

A Promising Program with Community Partnership



Comprehensive Child Development Service



CCDS

Steering Committee

Dr Patrick Ip

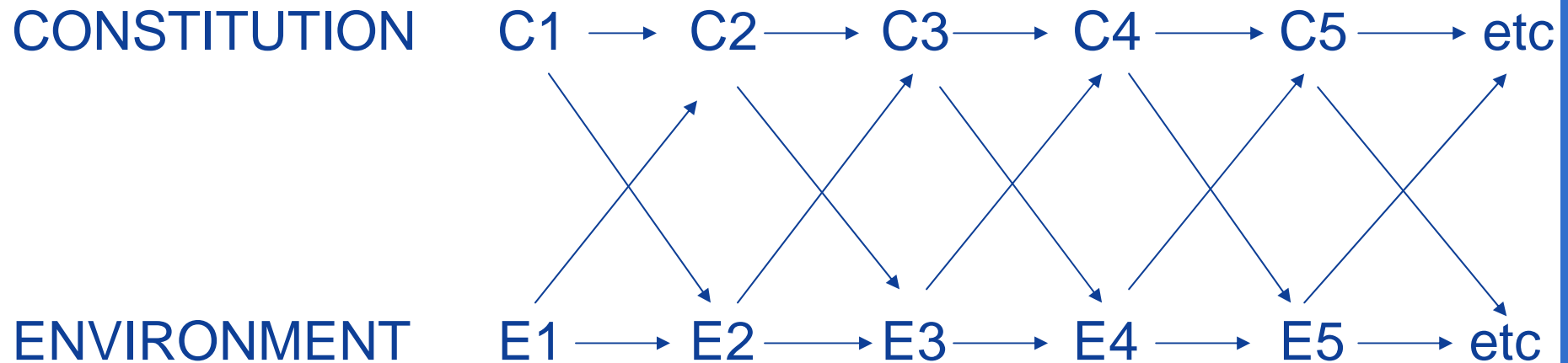


醫院管理局
HOSPITAL
AUTHORITY

Background of CCDS service

- 2005 Policy Address - Hong Kong Government
Child Development Pilot Project
 - (1) Platform – Maternity & Child Health Centres
 - (2) Community-based Integrated Children & Family Service Model
 - (3) Pilot sites – Sham Shui Po, Tuen Mun, Tin Shui Wai & Tseung Kwan O

Transactional model - Child Development

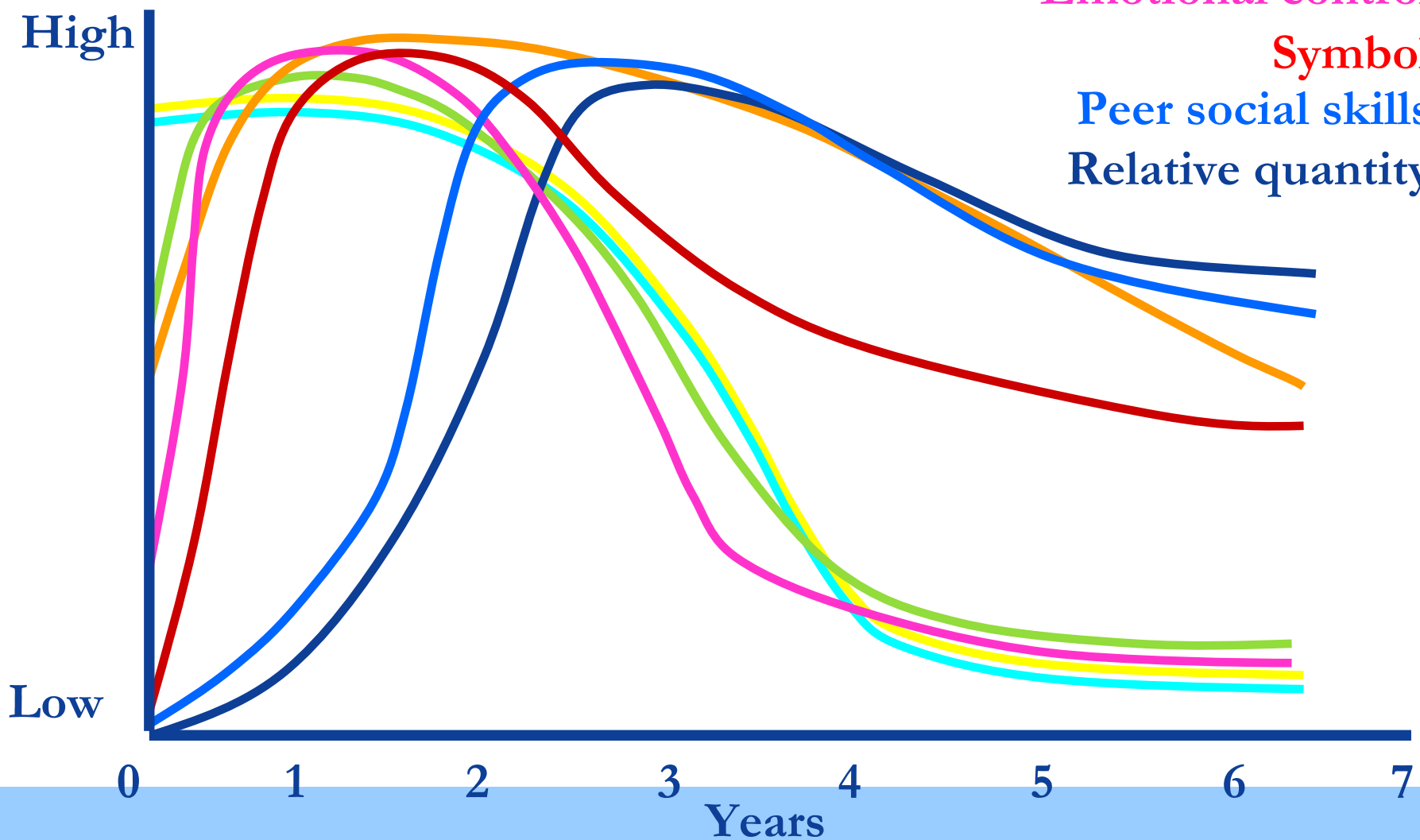


How children (and adults) turn out is the outcome of the transaction between biology and environment

