



## DIVISION OF CLINICAL PSYCHOLOGY

The Hong Kong Psychological Society

香港心理學會臨床心理學組

<http://dcp.hkps.org.hk>



### **Preliminary Statement on Mental Health Service in Hong Kong**

#### **Division of Clinical Psychology, HKPS**

30 May 2013

No health without mental health [1].

2. Mental disorders are common internationally. An estimated 26% of Americans ages 18 and older (i.e., 1 in 4 adults) suffer from a diagnosable mental disorder in a given year [2]. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6%, or 1 in 17 — who suffer from a serious mental illness [2]. In addition, mental disorders are the leading cause of disability in global world for men and women [3]. An estimated 14% of total global burden of disease and about a third of total adult disability are attributable to neuropsychiatric conditions [3]. Common mental disorders (CMDs), which mainly include anxiety and depressive disorders, are disabling conditions that adversely affect the quality of life, social functioning, productivities, and suicide rates of the sufferers [3]. The prevalence of CMDs in US is about 20% [2], whereas in China, it is about 11% in adult population [4]. In Hong Kong, a large-scale mental health survey is currently being conducted, and the conservative estimate of CMDs is about 10% [5]. In short, mental disorders are a major cause of distress and health threat to individuals, and a significant public health issue affecting individuals, families, and the entire Hong Kong society.

3. One of the primary missions of clinical psychology is to prevent and treat psychological disorders, and to restore mental health. The Division of Clinical Psychology (DCP), Hong Kong Psychological Society (HKPS), currently composed of 352 Full Members, is the representative and primary body for clinical psychologists in Hong Kong. The members whose qualifications and training (including clinical placement) have been rigorously vetted with recognized clinical

competence and standard in the field. The DCP has devoted in promoting the evidence-based practice, excellent clinical psychology service, and high standard of clinical training in the past several decades with the ultimate goal of improving mental and psychological health of the general public in Hong Kong.

4. This document summarizes the preliminary views of the DCP on 21 principles for an optimal mode in delivering high quality mental health service in Hong Kong. There are 4 objectives listed below:

- a. To facilitate mental health and prevent the development of mental problems of Hong Kong citizens;
- b. To minimize the adversity of mental disorders on individuals, families and the community;
- c. To assure the rights of people with mental disorders.
- d. To propose feasible and acceptable principles for mental health policy formulation and review.

5. Some of these principles have been derived from previous work of various organizations [6]. They include:

- a. The British Psychological Society
- b. The Australian Psychological Society
- c. The National Institute of Health and Care Excellence (NICE)
- d. The Royal College of Psychiatrists
- e. The Royal Australian and New Zealand College of Psychiatrists

6. The 21 principles can be classified into 5 major categories and now briefly qualified as follows:

- A. Service delivery : 8 principles
- B. Workforce: 6 principles
- C. Patients' rights: 2 principles
- D. Research and prevention: 2 principles
- E. Policy making: 3 principles

## **A. SERVICE DELIVERY**

### **Principle 1: Evidence-based practice**

Mental health services for people with specific mental disorders should be delivered on the basis of evidence-based assessment and treatment. One recent excellent example is the Improving Access to Psychological Therapies (IAPT) [7] programme in UK, which is a large-scale initiative that aims to increase significantly the availability of NICE-recommended psychological treatments for depression and anxiety. In the *Talking therapies: A four-year plan of action* [8], managed by the National Health Service, the government has injected 400 million pounds into this nationwide initiative from 2011 to 2015. For first million patients, recovery rates consistently in excess of 45% and approaching those expected from the randomized controlled trials that generated the initial NICE recommendations [9]. Economic gains in terms of employment attainment and retention, with more than 45,000 people moving off sick pay and benefits [9].

### **Principle 2: Accessibility**

Following the worldwide trend of increasing accessibility of mental health services such as those in Australia and UK [7], comparable measures (such as stepped care and use of technology) of IAPT should be strategically implemented in Hong Kong. The ultimate purpose is to make psychological treatment and mental health service easily accessible, readily available, high quality, evidence-based, cost-effective, outcome-driven, comprehensive, and tailor-made as well to individuals.

### **Principle 3: Equity**

Any person, including the disadvantaged, suffering from mental disorder or having mental health problems should have an equal access to service. However, affirmative action should apply to maintain services to the most seriously ill. Besides, there should be measures in protecting parity between physical and mental health, particularly in the coming local Voluntary Health Insurance scheme.

### **Principle 4: Care pathway**

Though people with mental disorders have unique and varied presentation and recovery course, care pathway for specific mental disorders should be prototyped as much as possible.

Reference to authoritative clinical care guidelines such as the NICE guidelines [10] should be considered.

