REPORT OF THE REVIEW COMMITTEE OF
THE HOSPITAL AUTHORITY ON THE
MANAGEMENT AND FOLLOW-UP OF MENTAL PATIENTS
WITH REFERENCE TO THE INCIDENT IN
KWAI SHING EAST ESTATE

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1. **Brief Description of the Incident in Kwai Shing East Estate**

1.1 A 42-year-old man chopped neighbours, a security guard and two housing estate officers, causing two deaths and three injuries at Kwai Shing East Estate on 8 May 2010. The man has known history of mental illness. He was admitted to Kwai Chung Hospital (KCH) in September 2004. After discharge, he attended specialist out-patient clinic regularly and was followed up by community psychiatric nurses until the occurrence of the tragic incident (details of the incident are given in Appendix I which is confidential and not appended due to personal data privacy issue).

2. **Introduction and Background**

2.1 The Working Group on Mental Health Services chaired by the Secretary for Food and Health, Dr York Chow met on 26 May 2010 to discuss possible measures to further strengthen mental health services. After discussion, the Hospital Authority (HA) set up a committee to review its management and follow up of mental patients, including the liaison with other service providers with reference to the incident involving a mental patient in Kwai Shing East Estate on 8 May 2010.

3. **Membership of Review Committee**

3.1 The Review Committee was chaired by Professor John Leong, Chairman of the Hospital Governing Committee of Castle Peak Hospital and President of the Open University of Hong Kong. Members consisted of a mix of stakeholders from the medical and social welfare sectors, including:

- Dr Eva DUNN, Consultant Psychiatrist and Chief of Service, Department of Psychiatry, Pamela Youde Nethersole Eastern Hospital, Hospital Authority.

- Dr Cheung-tim FUNG, Director, Richmond Fellowship of Hong Kong.

- Mrs Helen KWOK, Chief Social Work Officer (Rehabilitation and Medical Social Services), Social Welfare Department.

- Dr Chun-bon LAW, Clinical Coordinator (Quality and Safety), Kowloon West Cluster, Hospital Authority.

- Ms Sania YAU, Chief Executive Officer, New Life Psychiatric Rehabilitation Association.

- Dr Ka-chee YIP, Consultant Psychiatrist and Chief of Service, Department of Psychiatry, Kowloon Hospital, Hospital Authority.
4. **Terms of Reference**

4.1 To review HA’s management and follow-up of mental patients, including the liaison with other service providers, and to make suggestions on improvements to community support to such patients with reference to the recent incident involving a mental patient in Kwai Shing East Estate on 8 May 2010.

4.2 To deliver findings and recommendations within two months (by end of July 2010). The report will be submitted to the Chief Executive of HA and the Secretary for Food and Health.

5. **Schedule of Work of the Committee**

5.1 To fully understand the sequence of events leading to the unfortunate incident, interviews were convened with persons / representatives of departments comprising the team involved in the follow-up and treatment of the index mental patient in the Kwai Shing East Estate. They included the case medical officer (CMO), two community psychiatric nurses (CPN), a psychiatric outpatient clinic nurse and a representative from the Social Welfare Department (SWD) supervising the concerned medical social services unit.

5.2 To formulate recommendations / suggestions, additional interviews were convened with representatives of the followings to obtain their views:

   a) Patient groups (views collected are summarized in Appendix II);
   b) Families / care givers groups (views collected are summarized in Appendix III); and
   c) Co-ordinating Committee in Psychiatry (COC(Psy)) of HA.

5.3 The Committee also made reference to overseas experiences and practices; and the Committee was also aware of recent initiatives by HA and SWD to enhance support for mental patients in the community, as listed in Section 7.

6. **Foci of Review**

6.1 The Committee focused on the following issues for review:

   • Risk stratification of patients and management of high risk cases.

   • Communication among health care team members including case doctor, CPN from HA and medical social worker (MSW) from SWD.

   • Information sharing among HA, SWD, Housing Authority and the Police.

   • Treatment for persons with severe mental illnesses (SMI) in the community.
7. Moving Towards Community Care of Mental Health Services – Recent Enhancements

7.1 The Review Committee revisited the development of mental health services in Hong Kong and recent programmes initiated by HA and SWD to support mental patients in the community.

7.1.1 Service Development and Initiatives of HA

(a) While clinical quality and standards are set by COC(Psy) and services are delivered in accordance with the Mental Health Ordinance (MHO) (Cap 136), levels and scopes of services to mental patients as well as collaboration with SWD and non-governmental organizations (NGOs) vary among seven clusters in HA having regard to the different operational needs of the clusters.

