

BDF190035

Extended Community Clinic Service 2.0

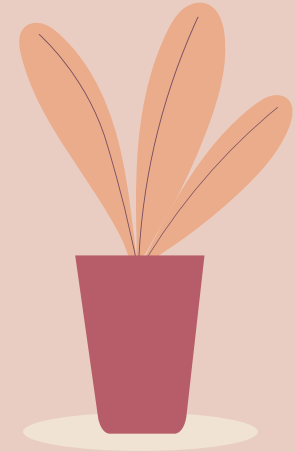
8/2020-7/2023

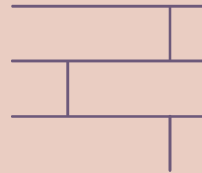
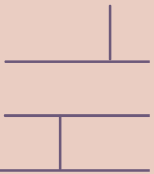
Community Substance Abuse Team,
Department of Psychiatry,
Alice Ho Miu Ling Nethersole Hospital,
Tai Po Hospital and North District Hospital



Content

1. Background
2. Project Content
3. Case Sharing
4. Service Deliverables
5. Retrospect & Prospect
6. Q&A





Background

SA service in HK

Dual Diagnosed Substance Abusers

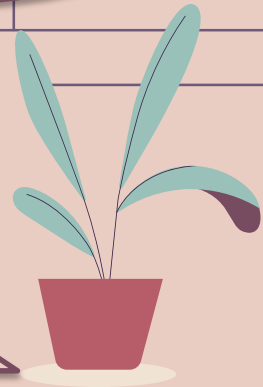
Community-based
counselling services

HA SAC

The compulsory
placement
programme, CSD

Out-patient
methadone
treatment
programme

DTRCs



Service Needs

Up to 60% of substance abusers developed psychiatric illness #

65.3-70% of substance abusers mainly abuse Psychotropic substances *



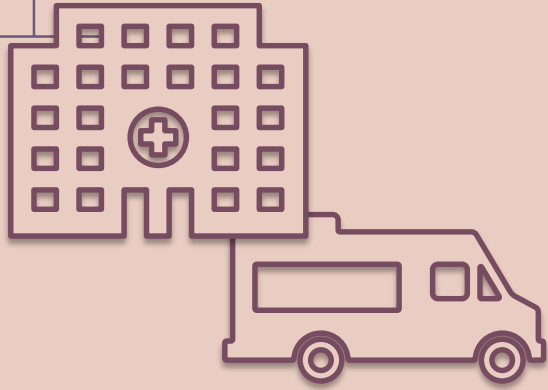
- ★ Dual diagnosis patients
- Poorer **prognoses**
- Less **compliance**
- Higher **relapse** rates
- Greater levels of unmet need including :
- Housing instability
- Poorer levels of social functioning
- Greater risk of being either a victim and /or perpetrator of violence
- Greater involvement with crime and more likely to be marginalization

#Crowe, M., Inder, M., & Thwaites, B. (2022). The experience of mood disorder and substance use: An integrative review. *Journal of Psychiatric and Mental Health Nursing*. <https://doi.org/10.1111/jpm.12876>

*Narcotics Division, 2024 statistical data. Retrieved from <https://www.nd.gov.hk>



Service Gap



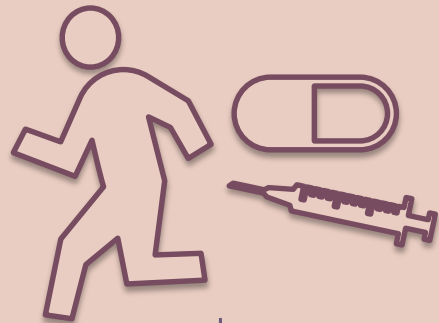
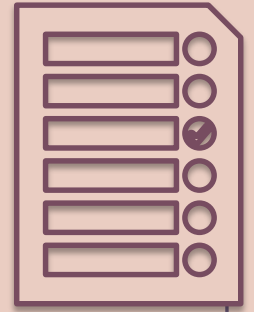
Inadequate ongoing support during and after receiving psychiatric service

→ Discharge against medical advice (DAMA)