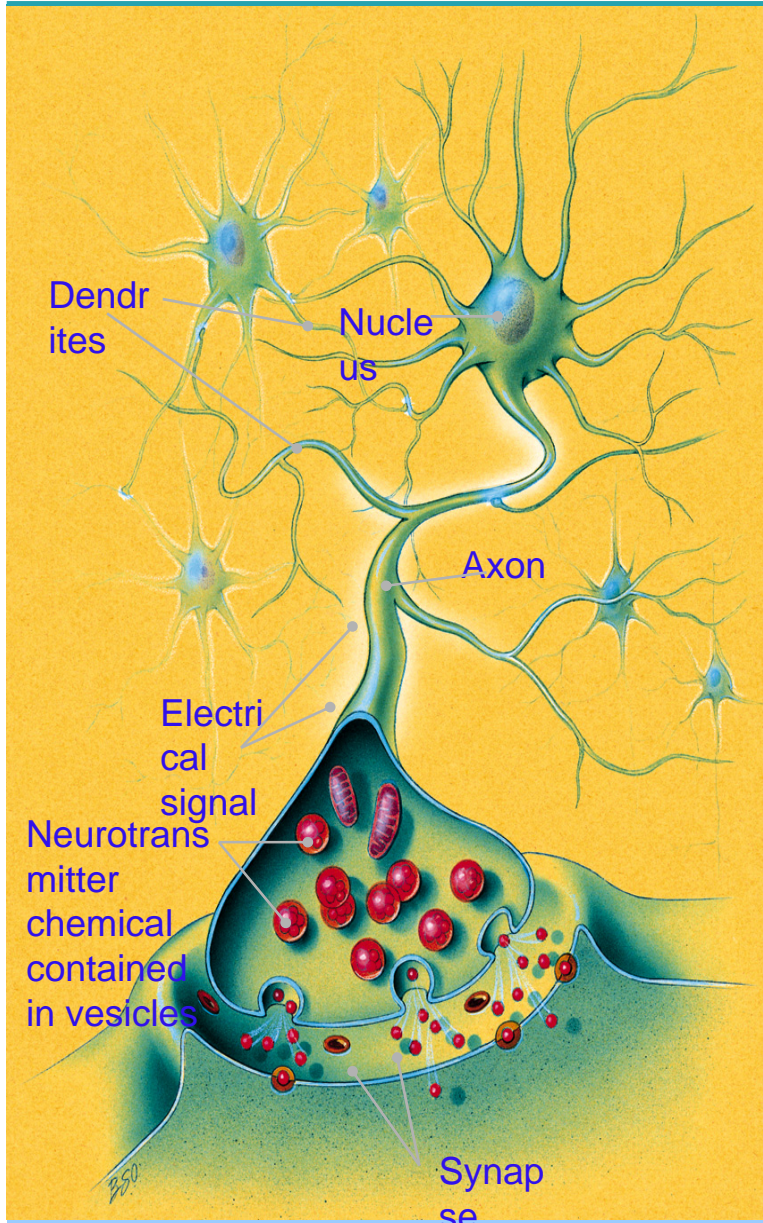
'Sensitive Periods' in Early Brain Development

Binocular vision
Central auditory system
Habitual ways of responding

Language
Emotional control
Symbol
Peer social skills
Relative quantity



What science is telling us ?



- ***Our earliest experiences are resp for literally wiring the brain for future use, therefore building its basic architecture***
- ***During its period of greatest growth - from before birth to ~ three - the cerebral cortex is adding an astounding 40,000 synaptic connections every sec***

CCDS – Objective & Strategy

- Early Identification of children & families in-need
- Appropriate Intervention
- Based on existing MCHC & child-care services
- Integration of medical & health, education and social service sectors
- Pilot sites with extension of service

High risk families 高危家庭

HA 医管局
PA&M
Psych

全面評估 Full assessment of family with management plan & tracking by O&G, Paed, Psy & MSW/NGOs

藥物濫用
精神病
少年懷孕
家庭暴力

Health risks

- Substance abuse
- Mental illness
- Teen pregnancy
- Domestic violence

母嬰健康院

M
C
H
C

1 CPaed

CPsy Service

- Growth & dev. problems
- Child abuse /Dom Violence
- Disabilities
- Behavioural problems

- Parenting
- Immunization
- Growth & Develop Surveillance

NGOs 志願機構
SARDA 戒毒會
PS33 軟性毒品
New Life 新生會

CAC

兒童智能
評估中心

Treatment-oriented

Family
Counselling Unit

Supporting families at risk
(practical, emotional & training support)

Family Support Un

Open, development &
preventive

Family Resource Unit

IFSC 綜合家庭服務中心

EETC
ICCC
SCCC
NGOs
早期及特殊幼兒中心

Drug abuse in pregnancy

National Pregnancy and Health Survey (92)

- 5.5% of preg women had SA; Cannabis 2.9%
- Amphetamines, sedatives, analgesics 1.5%
- Cocaine 1.1%; Alcohol 18.4%; Smoking 20.1%

