

LCQ3: Early Assessment Service for Young People with Psychosis Programme

Following is a question by the Hon Lam So-wai and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 19):

Question:

The Hospital Authority (HA) has implemented the Early Assessment Service for Young People with Psychosis Programme (the Programme) for more than 20 years. The Programme provides early referral, assessment and ongoing treatment for people with psychosis. On the other hand, it has been reported that according to a study, for people with psychosis who received long-acting injections, the various risks with them (including relapse, hospitalisation and suicide attempts) were lower than those with psychosis who were treated with oral drugs, and patients who received long-acting injections within two years of their first episode showed a better curative effect. In this connection, will the Government inform this Council if it knows:

- (1) the respective numbers of cases handled by the seven service centres under the Programme in the past five years, and whether the manpower of doctors and case managers was adequate;
- (2) the use of oral drugs and long-acting injections under the Programme, and whether HA will consider more proactive use of long-acting injections in the early stage of patients' illness; and
- (3) whether HA has reviewed the Programme on a regular basis to further shorten the duration of patients' untreated period, followed up on patients who have received services under the Programme for three years, and formulated performance indicators for the work of the Programme; if so, of the details; if not, the reasons for that?

Reply:

President,

The Hospital Authority (HA) has all along been providing mental health services in an integrated and multi-disciplinary approach. Psychiatrists, psychiatric nurses, clinical psychologists, occupational therapists and medical social workers provide comprehensive medical services to patients with mental health needs according to their medical conditions and clinical needs. As part of its psychiatric services, the HA launched the Early Assessment Service for Young People with Psychosis (EASY) Special Disease Programme (the Programme) in July 2001, which aims at identifying patients with psychosis as early as possible, so as to achieve the goal of "early detection, early diagnosis and early treatment", as well as providing more comprehensive intervention support to the patients.

Under the Programme, psychiatric healthcare professionals of the HA provide special disease services to patients with psychosis aged between 15 and 64 during the first three years of the onset of the illness. The HA has set up an EASY district service centre in each of the seven hospital clusters in Hong Kong. The HA will refer suitable inpatient and specialist outpatient patients to the Programme for follow-up, and members of the public may also contact the service centre directly via the EASY hotline (2928 3283) for referral of potential patients with psychosis.

Upon receipt of the referral, healthcare professionals of the service centre will make arrangements for the patient to receive assessment by a psychiatrist as soon as possible. New patients will be followed up within two weeks. Each centre has a multi-disciplinary medical team to provide personalised and targeted treatment plans for patients, including medication, psychological therapy and early adaptation programmes. After three years of service, patients will be referred to the psychiatric specialist outpatient clinics and community psychiatric services for continuous follow-up according to their conditions to ensure that they receive comprehensive, integrated and coherent services.

My reply to the question raised by the Hon Lam So-wai is as follows:

(1) Over the past five years, about 1 100 to 1 200 new patients diagnosed with psychosis joined the Programme each year, and the total annual attendances of the seven EASY district service centres maintained at around 40 000. The attendances at various hospital clusters in the past five years is at Annex I.

Since its launch in 2001, the Programme has been operating well and has been effective in providing early intervention for patients with psychosis in the first three years after the onset of the illness, which is the critical period for treatment and management of the illness to prevent further deterioration and achieve a better recovery outcome. After receiving service, the quality of life of the patients (including their general health condition, mental health condition and social life) has improved significantly so that they can live a normal life in the community; and it is possible that some of the symptoms such as thought and speech disorders, delusions and hallucinations will disappear completely. The HA has all along closely monitored the service level and adjust manpower according to service needs, with a view to further enhancing the effectiveness of the Programme.

(2) The HA has all along endeavoured to prescribe new generation oral or injectable psychiatric drugs with fewer side effects for all suitable psychiatric patients. In 2023-24, the use of new generation oral drugs is four times the use of conventional oral drugs. The medication expenditure for new generation antipsychotic drugs has seen a 40 per cent increase as compared with five years ago, which is 12 times the expenditure on conventional antipsychotics drugs. The use of new generation long-acting injectable antipsychotics has increased by nearly 40 per cent as compared with five years ago. Most of the new generation oral antipsychotic drugs are General Drugs in the HA Drug Formulary and the HA will only charge patients the standard fees for these drugs, i.e. \$15 per drug item. For a small number

of psychiatric drugs which are Special Drugs, patients are only required to pay the standard fees if it is under specific clinical applications, and these drugs are not Self-financed Items. The number of patients prescribed with conventional and new generation antipsychotic drugs and the medication expenditure involved in the past five years are set out in Annex II.

Psychiatrists prescribe appropriate medications to patients mainly based on the principle of minimising side effects and achieving the best outcome in treatment. When considering whether to prescribe long-acting injectable antipsychotics, relevant considerations include the below four factors:

(i) some patients cannot tolerate the side effects of long-acting injectable antipsychotics and can only be treated with oral medications;

(ii) at the early onset of the illness, psychiatrists may need to adjust the dosage of drugs according to the clinical conditions of patients at that time. Under this circumstance, the use of long-acting injectable antipsychotics with a longer duration of action is not suitable;

(iii) not all drugs are available in injectable form, i.e., some drugs can only be taken orally; and

(iv) The most important point, also the fourth point, doctors must respect patients' right. These long-acting injectable antipsychotics will only be used with the patients' informed consent;

For some patients who are not suitable for the use of long-acting injectable antipsychotics, the HA has also adopted a series of measures to ensure patients' medication compliance, including the medical team will explain to patients the use and side effects of the drugs in the course of consultation as far as possible, and to check the quantity of medication taken, and examine the medication compliance through blood or urine tests in the course of treatment.

(3) At present, the Programme uses standardised assessment tools at different intervals (for example, at the beginning, six months, one year, two years and three years after receiving service) to assess the psychiatric conditions as well as the social and vocational skills of the patients receiving service, and to adjust the treatment plan according to the changes in the patients' symptoms.

The HA has all along regularly reviewed the effectiveness of the Programme, including the psychiatric conditions of the patients, the number of service users and home visits. The HA will monitor the operation of the Programme to ensure that new patients will be followed up under the Programme within two weeks.

Besides, the Programme has been providing mental health education and organising seminars and workshops to enhance the knowledge of social workers, teachers and parents about psychosis and the Programme, enabling them to identify and refer potential patients with psychosis to the Programme as soon as possible for assessment and treatment.

Thank you, President.