



處理育有年幼子女 濫藥父母個案 的跨專業協作

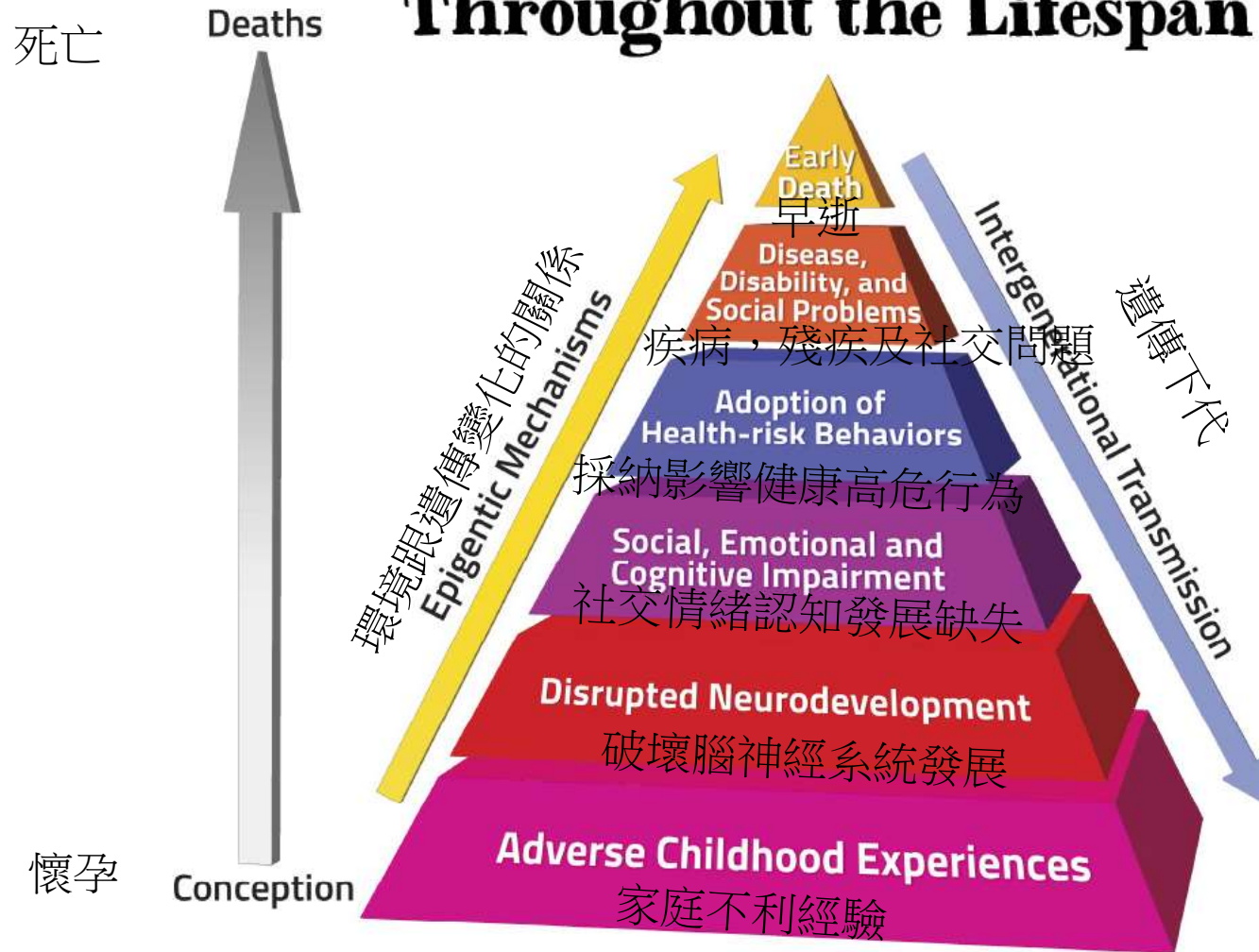
陳鳳英醫生

(沙田威爾斯親王醫院兒科部副顧問
醫生)

