

BEAT DRUGS FUND PROJECT

Extend Community Clinic Service

社區診所延伸計劃

BDF 160037
(8/2017 - 7/2020)

主辦機構：



贊助機構：



BACKGROUND

- Continuity of detox journey might be affected when substance abusers having:
 - Fair in mental states
 - Frequent follow up in SOPD
 - Frequent attending to AED
 - Reluctant to return to DTRCs after follow up
- Premature discharge from detox center
- Easily reinstate substances
- Repeated admissions to psychiatric units

SCOPE OF SERVICE

- **Early engagement of substance abusers**
- **Better understandings on the requirements in detox centers**
- **Follow up of conditions during stay in detox centers and after discharge**
- **Enhancing carers support**

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SERVICES INCLUDED

1. Case Assessment

- Providing mental health assessment for the client who is referred by NGO/doctor/hospital
- Assessing the mental condition and needs; understanding the motivation of detoxification; advising/providing the appropriate detoxification plan

2. Hostel Supportive Service

- Acknowledging the importance of mental health to the resident and providing individual assessment
- Providing psychological counselling and group counselling to consolidate the decision of detoxification
- Following the psychiatric follow up and drug compliance to help for completing the treatment

SERVICES INCLUDED

3. After Care Service

- Providing support to the carers
- Improving the relationship between carers and client to enhance the social network of client for relapse prevention

4. Video consultation (for research)

- Approved from Ethics Committee
- Linking up with two DTRCs (including Enchi Lodge and Perfect Fellowship)

EVALUATION METHODS

▪ Output Evaluation

- Data retrieved from participant's enrolment and registration record.
- Number of participants and attendances were also marked in group sessions.

▪ Outcome Evaluation

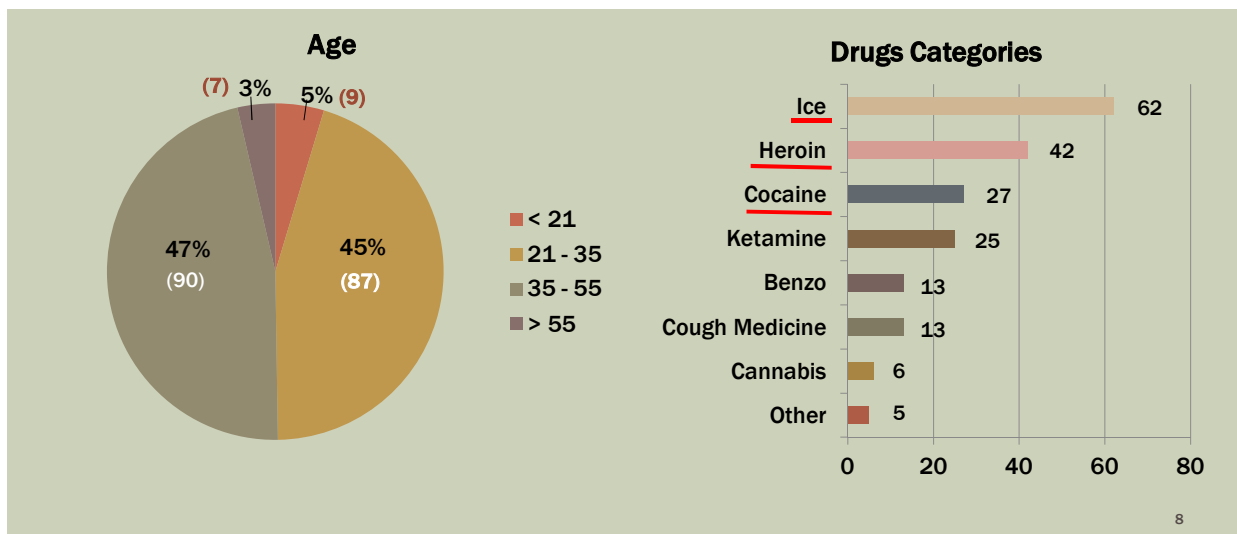
- Different assessment tools was used to evaluate through pre-test and post-test during the project. Tools included as follows:
 - BDF Question Set No. 6 and No. 13
 - Brief Psychiatric Rating Scale (BPRS)
 - Brief Depression Inventory-21 (BDI-21)
 - The Hospital Anxiety and Depression Scale (HADS)
 - Christo Inventory for Substance-misuse Services (CISS)

