareness of the disabling effects of institutionalisation, and a robust evidence base to support treating patients with SMI in less stigmatising community settings. However, without proper support in the community, early discharge programmes that shorten the length of stay of in-patient care may in turn pose an increase risk of hospital readmission.

## Purpose of the Project

In line with the international trend of moving towards community care for patients with severe mental illness (SMI), the Hospital Authority (HA) has launched a Recovery Support Programme (RSP) in 2009-10. The rationale of the programme is based on the fact that psychiatric patients are at high risk of readmission in the early post-discharge period due to transition of care and re-exposure to potential stressors in the community. The primary purpose of the RSP is to provide enhanced community support to ameliorate patients' vulnerability in the post-discharge period (up to three months after discharge) using a case management (CM) approach with a view to facilitating community re-integration, preventing relapse and enhancing recovery.

## Methodology

After a year of service provision, we have reviewed and analysed the clinical outcomes for a total of 2,534 referrals, and compared with standard out-patient care for discharged psychiatric patients in the same period.

## Results

After a year of service provision, a total of 2,534 patients have completed the RSP. The mean number of community visits and mean follow-up period were 5.8 and 85 days respectively for each referred patient. Of them, 56% were female and the mean age was 42 years old. The majority of the referred patients were diagnosed with schizophrenia-spectrum disorders (64%) and affective disorders (22%). Compared with standard out-patient care for discharged psychiatric patients in the same period, the RSP group showed consistently better outcomes as measured by the following parameters:

Clinical Parameter	RSP Group (n=2,534)	Standard Out-patient Care (n=8,634)	% Difference (Improvement)
No. of AED attendances for psychiatric problems	319 (12.6%)	1,513 (17.5%)	-28%
No. of unplanned readmissions via AED within 28 days after discharged from in-patient care	113 (4.4%)	465 (5.4%)	-18.5%
No. of psychiatric admissions via AED within the follow-up period (85 days)	188 (7.4%)	888 (10.3%)	-28.2%
No. of total psychiatric admissions (by all means) within the follow-up period (85 days)	400 (15.8%)	2,122 (24.6%)	-35.8%

## Conclusions

Compared with standard out-patient care, the RSP appeared to be more effective in reducing psychiatric hospitalisation, as well as in facilitating community re-integration of discharged psychiatric patients. The results of this pilot community mental health initiative provide further evidence to support that enhanced community care in the form of case management should be an integral component for effective community mental health service.