Narcotic addiction in pregnancy with adverse maternal & perinatal outcome

Aust N Z J Obstet Gynaecol. 1992 Aug;32(3):216-21

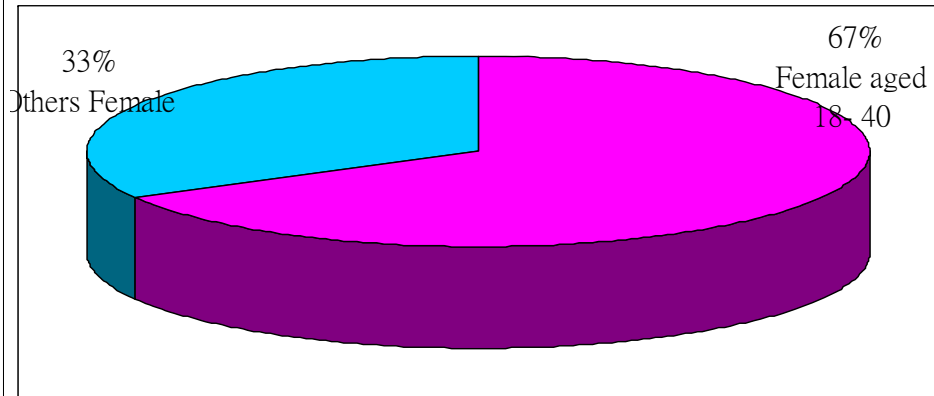
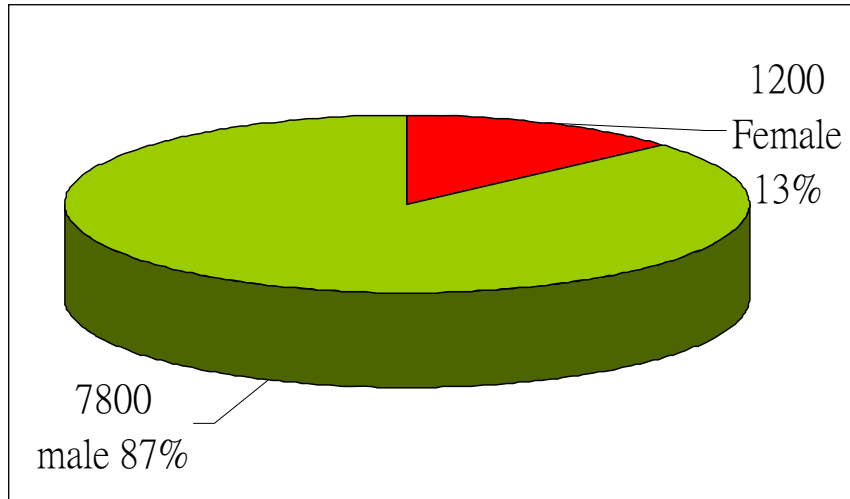
- 51 Chinese gravidas abused narcotics in Tsan Yuk H
- Heroin was the most commonly abused drug.
- Major antenatal complications – *prematurity, SGA, venereal dis, neonatal withdrawal, perinatal mortality*

Common problems

<i>Infancy (0 to 15 Months)</i>	<i>Toddlerhood (15 to 36 Months)</i>	<i>Preschool Years (3 to 5 Yr)</i>
Unpredictable sleeping patterns	Atypical social interactions Exaggerated separation anxiety	Auditory processing of spoken words
Feeding difficulties	Delayed receptive and expressive language	Visual processing of visual materials
Irritability Tremors when stacking	Minimal play strategies	Attachment and social interaction problem
Atypical social interactions – unresponsive to caregiver	Inability to adjust to new surroundings	Hyperactive, disruptive behaviours
Delayed motor or language development	Trouble to follow directions Unable to end activities	Behavioural problems Express wants by temper
Increased tone and poor fine motor development	Short attention span Poor inner control	Withdraws and seems to daydream
Heightened response to stimuli	Ignores limit setting	Frequent temper tantrum

Methadone centres 2005

美沙酮服務對象



Sham Shui Po methadone clinic – 20 % of cases

1800 registered; 200 female



SSP – CCDS pilot

The Society for the Aid & Rehabilitation of Drug Abusers Methadone Counseling Program



Integrated Services for Methadone Female with pregnancy and children



醫院管理局
HOSPITAL
AUTHORITY



Integrated 醫院管理局 瑪嘉烈醫院 Program - 香港戒毒會 美沙酮輔導服務

「兒童早期發展計劃」服務流程

合資格服務對象包括 a) 有濫用海洛英問題，並已登記服用美沙酮，及於PMH & KWH 進行產檢之孕婦； b) 12 個月以下嬰兒，其母親已登記服用美沙酮，嬰兒並由西九龍母嬰健康院跟進者。 **Drug abused Pregnant women**

第一部份 --- 本計劃產前服務內容

工作階段	服務流程	跟進事項
1. 個案來源 及招募 Recruitment	<ul style="list-style-type: none"> 自我轉介； 美沙酮診所招募； 由政府醫院(PMH & KWH)及母嬰健康院(W.Kln. Center)轉介； 由其他社會服務單位轉介。 	<ul style="list-style-type: none"> 由美沙酮診所社工接見，進行初步評估； 社工招募懷孕婦女為輔導個案。
2. 初步評估 Early Assessment	<ul style="list-style-type: none"> 由美沙酮診所醫生及社工接見 	<ul style="list-style-type: none"> 由政府醫生或私家醫生確診懷孕； 由美沙酮醫生寫轉介信往瑪嘉烈醫院婦產科(PMH)； 美沙酮社工取病人同意書及填寫「懷孕婦女初次評估表」；
3. 懷孕初期 輔導 Early Counselling	<ul style="list-style-type: none"> 由美沙酮診所醫生及社工接見 	<ul style="list-style-type: none"> 由美沙酮醫生講解濫藥對懷孕的不良影響及懷孕婦女服用美沙酮需知； 案主接受輔導後，決定繼續懷孕者，將由美沙酮醫生寫轉介信往 PMH，作產前檢查； 若案主決定終止懷孕者，亦由美沙酮醫生寫轉介信往 PMH，接受進一步檢查； 產前檢查或申請終止懷孕，均由美沙酮社工傳真有關文件往 PMH 安排登記事宜，並陪同案主往首次產檢。
4. 懷孕中期 輔導	<p>深化評估</p> <p>由美沙酮診所社工，每二星期接見案主一次，並進行以下評估：</p>	<ul style="list-style-type: none"> 美沙酮社工填寫「懷孕婦女及幼兒需要評估問卷」； 有需要下，美沙酮社工將作進深輔導服務跟進及適切服務轉介。