OUTPUT BENCHMARKS AND EVALUATION RESULTS

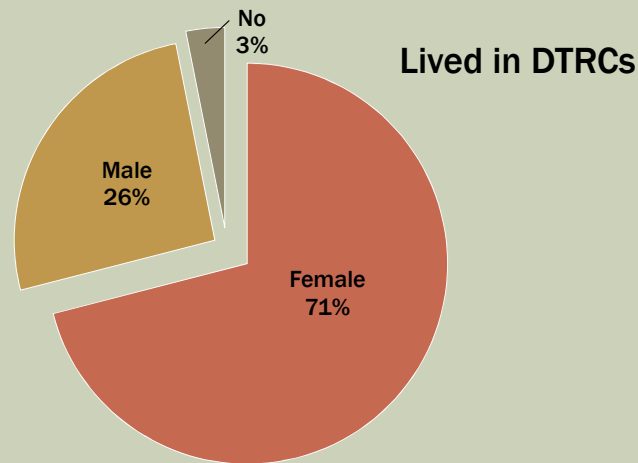
- Substance Abusers

Output indicators	Expected Result	Achieved Result
Conduct comprehensive assessment and needs assessment	<u>180</u> substance abusers	193 substance abusers (107.2%)
Provide outreach individual counselling for substance abusers	<u>90</u> substance abusers	113 substance abusers (125.6%)
Provide psychiatric consultations for substance abusers	<u>60</u> substance abusers	62 substance abusers (103.3%)

CASE DISTRIBUTION - 193 ASSESSMENT CASES



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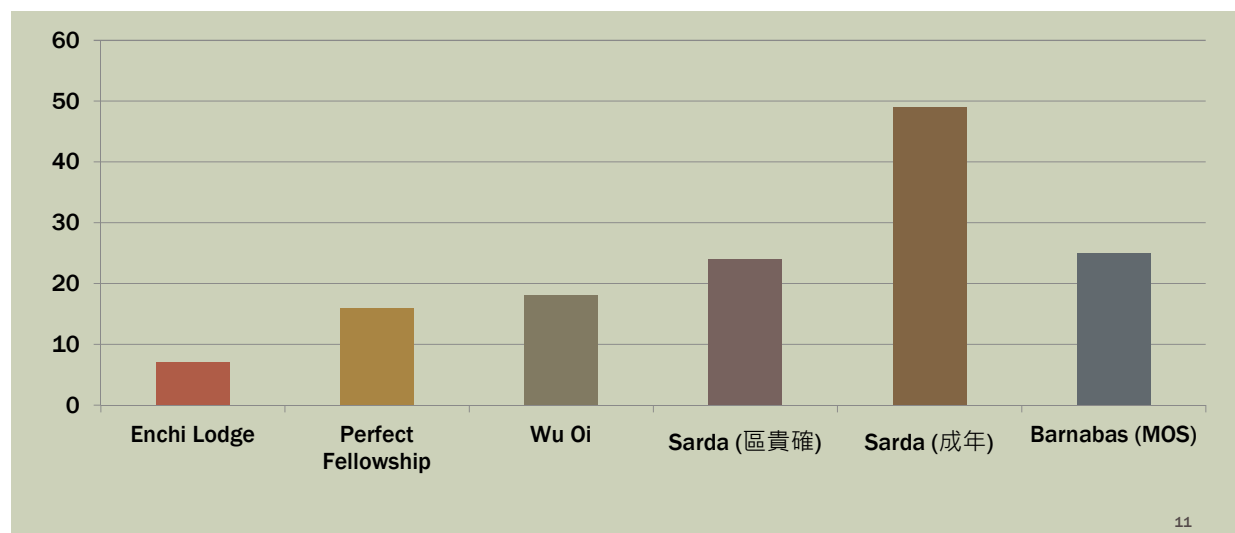


