REPORT OF

The 9th International Conference on Social Work in Health and Mental Health cum Study Visits, York, UK

[22-26 July, 2019]

This report is prepared by (In alphabetical order):

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Introduction of the Conference:

As cited in the conference website: https://icsw2019york.org/about/

"The International Conference is supported by the virtual International Network of Social Work in Health and Mental Health whose mission is to promote the development of social work in health and mental health through international sharing of information and resources regarding education, research and practice of social work and mental health.

The International Network & the series of conferences have their beginnings when the late Prof Helen Rehr, Prof Gary Rosenberg and Dr Susan Blumenthal from Mount Sinai Hospital's Department of Social Work Services in New York started an exchange programme with Israeli social workers in 1988. The periodic national conferences organized between the two countries were transformed into an international conference held in Jerusalem, Israel in 1995.

Since then, the Conference has toured Melbourne in Australia (1998), Tampere in Finland (2001), Quebec in Canada (2004), Hong Kong (2006), Dublin in Ireland (2010), Los Angeles in USA (2013) and most recently Singapore in 2016. This series of conferences have a strong practice, research and education partnership to raise the quality of papers presented and the discourses among the delegates drawn from practitioners, academia, researchers and policy makers. The conference proceedings were published in Social Work in Health Care.

In 2019, the Conference was held in York, UK, from 22nd to 26th July. Bringing together social work practitioners from all over the world, the Conference provided a forum for the sharing of knowledge and interaction between educators, practitioners and researchers in health and community care sectors. This 9th conference shaped around promoting human rights and social perspectives in health and mental health."

Themes / objectives

As cited in the conference website: https://icsw2019york.org/conference-themes/
"This conference explores the potential for social work practitioners, researchers and educators, alongside service users and carers, to shape the future of health and mental health care. Working with health professionals, social workers can take a lead on promoting human rights and social perspectives. This conference

recognises and celebrates good practice in social work and contributes to discussions about new agendas for social work practice and research in health and mental health services. "

The following topics showed the cross-cutting themes of the conference:

- ✧ Innovation / shaping the future
- ✧ Human rights and legal frameworks
- ✧ Social and political perspectives
- ✧ Health and mental health through the lifespan
- ✧ Service user and carer perspectives
- ✧ Role and value of social work in health and mental health

Introduction of the study visits

The following visits were arranged by the conference organizer:

✧ ***York Hospital Social Work Team (Multidisciplinary Adult Learning Disability Team)***

York City Council Social Services offer the opportunity to visit their multidisciplinary adult learning disability team, hear about the work they do and take a tour of the facilities

✧ ***Bridging the Gap***

Bridging the Gap is a Personality Disorder Service commissioned by Health and Ministry of Justice and designed to support the outcomes of Offender Personality Disorder Pathway. We provide a community-based service to work with men in the Criminal Justice System who have Personality Disorder Traits. We offer Psychological and Social Interventions to support our service users to manage risk of harm, reduce re-offending and develop psychological well-being and social engagement. Psychological interventions include Dialectical Behavioural Therapy, Compassion Focussed Therapy and trauma work. Delegates are very welcome to visit the service to speak to staff, find out about our work and meet some of our service users.

The following visits were arranged by the Council:

✧ ***Lime Trees – Community services for children and young people in York***

Lime Trees is an outpatient service unit - provided by Tees, Esk and Wear Valley NHS Foundation Trust. Most people seen by the Lime Trees team attend appointments or groups in the outpatient (community team) service. If the problem is more severe and needs more intensive support, then the Mill Lodge inpatient team can become involved.

✧ ***Mill Lodge CAMHS Inpatient – Child and Adolescent Mental Health Service***

The Child and Adolescent Mental Health Service (CAMHS) team offers support to young people and their families experiencing a range of mental health difficulties including. anxiety, low mood, traumatic life experiences, attentional difficulties, Autism Spectrum Conditions (ASC) and/or Learning Disabilities (LD), eating disorders, and self harm. The ways in which we may do this include signposting to services available in the local area; self-help recommendations; group work, individual work; family therapy and neurodevelopmental assessment. The CAMHS is for children and young people up to the age of 18 who have emotional or behavioural problems or other mental health difficulties - after all, there is no health without mental health. About 1 in 10 children and young people have these kinds of problems at some time in their lives.

Programmes

Date	Time	Item
9th International Conference on Social Work in Health and Mental Health cum study visits to mental health services in York		
22-26/7/2019 (Monday to Friday)	Refer to information of the conference	**Conference** http://icsw2019york.org/ Venue: Exhibition Centre, University of York, Heslington West, York YO10 5DD
23/7/2019 (Tuesday)	2pm – 4pm	**Field visit of the conference (only for those who have enrolled d through online registration in advance)** York Hospital Social Work Team (Multidisciplinary Adult Learning Disability Team)
25/7/2019 (Thursday)	2pm – 4pm	**Field visit of the conference (only for those who have enrolled through online registration in advance)** Bridging the Gap
Study visits (arranged by HKCSS)		
24/7/2019 (Wednesday)	2:30pm – 4:30pm 1:45pm (Meet@Travelodge York Central)	**Lime Trees – Community services for children and young people in York** Contact person: Mr. Rob Berry Mobile: 07342 075342 Unit Tel: 01904 615300 Address: 31 Shipton Road, Clifton, York YO30 5RE **https://www.yor-ok.org.uk/service-detail.htm?serviceid=1773**
26/7/2019 (Friday)	2:30pm – 4:30pm 1:45pm (Meet@Travelodge York Central)	**Mill Lodge CAMHS Inpatient – Child and Adolescent Mental Health Service** Contact person: Mr. Tim Richardson Mobile: 07980 969124 Unit Tel: 01904 294050 Address: Mill Lodge, 520 Huntington Road, Huntington,York https://www.leedsandyorkpft.nhs.uk/our-services/inpatient-camhs/

Evaluation of the Event Programme

The event featured a number of presentations and discussions on the challenges and opportunities for social workers to play a unique role in health and mental health services. Social workers are one of the professions in the multidisciplinary service approach, which is widely applied in health and mental health services in different countries. The implementation of multidisciplinary approach is in line with the public expectations for professional and quality care for people with health or mental health problems because it is presumed that different professions could advise from different perspectives which fulfill bio-psycho-social needs in a holistic manner.

Visiting local services were inspiring because their sharing and practice can be the references of our service development, e.g. emphasized on the synergy of multi-disciplinary practice, provided standardized trainings for mental health staff. The staff, who gave us a lot of information and shared the practice manuals of the multidisciplinary team, were helpful and welcoming. After all, we got very fruitful experiences and sharing in the meetings with the local service units.

Content / scope of the papers presented

A Visit to Lime Trees -- Child and Adolescent Mental Health Service (CAMHS)

In the UK, all Child and Adolescent Mental Health Service (CAMHS) have been divided into four tiers. The term CAMHS is used in two ways. One is a broad concept including all services that contribute to the mental healthcare of children and young people, whether provided by health, education, or social services, or other agencies. The other applies specifically to specialist CAMHS provided at Tier 2, 3, and 4. They are composed of a multidisciplinary workforce with specialist training in child and adolescent mental health. Child and adolescent mental health services in Tier 2, 3 and 4 commonly referred to as specialist CAMHS.

Tier 1 CAMHS embraces those services whose primary function is not to provide specialist mental healthcare, but which have a general role in meeting the emotional and mental health needs of children and young people (e.g. general practice or schools, universal services). Tier 2 CAMHS is provided by specialist trained mental health professionals, working primarily on their own rather than in a team. It describes the work of practitioners from specialist CAMHS that provide comprehensive mental health assessment of children and young people and their families.

Tier 3 service is a community multidisciplinary CAMHS team. Tier 4 services are very specialized services in residential, day-patient or outpatient settings for children and adolescents with severe and /or complex problems requiring a combination or intensity of interventions that cannot be provided by Tier 3 CAMHS. We visited a local day service for supporting child and adolescents' mental health which is a Tier 3 service and the CAMHS service in York is based at Lime Trees. The service users' maximum age is 18-year-old. The service is financially supported by National Health Service (NHS).

When a child or young person was facing worries and mental distress, the CAMHS team could support children, young people and their family by offering professional help and advice. The team has a range of therapists with skills including speech

and language therapist, clinical psychologist, community nurse, family therapist, occupational therapist, psychiatrist and so on. It was a multidisciplinary team offering support to young people and their families experiencing a range of mental health difficulties including, anxiety, low mood, traumatic life experiences, attentional difficulties, Autism Spectrum Conditions (ASC) and/or Learning Disabilities (LD), eating disorders, and self-harm. If the young person's needs require movement between Tier 2 and 3, this should be fluid and seamless, often with the same professionals working at both tiers.

Implication and recommendation to Hong Kong

Specialist Practice Tier 3 Specialist CAMHS (Lime Trees) is similar to Hong Kong service of Integrated Community Centre for Mental Wellness (ICCMW), both of two service are delivering service for people with mental health issues and their caregivers who living in the community. There are some differences between them, Lime Trees only provides service for children and young people, the maximum age is 18. Moreover, at Lime Trees the clinical practitioners have divided into different teams and use their different skills to approach a particular difficulty. The clients would be referred to one of these teams if that would be helpful. It includes attention problems team, bereavement & life-limiting illness team, deaf team, eating disorders, family therapy, learning disabilities team, looked after team and Group work team. (More detailed information about the above teams, please refer to Appendix 1). Those practices would be more specialized. More importantly, it would let children and young people receive the most suitable services.

