

## **Personalized Care Programme for Severely Mental Ills – Medical-Social Collaborations**

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Good morning, everybody. For the Mental Health Association of Hong Kong, 65 years is a long time. Talking about 65 years, we are talking about the worry about getting dementia. Of course, seeing so many young faces here, I'm sure the Association has a bright future.

Talking about dementia, we usually talk about the way to get over this is to keep active and face the challenge. Now is the right time. It is a challenge we are now facing in Hong Kong. The Mental Health Association of Hong Kong and its partners who focus on this are working together. For this challenge, it is very important about collaboration. That is the theme word for my topic here. Collaboration is very, very important; you cannot go through a problem by yourself. Working together with various parties is important for core help.

I will talk about mental health needs in Hong Kong, about the local situation, and about the experience of collaboration that is going on in the Hospital Authority (HA). Our government should always think about mental health. As Mr. Chris Fung mentioned, action is being taken, and we are looking forward to the effect. Particularly nowadays when we talk about mental health, it is more than just a health issue. A lot is going on, for example, the society, social inequality, about the poor, about all the various issues that are going on. We talk about service, and new models are going on. Only this morning I talked with Flora about having models, how to get people engaged to

work together, which is really important. It is also complicated.

### **Mental Health Problems in Hong Kong**

We are now facing more mental health problems not only in hospitals but in our community, in schools, as well as in the geriatric population. Moreover, when we talk about mental health problems, it is not only about the illness but we are talking about the persons, persons looking not only to get rid of symptoms but to get a good quality of life. And also well-being. In talking about this, we usually talk about recovery, shared among HA hospitals. How to get good recovery is more than just symptoms control, patients autonomy and how to develop their potential. Programs are just hardware. Important are the hearts of the staff and the engagement of various persons. Getting them to work together is very, very important. Otherwise the house is there but nothing living inside, which is a kind of waste.

The World Health Assembly in 2013 emphasized a comprehensive, integrated model that is active in the community. To mention the Hong Kong situation, we have had a long road. The Mental Health Service has been for more than the past half century a hospital-based or community-based service model. In the past 10 years, not to mention the social unrest recently, we have seen the demand getting higher and higher (Figure 1). We anticipate that such kind of mental outreach will get more demand in the coming years. Moreover,

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Transcript of Plenary Session (IIA) of 65<sup>th</sup> Anniversary Symposium on Mental Health on 11<sup>th</sup> December 2019.

you know about the media which focuses on the alarming situation, usually focusing on the negative side about mental health-related issues. Some stir

the emotions, getting more stimulating, which is also a challenge we are now facing in the mental health field.

