

Comments on
The Consultation Document on Health Care
Reform
“Lifelong Investment in Health”

By

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1. Introduction

- 1.1 The Hong Kong Psychological Society (HKPS) is both a learned society and a professional association. It is the only organization of psychologists in Hong Kong which represents all specialties of psychology.
- 1.2 The large majority of the practicing clinical psychologists in Hong Kong are members of the Division of Clinical Psychology, the Hong Kong Psychological Society (DCP, HKPS). The aims of the DCP, HKPS are (a) to promote the development of clinical psychology with regard to service, training, research and professional conditions, and (b) to promote the highest standards in the application of psychological knowledge in the clinical field.
- 1.3 Clinical psychologists are trained in the application of psychological theories, research and intervention techniques to health and illnesses, both physical and mental. Psychological services in health settings encompass work on the psychological aspects of physical illness, promotion of both physical and mental health, prevention of physical illness, identification of psychosocial risk factors, treatment and care of patients, rehabilitation and adaptation of patients to their illnesses, and organization and administration of health services.
- 1.4 We welcome the efforts of the Hong Kong SAR Government of seeking public views on the future directions of our health care policies. In this document, we would like to express our opinions concerning the Consultation Document on Health Care Reform entitled “Lifelong Investment in Health”.

2. Comments and Recommendations

2.1 Vision and Policy Objectives

- 2.1.1 In response to the Consultation Document, we support:
 - (a) The commitment of our health care policy makers “to protect the health of the population, prevent diseases and disabilities, promote life long wellness. . .” (para. 11).
 - (b) The emphasis on humane, comprehensive and lifelong holistic care.
 - (c) The principle that the health care system development should include a comprehensive and appropriate balance of promotive,

preventive, curative and rehabilitative services.

- (d) The respect towards the right of the patients to information and freedom to choose their providers.

2.2 Reforms to Health Care Delivery System

2.2.1 Making references to numerous researches in health psychology, we agree strongly with the view that health is determined by factors related not only to individuals, but also to the wider social, physical and economic environments of the community. Setting up an intersectoral infrastructure would be most effective in promoting health of the public. We support an integrated health care (primary, secondary and tertiary levels), social and community services.

2.2.2 With the increasing emphasis on the holistic conceptualization, i.e. biopsychosocial model, of health, we are glad to see the adoption of family medicine practice being the major primary medical care in the future. We believe that clinical psychological service should be encompassed as one of the components of primary health care, working in conjunction with family medicine practice.

- (a) Clinical psychologists are the experts in assessing the inter-relatedness of psychosocial and physical elements of health and illnesses, and the psychosocial contribution to health-related behaviour.
- (b) Clinical psychologists are able to conduct evidence-based intervention to effectively alleviate psychological disturbance of the patients, and to modify behaviour or life-style risky to the health of the patients.

2.2.3 With the international trend of the development of ambulatory and community care programmes, we believe that the role of clinical psychologist as one of the members of the multi-disciplinary team of the ambulatory and community care service should be strengthened.

- (a) Clinical psychologists make assessment of the psychosocial variables that influence health in both individual and groups of patients. We conduct assessments on the mental and emotional status, neuropsychological (i.e. intellectual, cognitive) profile, and health-related behaviour and life-style of chronically ill patients.
- (b) We launch treatment programmes, either in individual or group

formats, to improve patients' mental and emotional adjustment, and to modify the course of many chronic and life-threatening illnesses (such as coronary heart diseases, cancer, stroke) through psychological or life-style intervention.

- (c) We provide expert consultation to the multi-disciplinary team on the rehabilitation plan of patients.
- (d) We provide re-integration programmes for psychiatric patients who have been institutionalized for a long period of time to rebuild their self-confidence and skills so that they can live in the community.
- (e) We work with different types of addictions such as drugs, alcohol and gambling. As life becomes more stressful and unpredictable, addiction will become increasingly a means to escape from seemingly unsolvable problems of daily living such as unemployment, job insecurity and breakdown of relationship. Clinical psychologists, who are one of the experts in the management of addictive behavior, can help patients to control such disorders.