A Range of Therapists, A Multidisciplinary Team Children and youth mental health issues sometimes might be complicated and some would be related to their learning difficulties and family problem. There are lots of different kinds of workers who working at Lime Trees. Especially they have family therapists and learning disabilities team to help the clients with specific issues. In Hong Kong, ICCMW service for children and youth and their caregivers are in the early stage, all stake holders in providing and developing the mental health service, it is worth knowing more about Lime Trees service model as well as CAMHS in the UK that aims to enhance our children and young people's mental well-being.

A Visit to Mill Lodge

Background of Mill Lodge

- Mill Lodge is inpatient unit for children and young people between 13 and 18 years of age and is supported from British Trust's Child and Adolescents Mental Health Service (CAMHS). They offered the admission to young people experiencing psychiatric, psychological or emotional problems that interfere with their interpersonal, educational and social functioning.

The service of Mill Lodge

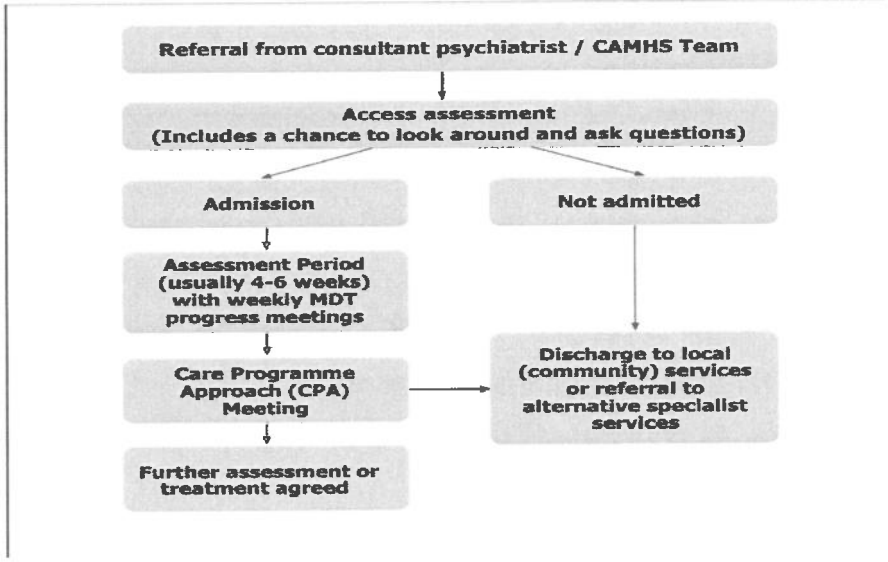
- If the outpatient unit assessed the problems of young people are more severe and intensive need, then they will make a referral to Mill Lodge.
- Mill Lodge also receive the referral who are detained under the Mental Health Act (1983) or subject to other court orders. If the young people are stress to admit to hospital, then Mill Lodge as an inpatient service are more suitable for them to treat their problems.
- Mill Lodge as an inpatient unit is like a hospital ward, but their staffs do not normally wear uniforms.
- The staffs are never knock the door, so that service users have right to arrive different parts of Mill Lodge and they can come and out easily. In fact, Mill Lodge set up the electric knock for different rooms, however, the service users have the passing card to visit different rooms that they can use.

The reasons for making referral to Mill Lodge

- The service users with different reasons came to Mill Lodge. Some of the parents felt tried to take care their youth, so encouraged their children to move to Mill Lodge for residential patient to treat their emotional problems, or sometimes, treat their family and relational problems.
- Some of the young people are with their presenting problems especially as suicide idea and harm themselves. Mill Lodge wants to offer different programs to settle their emotional status and try to improve their situation such as the relationship with families so that they can have more situation condition for the young people when they come back and live with their families.
- Young people have choice to come in inpatient or not.

The service context

- Total numbers of capacity are 16 at Mill Lodge. Girls and boy proportion when we visited is 15:1, although it is not the necessary status, the female service users are more than male usually according to past record of Mill Lodge.
- Each young person and their family are encouraged to be actively involved in their own care and in the overall running of Mill Lodge.



- DBT is the common therapeutic approach for the staffs to the young people at Mill Lodge, the practice is that allow young people express themselves and, staffs trained as DBT for listening the options and requests from young people.
- Young people will have their mutual support, therefore no peer support was needed at Mill Lodge. However, placement and volunteers were welcomed as their community partners to operate the service.
- And, MDT and CPA also are delivered in service. MDT means multi discipline team meeting, they will keep closely assessments will multi discipline professions and also young person to assess his or her treatment plan and their needs. CPA means care programme approach.
- Young person will have their home leave during their admission period. It is important that getting the feedbacks from the young person and their parents or carers with the key/co-worker or the nursing staff on duty on their home leave and return to the unit. They will get their positive and negative outcomes on home leaving period so that can revise the caring plan if

necessary. The young person's views are considered together with those of their family and care team, and recommendations agreed by the multidisciplinary team. A member of staff will inform the young person and their parents or carers of these recommendations. Parents are encouraged to call in to receive feedback.

- The recommendations from the MDT and assessment review meetings are discussed with the young person, then their parents/carers and other professionals involved in their care at the Care Programme Approach meeting.
- Between four and six weeks after admission to Mill Lodge, a CPA Meeting will be held. The young person, their parents/carers and professions would be invited to involve in his or her care planning. This meeting provides an opportunity to discuss a young person's progress during the admission and to plan the supporting action that they and their family may need in the future.
- The CPA is important in ensuring the smooth transition from inpatient care to local outpatient services.
- Out of MDT and CPA, the therapeutic programs will be introduced, i.e. group program, individual care plan, Mill Lodge School and family therapy.
- Family Therapy is an important part of the package of care offered to young people and their families at Mill Lodge.

Observation/implications to Hong Kong/Recommendations

- Although Mill Lodge is as the inpatient service, we found this kind of service is similar to our halfway house service, the difference between them is Mill Lodge is especially for young people. According to the past admission record of halfway house in Hong Kong, most of the residents were mid-age to old-age people. However, we found that there are more and more adolescents admitted in halfway house in recent 5 years. We can find there are different problems from halfway when young-age people are living in halfway house, the regulations and practice are not suitable for their daily living. Therefore, easy to make conflicts between residents and staffs. In fact, maybe the service approach is not suitable for young residents. If the halfway house service can be offered to young people specially, I think the approach can be revised and suitable for them.

- Also, Mill Lodge focused on the relationship and communication with the young people and their families. The residential service are not just care their up-to-date living but also after discharge from halfway house. Therefore, family therapy is applied. They involve the parents so much on young people's caring plan, and also they have intensive review after young people home leave. Family involvement is important in residential service, but not just involve them to understand the service providing, involving in caring plan is more effective. Providing the education sessions for the parents is necessary. It can be benefit to young people when they discharge from inpatient and go back to parents. It can be reference for Hong Kong's residential service. There are not mention too much family involvement in Hong Kong. We can try to practice the intensive meeting after home leave and involve the parents or family members to involve.
- Set up the halfway house especially for young people are necessary in Hong Kong. We found that there are more and more adolescents are not suitable to live with parents and their family. However, if they stayed at hospital for a long time, it may not be good for them. Special provision for young people through halfway house mode would be suitable for them to improve their mood problems and relationship with their parents.

Problems and difficulties to be encountered if applied to Hong Kong

- In Hong Kong, multi discipline cooperation still are the barriers on mental health service especially for young people. The communication and trust between different discipline need to practice.
- Although there are residential service for young people, most of them are focusing on behavioral problems. However, the youth workers did not have mental health approach and practice, therefore, cannot practice in residential service at this moment.
- Ratio between staffs and users cannot practice in Hong Kong. They are 55:16 respectively. However, this ratio is good for young people because they can have normal living with peers and have a secure and supportive environment for they grow up and treat their emotional and behavioral difficulties.

Sharing of conference: Social aspect in mental health social worker

Prof. Jerry Tew, Department of Social Work and Social Care of the University of Birmingham, presented "Putting the Social back into mental health social work". His topic on "social aspect" of mental health problems" is echoing the "United Nations Convention on the Rights of Persons with Disabilities" (UNCRPD) in which the article 1 states that "Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.

What is recovery?

Prof. Tew shared that the clinical definition of recover was the remission of symptoms, and from social/personal perspectives, to get a life, have hope/control/ opportunities and take personal responsibility were critical to determining a person's recovery.

Prof. Tew shared that there was no correlation between introduction of medical treatments and recovery rates but strong correlation was found with employment rate and social acceptance/ capability to access social opportunities.

Practice framework

Strengths-based social work practice

It emphasizes on control, citizenship and connectedness. Personalization and co-production are the important elements of the service model. The professional staff partner with people with mental illness to develop co-designed solutions to prevent harm and abuse, reduce obstacles, discrimination, restore and support family relationships. The conversation style is changed to "Doing with" rather than "Doing to" or "Doing for".

Recovery Capital

Prof. Tew suggests a concept of recovery capital which requires a more specific framework for evaluation of the personal and social resources, to make a sustainable recovery. Prof Tew proposes that people with mental illness reclaim their economic power is a way to strengthen their self-identity as productive citizens

and consumers. It also helps building social bonding and sense of belonging. Peer-led organizations will be one of the ways to make power together and develop new forms of social capital.

An evaluation of person's relationship capital should include both beneficial and problematic personal relationships. Re-establishing connections between people with mental illness and beneficial personal relationships is another area of concerns.

Identity capital

People with mental illness may feel uncertain with their self-identity. They may also feel threatened and insecure with mental illness labels. We should reflect how we construct people with mental illness. How the labels relate to the issues of stigma? Professional practice or social environment always constructs people as "patients," but Professor Tew suggests that we should ask people who have mental illness what they should use so that they feel safer and have no stigma. Internalization of problematic or constructive ways of seeing self put different and engaging with the wider world

One service approach: Open dialogue

A national multi-centre "Open Dialogue" pilot project seeks to transform the model of health care provided to patients with major mental health problems in the UK. It involves the whole family or the whole network, rather than just the individual and equipping staff of all disciplines with the key skills to do this which enables change at a deeper level.