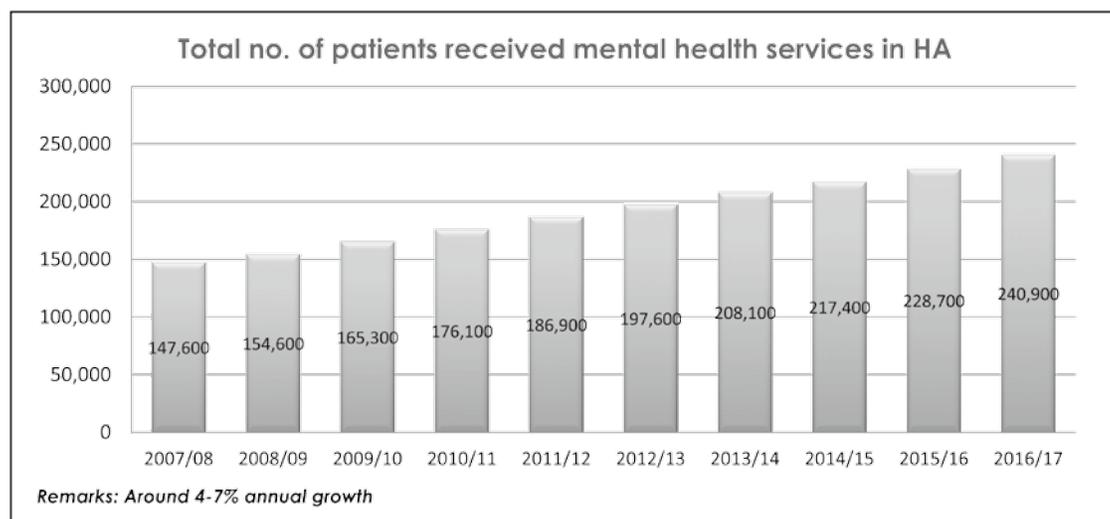


Figure 1: Demand of Mental Health Services in HA

### The HA Mental Health Service Plan for Adults

Mr. Chris Fung mentioned that the HA has a long-term strategy. There is the Mental Health Service Plan, which started with the Community Psychiatric Services (CPS). We talk about the 3-Tier Service Model (Figure 2). In the past we had one Community Psychiatric Service, that is one model. We have seen the various clients needs and some cases need more intensive service to cater for their needs, so intensive care as well as personalised case management for intensive care. The Personalized Care Program is upgraded from the past supervised model. That is, more personalised care with long-term support. It serves patients with a history of violence and suicide. In our local locality, we talk about “Special Care”, a kind of system which helps to identify those with special needs. A case may need help, for example, those on “Conditional Discharge” who have a history of violence in the past.

That is a kind of HA model, a kind of community care. But of course to get this service done, we have to work with the ICCMWs. Ms. Deborah Wan mentioned that 24 ICCMWs centres have been established in the past 10 years and they are working well together. But we know that provided community support from the HA is not

enough. Getting community-based service is very, very important.

With this kind of service going on in the past 10 years, we had a review about the need. A task group was established in 2014 with HA and the Social Welfare Department working together to review the needs, the work and the service. Making the service more sustainable, the HA cannot treat all the patients. It is impractical. So settling down, working together with the support of the ICCMWs, we hope that they can take care of those patients to take care of their needs and alert the HA about those on the margin of getting in trouble. It’s a kind of responsive communication. We can work together and strengthen the support network (Figure 3).

This kind of three-tier coordination channel (HA, Social Welfare Department and Non-governmental Organisations) has been a success. It really depends on the team level of the community service team, ICCMWs and the district level various stakeholders such as housing, police and also district board members. Those people are very important to liaise and get the legwork done. Of course we cannot loose the central level without the support that such kind of navigating will not be easily going ahead (Figure 4).