深化評估 In-depth Assessment	<ul style="list-style-type: none"> 濫用海洛英情況； 濫用其他物質狀況 財政狀況； 家庭關係； 情緒、精神狀況； 其他問題評估。 	
5. 懷孕中期 輔導 個人輔導 (I)	<p>個人輔導跟進(I)</p> <ul style="list-style-type: none"> 一般問題及 濫藥問題； 服用美沙酮相關問題。 	<ul style="list-style-type: none"> 美沙酮社工將每二星期接見案主，以作輔導。 協助案主定期往醫院作產檢。
6. 懷孕中期 輔導 小組輔導 (II)	<p>小組輔導跟進(II)</p> <ul style="list-style-type: none"> 案主將被邀請參加美沙酮小組輔導 	<ul style="list-style-type: none"> 美沙酮婦女自助組； 美沙酮婦女健康講座； 美沙酮飲藥講座； 幼兒健康講座等。
7. 懷孕中期 輔導 轉介服務(III)	<p>轉介服務(III)</p> <ul style="list-style-type: none"> 濫用海洛英問題； 濫用其他物質問題； 居住問題及財政困難； 家庭問題； 情緒困擾及精神病； 其他問題評估。 	<ul style="list-style-type: none"> 鼓勵接受美沙酮治療計劃； 或轉介往其他門診式或住院式戒毒治療；或轉介往葵涌醫院； 轉介往社會福利署； 轉介往社會福利署； 轉介往葵涌醫院； 轉介往其他適切服務。 <p>(各轉介服務，社工均須取得案主同意書)</p>
8. 臨產前跟 進 Case Conference	<ul style="list-style-type: none"> 產前四至八週，美沙酮社工及女同輩輔導員往家訪； 商討家庭計劃。 	<ul style="list-style-type: none"> 贈送物資； 過來人分享服用美沙酮心得； 社工評估家居狀況及協助案主及其家人迎接新生兒； 商討日後家庭計劃 e.g. 轉介產後避孕服務。
9. 產前個案 會議	<ul style="list-style-type: none"> 在產前 30-32 週，由產科醫生、精神科醫生、兒科醫生、社會福利署家庭服務中心及美沙酮社工召開個案會議 	<ul style="list-style-type: none"> 商討產婦情況，嬰兒福利； 嬰兒出院生活安排(由母親帶返家；或由其他親友照料；或寄住托兒所；或交由社會福利署照顧。)

第二部份 ---本計劃產後服務內容

工作階段	服務流程	跟進事項
10. 母親生產 後嬰兒出 院前	<ul style="list-style-type: none"> ◆ 美沙酮社工陪同案主探望初生嬰兒 ◆ 嬰兒出院安排 <p>Perinatal support</p>	<ul style="list-style-type: none"> ➢ 美沙酮社工協助案主商討日後嬰兒養育計劃及制訂嬰兒出院安排；
11. 產後個案 會議	<ul style="list-style-type: none"> ◆ 在嬰兒出院前 1-2 週，由兒科醫生、精神科醫生、社會福利署家庭服務中心、醫務社工及美沙酮社工召開個案會議。Postnatal conference 	<ul style="list-style-type: none"> ➢ 商討嬰兒福利； ➢ 嬰兒出院生活安排(由母親帶返家；或由其他親友照料；或寄住托兒所；或交由社會福利署照顧。)
12. 母子返家 (首四星 期)	<ul style="list-style-type: none"> ◆ 若母親獲安排嬰兒出院帶返家一同生活，在嬰兒返家一至四週內，美沙酮社工及女同輩輔導員往家訪； ◆ 案主每星期接受美沙酮個人輔導服務。 <p>Home visitation by SW & volunteer</p>	<ul style="list-style-type: none"> ➢ 過來人分享育嬰心得； ➢ 贈送物資； ➢ 協助案主穩定服用美沙酮； ➢ 社工與案主重整戒毒計劃，提升戒毒動機，商討合適治療方案，如美沙酮門診股服務或其他住院模式戒毒服務，以作轉介。 ➢ 協助案主定期帶同嬰兒往母嬰健康院作體檢。
13. 嬰兒滿一 歲前	<ul style="list-style-type: none"> ◆ 戒毒輔導跟進； ◆ 嬰兒保健及育兒困難支援跟進； ◆ 每月定期接受美沙酮個人輔導。 <p>Postnatal support – Mother & baby</p>	<ul style="list-style-type: none"> ➢ 協助案主定期帶同嬰兒往母嬰健康院作體檢。 ➢ 跟進家庭計劃 e.g. 轉介避孕服務； ➢ 過來人分享育嬰心得； ➢ 協助案主穩定服用美沙酮； ➢ 邀請案主參加育嬰講座； ➢ 美沙酮婦女自助組； ➢ 美沙酮婦女健康講座； ➢ 美沙酮飲藥講座； ➢ 贈送物資。