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DTRCs in NTEC

上水區	1. DACARS - Enchi Lodge 恩慈之家
	2. Perfect Fellowship 全備團契
	3. The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) 香港戒毒會 - 區貴雅修女紀念婦女康復中心
大埔區	4. Wu Oi Christian Centre 基督教互愛中心 (女宿舍)
沙田/馬鞍山區	5. The Society for the Aid and Rehabilitation of Drug Abusers (SARDA) 香港戒毒會 - 成年婦女康復中心
	6. Barnabas Charitable Service Association 基督教巴拿巴愛心服務團 - 短期宿舍 (MOS)

CASE DISTRIBUTION



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Other DTRCs

男宿舍

1. Caritas - Hong Kong
明愛黃耀南中心
2. Operation Dawn Limited
香港晨曦會 - 晨曦島戒毒治療中心 / 黃大仙中心(中途宿舍)
3. The Society for the Aid and Rehabilitation of Drug Abusers
香港戒毒會 (SARDA) - 石鼓洲康復院
4. The Evangelical Lutheran Church of Hong Kong
基督教香港信義會 - 靈愛蛋家灣中心 / 靈愛中心 (葵興)
5. The Christian New Being Fellowship
基督教得生團契 - 生命培訓基地 (西貢)
6. Hong Kong Christian Service
香港基督教服務處 - 賽馬會日出山莊 (屯門)

女宿舍

1. The Christian Home of Faith & Grace
基督教恩信之家 (元朗)
2. Barnabas Charitable Service Association
基督教巴拿巴愛心服務團 - 長期宿舍 (南丫島)

OUTPUT BENCHMARKS AND EVALUATION RESULTS

- Carers of Substance Abusers

Output indicators	Expected Result	Achieved Result
Provide outreach carer support	<u>90</u> carers of substance abusers	103 carers of substance abusers (114.4%)

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OUTPUT BENCHMARKS AND EVALUATION RESULTS

- Group Sessions

Output indicators	Expected Result	Achieved Result
Organize group sessions for substance abusers and carers of substance abusers	<u>120</u> participants	141 participants (117.5%)

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DRUGS TALK



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SELF-REFLECTION (ART MEANS INTERVENTION)