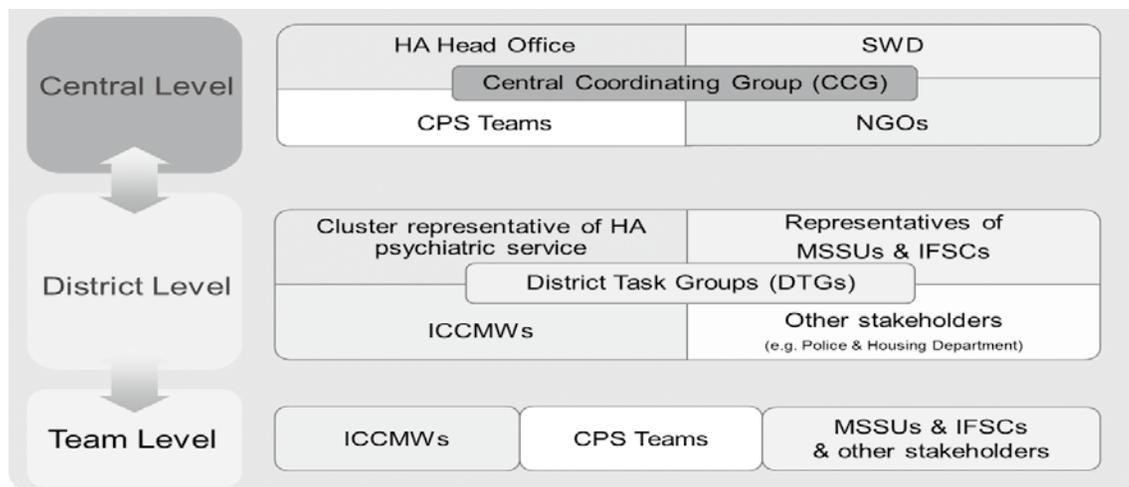


Figure 4: Three-Tier Coordination channel amongst HA, SWD, NGO

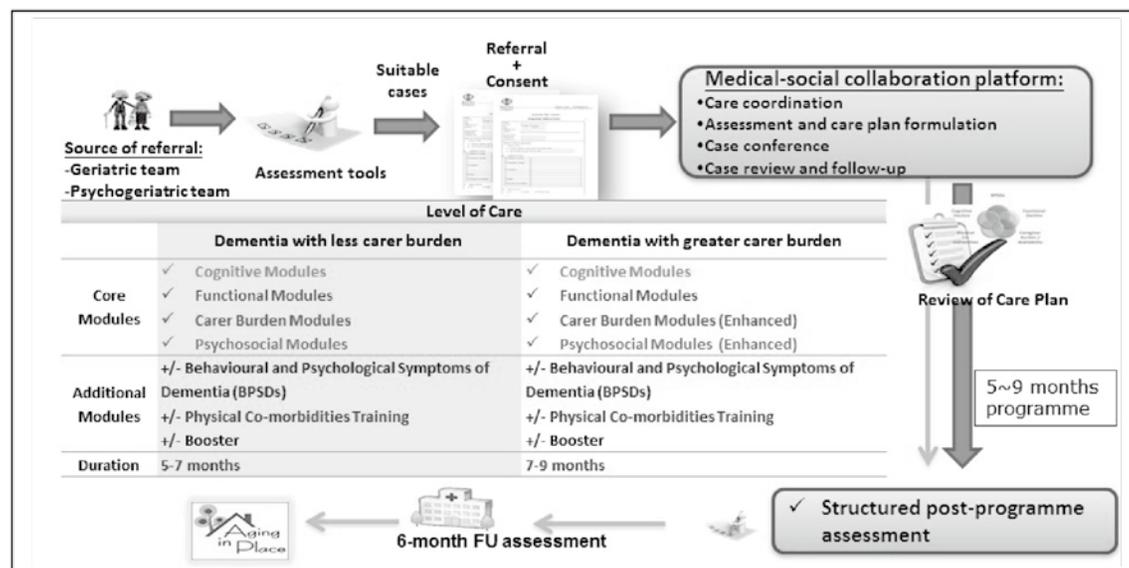


Figure 5: Medical-social Collaboration Model

### Medical Social Collaboration

Medical-social collaboration is not only working with mental health. In the past few years we know, as Mr. Chris Fung mentioned, when we talk about elderly service, we are talking about geriatrics. We know that the community is getting more senile with more and more dementia cases, so the carers are in need of more support. Early intervention with those who are with cognitive impairment is very important. So carers need to help mild impairment cases, getting

intervention early enough so as to prevent deterioration (Figure 5).

Another need is with children’s mental health. Of course we know that with children, the school is very, very important as a collaborative partner. There is a school platform working together with the NGOs as well as the HA Adolescent Service Team. In this aspect, as Ms. Deborah Wan mentioned, the role of ICCMWs has been changing. Previously people younger than 15 were served by a youth agency child service, but now the extension

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of the ICCMWs is to cover secondary students down to the year 12. I know the ICCMWs have to take this challenge seriously because you know those cases are quite different for those patients with SMI from the past years. So the situation is also quite different.

For good collaboration, of course, high commitment is very important. And so is leadership. Hong Kong has a good situation, relatively small, and the transport is very good. That is our edge to get better collaboration. Regarding funding, in the Hong Kong situation, all the money comes from Government, the HA and NGOs. Getting the Government to understand the situation with our feedback, staff in the HA as well as NGOs will not hesitate to share their difficulties, so they get support.

Delineation of the roles of participants is very important because good collaboration means partners will have clear minds about how to support

themselves. Communication is particularly about the staff. Building the hardware, building service, is one aspect of development, but getting the staff working with good hearts is very important. Equipping them with clear minds about how to run a community service is the responsibility for all the management staff. This is so for the HA, for the NGOs and for senior management. Getting them with clear minds about this shows we work together.

My last analysis is about user involvement. We all know about serving the community, and getting their feedback is very important so we can improve the service. We are piecing the service together with good will and good partnership, which is our commitment. Getting people here, sharing their experience, is a very important step. We hope that such collaboration or experience-sharing will go on in the future and help us face the challenges we cannot escape.

Thank you.