



Service Priorities and Programmes
Electronic Presentations

Convention ID: 23

Submitting author: Dr H T LEE

Post title: Associate Consultant, United Christian Hospital, KEC

Clinical Outcome in collaboration of Community Psychiatric Service of United Christian Hospital with Integrated Community Centre for Mental Wellness (ICCMW) in Kowloon East Cluster

*Lee TH, Szeto WL, Tse YNA, Wong CS, So SY, Yiu GC
Department of Psychiatry, United Christian Hospital*

Keywords:

Community Psychiatric Service

ICCMW

Health care partnering

Introduction

Community mental health has long been the crucial modality in service delivery of mental health services. The concept of community mental health has changed over time. The Social Welfare Department has implemented the ICCMW in all the districts across the territory since October 2010. ICCMW would refer needy cases to Community Psychiatric Service (CPS) of HA for clinical assessment and necessary psychiatric treatment. ICCMW carries advantages of providing one-stop, district-based and accessible community support and social rehabilitation services to patients and their families/ caregivers through a single-entry point.

Objectives

To review the clinical outcome in collaboration with ICCMW with outcome in collaboration with non-ICCMW To review the referral behaviour of ICCMW and non-ICCMW

Methodology

From April 2011 to March 2012, twenty-five persons with suspected mental health problems were assessed by a multidisciplinary team and diagnosis was made according to ICD-10 criteria. The clinical outcome of the mentally-ill persons was examined.

Result

Result: 72% of referred person were female, 36% of referred person were married and the average age of referred person was 55 years old. 92% of referred person were suffering from a mental disorder (Psychotic disorder: 56% & others: 44%). Among the mentally-ill persons, CPS and ICCMW successfully assisted nearly 80% of those who had persistently rejected mental health intervention to receive psychiatric service. Among them, over 50% received psychiatric treatment voluntarily after our engagement and rapport building. No-show rate of first outpatient appointment was 0%. Community psychiatric admission through Accident & Emergency Department has been reduced. Case discussion meeting with ICCMW, collaboration of community

programs and one-stop service were added component in the workflow which uplifted clinical management in the community. Conclusion: Collaboration of CPS with ICCMW in helping persons with suspected mental illness to receive psychiatric services is significantly effective. Psychiatric admission is streamlined and least restrictive community management has been enhanced. Further development of mental health service in Hong Kong along this model in community by involving other partners, including service users, Police Force, & Housing Department should be researched.