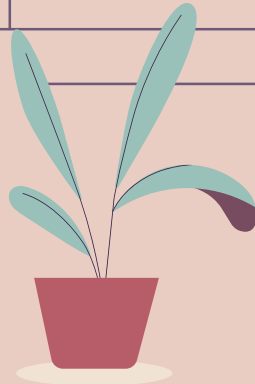
↑ misunderstanding

Conflicts / Violence

Carers' stress



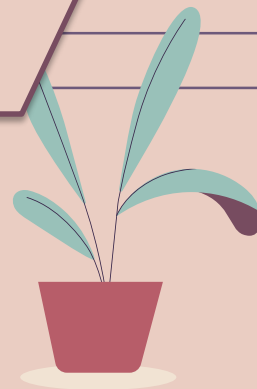
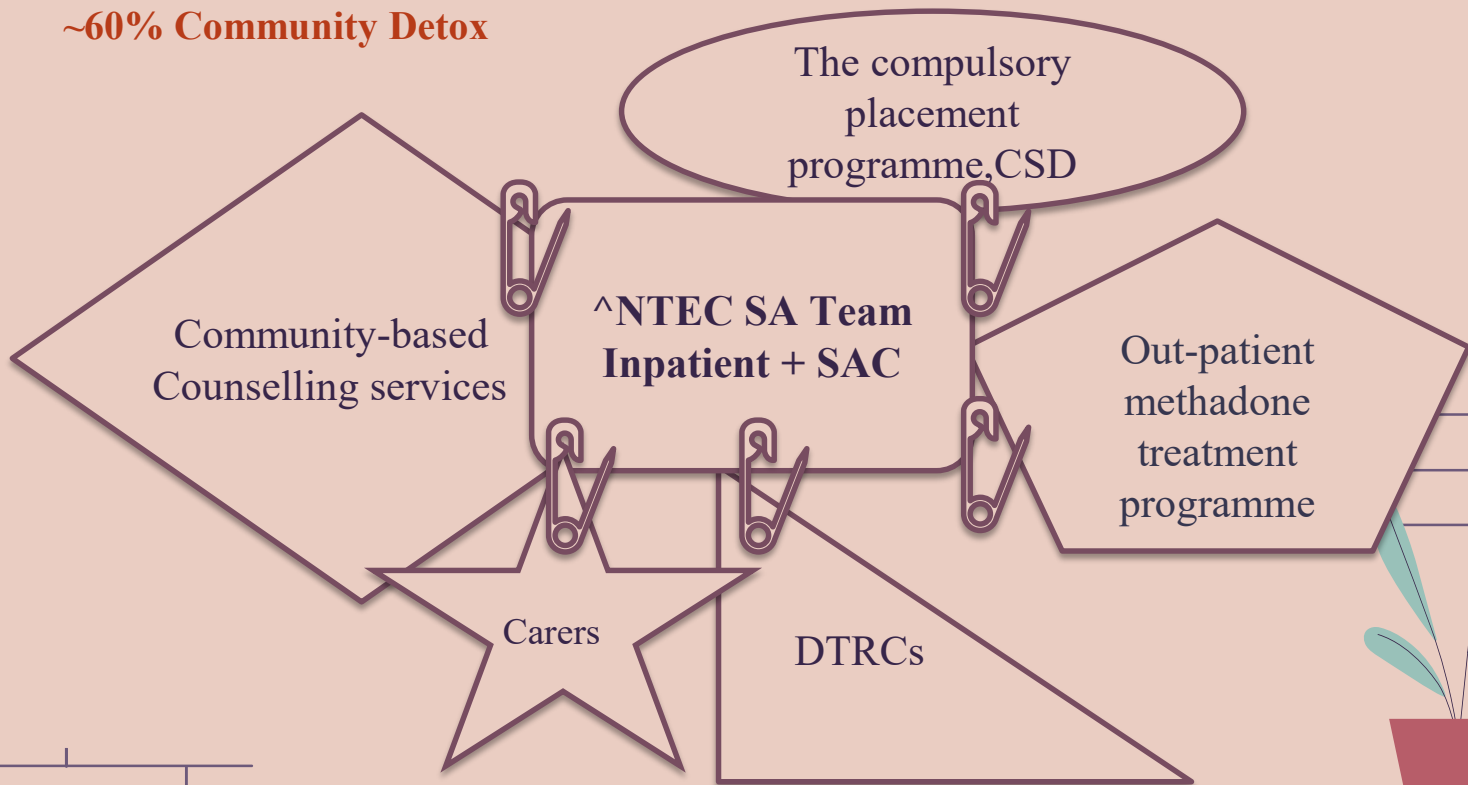
Opportunity to **leave detox** centers or not finishing the detox journey after visiting Out-patient Department (OPD) / hospitalization
→ Affect the continuity of detox service and abstinence

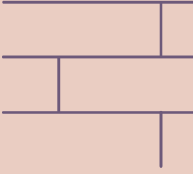
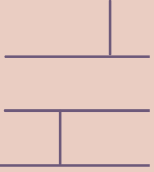


