

Integrating Mental Health Services in Health Care Reform

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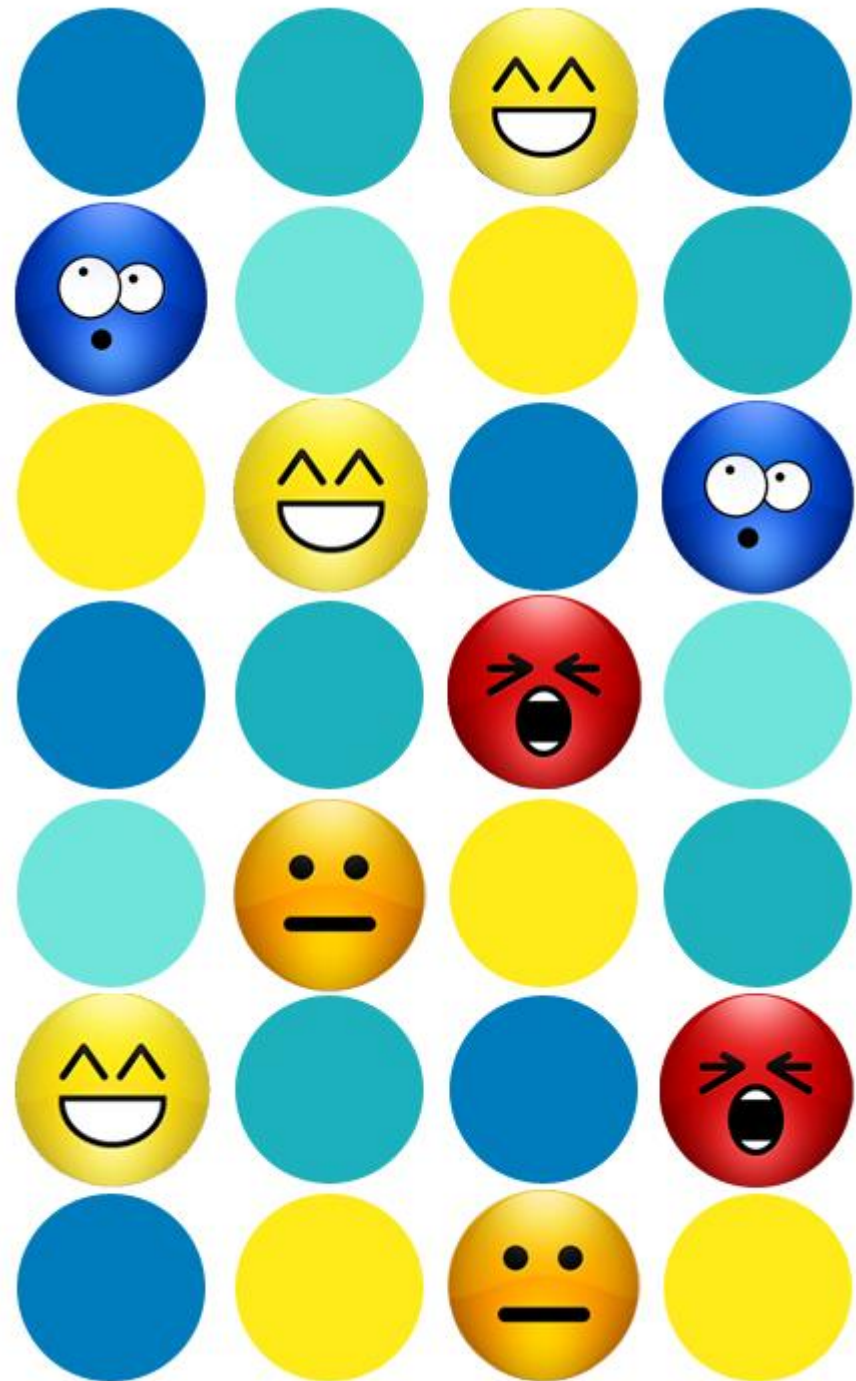
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Outline

- Current mental health system in Hong Kong
- Challenges for the current mental health system
- Rationale for integrating mental health care in health care reform
- Review of Hong Kong's mental health care reform



Mental Health Care Services in HK

- Specialist service –
 - ◆ Segregation from primary health care
 - ◆ The public sector (Hospital Authority) is the major provider
 - ◆ Rehabilitation services operated by NGOs
- Emphasis on remedial care
- Target group:
 - ◆ those who are clinically diagnosed with severe psychiatric disorders through referrals
- Access to mental health specialist
 - ◆ Mainly referral from general practitioners



Mental Health Services in Hong Kong: Provision and Utilization (2008)

Provision

- 3 psychiatric hospitals
 - 7 hospitals with psychiatric specialty
 - 4,000 psychiatric beds
 - Workforce:
 - ◆ 288 psychiatrists
 - ◆ 1,888 psychiatric nurses
 - ◆ 92 clinical psychologists
- (HA, 2010a; 2010b)

Utilization of MH services

- 152,844 patients (total)
- Inpatient episode:
 - ◆ 37,316 (2.3% of hospital discharges/deaths)
- Psychiatric clinic attendance:
 - ◆ 647,864 (10.9% of all specialist)
- Clinical Psychology Services
 - ◆ 20,211 inpatient attendance
 - ◆ 42,874 outpatient attendance



Challenges for Hong Kong's Mental Health System (1)

