



## DIVISION OF CLINICAL PSYCHOLOGY

The Hong Kong Psychological Society

香港心理學會臨床心理學組

[www.dcp.hkps.org.hk](http://www.dcp.hkps.org.hk)

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The Strategy & Planning Division,  
Hospital Authority Head Office,  
M002, M/F, Health Info World, Hospital Authority Building,  
147B Argyle Street,  
Kowloon, Hong Kong.

Dear Sir/ Madam,

Consultation Paper on  
“A Mental Health Service Plan for Adults in Hong Kong 2010-15”

Thank you for sending us the captioned Consultation Paper. Please find our responses and suggestions in the attached document.

We look forward to future participation and contribution in the issue. Please direct your mail to our Honorary Secretary at the above correspondence for future contact.

Yours sincerely,

Francis L.Y. Ip  
Chairperson  
Division of Clinical Psychology  
The Hong Kong Psychological Society

## Hospital Authority

Mental Health Service Plan for Adults in Hong Kong  
2010-2015  
A Consultation Document  
May 2010

Thank you for sending our organization a copy of the above consultation document of the Hospital Authority.

We have the following comments/suggestions with regard to the strategic plan set out for Adult Mental Health Services.

*[Note: To enable a systematic review of suggestions received, broad categories based on the chapter outline of the consultation document are presented below. Extra sheets may be attached if necessary. ]*

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### Overall comments:

This is a long-awaited and much over-due Mental Health Service Plan for Hong Kong. It is, in its main, a strategic direction document setting out visions for future mental health service delivery in 2015 and beyond. It also attempts to set our goals, objectives and operational priorities to realize the stipulated visions. Paragraph 17 (pp.40-44) also sets out steps towards implementation of the Mental Health Service Plan.

- (1) The document rightly admitted that there is a lack of proper epidemiological research data at the time when the plan was drawn up, and pledged to put this down as one of the future implementation plans. Accurate statistics on disease prevalence specific to a society with carefully executed need analysis is deemed, in our professional opinion, a *sine qua non* for a well-conceived health care plan. Adoption of overseas statistics in paragraph 7 (pp.15-18) has little utility value as there is immense variability of illness prevalence quoted across countries. The

resource implications for 1m versus 1.7m mental disordered persons and for 70,000 versus 200,000 SMI persons, (p.15) are so wide apart that no serious planning in real dollar terms could be construed. Similarly, the quoted statistics in paragraph 8 (pp.18-22) is only a reflection of current HKHA throughput which, in turn, is limited by its current resources and service provision. It does not reflect the need of the community which can only be substantiated by proper epidemiological studies and need surveys.

- (2) The document rightly admitted that the present plan focuses only on services for adults, and is cognizant that children, adolescents, elderly people and those with comorbid substance abuse are being excluded in the current submission. Our professional opinion dictates that a good and **comprehensive** mental health plan should give due consideration to the entire life-span and not just a sub-section of the population demarcated by age. It is only by addressing the full spectrum of consumer groups and their needs that long-range resource implication and rational apportionment in terms of human resources (HR), financial resources and infrastructure resources can be worked out.
  
- (3) The document was the product of 9-months' hard work from various task forces and work groups. In most countries, a proper mental health policy will take years in its making. It came across us a little disappointing that Hong Kong is still struggling with a "plan" instead of a proper "policy". Perhaps it is an opportune time for Hong Kong to spend time in conjuring up a proper territory-wide "Mental Health Policy" that transcend across departments and service agencies, rather than just a single-agency "plan" specific to the HKHA.

We sincerely hope to see the promises inherent in the present Mental Health Service Plan (2010-15) being substantiated by a concomitant resource and budget plan so that we know how much and how far we can achieve in the year 2015.

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**Strategic direction (vision of the service)**

*Para.12 (pp.30-32)*

- (1) Paragraph 12 sets out clearly the strategic vision of future mental health services in providing personalized and dignified care. In the proposed population-based approach, more specific apportioning of primary, secondary and tertiary prevention strategies should be specified. The Pyramid Care Model is rational and pragmatic.
  
- (2) “Recovery not maintenance” is a bold vision and a welcomed one. This can only be attained through the judicious use of evidence-based interventions in the treatment algorithm, whether they are pharmacological or psychological. We also see the importance of providing our consumers with other variants of psychotherapeutic procedures other than cognitive therapy. However, it is also paramount, in terms of judicious use of psychological resources, to stipulate recommended procedures that are empirically validated so that patients will receive the best and the most effective modes of psychological treatments. Reference to international good practice standards and guidelines would be a way of achieving this end.
  
- (3) We may also suggest that tasks such as surveys on burden of illness, extent of loss of productivity, epidemiological studies, need survey analysis, and so on, can and should be contracted out to academics and survey specialists instead of eating back into the already strained HR of the local hospitals. Well-trained clinicians and medical practitioners in the HKHA system should be put into direct patient care roles.

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**Strategic goals (what we want to achieve) & strategic objectives (where we are going)**

*Para.13 & 14 (pp.32-34)*

- (1) We commend on the clearly enumerated strategic goals and objectives in these paragraphs which are succinctly laid out.

- (2) We welcome HKHA's commitment to develop quality standards, clinical practice standards, treatment guidelines and outcome measures. To achieve the goals, we also recommend the delineation of competency benchmarks for different categories of service providers within the pyramid model so that there is a clearly defined stepped care system whereby clinicians are unambiguous about their competency limitations, and are capable of referring their patients to the next tier of specialist care as appropriate. Without this, service boundaries will remain blurred, and patients will not be able to get the envisaged high quality services as stated in the plan.
  
