

Compulsory psychiatric treatment in the community in Hong Kong

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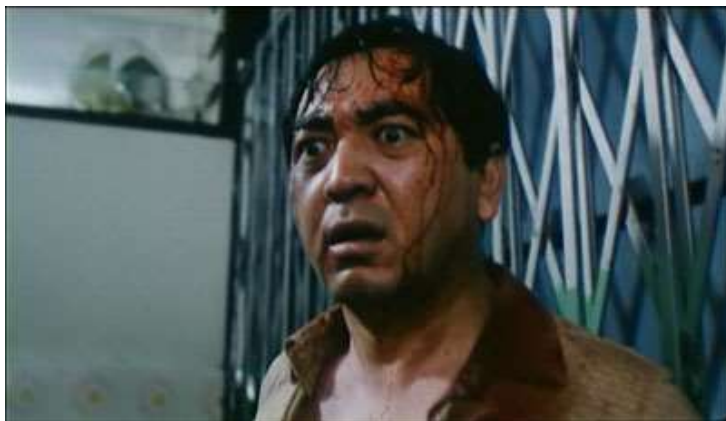
Mental health legislation in Hong Kong

- 1906 – Asylums Ordinance
- 1950 – Mental Hospitals Ordinance
- 1960 – Mental Health Ordinance
- 1988 – Mental Health (Amendment) Ordinance
- Amendments in 1996, 1997 and 2000

Provisions for compulsory treatment in the community

1. Conditional discharge (Section 42B)
2. Guardianship Order (Part IV)
3. Supervision and Treatment Order (Criminal Ordinance)

Anne Anne Kindergarten stabbing



- 3 June 1982
- A 28 year-old man with schizophrenia killed his sister and mother
- With 2 eight-inch blades and 2 chisels, he then entered a kindergarten and stabbed 34 children, killing 4 and injuring many others

Contents of Section

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|----------|-----|----------|--|-----------------|---------------------|
| Chapter: | 136 | Title: | MENTAL HEALTH ORDINANCE | Gazette Number: | L.N. 130 of 2007 |
| Section: | 42B | Heading: | Conditional discharge of patients with propensity to violence | Version Date: | 01/07/2007 |

Remarks:

For the saving and transitional provisions relating to the amendments made by the Resolution of the Legislative Council (L.N. 130 of 2007), see paragraph (12) of that Resolution.

(1) Where-

- (a) it appears to the medical superintendent that a patient has a medical history of criminal violence or a disposition to commit such violence; but
- (b) the medical superintendent is of the opinion that the patient may safely be discharged subject to conditions to be specified in an order for discharge,

the medical superintendent may, in the exercise of his powers under section 42A, but subject to any restriction on such power imposed by any provision of Part IV, make an order for discharge subject to compliance by the patient discharged (in this section and section 43 called "the conditionally discharged patient") with conditions.

(2) Without prejudice to the power of the medical superintendent in the exercise of his powers under subsection (1) to impose such conditions as he thinks fit on an order for discharge, being conditions reasonable in the circumstances, such conditions may require the conditionally discharged patient-

- (a) to reside at a place specified by the medical superintendent;
- (b) to attend at an out-patient department of a hospital or at a clinic specified by the medical superintendent;
- (c) to take medication as prescribed by a medical practitioner; or
- (d) to be under the supervision of the Director of Social Welfare.

(3) In any case where-

- (a) it appears to a medical superintendent that a conditionally discharged patient has failed to comply with any condition to which his order for discharge is subject; and
- (b) the medical superintendent is of the opinion that it is necessary in the interests of the patient's health or safety, or for the protection of other persons, to recall the patient to a mental hospital,

the medical superintendent may, by notice in writing in the prescribed form to the conditionally discharged patient or to the person in charge of the conditionally discharged patient, recall the patient to the mental hospital and, upon the giving of the notice to the patient, or at such subsequent time as may be stated in the notice, the patient may be

In essence:

- A legal provision that mandates a person with mental illness who meets certain criteria to follow a course of treatment while living in the community, non-compliance of which may result in a recall to inpatient treatment

Conditional discharge (of patients with propensity to violence)

- Mental disorder
- Medical history of criminal violence or a disposition to commit violence
- Must be compulsorily detained under MHO
- Enacted by clinicians
- Unrelated to mental capacity
- Recall if failure to comply with conditions AND necessary to protect self or others
- No limit on duration
- Appeal via Mental Health Review Tribunal

Designs and features

1. Diversionary vs Preventive
2. Criteria – mental disorder, violence, self-harm, non-compliance, “suitability”
3. Mental capacity
4. Previous hospitalisation
5. Scope of powers – explicit vs calibrated
6. Safeguards and appeal

Evidence on efficacy and effectiveness of CTOs

- A contested issue
- Inconsistent findings
- Difficulty in testing using RCT design
- Context-dependent
- Little local research or data

Naturalistic pre- and post- studies

(Ingram et al, 2009; Muirhead et al, 2006)

- Naturalistic mirror-image study in Australia
- Retrospective case note review with each case serving as its own control
- N = 94
- Results:
 - Reduced episodes of aggression
 - Reduced homelessness
 - Increased service contacts
 - Reduced admissions and length of inpatient stay

Randomised trials

- Three published RCTs:
 - 2 US studies (Swartz et al, 1999 & Steadman et al, 2001)
 - 1 UK study (OCTET; Burns et al, 2013)
- All used hospital readmission as primary outcome
- All three showed no difference in readmission rate

Local research

- Wong & Chung (2007)
- Retrospective case note review on 12-month outcome of 140 patients on CD
- Results:
 - Psychotic disorders, poor compliance, history of serious dangerous acts
 - After 12 months:
 - 10% displayed further violence, 5% forensic contacts, 1% attempted suicide
 - 25% readmitted – associated with prior admission, younger age, substance misuse

Local application

- As at July 2017:
 - Total number of patients on CD = 1173
 - Total number of patients with SMI = 48800
 - 2.5% of patients with SMI

Local application

| Year | Total admissions | Compulsory admissions | CD | Recall |
|------|------------------|-----------------------|-----|--------|
| 2015 | 16988 | 2968 | 152 | 23 |
| 2014 | 16752 | 2804 | 141 | 21 |
| 2013 | 17298 | 2662 | 162 | 35 |
| 2012 | 16554 | 2569 | 131 | 16 |
| 2011 | 15336 | 2371 | 135 | 27 |

Observations

- CD is a “unique” provision developed in close relation with the local context
- Limited local data seem to suggest that CD caters for patients with a similar profile to other jurisdictions
- Its use seems to be judicious and restricted to a small subgroup of patients
- Research on effectiveness is limited – methodological and contextual issues

Issues

- What is the ultimate aim of CTOs?
 - Prevention of violence committed by mentally ill persons?
 - Prevention of avoidable compulsory admissions?
- Is it more important to ensure adequate community mental health support?

Recommendations

- In the context of these issues, and lack of definitive evidence supporting efficacy and effectiveness, the case for introducing CTO in addition to the current CD provision is weak
- Modifications to enhance safeguards may be considered:
 - Scope
 - Enactment procedure
 - Duration and renewal
 - Appeal
- Enhancement of community psychiatric service
- Research – opinions of stakeholders, societal consensus

Thank you