Service Gap

~40% DTRCs/ Halfway houses

~60% Community Detox





Project Content

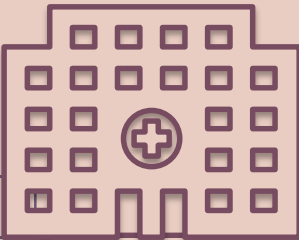
Introduction of BDF program

社區診所延伸計劃2.0

Extend Community Clinic Services 2.0


(ECC 2.0)

2020-2023





To enhance service needs and minimize service gap

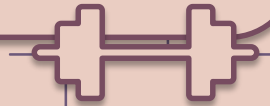
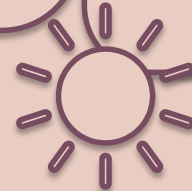
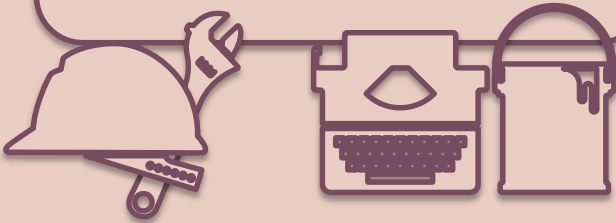
Enhancement of **continuity** of detox journey and psychiatric care for dual-diagnosed patients
↓ opportunity to leave detox centers or not finishing the detox journey.
↑ continuity of detox service and abstinence



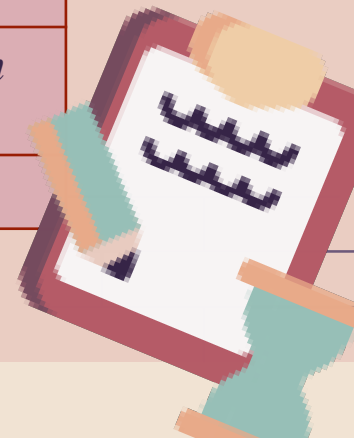
Enhancement of **ongoing support** for the substance abusers and their carers before, during and after residential detox service
↓ DAMA
↑ No Wrong Door approach



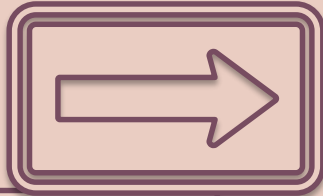
Enhancement of **collaboration** with community detox service and DTRCs.
↑ maintain a stable drug compliance and emotional status of the clients
↑ psychiatric related assistance to the dual diagnosis clients and professional advice to the hostel care workers.



	ECC 2.0
Service target	Dual Diagnosed Substance Abusers And their carers
Source of Referral	<u>SA team patients</u> + CCPSA, hostel, outreaching team, drug treatment centre & NGO etc.
Objectives	• Enhance client <i>motivation to quit drugs</i>
	• Assist client to <i>reduce or stop using illicit drugs</i>
	• Assist client to establish <i>improvement in mental health and daily functioning</i>
	• To <i>alleviate carer stress</i>



Major activities

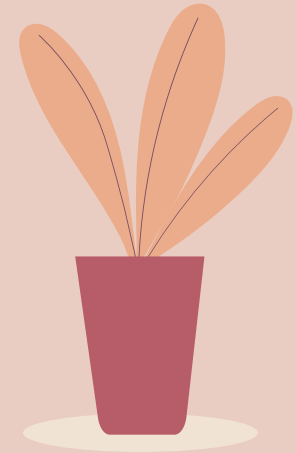


- Provide professional and comprehensive *assessment, screening, risk and problem identification*
- Design and deliver *individualized and tailor-made* care program and *treatment plan* for substance abusers
- Provide *assessment, treatment and referral to carers* of substance abusers whom with emotional challenges
- Enhance sustainability of detox among substance abusers and *support to* carers via *peer counseling service*
- Facilitate *inter-agency collaboration* on handling substance abusers