What is Open Dialogue?

A model of mental health care pioneered in Finland. It includes a consistent family and social network approach where all healthcare staff receive training in family therapy and related psychological skills. All treatment is carried out via whole system/network meetings which always include the patient. It has been discussed for several years with interest by several NHS Trusts around the UK. Open Dialogue has since been taken up in a number of countries around the world, including much of the rest of Scandinavia, Germany and several states in America.

Inclusive approach

Inclusive approach, which involves family and friends in ongoing dialogue to

understand and resolve unease and mental distress, is adopted with the focus on meaning and context. Medication is only used selectively. Strong emphasis is on social capital, employment and community engagement.

International results

Some of the results so far from nonrandomised trials are striking. One study, for example, had 72 per cent of those with first episode psychosis treated via an Open Dialogue approach returned to work or study within two years, despite significantly lower rates of medication and hospitalization compared to treatment as usual.

Observation/implications to Hong Kong/Recommendations

We understand that social workers from around the world face similar challenges and opportunities in the multidisciplinary teams of health and mental health services It is also realized that in the process of intervention, efforts to achieve a balanced collaboration between different professions are essential in order to attain comprehensive bio-psycho-social interventions. "Social" aspect is a potential field that we can use to develop more comprehensive indicators, so that the functioning of a person with mental illness can be an important focus, not just to relief symptoms.

Yet, cooperation and role-to-play across different professions have to be clearly stated and defined. In particular, the importance of social component is usually minimized compared to medical and psychological concerns. Life experiences, social circumstances, social inclusion, community engagement and etc. are some of the important intervention areas for improving one's social functioning. Thus, Social workers could play a more active role in these areas of intervention.

Not only in other countries, but also in Hong Kong, further discussion should be made to strengthen the intervention for social functions of clients with health and mental health problems. Furthermore, careful revisions are needed to identify the service gaps between professions and improve their collaboration between professions to achieve the best outcomes for the clients in need.

The importance of community mental health worker

There are a number of longitudinal studies showing that psychiatric disorders are strongly associated with life impairment, worse developmental histories and early-life brain function which called adverse life experiences. Therefore, it is challenging to find causes, consequences, biomarkers and treatments with specificity to individual mental disorders. It is told that genetic factor is relatively less significant than family dynamic in inducing mental health issues.

Mental health worker serves a unique role in the community. It aims at putting service users at the centre among the professional practice which no other professional grouping can claim a core defining principle based on giving service users a voice.

How to develop community mental health services

To facilitate service users in recovery, mental health workers insist in enhancing the sense of control, citizenship and connectedness underpinning all strength-based work. They draw on personalization in the community. Also, it is to promote partnership to develop co-production and co-designed solutions which prevent harm and abuse, reduce obstacle and discrimination, restore and support family relationships.

Therefore, it is important to enable new forms of conservations and connections between individuals, families and communities which build or sustain capabilities and forms of capital.

Forms of capital

Economic capital - enable to reclaim economic power both as a productive citizen and as a consumer

Social capital - bonding and bridging which can enhance sense of belonging to create opportunities for people with and without experiences of mental distress in the community

Relationship capital - re-established potential and beneficial relationship that are respectful, supportive and allow for mutuality

Identity capital - a valued agentic self-identity

Personal capital - internalization of problematic or constructive ways of seeing self and engaging with the wider world

Implications to Hong Kong

From the illustration of the importance of community mental health worker, it is encouraged to resume the social context back to our work by drawing the attention of the public and co-operation from existing social resources. For example, review the collaboration with the support network of the users. On the other hand, mental health worker should emphasis the voice of service users especially for the adolescents.

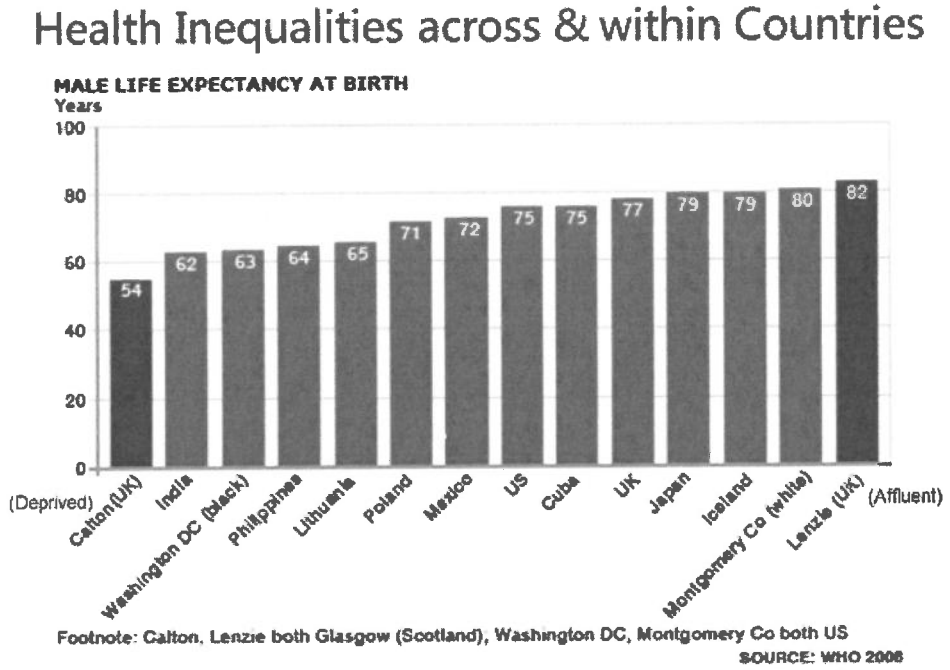
Health Inequalities

Health Inequalities around the World

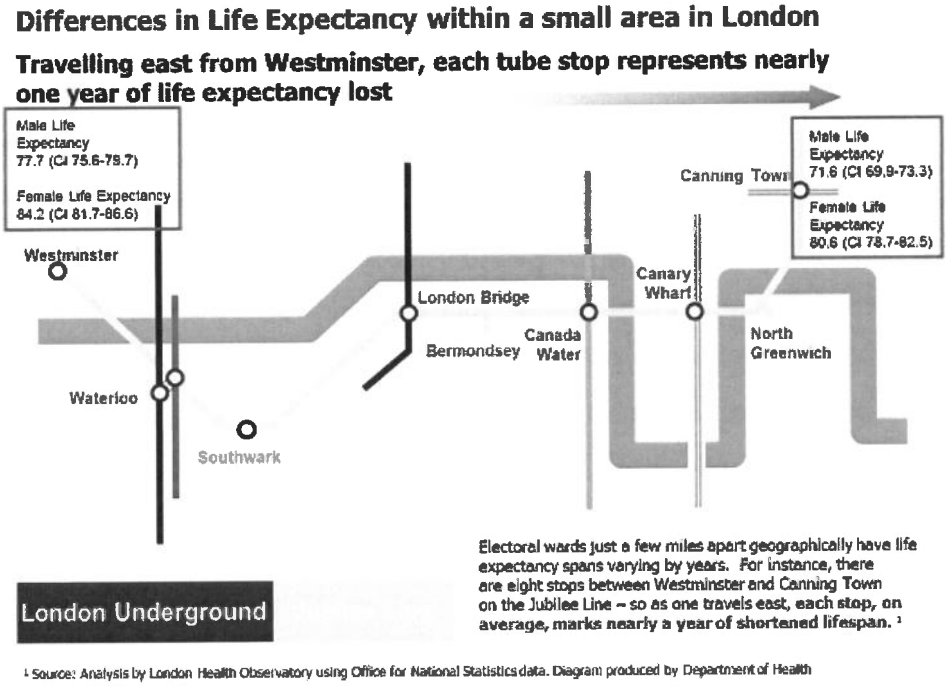
Theme of "Health inequalities" was one of the major focuses in the conference. There were two out of nine plenary sessions presenting issues of health inequalities which were "Health inequalities" (plenary 4) and "Social work and health inequalities network" (plenary 7). The presentation on "Two steps forward, one(?) step back: recent trends in health and inequalities" by Kate E Pickett, PhD FRSA FFPH, Professor of Epidemiology, University Champion for Research on Justice and Equality, and Deputy Director of the Centre for Future Health, University of York, was the most impressive.

Health inequalities were a global issue affecting not only low-income countries, but also rich countries. In UK, the male life expectancy at birth of people living Calton was almost 30 years shorter than that in Lenzie (Slide 1). Even in a small area of London, each stop on the Jubilee Line from Westminster to Canning Town accounted for nearly one year of life lost (Slide 2).

Slide 1



Slide 2

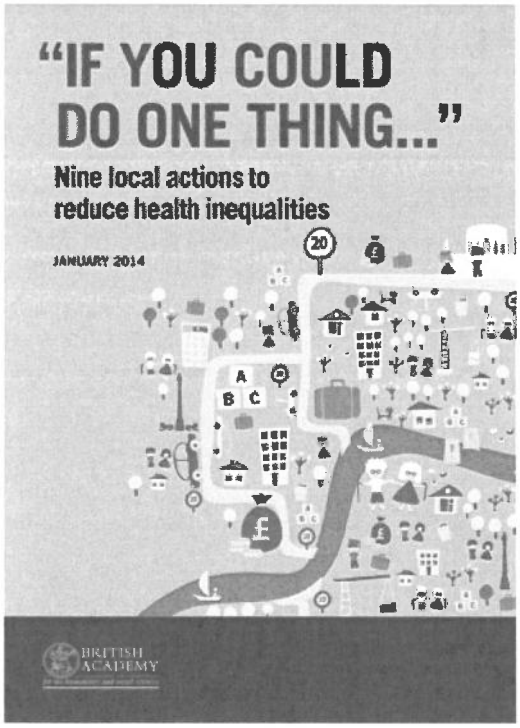


The Commission on Social Determinants of Health (2008) reported that "Social injustice is killing people on a grand scale". In high-income countries, low socioeconomic position implied poor education, scarcity of amenities, joblessness, poor job security, poor working conditions and insecure neighborhoods. All of those

social determinants applied to the low-income countries with the addition of material depreciation and potential impact of natural disasters which further worsened the health inequalities.

