



Service Priorities and Programmes
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Partnering for Healthcare - A 5-year review of community psychiatric service with community mental health allies in Kowloon East Cluster

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Introduction

Community Psychiatric Team (CPT) of United Christian Hospital is central to the provision of comprehensive services for people with suspected mental ill health. Model of collaboration with community partners has changed swiftly over the past five years from an era of solely working with Social Welfare Department, to Community Mental Health Intervention Project (CoMHIP) and till nowadays working with Integrated Community Centre for Mental Wellness (ICCMW). This development adapted the demand of society and aimed to provide a comprehensive, timely, and one-stop service to people with mental health problem and to people with suspected mental illness. To our knowledge, there is no review of the effectiveness of such service development in Hong Kong so far.

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 2007 to March 2012, one hundred and fourteen persons with suspected mental illness were reviewed. They 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. The referral behaviour of ICCMW and of non-ICCMW was reviewed.

Result

Result: 25 persons with suspected mental illness were referred from ICCMW while 89 persons were referred from non-ICCMW. Majority cases were female (ICCMW: 72%; Non-ICCMW: 58.4%). Average age was 55.4 for ICCMW cases and was 50.4 for non-ICCMW one. An average duration of referring a case to CPT upon their intake was 85.6 days (range: 3-365 days) for ICCMW whereas it was 179.1 days (range: 0-1846 days) for non-ICCMW, with statistically significant difference. For person requiring psychiatric treatment, compulsory psychiatric admission has been reduced

from 33.7% (non-ICCMW) to 24% (ICCMW) while outpatient follow-up treatment has been increased from 23.6% (non-ICCMW) to 28% (ICCMW). Majority cases suffered from psychotic disorder in both ICCMW and non-ICCMW. Conclusion: Collaboration of CPT with ICCMW was very effective in shortening the duration of persons with mental illness receiving community psychiatric care. Engagement of ICCMW with those persons is deemed influential. Earlier contact with CPT likely facilitates the willingness of person with mental illness to receive psychiatric care voluntarily. Further research is recommended in exploring the factors affecting persons to receive psychiatric treatment.