##嬰兒滿週歲後，母親及嬰兒均推薦接受美沙酮輔導服務部推行之另一計劃，名為「**美沙酮 1-5 歲兒童早期發展計劃**」，以繼續接受適切跟進。

Revised on 9-1-05

專業摩登陪
月計劃

Community Paediatrician in MCHC

- Assessment of physical condition, growth & development
- Counselling – Child-care, Nutrition, Emotion, Common infancy problems
- Strategies to enhance growth & to promote Development & Maternal-infant bonding

Close monitoring in MCHC

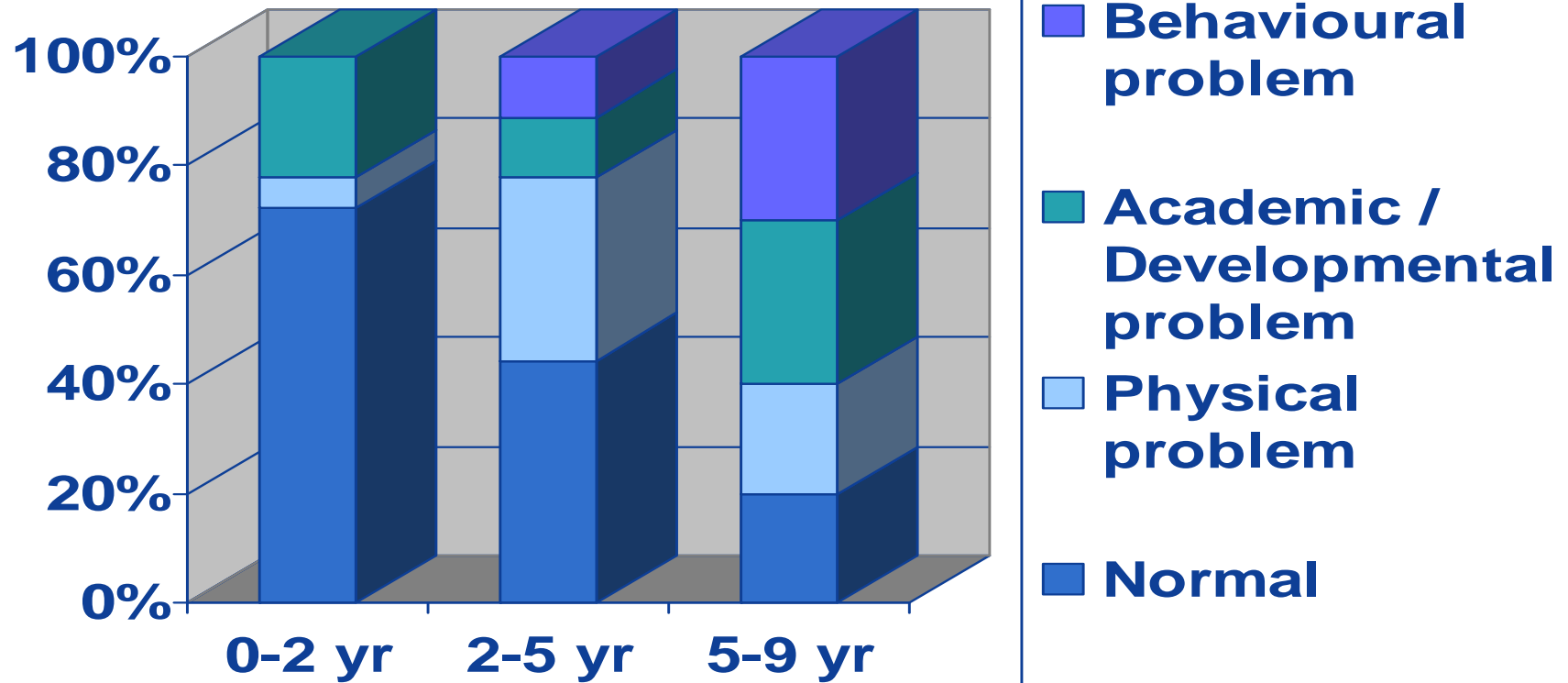
- Detoxification (counselling & assistance)
- Modification of high-risk behaviour (smoking, drinking)
- Vaccination schedule
- Child welfare issue

Health & Developmental Surveillance –

美沙酮戒毒中心兒童 健康及發展監察



Main Problems 主要問題



Poor Vaccination Compliance

23 % incomplete

West Kowloon Cluster – CCDS

Community Paediatrician 兒科社區工作

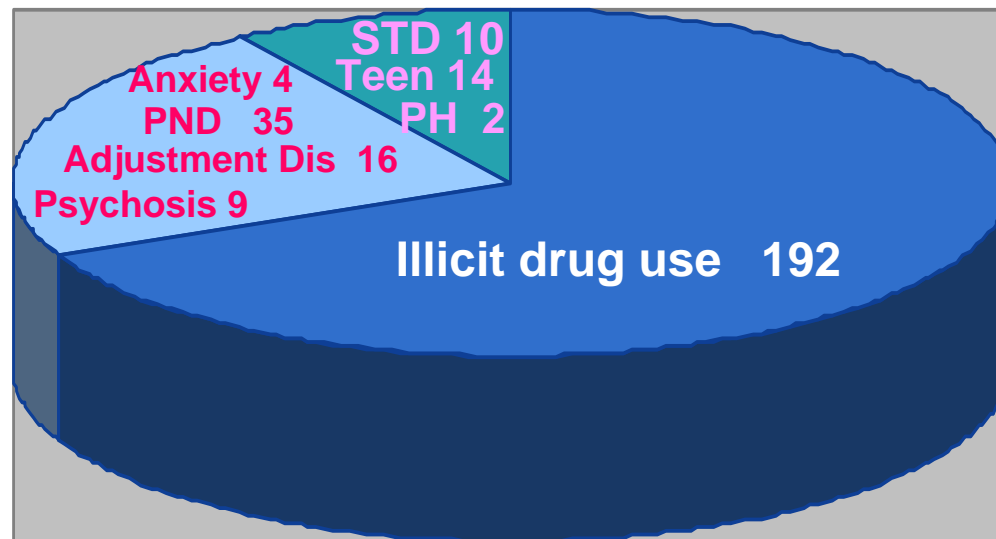
- Educational lecture 教育講座 to ~ 300 audience from SARDA :
 - *Sham Shui Po Polyclinic*
 - *Lai Chi Kok Community Hall*
 - *SSP Methadone Centre*