In Europe, the Independent Commission for Sustainable Equality has been delegated with a mission of combating growing inequalities. Five directions have been advocated, including "power to the people, reshaping capitalism, social justice for all, social-ecological progress, enabling change" (Independent Commission for Sustainable Equality, 2018). In UK, the British Academy (2014) has published a report to propose nine local actions to address the issue of health inequalities (Slide 3).

Slide 3



1. *Implement a living wage policy*
2. *Focus resources on improving life chances in early childhood*
3. *Implement 20mph speed limits where 30mph ones have usually been in place*
4. *Take a 'health first' approach to tackling health-related worklessness*
5. *Use a form of participatory budgeting to make decisions on public health priorities and interventions*
6. *Utilise the substantive role of further and adult education*
7. *Adopt local policies to improve the employment conditions of public sector workers*
8. *Implement locally based 'age-friendly environments' that facilitate improvements in the independence, participation, health and wellbeing of older people*
9. *Make good use of evidence of cost-effectiveness before choosing between competing interventions*

Health Inequalities among People In Recovery (PIR)

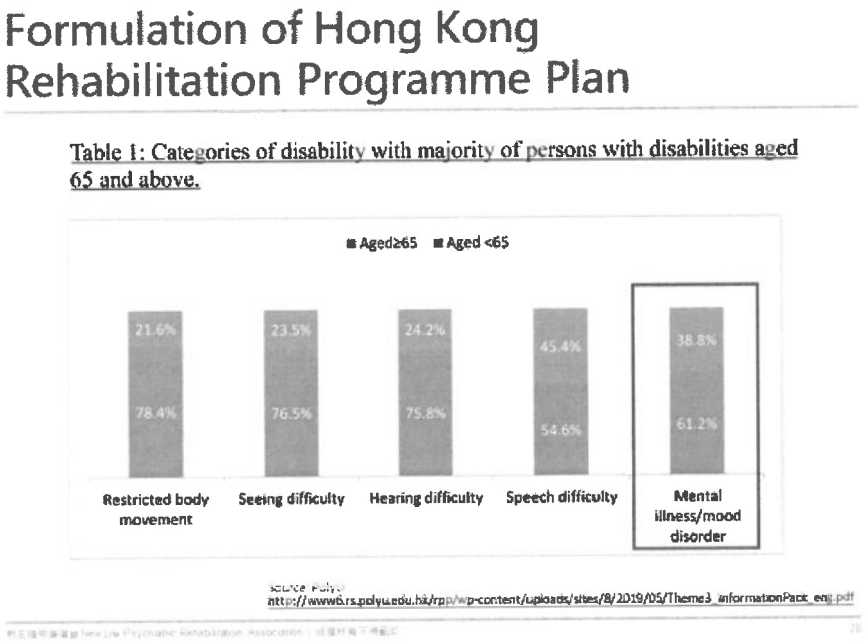
Health inequalities among people in recovery of mental illness were also a significant issue. According to World Health Organization (WHO) (2018), mental illnesses, particularly severe mental illnesses including moderate-to-severe depression, schizophrenia, other psychotic disorders and bipolar affective disorder, were associated with higher mortality rate and poorer health status. People with severe mental illnesses had two to three folds higher average mortality when

compared with the general population. In other words, their life expectancy would be to twenty years fewer than the general population. And the major causes of death among them were physical health problems including both communicable and non-communicable diseases. Moreover, they are more likely to have unhealthy lifestyle, such as physical inactivity, unhealthy diet and smoking, contributing to non-communicable diseases (WHO, 2018).

Conditions in Hong Kong

More than 60% of people with mental illness were aged 65 years or above (Slide 4). However, it seemed the priority was focusing the ageing needs of persons with intellectual disability, but not PIR. However, in view of significant shortened life expectancy of PIR, it was imperative for policy makers and stakeholders to reduce the health inequalities with the priority for ageing PIR.

Slide 4



Ways to Reduce Health Inequalities among PIR

World Health Organization has called for the international awareness and actions to protect the physical health of PIR. A policy brief has been published by WHO in 2017 to propose what could be done to support PIR to live longer with healthier lives at individual, health system and societal levels. Moreover, WHO also

published guidelines on "management of physical health conditions in adults with severe mental disorders in 2015. Policy framework and specific guidelines have already been available. It is the time for policy makers, stakeholders and service providers in health care, social care and rehabilitation sectors to rethink what can be done to protect for the physical health of PIR in Hong Kong.

Reference

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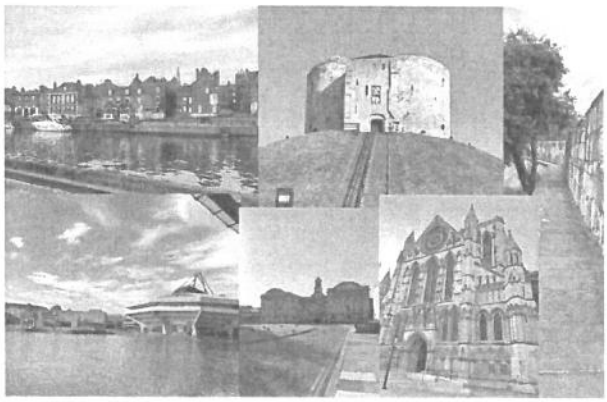
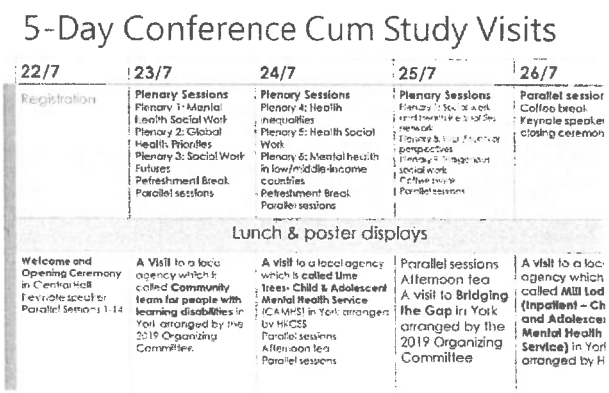
Appendices

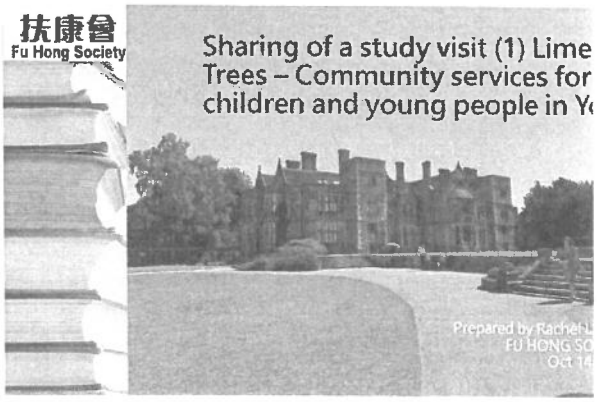
Appendix I –People / Organizations

Name	Job Title	Agency	Expertise
Prof. Renata Kokanovic	Professor	Professor of Sociology of Health and Illness in the Social and Global Studies Centre and Vice Chancellor's Senior Research Fellow at RMIT University	Research Leader of the Health, Society and Medicine Research Program and Director of the research collaboration Healthtalk Australia; a unique online repository of health and illness narrative accounts designed to support people experiencing ill health, and inform health and social care delivery and policy.
Prof. Bernadette McSherry	Professor	Foundation Director of the Melbourne Social Equity Institute and an Adjunct Professor in the Melbourne Law School, University of Melbourne and the Faculty of Law, Monash University President of the Australian and New Zealand Association of Psychiatry, Psychology and Law and a Legal Member of the Victorian Mental Health Tribunal.	Published widely in the fields of mental health law, criminal law and human rights law
Dr. Lisa Brophy	Full time academic position funded by Mind Australia Limited since 2011	University of Melbourne	Professional background in Social Work and a career long commitment to the mental health field of practice dating back to 1985. Her PhD focused on good practice with people on Community Treatment Orders and she has been involved in local and international collaborations regarding mental health law and its implications for policy, law reform and direct practice. Her research is focused on human rights, social inclusion, psychosocial interventions and recovery.

Appendix II– PowerPoint slides for report back sessions





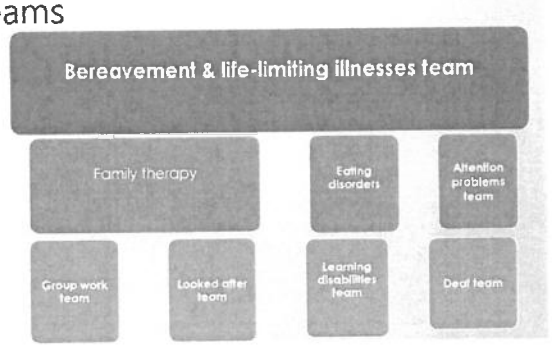


A visit to **Lime Trees - Child & Adolescent Mental Health Service (CAMHS)**

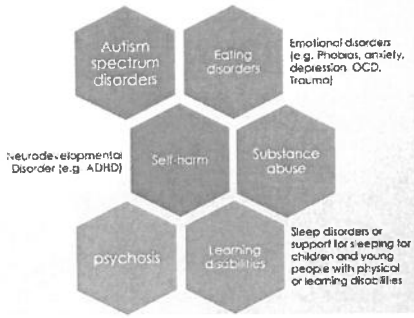
Lime Trees - Child & Adolescent Mental Health Service (CAMHS)

Financially supported by National Health Service (NHS)
Multidisciplinary Practice (CPx3, Psychiatrist, OT, Crisis Worker, Community nurse, SW, Family Therapist, Music therapist, Young people's mental health advisor, speech and language therapists, Primary mental health worker
At Lime Trees there are teams of different types of workers who use their different skills to approach a particular difficulty. You might be referred to one of these teams if that would be helpful.