(b) The then Medical and Health Department set up a 24-hour hotline manned by health care professionals in the early 1980s. The hotline, currently under the management of HA, continues to provide immediate advice to the public on mental health related issues.

(c) Programmes in the past decade included the development of early intervention and diversion programmes such as the Early Assessment Service for Young People with Early Psychosis (EASY) program; strengthening psychiatric consultation liaison support in Accident and Emergency Departments and general wards; and improving success of discharges through the Extended-care Patients Intensive Treatment, Early diversion and Rehabilitation Stepping-stone (EXITERS) project.

(d) The HA Annual Plan 2010/11 states that HA will move towards community care and a person-centred service based on effective treatment and recovery of individuals. At-risk patients will be taken care of in the community through case management programmes.

(e) In 2010/11, HA piloted district-based Personalized Care Programme (PCP) for persons with SMI in Kwai Tsing, Yuen Long and Kwun Tong. SWD will expand the service model of the Integrated Community Centres for Mental Wellness (ICCMW) across the whole territory by the end of 2010. HA and SWD are working out details of collaboration so that the two programmes can complement each other in supporting persons with SMI in the community.

(f) Other programmes planned are expansion of use of new psychiatric drugs with proven effectiveness and reduced side effects, and re-focusing on persons with SMI by implementing shared care programme on less severe cases with general OPDs and private general practitioners.

(g) The Hospital Authority Mental Health Service Taskforce has formulated a Mental Health Service Plan for Adults in Hong Kong 2010-2015. The draft is currently open for consultation.
7.1.2 Service Development and Initiatives of SWD

(a) Initiatives, since 2001, to enhance community support services for persons with mental health problems as well as their families / care givers included Community Mental Health Link, Community Mental Health Care Services, Community Rehabilitation Day Services and Community Mental Health Intervention Project. These services seek to improve such persons’ social adjustment capabilities, prepare them to re-adjust to community living, help develop their social and vocational skills and raise public awareness of the importance of mental health.

(b) SWD set up the first pilot ICCMW in Tin Shui Wai in March 2009 to provide one-stop, accessible and integrated community mental health support services and will expand this integrated service model across the territory in 2010/11. To strengthen the collaboration between HA and SWD, communication and coordination platforms are set up both at headquarters and district levels with participation of relevant stakeholders.

(c) To dovetail with HA’s initiatives, SWD has provided additional MSW to strengthen the medical social service for psychiatric patients and their families / care givers.

8. Review of the Incident

8.1 With reference to the Kwai Shing East Estate incident, the Review Committee reviewed the system in HA to manage and follow-up high risk patients, and identified factors that should be critically assessed by the health care treatment team in order to support these patients in the community:

(a) medical : at risk mental symptoms, attendance to out-patient consultation, drug compliance, relationship with health care providers;

(b) social : role functioning, employment status, relationship with families and care givers, whether the patient lives alone, engagement in social activities;

(c) others : collateral information on mental condition and at risk behavior

8.2 Members of the Committee concurred that existence of the following would contribute significantly to the success of supporting high risk patients in the community:

(a) collaboration and communication among HA and government departments providing services to persons with SMI;

(b) availability of timely information to support application of compulsory hospital admission in case of need; and

(c) active participation of family members and care givers in delivery of care.
8.3 HA has adopted a priority follow-up (PFU) system to manage at-risk cases. PFU (Sub-target) (ST) cases are those of higher risk and are seen by experienced psychiatrists, with support of CPNs in the community and arranged regular out-patient consultations to monitor their mental state. Patient status would be reviewed regularly by a multi-disciplinary case conference with a set of established criteria.

8.4 Based on information gathered from health care professionals involved with the index patient, the Committee found that with regard to risk stratification, the index patient was correctly identified as an at-risk patient due to his historical record of violence in 2000 and was already put under PFU(ST) in service provision. He was under the close follow up of an experienced psychiatrist and was provided with regular outreach support of CPN since 2000. His housing needs were met through assistance from MSW in 2005.

8.5 Despite effort to establish rapport with him, the patient had resisted CPN service since his last discharge from KCH in 2004. He had refused CPN visit shortly before the incident, but maintained regular out-patient clinic follow-up. Although it was reported by the media after the incident that he had caused significant disturbance in the neighbourhood before, this information was not available to the treatment team. There was insufficient ground to invoke compulsory admission to hospital for treatment.

9. **Recommendations**

Arising from review of the incident on 8 May 2010, review of local and overseas experiences as well as views from relevant stakeholders, suggestions for improvement from the Review Committee are summarized as below:

(a) **Enhancement of Multi-disciplinary Team, particularly to implement continual sharing of information and facilitate engagement of patients**

The membership of a multi-disciplinary team should include doctors, nurses, allied health professionals and medical social workers who could contribute to the betterment of medical, nursing, occupational and psycho-social needs of patients.