West Kowloon High-risk cases (0-5 yr)

高危類別 – 母親問題 282 cases

Case assessments & FU in WK MCH



- Illicit drug use
- Mental illness
- Others

Mothers with Illicit drug use

濫用藥物個案 - 192



■ Heroin/methadone

■ Cocaine

■ Cough mixture

■ Amphetamine

■ Ketamine

□ Polydrugs

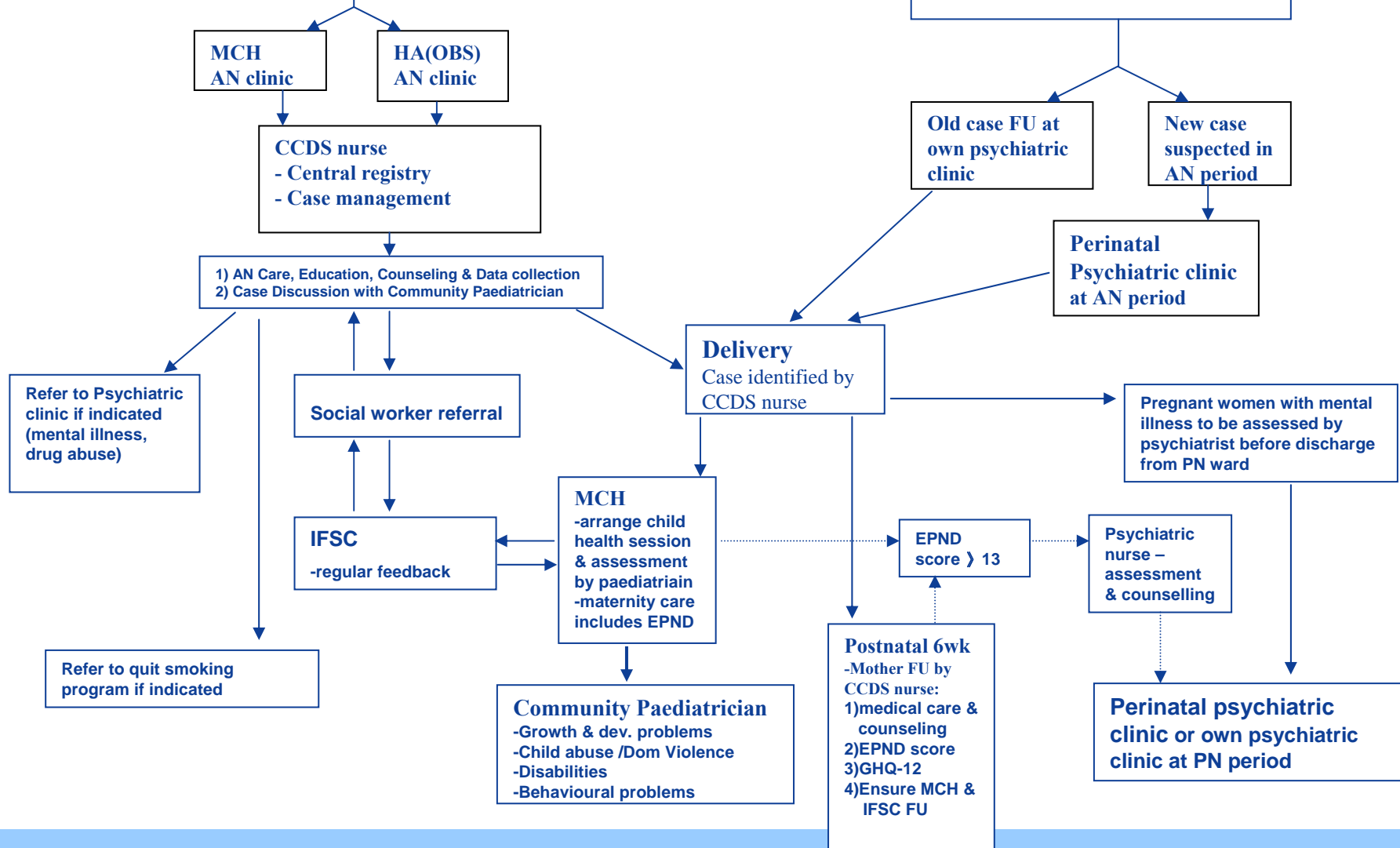
Heroin-abused mothers

Outcome & Experience

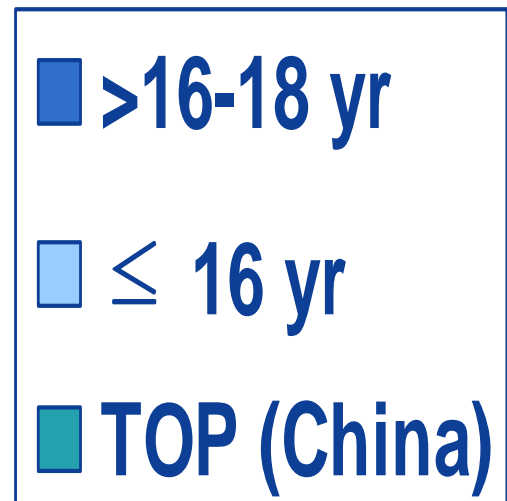
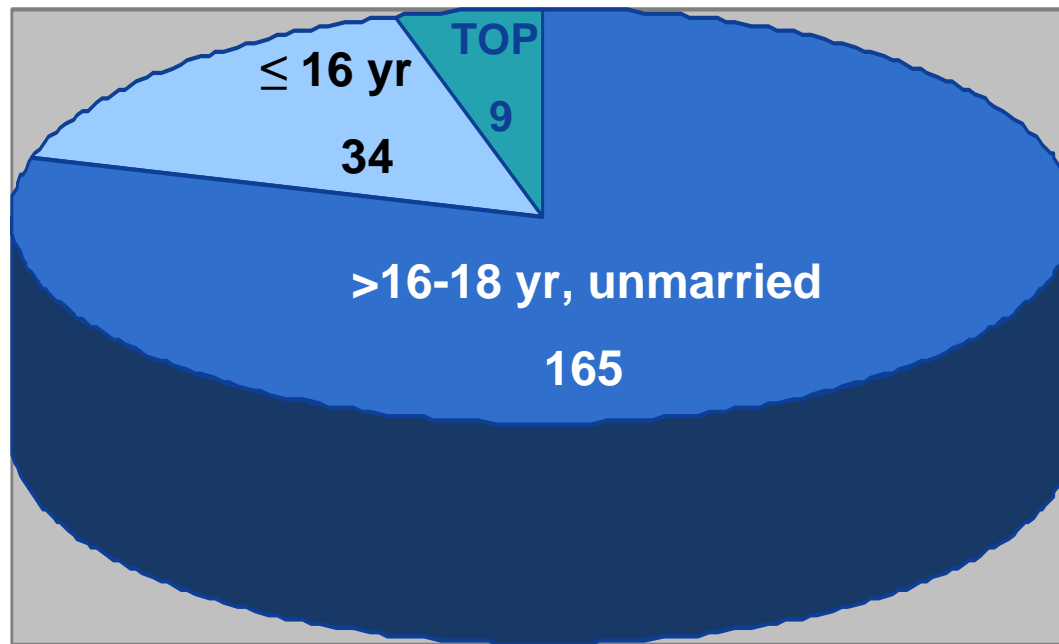
- Increased rate of successful **detoxification**