Teams



Lime Trees - Child & Adolescent Mental Health Service (CAMHS)



Tiered Model

The Four Tiers

Tier 1 : CAMHS is provided by professionals whose main role and training is not in mental health, such as general practitioners, teachers, social workers, youth workers, the primary mental health worker. The primary mental health worker is highly skilled mental health practitioner (Hickey et al, 2008)

Tier 2: CAMHS is provided by specialist trained mental health professionals, working primarily on their own rather than in a team. Tier 2 describes the work of practitioners from specialist CAMHS that provide comprehensive mental health assessment of children and young people and their families.

The Four Tiers

- **Tier 3** : are provided by a multidisciplinary team who aim to see young people with designated complex mental health problems such as ADHD, autism spectrum disorder, eating disorders or mental disorders associated with intellectual disability.
- **Tier 4** : services are very specialized services in residential, day-patient or out-patient setting for children and adolescents with severe and/or complex problems requiring a combination or intensity of interventions that cannot by provided by Tier 3 CAMHS.

Insights Gained

- Specialists/ Multidisciplinary Practice
- Case workload
- Anti-stigma
- Major challenges, Demanding vs. Capacity (30-40 referrals a week, waiting list)
- Skills and experiences in dealing with children and young people
- Relationship with the clients

References

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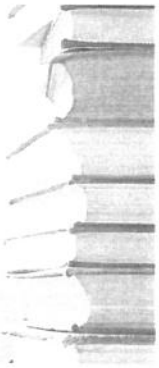
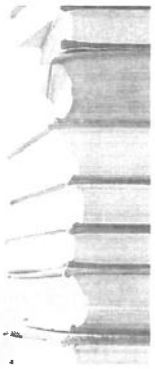
3. [illegible]



扶康會
Fu Hong Society

THE END & THANK YOU



Sharing of conference: Social aspect in mental health social worker

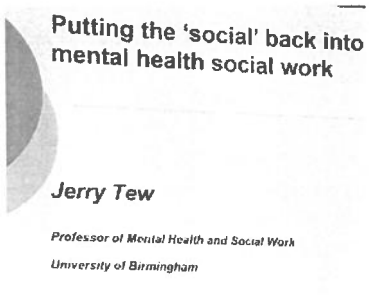
Ms. LAI Dik Chee, Chloris
Officer (Rehabilitation), Hong Kong Council of Social Service

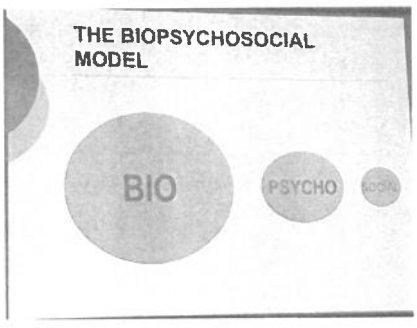
United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)

- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)
  - China has ratified in 2008 and is applicable to Hong Kong
  - To ensure the integration of a human rights perspective into all disabilities issues, including mental health issues, policies and laws

Related concept

- Article 1
  - Purpose The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.
  - Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with **various barriers** may hinder **their full and effective participation** in society on an equal basis with others.





What is recovery?

- Clinical definition: remission of symptoms
- Social/personal definition:
  - Getting a life
  - Hope
  - Control
  - Personal Responsibility
  - Opportunity

What influence recovery? (Warner 2004, Tew et. Al. 2012)

- No correlation between introduction of medical treatments and recovery rates (Clinical or social)
- Strong correlation with employment rate
- Social Acceptance / capability to access social opportunities

Practice framework

- Strengths-based social work practice
- Socially informed analysis
- Recovery

Strengths-based social work practice

- Control, citizenship, connectedness
- Personalization, co-production
- Working in partnership to develop codesigned solutions to prevent harm & abuse, reduce obstacles, discrimination, restore & support family relationships
- Different conversation – "Doing with" rather than "Doing to" or "Doing for"

Recovery Capital

- Need a more specific framework for evaluating the personal and social resources that a person may require if they are to make a sustainable recover – recovery capital

Recovery Capital

- Economic capital
  - Reclaim economic power both as a productive citizen and a consumer
- Social capital (Bonding & Bridging)
  - Social networks (or potential) / Sense of belonging
  - Develop new forms of social capital and power together (e.g. peer-led organizations)
  - Community level opportunities (with and without experiences of MI)

Recovery Capital

- Relationship capital
  - Beneficial personal relationships
  - Problematic personal relationships
  - Re-established connections
- Identity capital
  - Uncertain, threatened or in crisis self-identity. What may feel more secure?
  - Professional practice/ social context, e.g. constructing people as "patients", issues of stigma

Recovery Capital

- Personal capital
  - Internalization of problematic or constructive ways of seeing self and engaging with the wider world

One service approach: Open dialogue

- A national multi-centre Open Dialogue pilot
- seeks to transform the model of health care provided to patients with major mental health problems in the UK.
- Involves whole family or network, rather than just the individual, and equipping staff of all disciplines with the key skills to do this, and thus effect change at deeper levels.

One service approach: Open dialogue

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- seeks to transform the model of health care provided to patients with major mental health problems in the UK.
- Involves whole family or network, rather than just the individual, and equipping staff of all disciplines with the key skills to do this, and thus effect change at deeper levels.

What is Open Dialogue?

- A model of mental health care pioneered in Finland
- Involves a consistent family and social network approach where all healthcare staff receive training in family therapy and related psychological skills.
- All treatment is carried out via whole system/network meetings which always include the patient.
- Has been discussed for several years with interest by several NHS Trusts around the country.
- Open Dialogue was pioneered in Finland and has since been taken up in a number of countries around the world, including much of the rest of Scandinavia, Germany and several states in America.

What is Open Dialogue?

- Inclusive approach – family and friends involved in ongoing dialogue to understand and resolve unease and mental distress
- Focus on meaning and context
- Medication only used selectively
- Strong emphasis on social capital, employment, community engagement

International results

- Some of the results so far from nonrandomised trials are striking.
- For example, 72 per cent of those with first episode psychosis treated via an Open Dialogue approach returned to work or study within two years, despite significantly lower rates of medication and hospitalization compared to treatment as usual.

- Individual topic: Mental health social work. My thesis topic: Social Works Changing Profession in adolescent psychiatry
- Miina Arajärvi
- University of Eastern Finland, Kirkkonummi, Finland

Problems

- Relocate social workers from health care to social service sector
- Need to redefine social workers role in adolescent psychiatry

Social work psychosocial profession

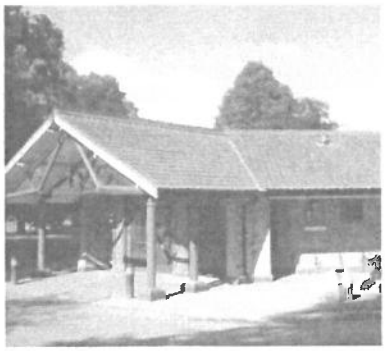
- Social Parts: cultural, environmental, patients experience
- Goal: Restore personal and social functions
- Key tasks (need to be defined)
- Task not belong to SW (need to be defined)
- Negotiation among multi-professional team
- Clients participation

Preliminary results

- 71% social work tasks serve customers needs
- 28% social worker role is not clear
- More than 50% social worker role clear
- In adolescent psychiatry, SW Psychosocial profession is based on
  - Social science, systemic work, family orientation, being familiar with service systems
  - Understanding psychiatric symptoms and how those symptoms effect on adolescent ability to perform

Sharing

- Co-production: insight in visiting in-patient unit
- Case conceptualization of mental health issues
- Mental health issues: Young people (multi-disciplinary team)
- Evidence based intervention / Conference presentation



Visit sharing:

Children and Adolescent mental health in patient service,
Mill Lodge

Baptist Oi Kwan Social Service

INTEGRATED COMMUNITY CENTRE FOR MENTAL WELLNESS (ICCMW) – Kwai Tsing District

Leung Lai Wan 14.10.2019

About organization.....

- Mill Lodge is inpatient unit for children and young people between 13 and 18 years of age and is supported from British Trust's Child and Adolescent Mental Health Service (CAMHS).
- The unit offers admission to young people experiencing psychiatric, psychological or emotional problems that interfere with their interpersonal, educational and social functioning.

Who would like to admit the service.....

- Outpatient service supported young people with mental health issues by community CAMHS teams.
- If the problem is more severe and intensive need then will make a referral to an inpatient.
- An inpatient unit is like a hospital ward, though it is often a separate building in the community and the staff do not normally wear uniforms.
- Most young people admitted as informal residential patients. Mill Lodge also accepts admission of young people who are detained under the Mental Health Act (1983) or subject to other court orders..

About the service....

- Total no. of capacity: 16
- Girls and boy proportion when we visited: 15:1 (not necessary)
- They suffered the emotional and behavioral problems which arise from a mental health condition
- Who are stressful to hospital, then send to Mill Lodge as an inpatient
- Each young person and their family are encouraged to be actively involved in their own care and in the overall running of Mill Lodge.

Why they admitted.....