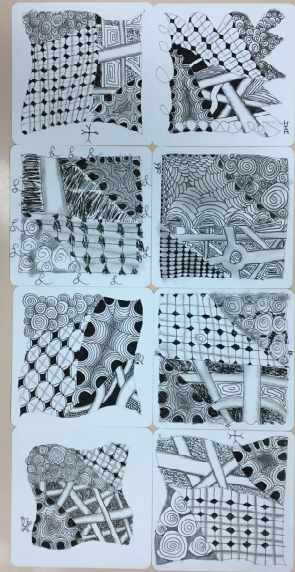


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RELAXATION



Zentangle



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OTHER SKILL TRAINING

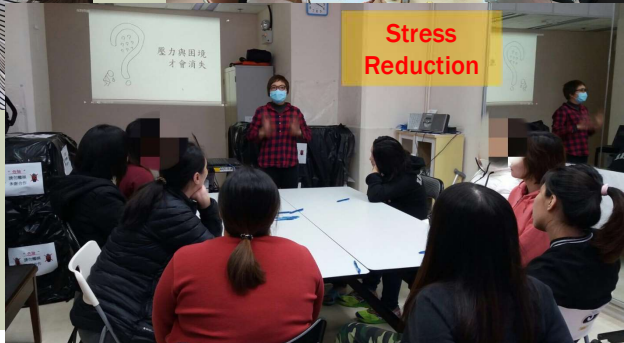
Communication Skills



Life Review



Stress Reduction



RECREATIONAL ACTIVITIES

- For substance abusers and their carers



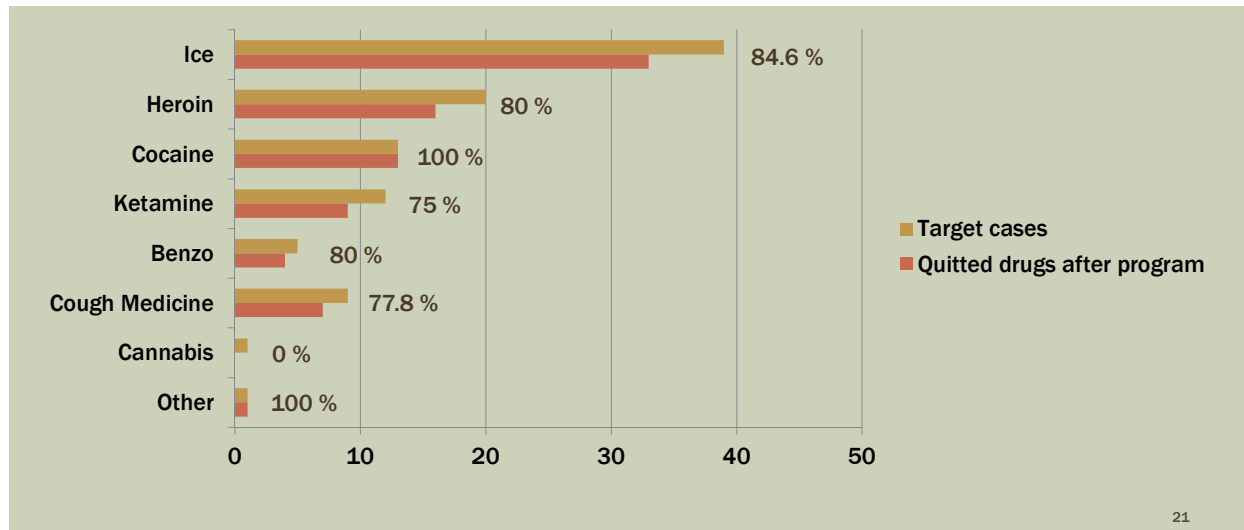
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OUTCOME BENCHMARKS AND EVALUATION RESULTS - 100 COMPLETED CASES

Expected Outcome Results	Achieved Results
70% of participants showed improvement on readiness of abstinence of drugs	91% of participants showed improvement on <u>readiness of abstinence of drugs</u>
70% of participants showed improvement in mental states	97% of participants showed improvement in <u>mental states</u>
70% of participants showed improvement in functional states	96% of participants showed improvement in <u>functional states</u>
70% of participants showed reduction in frequency of abusing substances	96.8% of 63 cases reported <u>reduced drug use</u> 97.3% of 37 cases reported <u>no relapse</u>

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HIGH SUCCESSFUL RATES



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EXPERIENCE GAINED

- Enhancing the co-work and communication with DTRCs to reduce the service gap and premature discharge from DTRCs
- Enhancing the medical support in DTRCs to reduce program users' repeated admissions to psychiatric units during the detoxification in DTRCs
- Being useful for early engagement of substance abusers to increase the successful rates of quitted drugs after the program through group and case counseling intervention

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RESEARCH

- **Topic:** The effectiveness of video-consultation for residential detox center inmates: A feasibility study
- **Background:**
 - Increase needs for mental health service for inmates
 - Telemedicine is a new trend as alternative for consultation
- **Study design:** Quasi-experimental, parallel design with repeated measures (baseline, 1st tele, 3rd tele, 6th tele, 1st consultation after discharge)
- **Settings:** 2 male religious detox center (video consultation vs face-to-face consultation)
- **Sample:** 42 recruited, 14 participants completed
- **Equipment:** iPad with enhanced security
- **Identity of client:** double confirm by hospital staff and center staff