家庭及環境的支援

- 情緒安定
- 確保生命安全
- 提供學習環境
- 讓他們段練將來維持自由身心健康的技能
- 有社交情緒穩定的安全感
- 有足夠社交場合及經驗
- 容許及造就自我管控的能力

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan



Slide Courtesy of Rob Anda, MD, MS

THE CYCLE OF ADDICTION





Toxic Stress Changes Brain Architecture

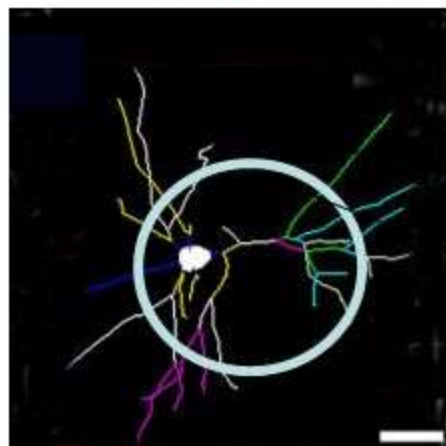
Normal



Typical neuron—
many connections



Toxic
stress



Damaged neuron—
fewer connections



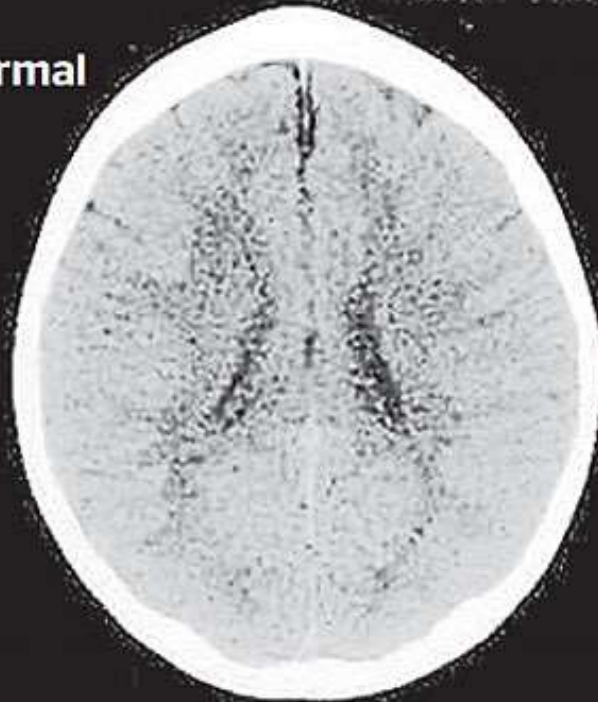
Prefrontal Cortex and
Hippocampus

Sources: Radley et al. (2004); Bock et al (2005)

HOW STRESS CHANGES A CHILD'S BRAIN

3-YEAR-OLD CHILDREN

Normal



Extreme neglect



- Prolonged exposure to trauma triggers physiological changes in the brain.

- Neural circuits are disrupted, causing changes in the hippocampus, the brain's memory and emotional centre.

- This can cause brain shrinkage, problems with memory, learning and behaviour.