- Higher proportion of **stable methadone user**
- Improved **vaccination** coverage rate of their children
- **Child protection issue**
 - High prevalence (17%) of **Child Abuse/Neglect**
 - **Require early detection & intervention**

Teenage pregnant women < 16 y + 16-18y (unmarried)

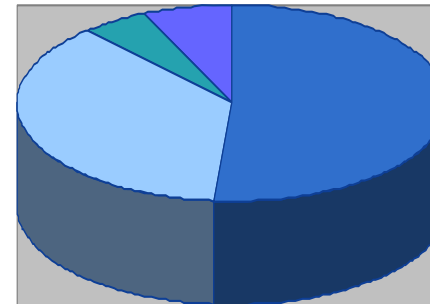
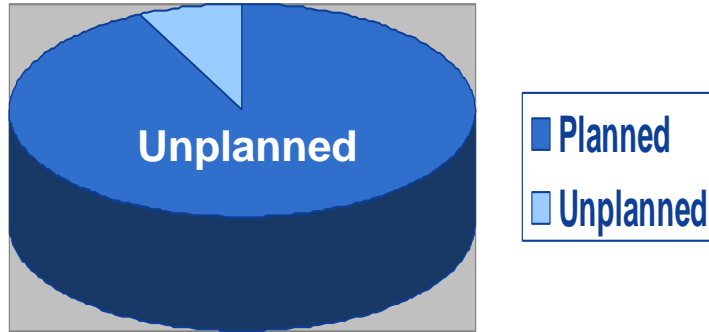
Pregnant women with mental illness



Teenage pregnancy – 208 Cases - Age Group

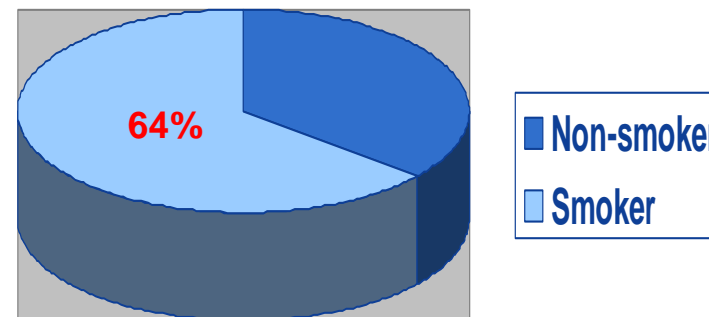
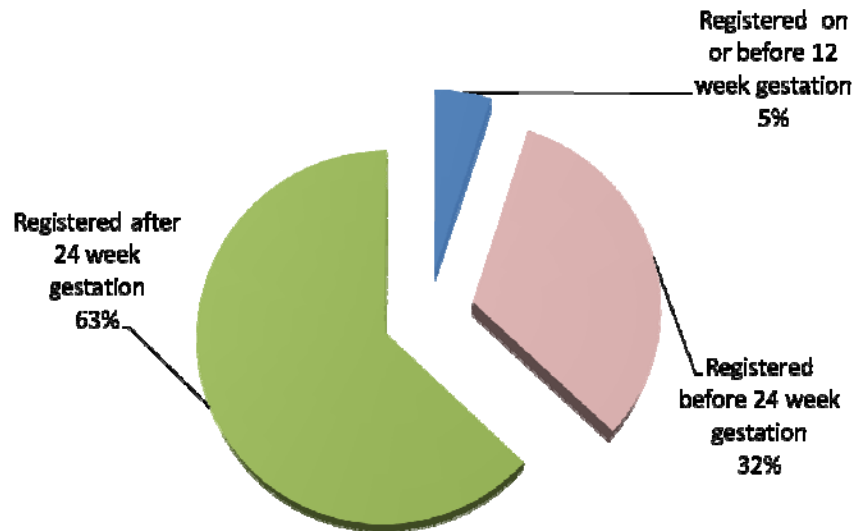