- Different reasons to come in
- Maybe the parents feel tried to take care their youth, then move in
- Some of the young people with their presenting problems: such as suicide idea and disorder, harm themselves
- Most of presenting problems of boys: Austin and substance abuse
- If community treatment can't treat, then inpatient; or who are stressful to hospital, then send to Mill Lodge as an inpatient
- Young people have choice to come in inpatient

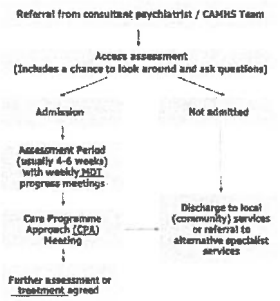
Service operation

- 24 opening hour
- Never knock the door, they can come and out easily
- There are programs for school holidays
- DBT is the common therapeutic approach for the staffs to the young people, to listen and express themselves
- Young people will have their mutual support, no peer support need
- Placement and volunteers was welcomed

Service operation.....

- Each young person is allocated a single room.
- Any bedding brought from home must be 100% cotton in order to comply with fie regulations. There are laundry facilities for the young people because they need to keep their bedrooms reasonably clean and tidy
- requested that family and friends do not visit during mealtimes.
- young person will have home leave during their admission period
- It is important that getting the feedbacks from the young person and their parents/carers with the key/co-worker or the nursing staff on duty on their home leave and return to the unit. They will get their positive and negative outcomes on home leaving period so that can revise the caring plan if necessary.

Service operation



About MDT (Multi-Discipline Team) meeting.....

- The young person's views are considered together with those of their family and care team, and recommendations agreed by the multidisciplinary team. A member of staff will inform the young person and their parents/carers of these recommendations. Parents are encouraged to call in to receive feedback.
- The recommendations from the MDT and assessment review meetings are discussed with the young person, their parents/carers and other professionals involved in their care at the Care Programme Approach (CPA) meeting.

About CPA (Care Programme Approach).....

- Between four and six weeks after admission to Mill Lodge a CPA Meeting will be held. The young person, their parents/carers and professionals involved in their care will be invited. This meeting provides an opportunity to discuss a young person's progress during the admission and to plan the support they and their family may need in the future.
- The CPA is important in ensuring the smooth transition from inpatient care to local outpatient services.

About treatment .....

- Therapeutic programme: group program, individual care plan, Mill Lodge School and to family therapy

About Mill Lodge school

- Mill Lodge School provides education for a maximum of 10 hours per week depending on the mental and physical health of the young person and has three qualified teachers trained in primary and secondary education with a variety of specialist interests.
- The school unit has two classrooms with Internet access in both. The school has resources for research for all major subject areas including Key Stage 3 and 4 and some A/S level subjects.
- The school does not run along the formal lines of mainstream schools; Pupils are of different ages, abilities, areas and schools, and have different needs according to the reasons for their admission.
- It is possible for teachers and/or the young person to keep in contact via the phone or email.

About: Family therapy

- Family Therapy is an **important** part of the package of care offered to young people and their families at Mill Lodge

Eating disorder treatment program

- Mill Lodge aims to make a positive difference to young people with eating disorders and their families by providing education and promoting increased confidence in maintaining a healthy lifestyle.

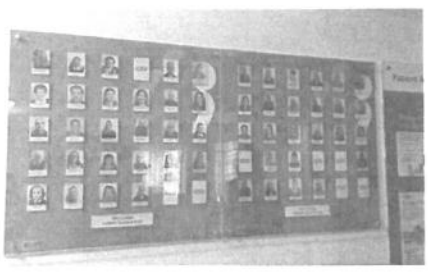
Stage of treatment for eating disorder program

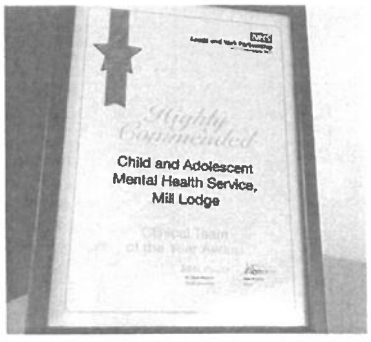
Stage 1	initial management, establishing supportive working relationships with the young person and their family to address these issues.
Stage 2	engaging in therapeutic work
Stage 3	preparation for discharge

Staffing.....

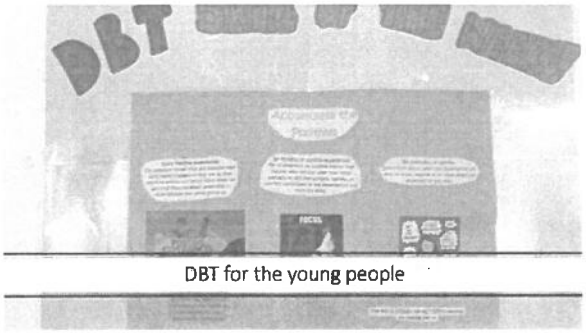
- nurses
- team of psychiatrists,
- teachers,
- clinical psychologists
- occupational therapists,
- a family therapist,
- a dietician,
- secretarial support staff and a pharmacist.

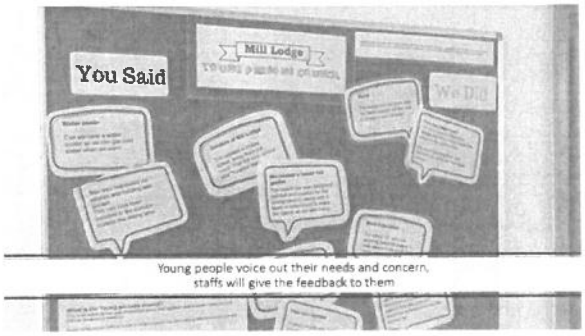
staff chart

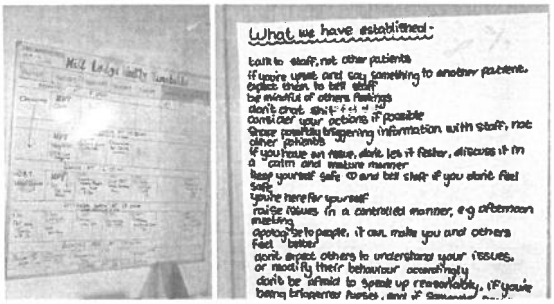


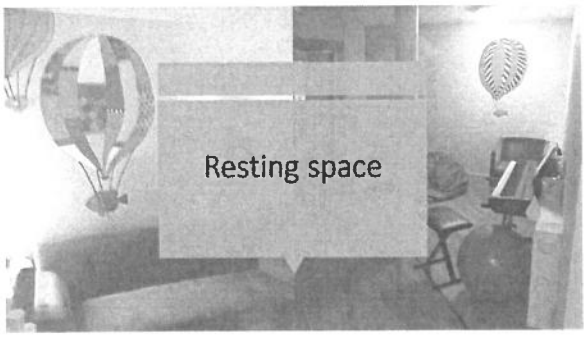


Year Award on service quantity standardization

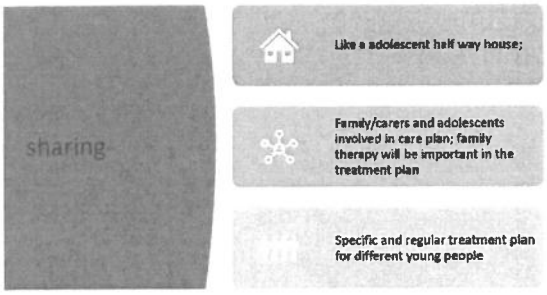








Classroom and Female quiet Lounge



Reference:

- https://www.leedsandyorkpft.nhs.uk/our-services/inpatient-camhs/

Sharing of conference: Roles of Social Workers in Community Mental Health Services

CHOW TSZ MAN
SOCIAL WORKER
THE MENTAL HEALTH ASSOCIATION OF HONG KONG

Related symposium and plenary sessions

- Putting the 'social' back into mental health social work
  Jerry Tew – University of Birmingham
- What do people with mental health needs value in their social worker?
  Mark Wilberforce – University of York
- Family violence service enhancement in acute and community mental health
  Melissa Petrakis – Family Violence Service Enhancement Planning Group, Monash University
- Whole system mental health in York: Developing the therapeutic wealth of the community
  Steve Wright – Tee, Esk & Wear Valleys NHS Foundation Trust

Why community mental health services

Longitudinal study shows that psychiatric disorders were associated with life impairment, worse developmental histories, and early-life brain function. Therefore, it is challenging to find causes, consequences, biomarkers, and treatments with specificity to individual mental disorders. (Caspi et al, 2014)

Why community mental health services

Lifetime experience	Prevalence among those with psychosis (%)	Prevalence among those with no disorder (%)
Sexual abuse	34.5	1.8
Being bullied	46.4	14.6
Violence in the home	38.1	4.1
Running away from home	34.5	2.8

Bebbington et al, 2004

Why community mental health services

Family dynamics	Genetic risk	Diagnosed with schizophrenia in later life (%)
Healthy	Low	0
	High	1.5
Dysfunctional	Low	5
	High	13

Tienari et al, 2004

What factors constraining mental health social work in asserting its uniqueness

- Managerialism trends in public administration
- 'Genericism' reducing social work's status
- Hidden from view. Operating in limited space
- Distorted media portrayal
- Role ambiguity

What is Mental health social work?

Mental health social work aims at putting service users at the centre of the profession's practice which no other professional grouping can claim a core defining principle based on giving service users a voice.

(Nathan and Webber, 2010)

How social worker think about mental illness?

- Unease not disease

  Disease = biological takeover

  Unease = active discomfort with oneself and/ or with one's world

- Mental distress = unease and powerless to resolve the issues. A expression of an unsolved 'problem of living'

- whole life

What matter most in recovery?