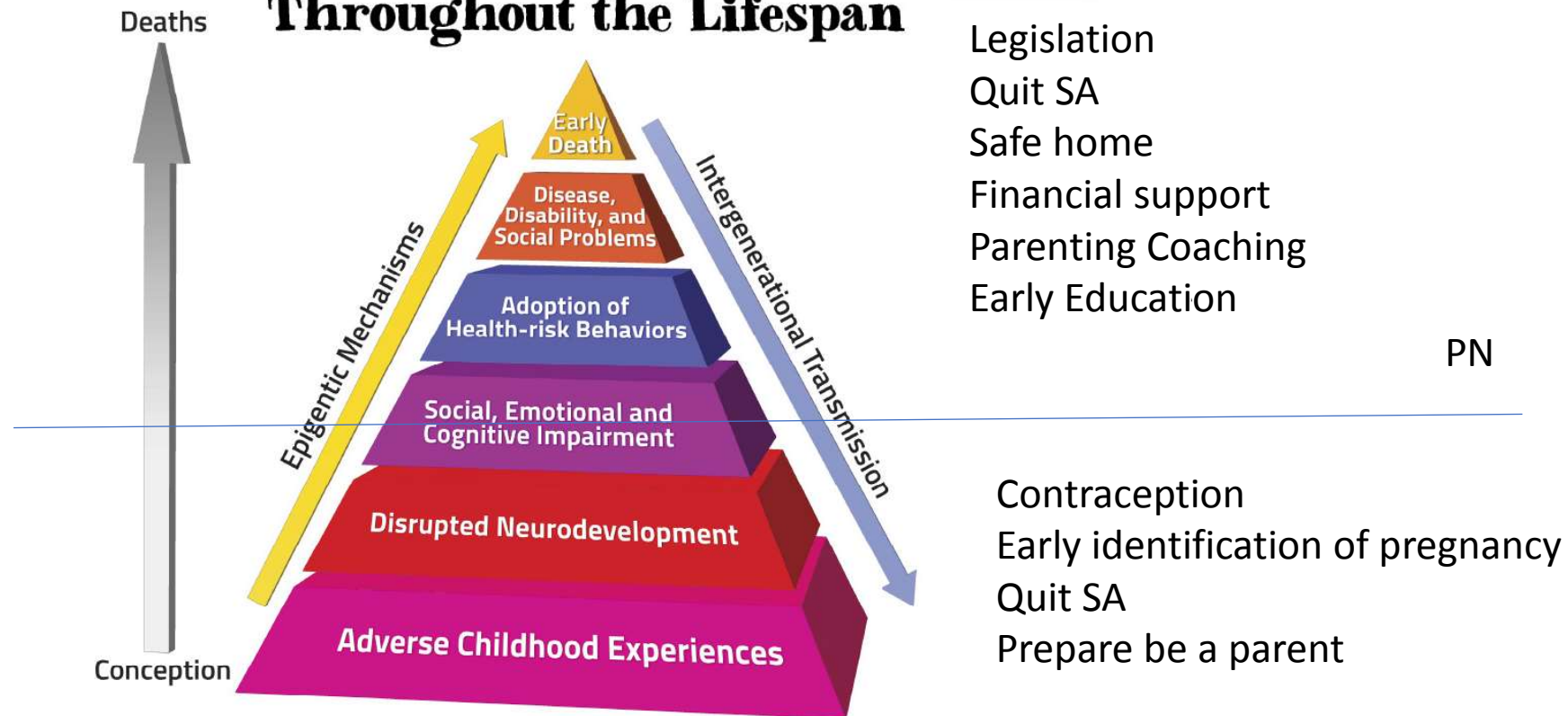
- A child does not learn to regulate emotions when living in state of constant stress.

- Associated with greater risk of chronic disease and mental health problems in adulthood.

Where and how to break the cycle

Mechanisms by which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

AWAY from the RISKS
if cannot be settled shortly



Slide Courtesy of Rob Anda, MD, MS

Share care protocol with MCHC

CCDS Share Care Program				
Risk Group	AN	AN FU	Paed Ax	Paed FU
Teenage				
<16 uncomplicated with good social support	x	x	Not required, routine MCHC	
16-18 uncomplicated with good social support	x	o	Not required, routine MCHC	
Complicated (psychosocial or SA or psychosis)	x	x	x	x
SA				
heroin	x	x	x	x
Recreation	x	o	Not required, routine MCHC	
Chronic/ heavy user	x	x	x	x
Complicated user (Psychosocial risks or psychosis)	x	x	x	x
MI				
AN mood/depression	x	x/o		
Stable PN with Psy FU			Refer by Psy if needed	
Stable PN with no Psy FU			Not required, routine MCHC	
Unstable PN with Psy FU			x	x
Unstable PN with no Psy FU (declined)			x	x
PN mood/depression				
Stable with Psy FU but no Rx			Refer by Psy if needed	
Stable with no PsyFU and no Rx			Not required, routine MCHC	
Stable with Rx				
with child care problem			Refer by MCHC/Psy if needed	
Without child care problem			Refer by Psy if needed	
Unstable with Rx			x	x
Unstable with no Rx or No psy FU			x	x
SMI			x	x

Paed FU Plan

Frequency of FU and mode of Fu will be arranged and defined by CCDS Paed.