- (3) We welcome the extension of the highly successful EASY programme to older age groups, and to emulate the success of the early detection and intervention model in serving young adults with psychosis. Having said that, we are cognizant of the fact that in the past 9 years since the inception of the EASY programme, there has been only 1 FTE clinical psychologist serving a total of 4 base hospitals with no plan of topping up the psychological manpower. The clear lapse of negating the importance of clinical psychology input in the EASY programme has inevitably raised our concern as to the degree of commitment and insightfulness of mental health planners and stake-holders in considering clinical psychologists' input in this and other mental health initiatives, as we stride into 2015.
  
- (4) The care pathway approach is an important one which should steer future service delivery. Our Society would like to see a system of clear service pathways for various mental disorders in future care plan drafts.
  
- (5) In the proposed setting up of more community mental health services, the constituents of "mental health specialists" were not clearly defined, nor were their levels of competency specified. The reader is left wondering who will be manning the services, what competency levels these workers will possess, and whether consumers will receive the whole spectrum of specialist services in each of these community mental health centres.

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## **Operational priorities (how we get there)**

*Para.15 (pp.34-38)*

- (1) As in previous, the development of quality standards, clinical practice standards, treatment guidelines and outcome measures are important. Agreeing on the mechanism for measuring and reporting service standards and clinical outcomes are excellent strategies.
- (2) The involvement of a mental health users group will no doubt help to augment a more proper, more transparent and more accountable governance of HKHA services.
- (3) For the proposed user satisfaction surveys, contracting this out to a professional agency will ensure better and more credible monitoring of clinical services within HKHA.
- (4) The 6 objectives were clearly laid out with achievable targets. Some of the strategies, however, might require more careful planning and consideration. For example, while trying to emulate the Improving Access to Psychological Therapy (IAPT) programme in the UK, there was no mention of the resource implication of training sufficient cognitive therapists to make the programme work. Do not forget that the British Government had pledged to inject a total of £173 million over 3 years into the IAPT programme (equivalent to HK\$2,000 million over 3 years).
- (5) As a professional body, the Hong Kong Psychological Society (HKPS) would like to recommend better and more judicious use of psychological expertise within the HKHA in areas of psychotherapy for complex cases, neuropsychology, paediatrics, child and adolescent psychiatry, psychogeriatrics, consultation and liaison, rehabilitation, pain management, clinical oncology, palliative care, research and development, and so on.
- (6) In its attempt to extend services into primary care providers, clinical psychologists from within and outside the HKHA system should be given more weight in their expert management of patients with common mental disorders.

(7) The plan to recruit case managers is a commendable one. However, there was no mention of their professional stream, qualification, experience and competency requirements.

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**Mental Health Services in 2015**

*Para.16 (pp.38-40)*

(1) It is interesting to crystal-ball into the desired mental health services in 2015.

(2) Implementation of initiatives such as eHealth and PPP is a good step towards holistic care that transcend from the hospital to the community. However, some of the impending snags need to be addressed promptly. For example, the HKHA administration needs a water-tight system in ensuring the protection of personal data in implementing eHealth and PPP. It is necessary to allay public fear of undue disclosure and dissemination of medical information which may aversely affect a person's personal, academic or vocational pursuits.

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**Implementation of Mental Health Service Plan**

*Para.17 (pp.40-44)*

(1) The document rightly pointed out that “the challenge is to co-ordinate, communicate and guide the implementation of these local initiatives until they become the mainstream of the organizational culture”. With the organization structure of HKHA the way it is, we would like to be better convinced as to how a global and concerted service model can be achieved across the 7 clusters.

(2) This section also lays out specific time-lines for the implementation of the new mental health service plan. This is useful and will serve as a reference blue-print towards new visions of improved services.

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**Conclusion**

This document marks the first genuine step towards a fresh look at our future mental health services. It also provides some fresh visions towards personalized care commensurate with consumer needs, improved mechanisms towards better clinical services, continuous monitoring of success and throughput via key performance indicators, shifting services from hospital stay to community management, and a stepped care model that transcend professional groups and service agencies.

It is a pity, however, that the document only addresses one subgroup of consumers, leaving out a large chunk of service users such as children, adolescents and old age persons. Also, there are no details about how the grand visions can be realized through achievable and sustainable financing and resources. Without this, we are inevitably left with the uncertainty whether the present Mental Health Service Plan will be another essay of big visions with a small budget.

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**Contact Details - optional**

[ In order for the Hospital Authority to follow up with your suggestions/comments, you may wish to enter your contact details below. It is however entirely voluntary for you to offer us your contact details or not.]

Name:	<hr/>
Post/Title:	<hr/>
Organization:	<b>University/College/Professional Bodies (Please specify):</b> <u><i>Division of Clinical Psychology, The Hong Kong Psychological Society</i></u> Hospital Authority (Please specify: Department/Hospital): <hr/>
	Primary Care/Private Practitioners (Please specify): <hr/>
	Non-Government Organisations (Please specify): <hr/>
	Others: (Please specify): <hr/>

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**Thank you for your invaluable comments!**

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***Please complete and return the form to Strategy & Planning Division, Hospital Authority Head Office (Attn : Ms Joey YAN, EA(SPD) ) by the following means before 31 July 2010. For enquiries, please call 2300 6973.***

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