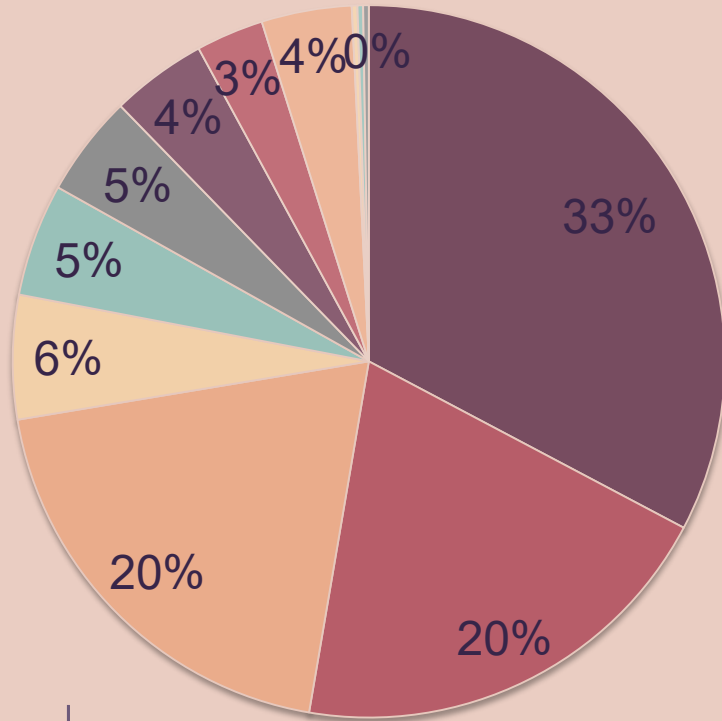


Demographic Data – Sex and Age

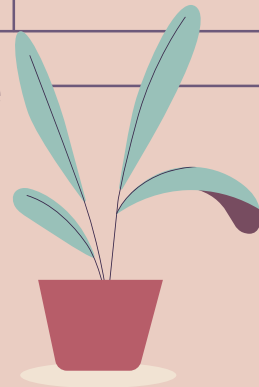
	Female	Male
-18	1	0
20-29	9	13
30-39	15	18
40-49	6	14
50-59	2	2
60	1	0
Total	34	47



Substance use



- Meth
- CM
- Imovane
- Cocaine
- Cannabis
- Ketamine
- Heroin
- Midazolam
- Nimetazepam
- Methaqualone
- MDMA
- Others