Inadequate provisions

- Long waiting time for 1st attendance
 - ◆ Overall: 4 weeks (median), 112 weeks (Max)
 - ◆ Urgent case: 1 week
 - ◆ Semi-urgent: 3 weeks

(Legislative Council, January 6, 2010)



Challenges for Hong Kong's Mental Health System (2)

Inadequate provisions

- Service utilization figures underestimate the community mental health care needs
 - ◆ No available updated epidemiological data
 - ◆ Using the WHO's approach, 70,000 to 200,000 people are estimated having a severe mental illness (HA, 2010)
 - ◆ Estimates not included in the planning:
 - Other emotional disorders -- Study showed 4.1% of Hong Kong adults had comorbidity of depressive mood and substance use, but only 41% of them had sought help (Lee et al., 2005)
 - Growing needs in ageing population and in young people not included in planning



Challenges for Hong Kong's Mental Health System(3)

- Issues identified in the HA's *Mental Health Service Plan for Adult* (HA, 2010c)
 1. Limited access to community services for mild / ex-mentally ill
 2. Inadequate support for training of family medicine doctors and caregivers
 3. Lack of health insurance to support long-term mental health treatment in private sector
 4. Lack of systematic assessment of treatment outcome / cost-effectiveness
 5. Cultural attitudes and stigma deter timely help-seeking for psychiatric services



Integrating Mental Health in Health Care Reform

- Mind-body connection widely recognized in overseas health care reform
 - ◆ Stress-related symptoms account for two-thirds of doctors' consultations in US (APA, 2008)
 - ◆ Older patients with depression were more likely to consume more health resources than others by 47-51% (Katon et al., 2003)



Integrating Mental Health in Health Care Reform

- Primary care providers see more patients with mental health problems – “*de factor* mental health system” (Anderson, 2011)
- Overseas experiences show that integrating mental health services with primary care can
 - ◆ enhance patients’ access to services
 - ◆ improve the quality of care
 - ◆ lower the overall health cost (APA, 2009)



Conditions for Effective Integration

- Requires a systematic and coordinated programme on service delivery, public education and human resource training with sustainable and adequate financing in achieving the following 3 goals:
 1. Maximizes the use of available resources
 2. Provides evidence-based treatments
 3. Ensures equitable access to service for all in need



Integrated Care: Service Delivery

- Model of Person-centred care
 - ◆ Brings together health care professionals who can treat the whole person's physical and mental well-being
- Needs to strengthen coordination among all service providers to improve referral pathways for early intervention and support for primary care providers to manage high-risk patients
- Recognizes importance of preventive care and mental health promotion



Integrated Care: Public Education

- To promote better public understanding and interest in people's own mental health
- To increase acceptance of persons with psychiatric disorders and community mental health facilities long before setting up facilities
- Need to build up an evidence-based public education programmes through rigorous research, planning and training



Integrated Care: Human Resource Training

- Pressing need for training additional frontline mental health professionals to meet the current mental health service needs
 - ◆ Training quota planning should also consider needs in non-HA settings and in primary care
- Interdisciplinary health teams should be equipped with mental health knowledge to support primary care practices
 - ◆ Mental and behavioral health should be mainstreamed in the training curriculum of health care professionals
- Provide more structured training for caregivers and volunteers with well developed learning outcomes and practical relevance



Integrated Care: Financing

- Integrated mental care is cost effective for reducing overall health expenditure (Blount et al., 2007; Pallak, 1995)
- Overseas experiences of changes to health insurance reimbursement policies by allowing primary care providers to bill health insurers for standard mental health interventions
- Sustainable financing is needed to fully integrate mental health services in primary care



Developing Primary Mental Health Care System in Hong Kong

Chief Executive's 2009-2010 policy address

- Promote collaboration between psychiatric specialist outpatient service (SOP) and the primary health care
 - ◆ SOP would enhance their assessment service for common mental disorders & focus on patients with complex needs
 - ◆ Patients with less severe conditions would be referred to the primary health care setting
- Set up Integrated Community Centres for Mental Wellness in all 18 districts to strength community support
 - ◆ Provide one-stop, district-based and accessible community support and social rehabilitation services ranging from early prevention to risk management



Developing Primary Mental Health Care System in Hong Kong

Food and Health Bureau's (December, 2010) *Strategy Document on Primary Care Development in Hong Kong*

- Set up Common Mental Disorder Clinics to provide more timely assessment and consultation
- Expand the Integrated Mental Health Programme to all HA clusters to manage cases of mild mental disorders in General Outpatient Clinics



Barriers in Integrating Mental Health Care in HK

- NGO operators cannot identify a suitable location for full operation of the Integrated Community Centres for Mental Wellness due to intense opposition from local community
- NGO cannot recruit sufficient allied health professionals (esp. occupational therapists and nurses) due to keen competition from the Hospital Authority
- The Government has not facilitated efficient coordination and planning of the integrative system
- Standardized referral mechanisms have yet to be finalized
 - ◆ Unclear link between the Integrated Community Centres for Mental Wellness and the HA system (Food and Health Bureau, 2010)



Conclusion

- Key to success of health care reform lies in the seamless integration of services and coordination of resources among stakeholders, in both mental health and physical health.
- Government should take a more proactive role in coordinating and developing evidence-based plans for service delivery, public education, training and financing to foster the integration



Thank You!