Teenage Pregnancy



- No contraception
- Male condom (improper)
- OC Pills (improper)
- Others

Delay in seeking medical check up



- Non-smoker
- Smoker

Collaboration with NGOs

Caritas
Project Hyacinth

明愛

風信子

Tuen Mun
District

The Evangelical Lutheran
Church of Hong Kong

基督教香港信義會

天使護航

Yuen Long /
Tin Shui Wai



Teenage
pregnancy

- Get in touch with those “hard to reach” pregnant adolescent
- Collaboration with out-reaching social workers
- Early booking, counselling and define child care plan
- Continuous psychosocial support – both in antenatal period and post-natal period ~6 months
- Enhanced support in family planning service

Improvement of Outcome

- **Teenage Pregnancies**
 - * **Improved Contraception**
 - * **Rapid repeat pregnancy 7%**
 - * **Modified high-risk behaviour**
(reduced smoking, soft drug abuse)
 - * **Improved Maternal-Infant Bonding**

Maternal-Child Bonding

- Elevated rates of **disorganised attachment** in infants in various high risk pregnant groups
- **Poor attachment** has been specifically linked to increased risk of **child abuse, poorer cognitive performance at 18 m, poorer social interaction, more aggressive behaviour & other behavioural problems at 5 y** (*Murray et al 1999*) & **withdrawal in school** (*Mahony & Campbell 1998*)
- Early Maternal-Infant interaction & attachment could be measured by **Maternal Attachment Scale** (*Condon & Corkindale 1998*)

Maternal Attachment Scale

- Mean Total attachment Scores
(Teenage Mothers)
at 1 m (baseline): 68 (2 SD below ref mean)
(Reference norm- mean 82.9, SD 7.6)
- **at 3-4 m (post intervention): 80.1** ($p < 0.05$)
(Reference norm- mean 84.6, SD 7.0)

Parents with Mental Illness

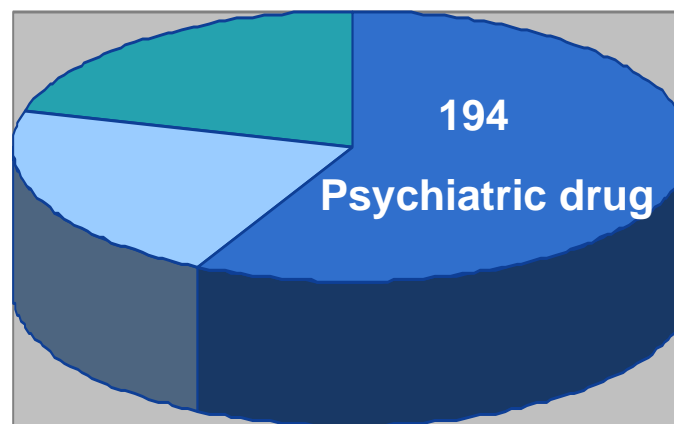
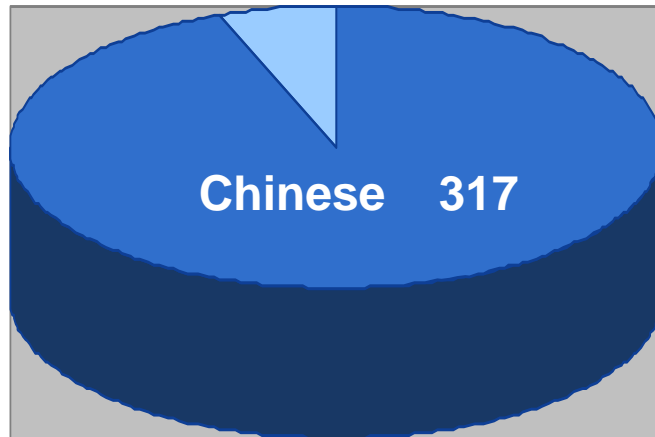
- **US – 20-50% of adults known to mental health services have children**
- One to two-third will **experience difficulties or dysfunctions** c.f. 20% in general pop
- Children with parents who screened positive on GHQ were 3X more likely to have mental disorder and incidence increases with increase in score

Effects of depression on children

13-29 months	More communication difficulties , less mutually responsive patterns of interaction, insecure attachment with parents
2 year	More difficulty with emotional regulation
3-5 year	Lower self-esteem , more aggressive behaviour towards parents and peers, deficit in language development, problem-solving and attention
5-7 year	More negative affect towards others

Maternal Mental illness (337)

Mean maternal age 28.5 yr



Maternal Mental health

- Baseline EPDS score at 6 wk post-partum
- Sig drop in EPDS score after intervention
- Drop in EPDS score from mean score of 14.6 at 6-8 wk post-delivery to 10.7 at 12 wk post-delivery after care & intervention provided at perinatal psychiatric clinic ($p < 0.05$)
- Sig improvement in Maternal-Infant Bonding

High-risk Families – Early Identification & Support

*Inter-discipline &
Inter-specialty
Collaboration*