2.2.4 We recommend incorporating psychological services in primary care settings, such as health promotion clinics.

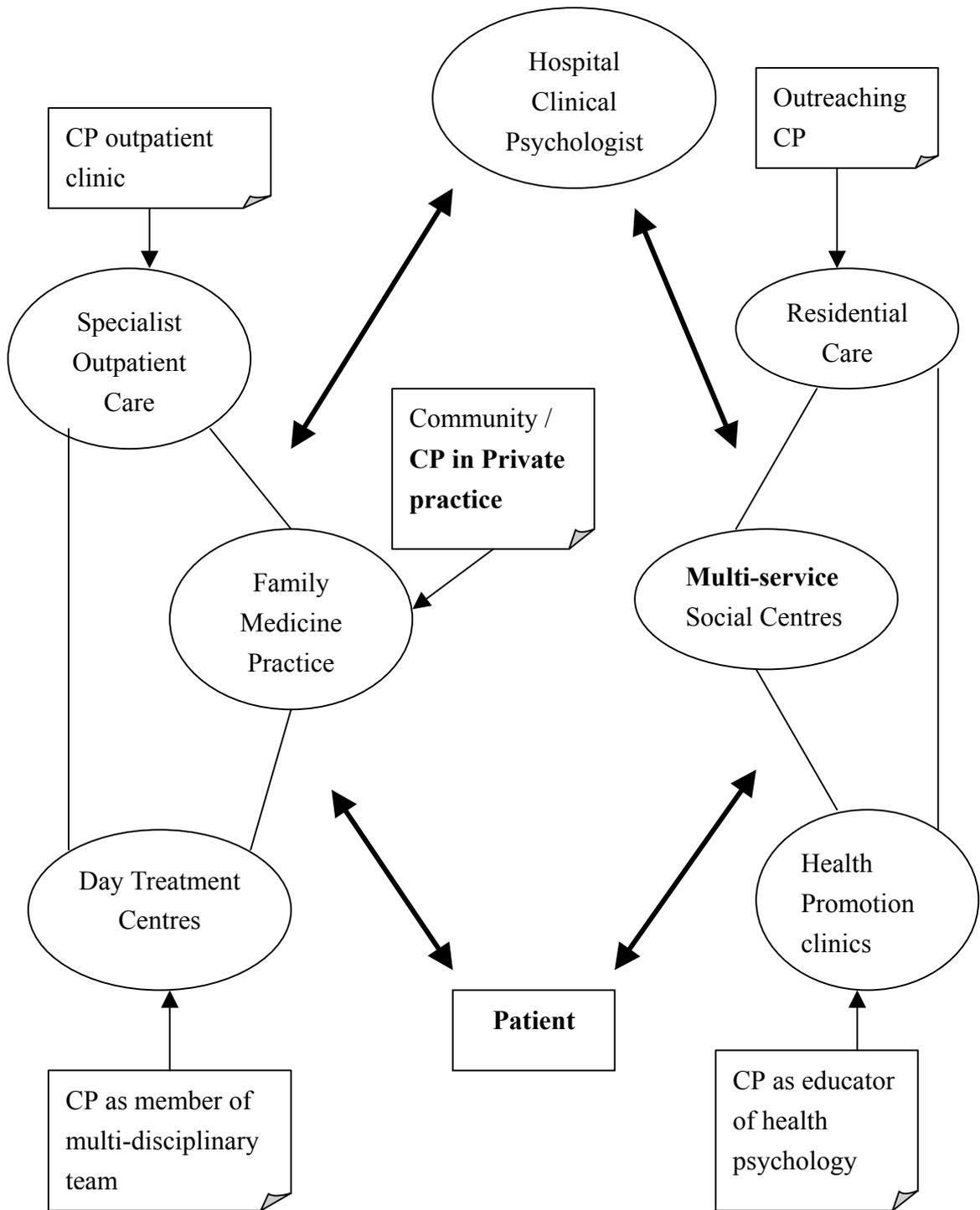
- (a) Psychological programmes targeted at enhancing effective coping means (e.g. stress management, social skills, etc.) have been proven effective in alleviating the impact of stressful life events on mental (psychological) and physical health.
- (b) Psychological or lifestyle intervention has enormous potential for preventing many chronic and life-threatening illness, including coronary heart disease, stroke, cancer, etc.
- (c) Early psychological treatment could lower the risk of occurrence of a diversity of mental disorders and social problems (e.g.. substance abuse, behavioural problems, etc.), resulting in economic benefits such as less inpatient days and increased productivity, and can save lives through fewer suicides.
- (d) Clinical psychologists develop local psychological programmes and provide ongoing consultation and supervision to frontline workers who carry out these programmes.