Considering the changing needs of patients throughout different stages of illnesses, particularly when there are signs of deterioration, team members should have to continually share information and regularly review patient status in order to update the treatment and care plan for the individual in a timely manner. For PFU(ST) cases, it is highly desirable to get support from the full team in engaging patients. Critical decisions on service provision, such as terminating service from a discipline, should be decided by a multi-disciplinary case conference.
(b) Community Treatment Order

When a patient is admitted to a psychiatric hospital under the MHO, conditions can be imposed on discharge (e.g. requiring the persons with SMI to attend out-patient consultations and receive CPN visits). Nonetheless, voluntary patients are free to choose their health care plans. Members made reference to community treatment orders (CTO) in UK and Australia. Designs of CTO can be least restrictive and preventative. The former one enables treatment for mental patients whose mental state has deteriorated and provides a least restrictive alternative to hospital treatment for any involuntary patients. Preventative CTO enables treatment to prevent the deterioration of mental state to a dangerous level and provides a component of psychiatric management for which there are specific indications. Further study on the applicability and practicability of CTO in Hong Kong is recommended.

(c) Communication among Departments, especially for Patients At-risk

While moving towards caring of the mentally-ill in the community, there must be adequate support in the community especially those with history of violent propensity, in preventing crisis. Communication of relevant information on potential risk among different departments would be very useful to prevent such crisis. The Review Committee, however, understands the concern of psychiatric patients on their personal data privacy and stigmatization against persons with mental illness as expressed by patient groups.

The Review Committee is aware of the platform of “District Task Group (DTG) on Community Mental Health Support Services” which is newly set up within 2010/11 at district level. The DTG comprises representatives from HA, SWD, ICCMW operators and concerned government departments, e.g. the Police and Housing Authority with the objectives to develop strategies and resolve operational issues in handling mental health problems. While this new collaboration mechanism may enhance communication on broad issues, consideration is still required to develop means to facilitate rapid communication of information on a case level on a need-to-know basis among HA, SWD, Housing Authority, the Police and other law enforcement bodies with a view to enabling effective management of persons with mental illness exhibiting signs of mental health deterioration which may endanger public safety, and at the same time respecting their personal data privacy.

(d) Personalised Care Programme

The service model of PCP proposed by HA gives a comprehensive and appropriate service to persons with SMI. Members are of the view that all PFU(ST) patients should be served under the PCP. Support should be mobilized in the community to assist persons with SMI to build up social network, improving their interpersonal relationship thus engaging patients heading for a meaningful life.
(e) **Education and Information**

It is not uncommon that family members of mental patients lack knowledge of mental illness and have difficulty in handling behavioural problems of persons with SMI. More readily available education of family members on how to observe patients’ deteriorating symptoms and where to get contact for advice in the mental health care system in case of crisis should be given attention.

10. **Conclusion**

10.1 The Review Committee acknowledged the work done since 1983 (after the Un Chau Estate tragic incident) on improving mental health services to people of Hong Kong. Members of the Committee are also aware of past incidents reported by the media involving persons with mental illnesses causing serious injuries to others. The Committee is convinced that some improvement measures can be introduced in the current system to better support patients and improve their quality of life.

10.2 In addition to the recommendations made specifically with reference to the Kwai Shing East Estate incident, the Committee also has the following suggestions:

(a) A multi-disciplinary team with stable members can bring innumerable benefits to the mentally-ill. If continuity of care can be maintained, it will enhance rapport between patients and the service providers.

(b) Develop shared care program for patients suffering from common mental disorders with primary care doctors so that doctors specializing in psychiatry can spend more time on persons with SMI.

(c) Extension of PCP to other districts.

(d) Training to officers of other government departments, e.g. the Police and Housing Authority, on the awareness of patients with deteriorating mental condition and the need of information sharing.

(e) Education to the public for awareness of early warning signs of mental deterioration of SMI and information on channels to seek assistance.

(f) Arising from views expressed by patients and families / care givers groups, we suggest:

(i) providing residential intervention for less disturbed patients in a non-hospital environment manned by trained mental health professionals, as an alternative to psychiatric hospitalization.
(ii) increasing duration of consultation time at out-patient follow-up clinics, so that attending doctors can give more attention and care to them; and

(iii) strengthening provision of community support services e.g. programmes organized by NGOs.
References


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c) Concord Mutual-Aid Club Alliance (康和互助社聯會)
d) Family Network (家盟)
e) Heart to Heart Club, Richmond Fellowship of Hong Kong (利民會聯心社)
d) Co-ordinating Committee in Psychiatry, Hospital Authority.