× No correlation between medical treatments and recovery rates

✓ Strong correlation with employment rates

✓ Social acceptance/ capability to access social opportunities

How to develop community mental health services

- Control, citizenship and connectedness are common themes underpinning all strength-based work

- draws on personalization and co-production, working in partnership to develop co-designed solutions which prevent harm and abuse, reduce obstacle and discrimination, restore and support family relationships

- starts with a different conversation

How to develop community mental health services

- Enable new forms of conservations and connections between individuals, families and communities which build or sustain capabilities and forms of capital

- capabilities is a range of valued choices and opportunities with one's social context that offer the possibility of a life worth living

How to develop community mental health services

Use a capabilities framework to understand person in their social context and identify what strengths they exist and where these may to be built up

Different forms of capital :

- Economic capital
- Social capital
- Relationship capital
- Identity capital
- Personal capital

How to develop community mental health services

Economic capital

- enable to reclaim economic power both as a productive citizen and as a consumer
- targeted use of personal budgets can promote recovery

How to develop community mental health services

Social capital

- bonding and bridging
- potential social networks where they feel they belong
- develop new forms of social capital and power together
- create opportunities for people with and without experiences of mental distress in the community

How to develop community mental health services

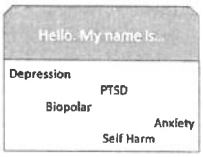
Relationship capital

- potential and beneficial personal relationships, including family connections, friendships and peer supports
- not all relationship provide capital
- re-established relationship that are respectful, supportive and allow for mutuality

How to develop community mental health services

Identity capital

- a valued agentic self-identity
- identify which aspects of self-identity may bring a sense of uncertain, threatened or in crisis and secure



How to develop community mental health services

Personal capital

- internalization of problematic or constructive ways of seeing self and engaging with the wider world
- response pattern and coping strategies
- ways of surviving adverse life experiences

Open Dialogue

- Inclusive approach which involve family and friends in ongoing dialogue to understand and resolve unease and mental distress
- Focus on meaning and context
- Strong emphasis on social capital, employment and community engagement

Implications to Hong Kong

- Resuming the social context back to our work by drawing the attention of the public and co-operation from existing social resources
- Emphasis the voice of service users especially the adolescents
- Review the collaboration with the support network of the users
- Establish the role of mental health social worker

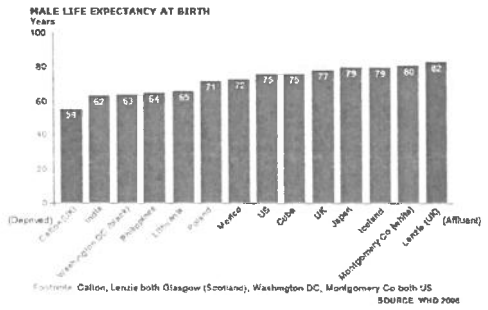
Health Inequalities

Raymond LAM Ming-wai

Content

- Health Inequalities around the World
- Health Inequalities among People In Recovery (PIR)
- Conditions in Hong Kong
- Ways to Reduce Health Inequalities among PIR

Health Inequalities across & within Countries



Differences in Life Expectancy within a small area in London

Travelling east from Westminster, each tube stop represents nearly one year of life expectancy lost

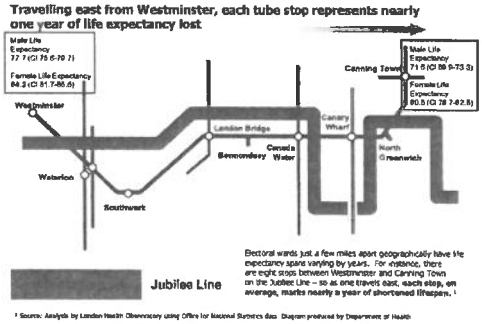
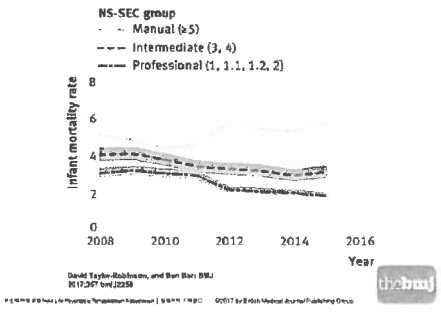
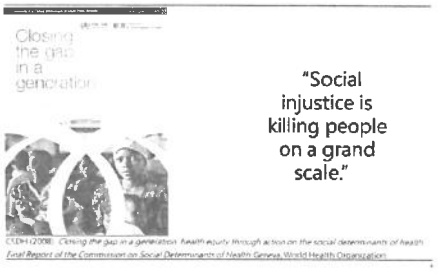


Fig 1 Infant mortality rate (95% confidence interval) by socioeconomic classification, 2008-15.



Social Determinants of Health



Social Determinants on Differences in Life Expectancy

High-income countries

Low socioeconomic position

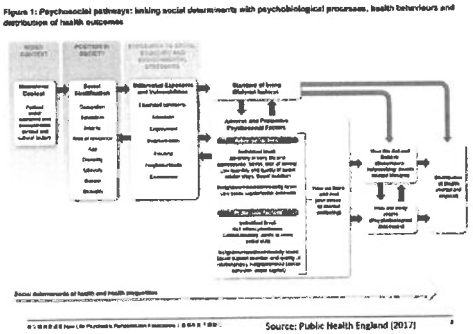
- Poor education
- Lack of amenities
- Unemployment
- Job insecurity
- Poor working conditions
- Unsafe neighbourhoods

- Low-income countries

All –ve social determinants apply

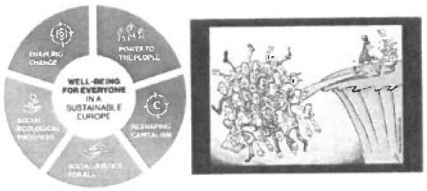
- Maternal deprivation
- Vulnerability to natural disasters.

Source: WHO 2008



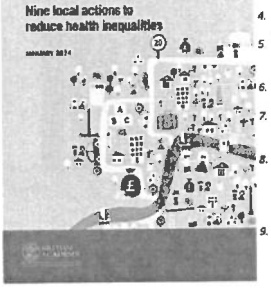
Source: Public Health England (2017)

Sustainable Equality



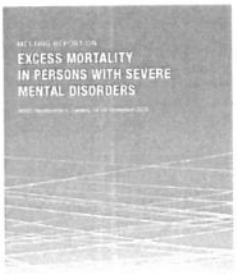
"IF YOU COULD DO ONE THING..."

Nine local actions to reduce health inequalities



1. *Implement a living wage policy*
2. *Focus resources on improving life chances in early childhood*
3. *Implement 20mph speed limits where 30mph ones have usually been in place*
4. *Take a 'health first' approach to tackling health-related worklessness*
5. *Use a form of participatory budgeting to make decisions on public health priorities and interventions*
6. *Utilise the substantive role of further and adult education*
7. *Adopt local policies to improve the employment conditions of public sector workers*
8. *Implement locally based 'age-friendly environments' that facilitate improvements in the independence, participation, health and wellbeing of older people*
9. *Make good use of evidence of cost-effectiveness before choosing between competing interventions*

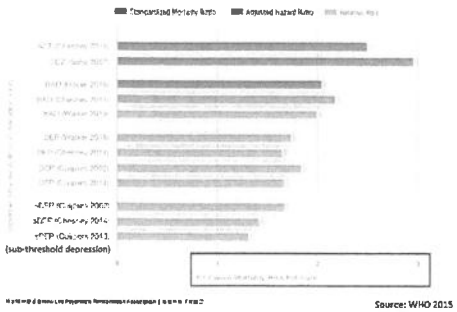
Health Inequalities among People In Recovery



FOUNTAIN HOUSE

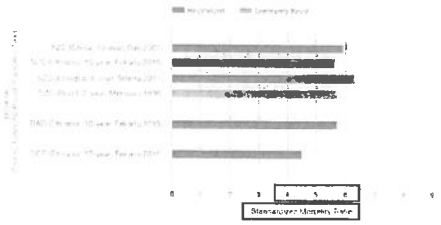
World Health Organization

FIGURE 2. ALL-CAUSE MORTALITY IN REVIEWS & META REVIEWS



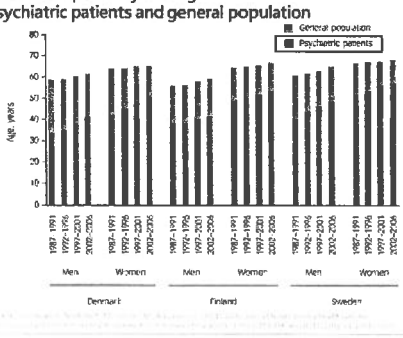
Source: WHO 2015

FIGURE 3. ALL-CAUSE MORTALITY IN LOW- AND MIDDLE-INCOME COUNTRIES

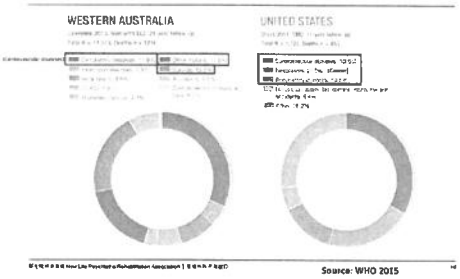


Source: WHO 2015

Total life expectancy among psychiatric patients and general population

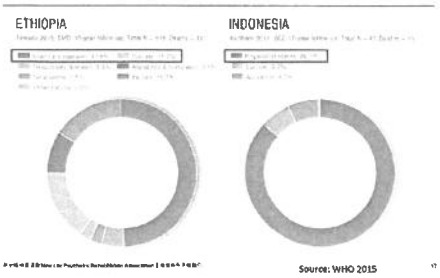


Mortality by Cause in High-income Countries (10+ years follow-up)