Scope of ASWO + Peer Specialist Service

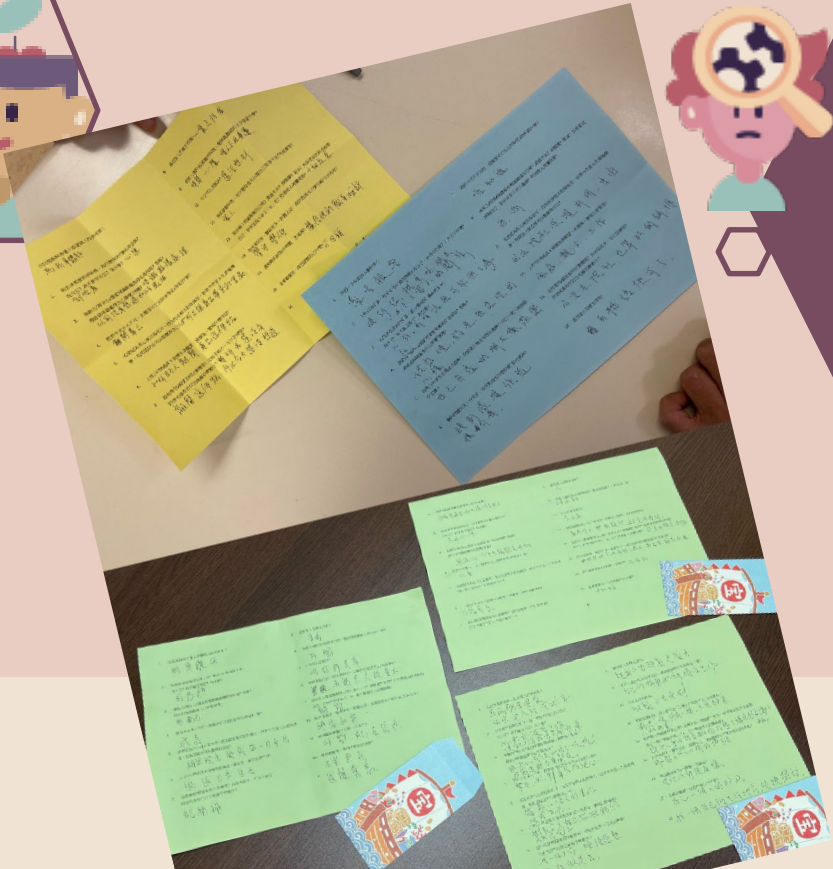


Drug addiction counselling oriented



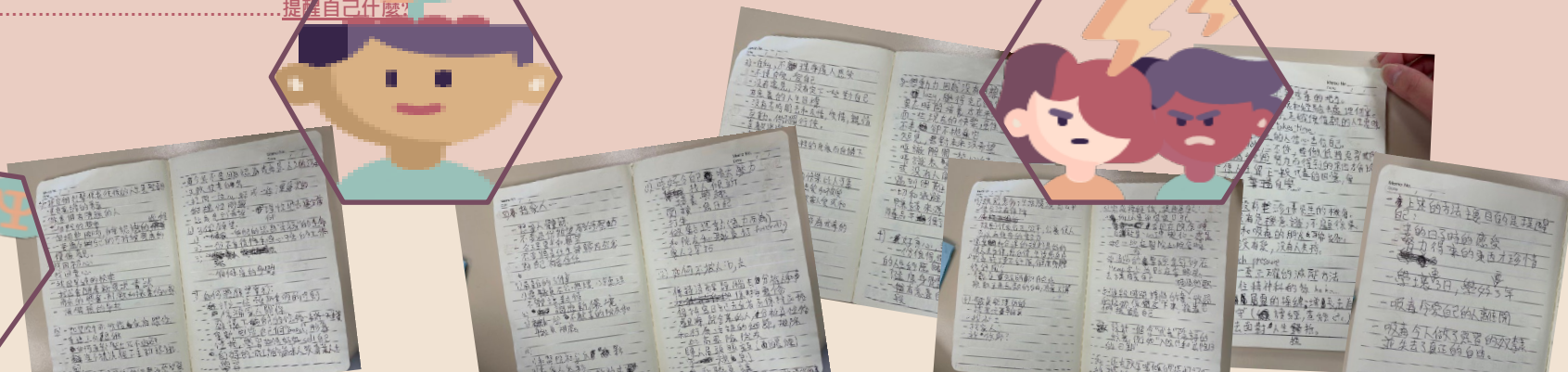
Insight Enrichment

- Reflecting patient's ambivalences and suppressed self in counseling
- Inducing their self-awareness towards mental illness & substance abuse

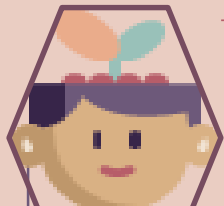


Assignment given prior admitting DTRC

- 1 住院後點解身邊人都要我入院舍戒毒？
- 2 院舍後.....我？
.....？.....麼？
- 3 無動力.....吸毒問題？點解？
還是.....困難？
- 4.....(得著)什麼？
- 5.....自己？
- 6.....？
- 7 這些.....目標實行？
- 8.....持我？
- 9 曾.....解決？
- 11 曾經.....療程？
- 12 院舍.....挑戰？
- 13.....如何善.....
- 14.....怎處理.....
- 15.....提醒自己什麼？



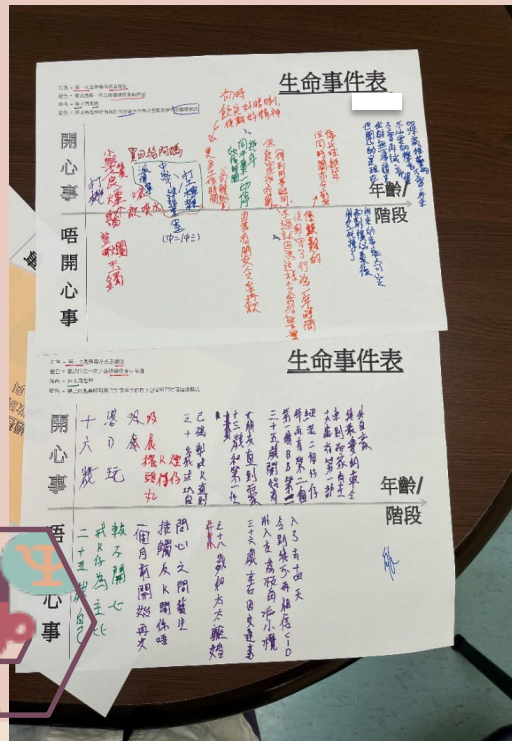
Drug addiction counselling oriented

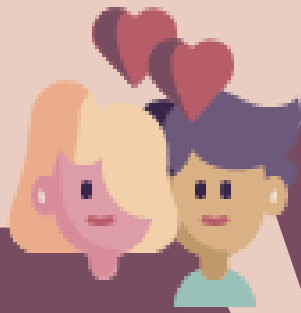


Motivation Enhancement

-Assisting patient to be aware of drugs meaning towards him/her; reflecting the need and difficulty of patient

-Enhancing patient's motivation in detox plan (e.g. preparation for treatment in detox centre, alleviation of distress about detox centre, etc.)

