<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Service Evaluation and Formulation of Strategies Development Plan for Lok Hong ICCMW - Tung Wah Group of Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s)</strong></td>
<td>Ng, SM</td>
</tr>
<tr>
<td><strong>Citation</strong></td>
<td>The 2015 Smyposium on Community Mental Health Service, Hong Kong, May 2015.</td>
</tr>
<tr>
<td><strong>Issued Date</strong></td>
<td>2015</td>
</tr>
<tr>
<td><strong>URL</strong></td>
<td><a href="http://hdl.handle.net/10722/215750">http://hdl.handle.net/10722/215750</a></td>
</tr>
<tr>
<td><strong>Rights</strong></td>
<td>This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License.</td>
</tr>
</tbody>
</table>
Service Evaluation & Formulation of Strategies Development Plan for Lok Hong ICCMW Tung Wah Group of Hospitals

Dr. Siu-man Ng
Associate Professor
Dept. of Social Work & Social Administration
The University of Hong Kong
May 2015
Background

• 2010: SWD launched ICCMWs
  • 24 teams covering HK
  • Incorporated previous ‘3-COMs’
  • Extended its mission to be a one-stop mental health service center

• Key service components
  1. Casework
  2. OT
  3. Program

• Service users
  • Both SMI & CMD
  • Crisis/emergency, acute ↔ chronic condition
  • High functioning ↔ Severely impaired
Theoretical merits (to be tested)

- **Case/care management approach** for persons with chronic SMI & significant impairment
  - Theoretical framework of previous ‘3-COMs’
  - Well researched across countries & cultures
  - Efficacy: YES
  - Service modality:
    - Assertive outreach, daily HV (or more)
  - Sustainability?

- Theoretical merits of ICCMW
  - Synergy among 3 components ➔ Efficiency & effectiveness↑
Multimodal research methods
- quantitative & qualitative

1. First staff retreat (Nov. 2012)
   • SWOT analysis
   • Formulating action plans

2. Clinical data mining (CDM)
   • On casework, OT & program

3. Individual interviews with staff members

4. Second staff retreat (January 2014)
   • Critical review
   • Formulating strategic directions
First staff retreat (Nov. 2012)

• SWOT analysis conducted
• Critically reviewed the 3 service components
• Identified 3 action plans ➔ 3 F/U groups were formed
  1. Mission statements development
     • Guide service development & operation
  2. Conceptual models identification
     • Guide professional development & service quality/efficacy
  3. Program reorganization
     • Refocusing, restructuring
CDM - casework

• 100% sampling, studied all cases
  • Except those cases still ongoing as at June 2013
• N = 283

• Service users
  • SMI vs. CMD vs N/A = 40:30:30

• Incoming pathway
  • Referred vs. self-refer = 70:30

• Intake assessment
  • Clinical observations, e.g. MSE
  • Standardized measures: BPRS, SLICLS
  • Setting intervention goals
• Length of casework service
  • Median: 1 – 1.5 years
  • Mostly completed by 2.5 years (96%)
  • SMI > CMD > N/A

• Services used at ICCMW
  • Casework only 68.5% (SMI: 57%)
  • Casework + OT 1.5% (SMI: 3%)
  • Casework + program 23.8% (SMI: 29%)
  • Casework + OT + program 6.2% (SMI: 11%)

• Mode of service delivery (mean/client)
  • Phone call (8) > HV (7) > OPD attendance (2) > letter > escort > referral > office interview
• Outcomes
  • Significant improvements in BPRS (n=44) and SLICLS (n=42)
  • Achievements of intervention goals (n = 249 clients, totally 445 goals rated)
    • Achieved: 77.3%
    • Partially achieved: 17.3%
    • Not achieved: 6.3%
  • Rating by researchers on 4 domains (n = 283)
    1. Work/training/study
    2. Family relationship
    3. Interpersonal relationship
    4. Leisure activity
    Significant improvements in all 4 domains
• **Outgoing pathway**
  
  • Members of program service 46.3% (62.5% for SMI)
  • Not members 24.4%
  • T/O to other ICCMW 16.3%
  • Passed away 3.5%
  • Admitted to residential service 4.9%
  • Others 4.6%
CDM – OT & program

• 100% sampling, all service delivered in 2012
• Due to resources constraint, OT service not yet in full operation
• N = 147 programs
  • Duration: median 1 month, max 12 months
  • No. of sessions: median 4, max 78
  • Staffing: median 1, max 20
• Nature:
  • Interest groups 41%
  • Linkage/mass programs 27%
  • OT 1%
  • Supportive groups 17%
  • Therapeutic groups 15%
• Findings & observations
  • Over-stretched: quantity & range of service
    • Surpassed FSA by ~60%
    • Some programs only remotely related to mental health
  • Evaluation methods
    • Most common methods: Participants feedback (81%) & attendance (44%)
    • Less common methods: Observations (36.6%) & questionnaires (18.3%)
Individual interviews with staff members

• All professional staff members were invited.
• N=15
• Impressed by their insight, wisdom & innovative ideas (*Incorporated in the recommendations section)
Second staff retreat (Jan 2014)

- Reviewed the whole research process
- 3 working groups reported back
- Strategic directions fine-tuned & agreed (*Incorporated in the recommendations section)
Key recommendations

• Casework
  • Unlike previous ‘3-COMs’, service users are highly heterogeneous, including SMI & CMD, highly impaired to highly capable persons ➔ Single theoretical/service model inadequate & inappropriate
  • Service models for SMI & CMD have to be different
  • Nature of ‘MI’ ➔ Evidence-based medicine (EBM) approach has great limitations. Diagnosis alone informs little about intervention. Need to develop case formulation for every client.
  • Despite the limitations of EBM, still important to generate evidence of efficacy. Recommendations on strengthening outcome measures for SMI, CMD & other client groups are made (*Technical details depicted in the Research Report)
  • Interface with OT & program could be further strengthened (*see Day Centre)
• OT & Programs
  • Over stretched in quantity & range of service
  • With reference to Center’s mission statements
    • Delete programs which are only remotely related to missions
    • Identify service gaps, & add in new programs
  • To develop a few areas of excellence
    • e.g. Some staff members are keen on expressive art therapy
  • To incorporate outcome measures whenever relevant & feasible (*Technical details depicted in the Research Report)
  • To strengthen the interface among casework, OT & program (*see Day Centre)
Day Center: connecting Casework, OT & Program
• Day Center – connecting casework, OT & program
  • A Day Center can be established ‘cost-neutral’
  • Clever rescheduling of existing OT and program services ➔ backbone of Day Center
  • Some SMI clients may use Day Center ➔ Workload of case managers↓
  • For clients in crisis, including both SMI & CMD clients.
  • A key worker system is suggested.
  • A client-centered operation mode is suggested.
  • A combined clinical file system is suggested.
  • To promote multidisciplinary spirt, staff members with different professional background should have chance to be the coordinator of the Day Center. A fixed-term appointment system (say 2 to 3 years) is recommended.
Successful change management

• Change management is always (most) difficult!

• Key to successful change management
  • No short-cut, be patient & persistent
  • Highly desirable: Generating consensus in the team ➔
    Shared ownership of decisions

• Implications to staff training & development
  • To implement the recommendations & pursue
    continued quality improvement, relevant training and
    development programs for staff members are essential.
Acknowledgement

• The management of TWGHs
  • Their trust & relentless support!

• All staff members of Lok Hong ICCMW
  • Deeply appreciate their enthusiastic participations in the whole research process!!!