#### **Principle 5: Balance of community and hospital services**

For mental health service, evidence supports a balanced approach that consists of both community and hospital services with stepped care components [11]. Given the existing “mainstream” mental healthcare services already quite well developed in Hong Kong (such as out-patient/ambulatory clinics, community mental health teams, acute in-patient care, long-term community-based residential care, employment and occupation), specialized and differentiated mental health services should be considered. These services may include specialized out-patient (such as eating disorder clinic) and ambulatory clinics, specialized community mental health teams (like outreach early intervention teams), and alternatives to acute inpatient care and long-stay community residential care.

#### **Principle 6: Comprehensive continuum**

Mental health service should be regarded as a comprehensive continuum of service, in which health promotion, prevention, early identification and treatment, and recovery should be included. Modernized concept of mental health should not just focus on treatment and rehabilitation. Promotion of mental health and prevention of mental illness such as building the resilience in the general public are equally important for building a mentally healthy city.

#### **Principle 7: From rehabilitation to recovery**

Model of service should be transformed from rehabilitation to recovery, in which mental health consumers are able to live a fulfilling and productive life, despite a disability [12]. The important contributions of positive psychology in the area should not be neglected.

#### **Principle 8: Public-private interface**

An appropriate mixture of public and private services should be maintained. These services should be complementary and work cooperatively to fit the different needs of people with mental disorders. However, the quality of private service providers needs close supervision, particularly in professions (such as clinical psychology) not yet under statutory regulation.

## **B. WORKFORCE**

### **Principle 9: Statutory regulation**

Statutory registration for mental health professionals such as clinical psychologists should be completed soonest to guarantee quality assurance of service and to satisfy the public expectation [13]. Sub-specializations of allied health professionals in mental and medical health services should be encouraged and could be regulated under a statutory council for allied health with proposed name “The Academy of Allied Health”.

### **Principle 10: Professional ethics**

The mental health workforce should work ethically with full accountability to their professional group and to the community.

### **Principle 11: Competence**

Mental health services should be provided by a skilled, multi-disciplinary workforce supported by continuing education.

### **Principle 12: Competitive remuneration**

The mental health workforce should be distributed appropriately to meet community needs, be adequately remunerated, have an available career path and be adequately resourced.

### **Principle 13: Community partnership**

Partnership for mental health service and promotion among different organizations including Hospital Authority, Social Welfare Department, and non-government organizations (NGOs) should be regularly reviewed for seamless liaison and cooperation. Carers and NGOs carry a substantial body of care for those with mental disorders. Carers and NGOs should be acknowledged as full members of the mental health community. Besides, there should be guidelines for media to report violence and trauma related to people with mental illness.

#### **Principle 14: Low intensity workers**

To improve access to psychological therapies, low intensity workers should be trained up and supervised by clinical psychologists in delivery of evidence-based service to meet the need of those with psychological disorders. As general practitioners in primary healthcare setting frequently encounter patients with common mental disorders, they should also receive proper training on low intensity psychological therapies by clinical psychologists.

### **C. PATIENTS' RIGHTS**

#### **Principle 15: Consumer's right**

Patients and families should be able to easily access to information pertinent to evidence-based treatment for specific mental disorders, and hence can share the treatment decision. Government has the primary duty and responsibility to facilitate the availability of such information (e.g., provision of update Chinese versions of the NICE guideline [10] of specific mental disorders in a web-site) to the public. Additionally, a feedback mechanism such as consumer's satisfaction should be established for various levels of mental health service providers.

#### **Principle 16: De-stigmatization**

The stigma attached to those with mental disorder, their carers and mental health workers should be addressed and rectified.

### **D. PREVENTION AND RESEARCH**

#### **Principle 17: Prevention and early intervention**

Provision for primary, secondary and tertiary preventions and early intervention strategies should have a high priority. Mental health promotion should be able to address both positive and negative influences on mental health and well-being in four intermediate outcome levels. Respectively, they are (i) strengthening individuals (e.g., increasing social connection), (ii) strengthening organizations (e.g., providing safe, supportive and sustainable environments for health), (iii) strengthening communities (e.g., increasing awareness in communities of mental health and wellbeing issues), and (iv) strengthening whole society (e.g., having strong legislative platform and adequate resource allocation to reduce racism, discrimination and violence) [14].

**Principle 18: Research fund**

In view of the high cost to the community of mental disorder, funding for research in mental disorder should be substantially increased commensurate with the cost to the community of mental illness.

**E. POLICY MAKING****Principle 19: Involve everyone**

In formulating the policy, target group should be everyone and starting young among children, as many mental illness begin early at adolescence. In policy execution, all sectors (schools, workplaces, community centers, hospitals, etc.) and everyone (public, service users, family, carers, and professionals) should be involved for impact maximization.

**Principle 20: Sustainability**

Mental health planning and policy should facilitate a clear annual budgetary provision but also a sustainable scheme as well.

**Principle 21: Mental Health Council**

To regularly review and advise the Government the local mental health policy, a mental health council comprising various stakeholders (such as professional bodies, NGOs, patient and caregiver groups, service providers, training institutes, government representatives, and other pertinent parties) should be set up for such a purpose.

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