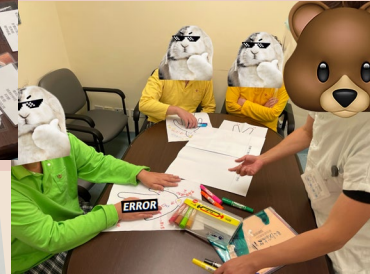




Partnership with peer specialist
Making use of personal detox
experience to inspire SA patients to quit
drugs

Family intervention & Relationship Reconciliation -

Dealing with problematic
communication pattern
and fostering family support
for SA patients to quit drugs



Collaboration and Liaison

Multi – disciplinary collaboration

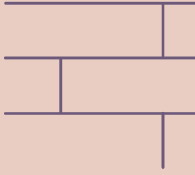
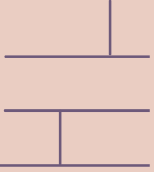
Close communication
and working with
**CMOs, Nurses, PTs
and OTs** for
formulating and
managing case plan



Community Liaison

Referring community service
and persistently collaborating
with the stakeholders for the
rehabilitation of patients and
their family members ,such as
**CCPSA, ICCMW, DTRC,
family service and elderly
service**





Case sharing

Client S



Client S personal particulars:



Name S

Gender M

Age 30+

Marital status Divorced

Occupation Unemployed for 10 years

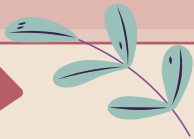
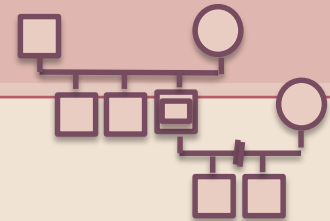
Education Level F.3

Source of Referral Psychiatric ward case was transferred from A&E after overdose

Admission Period ~12 weeks

Past psychiatric history Drug dependence, Drug induced psychosis

Family Background Lives with old aged parents
Frequent conflict with his ex-wife



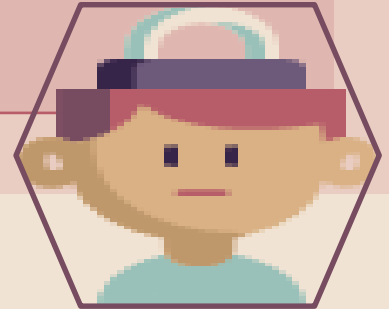


Psy History

- Known to Siu Lam Psychiatric Centre for low mood, tearfulness, insomnia and self-harm act; impressed to be adjustment disorder

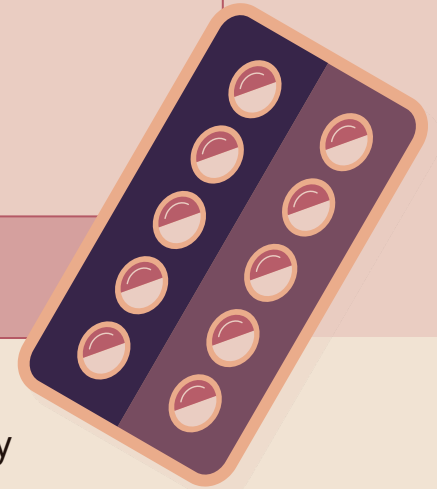
Reason of recent admission

- Paranoid idea
- Tried to jump off the building, punched his wife's eye
- Denied substance abuse, auditory hallucination, active suicidal / aggressive ideas



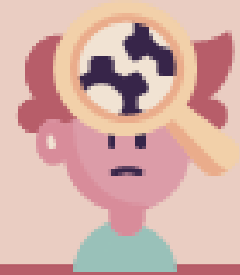
Substance use

Substance Type	1 st use	Desire Effect	Frequency	Abstinence
Ketamine	Since teenage	Peer influence We Feeling	Once a week	Claimed quitted after voluntary detox in 2017
Cough mixture	Evasive to talk	Claimed “allergic airway” due to smoking	1 bottle per day	
Imovane	Few years ago	Sleepless	1-2 tabs per night	



Insight towards substance abuse & mental illness :Limited initially

Service Deliverables



	Service Provided	Session
Client	Face-to-face interview in inpatient ward	8
	Face-to-face interview sessions in OPD	2
	Telephone contact/ interview	1
Client's ex-wife	Face-to-face interview in inpatient ward(visiting room)	9
	Face-to-face interview sessions in OPD	2

Assessment

Intervention

Presenting Problem	<p><u>Emotion instability</u></p> <ul style="list-style-type: none">• Crying, anxious when he felt boredom and lonely• self-harm, hit the cabinet with his head and attempted to run away. <p><u>Difficult to communicate with family members</u></p> <ul style="list-style-type: none">• Male chauvinism, frequent impulsive and aggressive behavior towards his ex-wife and mother• Frequent conflict with his ex-wife but client manipulated his ex-wife simultaneously
Assessment Needed	<ul style="list-style-type: none">• Self-recognition• Emotion expression• Stress management• Building effective communication skill for recognizing the importance of harmony and stable interaction with his family members

