Introduction
The Common Mental Disorder Clinic (CMDC) is a new initiative in mental health service which aims to provide fast-track mental health service for patients with CMD (which include depression and anxiety disorders). To enhance the clinical governance of clinical psychological service for common mental disorders, standardized survey and outcome measures are routinely used.

Objectives
The present study examined the treatment efficacy of fast-track clinical psychological (CP) services for common mental disorders (CMD) across three out-patient clinics of Hospital Authority. Patient characteristics and factors related to treatment efficacy would be explored.

Methodology
789 patients were included in this study. Standardized surveys on demographics and measures indicating level of psychological distress were used. These include: DSM-IV clinician’s rated Global Assessment of Functioning scale (GAF), Subjective Units of Distress Scales (SUDS), Depression Anxiety Stress Scale (DASS), WHO-5 Wellbeing Index (WHO-5) and Hospital Anxiety and Depression Scale (HADS). Treatment outcome for patients who have completed pre- and post-treatment measures were examined by using paired sample t-test. Factors related to treatment efficacy were explored with correlation analyses.

Result
Preliminary results revealed that 72% of our patients were female, with age ranged from 20 to 80 years ($X = 47.82$). The most frequently identified primary conditions were depression (29%), adjustment disorders (20%), and generalized anxiety disorders (14%). Pre-treatment measures indicated that most of them suffered from mild to moderate level of distress. These included GAF ($X = 64.33.6, SD=10.23$), SUDS ($X = 5.17, SD= 3.41$), WHO-5 ($X = 8.8, SD= 5.5$), DASS ($X = 48.18, SD= 29.63$)
and HADS (X = 18.8, SD= 8.9). Among patients who have completed pre- and post-treatment outcome measures, 82.5% have received cognitive behavioural therapy with an average of 4.9 out-patient sessions (SD=3.86). Substantial improvement in mental health for all outcome measures were indicated (p<.01). Present results provide support for fast-track CP services for CMD. The routine use of standardized outcome measures is indicated for service evaluation.