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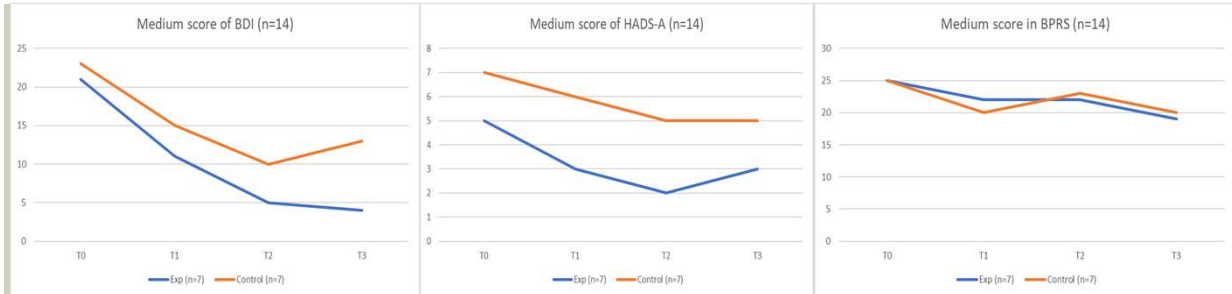
RESEARCH

Procedure:

1. Informed consent
2. 1st appointment in NDH and next 3 appointment will be video consultation
3. Hospital staff (social worker + nurse) attend detox center while doctor stayed in hospital for video-consultation
4. Confirm identity of client
5. Start video-consultation
6. Attending nurse perform basic physical assessment when needed
7. Doctor prescribed medication as needed and as requested
8. Next appointment will be told to client.
9. Medication will be collected by center staff at that day of consultation
10. 1 Face-to-face consultation will be arranged after 3 video-consultation alternatively or having deterioration in mental conditions

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RESEARCH



T1	T2	T3	T1	T2	T3	T1	T2	T3
U=21.5	U=12	U=19.5	U=11	U=19	U=18	U=23	U=16.5	U=23.5
Z=0.319	Z=-1.53	Z=-0.575	Z=-1.66	Z=-0.639	Z=-0.767	Z=-0.128	Z=-0.958	Z=-0.664
p=0.749	p=0.126	p=0.569	p=0.097	p=0.522	p=0.441	p=0.897	p=0.337	p=0.952

No statistical difference to use both ways of consultation

RESEARCH DIFFICULTIES

Discussion

Operational feasibility

- Patient identity and patient privacy were maintained
- No adverse incident was reported

Outcome feasibility

- No statistical difference between the use of video consultation and face-to-face consultation
→ can maintain similar quality of care and outcome to patients

Conclusion

- The use of video consultation is feasible and can facilitate on the continuity of care of inmates, especially during pandemic outbreak of infectious disease

SERVICES CHALLENGES

- Fluctuated conditions during staying in DTRCs
- Misunderstanding of DTRCs from hospital's referral
- Easily reinstate substances
 - Poor adaption in community or in family
 - Less community network and resources
 - Misunderstanding from their carers or family
- Increase health care utilization
 - A&E attendance
 - Psychiatric admission or re-admission

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SUGGESTIONS

Extend Community Clinic Service 2.0 would be applied for further purposes as follows:

- **Avoiding the misunderstanding of DTRCs**
 - Enhancing the role of social worker for in-patients and out-patients services in hospital to coordinate the networking and cooperation of different services and DTRCs in community
- **Reducing the readmission rates of psychiatric units in hospital**
 - Extending the early engagement of substance abusers to the in-patients service
- **Consolidating the social or family support of service users after detoxification**
 - Increasing the home visits to communicate and support the family during hospitalization or staying in DTRCs
 - Increasing the communication and cooperation with CCPSA

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~ Thank you ! ~