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After-care 'impossible' at current staff ratio

Violent patients report criticised

The current ratio of one medical social worker for almost 400 ex-mental patients is so inadequate that it precludes any kind of "meaningful after-care relationship, according to people in the profession.

And with just 27 social workers in the psychiatric service and a total caseload that is "in the region of 10,000," home visits — although usually considered as part and parcel of after-care work — are rare under the existing set-up.

Critics say there are many gaps in the service, and the proposals contained in the report of the working group on "ex-mental patients with a history of criminal violence or assessed disposition to violence" do no more than paper over the cracks.

They are glad that the report recognises the "great importance" of after-care in the treatment of ex-mental patients and that it urges less clinic-based services and greater attempts to "reach out" to patients.

Yet they are disappointed that the proposals do not seem to contain any concrete suggestions on how this change in emphasis could be achieved.

Said a senior lecturer in the Department of Social Work at the University of Hongkong, Miss Veronica Pearson: "The report explains the importance of an outreaching approach and the need for more home visits, but it never lays down minimum acceptable standards in its new procedures."

She said that unlike the situation in the United Kingdom — where in her experience, social workers in the psychiatric service had to work at least two evenings a week so that they could visit clients at their homes — medical social workers here have told her they only work from 9 am to 5 pm.

"If you only work office hours the number of people you are likely to find at home is limited.

"For instance you will never see father, unless you force him to take the day off to wait for your visit, which is extremely unfair," said Miss Pearson.

"So they talk about more home visits, but the bureaucratic nature of the organisation belies it."

There is also the question of ex-mental patients being passed from one social worker to another "like so many mangoes" at different stages of the after-care process.

Under the procedures adopted for a specific group of patients with a history of criminal violence or an assessed disposition to violence, three different social workers will be involved.

There is the case social worker in the hospital, a second one in the half-way house to which the patient will be discharged and a third one when he returns to the community.

The report notes: "The idea of having a designated case officer or supervising officer for each stage of the after-care process (i.e. in hospital, in a half-way house, and back in the community) is incorporated in practice in a slightly modified form.

"This is in the sense that one supervising social worker is designated to be responsible for each stage of the patient's after-care, instead of allocating only one social worker to follow through all the after-care stages.

"This slight modification is necessary for practical purposes in the spirit of the SWD's regionalisation policy."

Miss Pearson agrees that while it would be desirable to have the same social worker to see the patient both within and outside the hospital, in practice this is often not possible.

But it is always best to limit the number of social workers involved in the case since there are big problems in changing over one's faith and trust from one person to another.

This is especially so with mental patients since broken relationships are often already a significant feature of their unhappiness.

"They are already, in a sense, programmed to expect failure when they invest their feelings in a relationship, and constant turnovers in staff only reaffirms their fears," she said.

Miss Pearson said that at the best of times it was difficult for a social worker to build up a trusting relationship with an ex-mental patient, but even if they did, the relationship was broken at different stages of the treatment.

But the Social Welfare Department's acting Senior Social Work Officer, Mr C.H. Chan, dismisses such fears.

"Every medical social worker is trained and I think a rapport can be established without any undue difficulties," he said.

After taking into account the more intensive follow-up required for the target group of 600 patients per year, the report recommends an additional 25 medical social workers for the psychiatric service.

(The target group consists of patients who have been identified as those with a history of criminal violence or an assessed disposition to violence. They make up about 10 per cent of the total number of patients discharged annually).

At a time of manpower shortage when the Social Welfare Department is finding it difficult to fill even the existing vacancies, where are they going to find the 25 extra staff needed?