2.2.5 We support the development of collaborative partnership among health care and welfare service providers in order to promote a good quality of life of chronically ill patients despite their medical condition. We recommend

strengthening the outreaching clinical psychological service to older persons. Clinical psychologists can pay regular visits to institutions for older persons for psychological assessment and intervention to the residents. They can also provide consultation to the staff of the institutions to handle the emotional and behavioural problems of the residents.

- 2.2.6 We agree with the proposal that all health care professionals should be required to undertake continuing professional education and development. The system and structure of continuing education of clinical psychologists will be discussed in later sections.
- 2.2.7 We recommend better interfacing of clinical psychological services between health and welfare settings, in terms of the division of labour in the different phases of work, and a mutual referral system.
- 2.2.8 As a conclusion, we recommend a high quality and comprehensive psychological service to be provided within the community-focused, patient-centred and knowledge-based integrated health care service. Clinical psychologists work in partnership with physicians in family medicine, nurses and allied health professionals to form a holistic and efficient health care system.

Community-Based Integrated Health Care Model



2.3 Improvements to the System of Quality Assurance

- 2.3.1 We support the proposal that all health care professionals should be required to undertake continuing professional education and development so that their knowledge, practice and skills are updated. We believe that the respective professional bodies should devise, develop and monitor their own continuing education system. The Continuing Education Pilot Scheme of DCP is now in its third and final year. Members have to acquire a total of 90 points in three years by participating in various educational activities in order to upkeep their professional knowledge and skills. After review and relevant modification, the Scheme would be implemented in full.
- 2.3.2 We strongly agree with the idea that comprehensive and seamless care of patients requires health care professionals competent with skills and knowledge related to psychosocial elements of care. Clinical psychologists, being experts in the disciplines of social and behavioural sciences, can act as educators so as to facilitate other health care professionals in acquiring these new competencies.
- 2.3.3 The idea that quality service originates from policy based on evidence is in line with the “scientist-practitioner” model of clinical psychologists. We are trained in empirical orientation and research methods to understand human behaviour and evaluate intervention practice. We welcome the setting up of a health sector-wide, coordinated Research Office to support policy formulation work. We suggest that the Research Office should include clinical psychologists who can contribute in the psychosocial aspects of research.
- 2.3.4 We strongly agree that a system of statutory registration and discipline is one of the most effective means to regulate professional practice and conduct of health care professionals. The Complaint Office should work closely with the relevant regulatory bodies of the professional organizations of the complained professionals involved. We agree that the power to deliver a verdict and to award discipline, if justified, will remain with the regulatory bodies of the professional organizations.
- (a) At present, there is no statutory registration requirement for clinical psychologists practising in Hong Kong. Being a psychologist registered with the Hong Kong Psychological Society (HKPS) is not

compulsory. Anyone can claim to be a psychologist. Being a HKPS registered psychologist would entail the binding effect of its Code of Professional Conduct, the breaching of which would lead to sanction. In the case of a private practitioner who is not registered with the HKPS, he or she is not working under any professional code or guidelines. The interest of the clients receiving such psychological service would not be protected.

- (b) In order to safeguard the interest of the public, the HKPS is currently seeking statutory registration of psychologists to ensure quality service to clients.

3. Summing Up

- 3.1 We support the commitment of health care policy on a comprehensive, appropriate balance of promotive, preventive, curative and rehabilitative services.
- 3.2 We support an integrated care (primary, secondary, tertiary level), social and community services. Clinical psychologists could contribute ourselves in assessing inter-relatedness of psychosocial and physical elements of health and illness as well as conducting evidence-based intervention to effectively alleviate psychological disturbance of the patients and enhancing health-related behavior. Hence, we propose that the role of clinical psychologists could be strengthened in the multidisciplinary team of ambulatory community care, in primary care settings, and in outreaching clinical psychological services to welfare institutions, such as elderly homes. We support the community-focused, patient-centered and knowledge-based integrated health care. Clinical psychologists can work in collaboration with family physicians, nurses, and other allied health professionals towards this goal.
- 3.3 We support the emphasis on strengthening the system of professional quality assurance through continuing education, statutory registration and professionally accountable disciplinary system.