	<ul style="list-style-type: none">• Induced his self-understanding• Assisted client to acknowledge and express his emotion• Discussed the expected relationship with his ex-wife, and planning if they wanted to reunite.• Assisted client to set life goal and detox plan
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Insight Enrichment	<ul style="list-style-type: none">• Limited insight towards substance abuse and mental illness• Stated that he will abstain substance but without concrete plan
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	<ul style="list-style-type: none">• Acknowledged his suffering from emotion instability• Educated client the safety and advantage of using prescribed medication• Induced his awareness of the need of psychiatric medication after reviewing his psychotic symptoms and aggressive behavior• Conveyed the harmful effect of substance abuse• Induced his awareness of his psychotic and aggressive behavior under substance abuse
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Motivation Enhancement	<ul style="list-style-type: none">• Limited motivation to quit substance• Not ready to plan detox
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	<ul style="list-style-type: none">• Recognized his efforts and loves towards his family members• Motivated client to keep bible study – spirituality support• Motivated client to receive marital counseling as he wanted to reunite with his ex-wife• Motivated client to receive addiction counseling for abstinence after discharged• Motivated client to set goal and objective for detox before discharge
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Assessment

Addiction
Counselling

Drug addictive pathway (SA History)

- Evasive to talk about SA history
- Stated that he will abstain substance without concrete plan

First used

- Took Ketamine since teenage under peer influence

Abstained period

- Claimed quitted Ketamine after voluntary detox in 2017

Craving

- **Persistent anxious and stressful** when without substance abuse
- **Sought for sleep well** after taking imovane
- **Sought for concentration and energy** after taking cough mixture(CM)
- **Sought for stress-relief and liberation**

Meaning of drugs

- ~ as self-regulation tool enhancing **emotional stability**
- **Client's** ego functioning is certainly weak. Indeed, he didn't know how to regulate his negative emotion. He could not express negative feeling and weakness under the spirit of **male chauvinism and his father patriarchal influence.**
- He was **lack of self-image, self-confidence and self-esteem** to cope with difficulties. He could not accept his failure in front of others.
- He relied on his parents to earn a living. He had **no power and capability to strike for a balance.**
- He then found **CM and imovane abuse could regulate** his distress and instable emotion.

Multi-
Disciplinary
Collaboration

Intervention

- **Acknowledged and reframed his personal strength**
- Assisted client to have a better understanding of his "self"
- Assisted client to have a **better understanding of the meaning and relationship between drugs and him**
- Peer specialist shared successful experience of detox to induce hope and aspiration to client
- Assisted client to learn and find ways to alleviate his stress and emotional strain.
- Reviewing high risk situation and introducing **relapse prevention** skills



Foster relationship and trust between client and CMO
Collaborated with OT, Nurse

Assessment

Intervention

Family Intervention

- Frequent conflict with his ex-wife but client simultaneously manipulated his ex-wife
- Ex-wife wanted to leave client but she was afraid of his manipulation and violence.
- **High risk to have domestic violence again**
- Client's family members misunderstood psychiatry treatment

- **Safety measure education**
- Introduced ex-wife to utilize the **social resources** regarding domestic violence
- Motivated client's ex-wife to **adjust the boundary** between client and her. For instance, gathering in public area , child visit at children playground

- Educated the **importance of psychiatry treatment** to client's family members
- Motivated client's family members to support client undergoing psychiatry treatment continuously

Relationship Reconciliation

- Abusive relationship with his ex-wife
- Lack of balance relationship
- Lack of effective communication

- For instance, he got mad as ex-wife told him that she could not visit him on this Sat because of participating the primary school opening event for their son. He then ordered his ex-wife not to go and visit him instead.

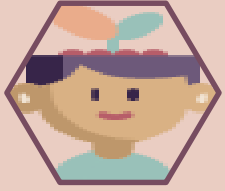
- **Men's talk** about the importance of bilateral communication by Peer Specialist
- Educated communication skills with proper manner

- Appreciated the positive change of client's attitude towards his ex-wife

Community Liaison

- Referral to family counseling service of **NEO-Horizon** and addiction counseling service of **CLC**

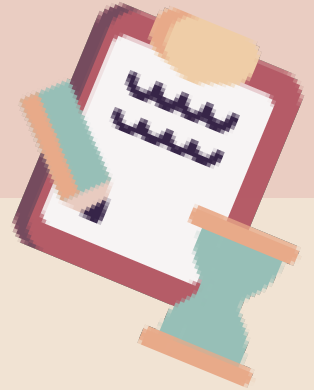




Outcome

Abstinent after Discharged

- ✓ His mental status had improved.
- ✓ Full of confidence to abstain dangerous drug
- ✓ Did not resume to work as his right arm was injured after car accident
- ✓ The relationship between client and his ex-wife had improved.
Client was more gentle than before.