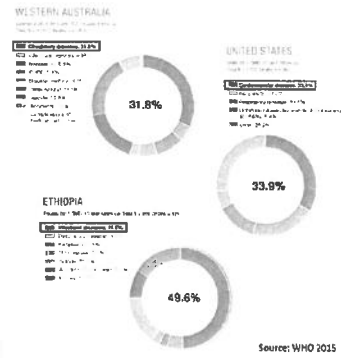


Source: WHO 2015

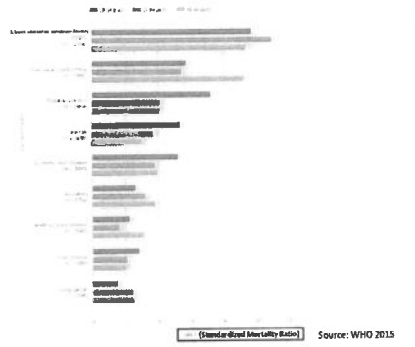
Mortality by Cause in Low- & Middle-income Countries (10+ years follow-up)

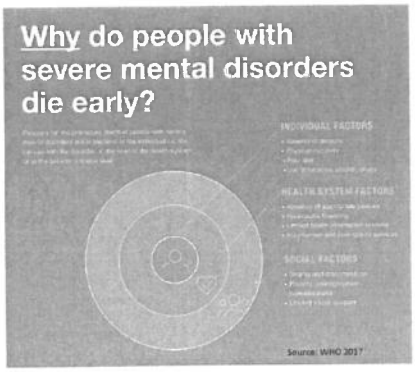


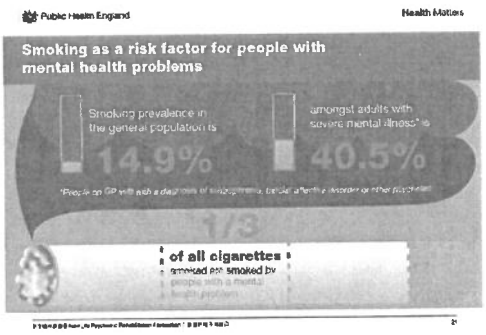
Source: WHO 2015

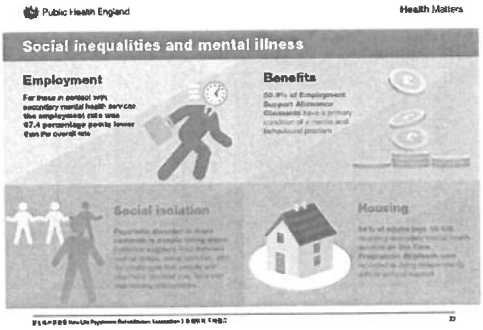


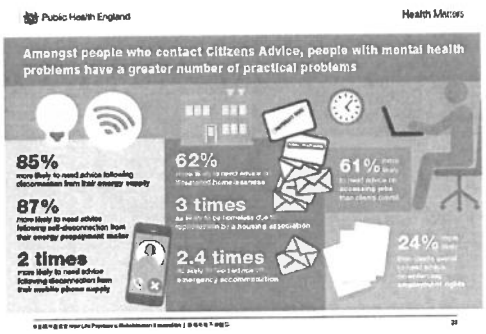
Source: WHO 2015

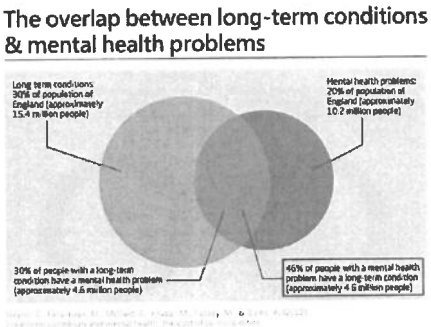

(Standardized Mortality Ratio)
Source: WHO 2015


Why do people with severe mental disorders die early?
INDIVIDUAL FACTORS
HEALTH SYSTEM FACTORS
SOCIAL FACTORS
Source: WHO 2013


Public Health England
Health Matters
Smoking as a risk factor for people with mental health problems
Smoking prevalence in the general population is
14.9%
amongst adults with severe mental illness* is
40.5%
1/3
of all cigarettes


Public Health England
Health Matters
Social inequalities and mental illness
Employment
Benefits
Social isolation
Housing

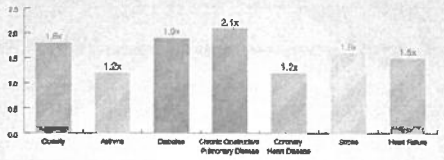

Public Health England
Health Matters
Amongst people who contact Citizens Advice, people with mental health problems have a greater number of practical problems
85%
87%
2 times
62%
3 times
2.4 times
61%
24%


The overlap between long-term conditions & mental health problems
Long term conditions 30% of population of England (approximately 15.4 million people)
Mental health problems: 20% of population of England (approximately 10.2 million people)
30% of people with a long-term condition have a mental health problem (approximately 4.6 million people)
46% of people with a mental health problem have a long-term condition (approximately 4.6 million people)

Public Health England — Health Matters

Adults with severe mental illness (SMI) are more likely to have physical health conditions

When compared to the general population of the same age group, people with severe mental illness (SMI)* aged 15-74 are more likely to have:

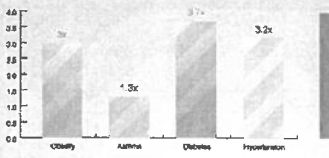


*Sample of people with SMI registered with a general practice

Public Health England — Health Matters

Young adults with severe mental illness (SMI) are more likely to have physical health conditions

When compared to the general population of the same age group, people with severe mental illness (SMI)* aged 15-34 are more likely to have:



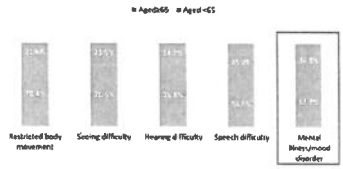
Young adults with SMI are 5 times more likely to have 3 or more physical health conditions

*Sample of people with SMI registered with a general practice

Conditions in Hong Kong

Formulation of Hong Kong Rehabilitation Programme Plan

Table 1: Categories of disability with majority of persons with disabilities aged 65 and above



Source: Policy1

Issues on Ageing of Persons with Disabilities

Discussion:

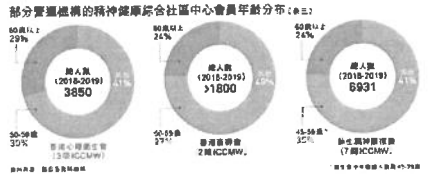
1. How does the ageing of persons with disabilities (especially persons with intellectual disability) affect the need for rehabilitation services?
2. What types of special service are required in residential homes for meeting the service needs of persons with disabilities (especially persons with intellectual disability)?
3. How should vocational rehabilitation services cope with the ageing of service users?
4. What are the needs and challenges brought by the early onset of ageing of persons with disabilities (especially persons with intellectual disability)? How should residential and community services cope with such issue?
5. How to promote health awareness in the community and residential homes to handle and alleviate the early onset of ageing and other health-related problems of persons with disabilities (especially persons with intellectual disability)?
6. What types of technology products (e.g. fall prevention products) could help the daily life of ageing persons with disabilities living in the community to slowing down ageing and preventing diseases?

Source: Policy1

精神復康老齡化 社區支援寡又艱

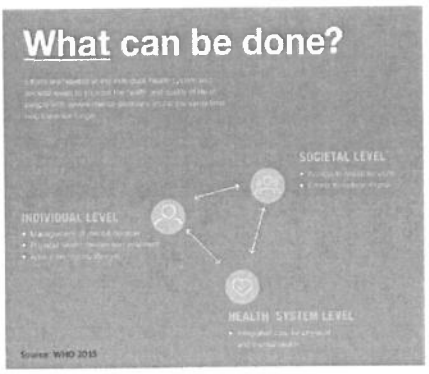
Source: HK01

Ageing of People In Recovery of Mental Illnesses

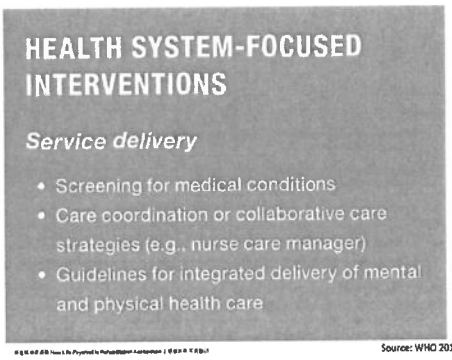


Source: HKO1

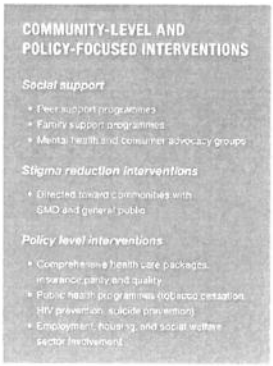
Ways to Reduce Health Inequalities among PIR



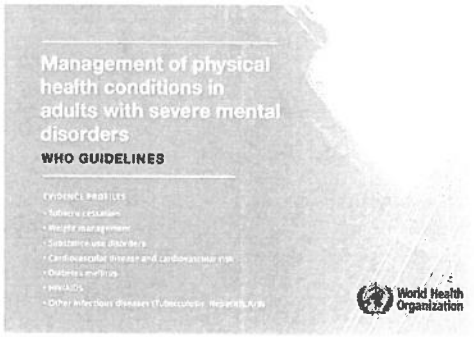
Source: WHO 2015



Source: WHO 2015



Source: WHO 2015



Source: WHO 2015

Source: WHO 2015

多謝 Thank you

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