Service Deliverables

Service Deliverables _ Output

Intake assessment

429 headcount/420

SA Counselling

81 headcount/80

771sessions/640

SA Carer Counselling

98 headcount/80

327 sessions/320

Group

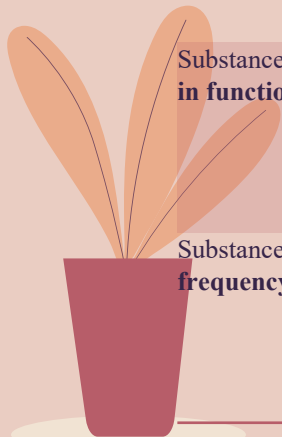
96 sessions/72

441 man-times/432

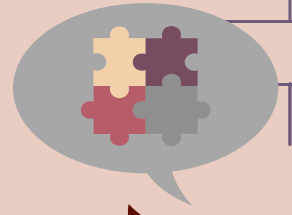


Service Deliverables _ Outcome

Outcome indicator	Target	Outcome achieved so far
Substance abusers show improvement in stage of change (motivation to quit drugs)	70% of the participants shown improvement on readiness to quit drugs or statistical significant improvement in participant's stage of change	Statistical significant improvement found using paired t-test <u>Target met</u>
Substance abusers show improvement in psychiatric symptoms	70% of the participants shown improvement in mental state or statistical significant improvement in participant's mental state (outcome measures in BPRS/DASS21)	89.3% <u>Target met</u>
Substance abusers show improvement in functional state	70% of the participants shown improvement in functional state or statistical significant improvement in participant's functional state outcome measures in CISS)	95.2% <u>Target met</u>
Substance abusers show reduction in frequency of substance abuse	70% of the participants reduced substance use or stopped using drugs after completing the program	94% reduced drug use 70.2% quitted drugs 94.1% avoided relapse <u>Target met</u>



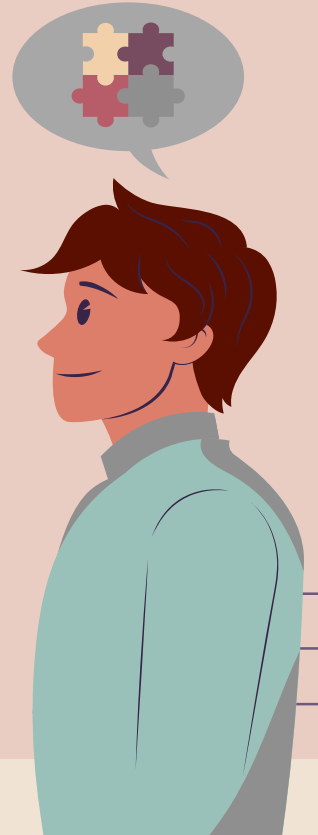
Retrospect & Prospect



Difficulty encountered

Difficulty encountered

- Covid-19
- Time Limitation
- Problematic & Time consuming
- Manpower



Contribution

Early Engagement


- Engaging Dual diagnosis patient no matter of hospitalization or to receive OPD service
- establishing trustful relationship with patients attributable to the assistance peer specialist

Comprehensive Assessment

- Gathering information from patient's family member and have constant observation and monitoring during in-patient stage and out-patient stage



Efficiency and effectiveness

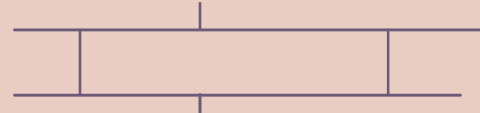


Strong Collaboration

- Collaborating with Clinical Team, SWD and Stakeholder
- providing timely and corresponding intervention simultaneously

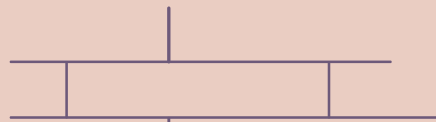
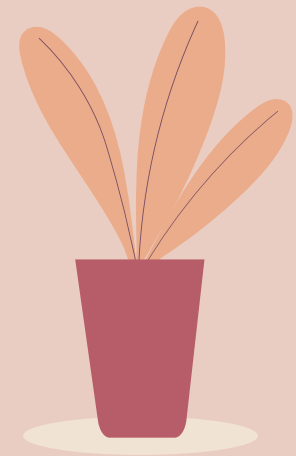
Timely Intervention

- Intervention is conducted at a timely manner **during hospitalization**
- Service delivering from **intoxication or relapse** of mental illness to drug abstaining phase
- Prompt referral are rendered : Gambling counseling service, family support, Elderly service, marital counseling , children care, etc



Way Forward

To be continued
.....BDF ECC3.0



Thank you