In principle, the children from at risk family will FU to age of 2 years.

Collaboratory work with social welfare, HA Paed, NGOs and MCHC.

Case will be discharged to MCHC share care with well defined goal on monitoring.

Reactivation can be at anytime before age of 6 years old.

Cases shared under MCHC will bring up to CCDS Paed if refer out for any reasons.

Further collaboratory work should be initiated with CAC for long term developmental complications and outcome.

Specific protocol for developmental routine assessment especially for maternal SA will be considered.

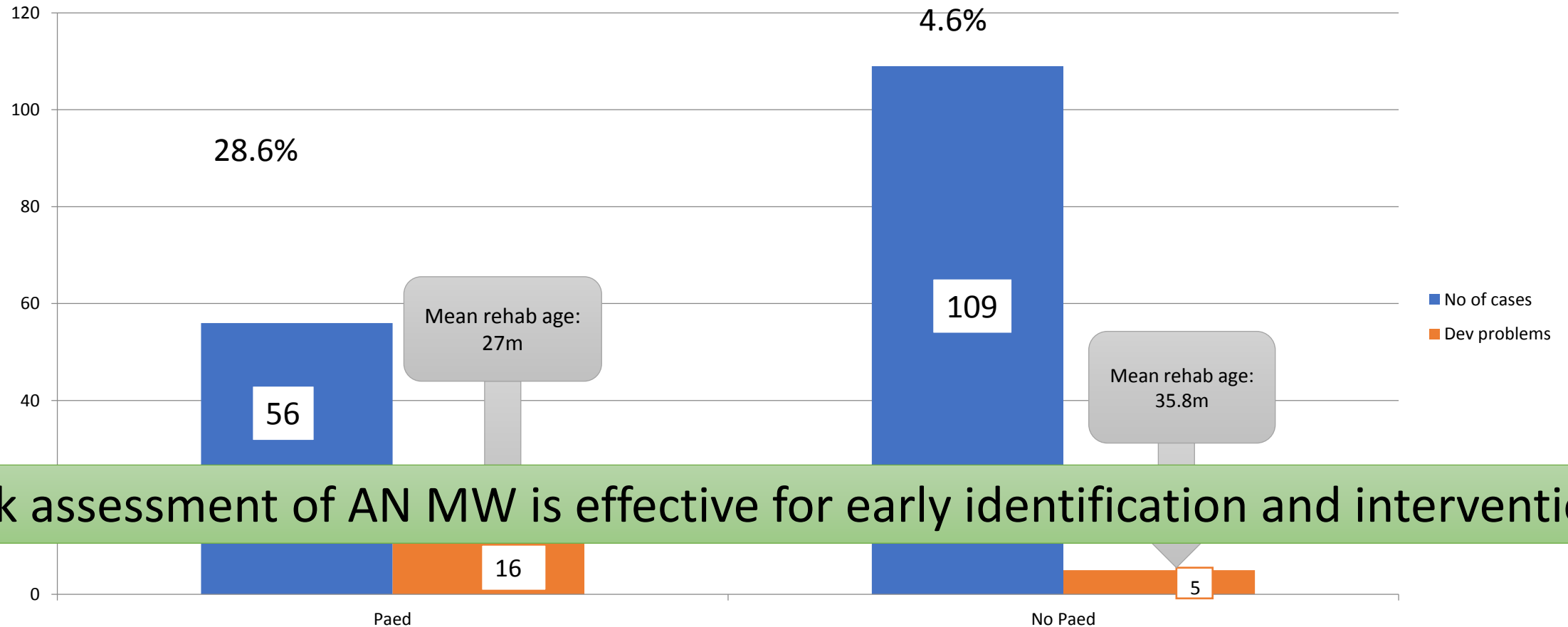
Shared care program

- To minimize the follow-ups for resolved high risks families
- To reserve clinic times for NEW cases and very high risk families. (all new cases can be reviewed within 4-8 weeks)
- To facilitate discussion with MCHC staff
- To facilitate knowledge transfer in management of high risk families
- To call back all CCDS Paed cases at age 4 years old during vision screening for developmental screening questionnaires

AN MW risk assessment for developmental outcome

165 Cases in total

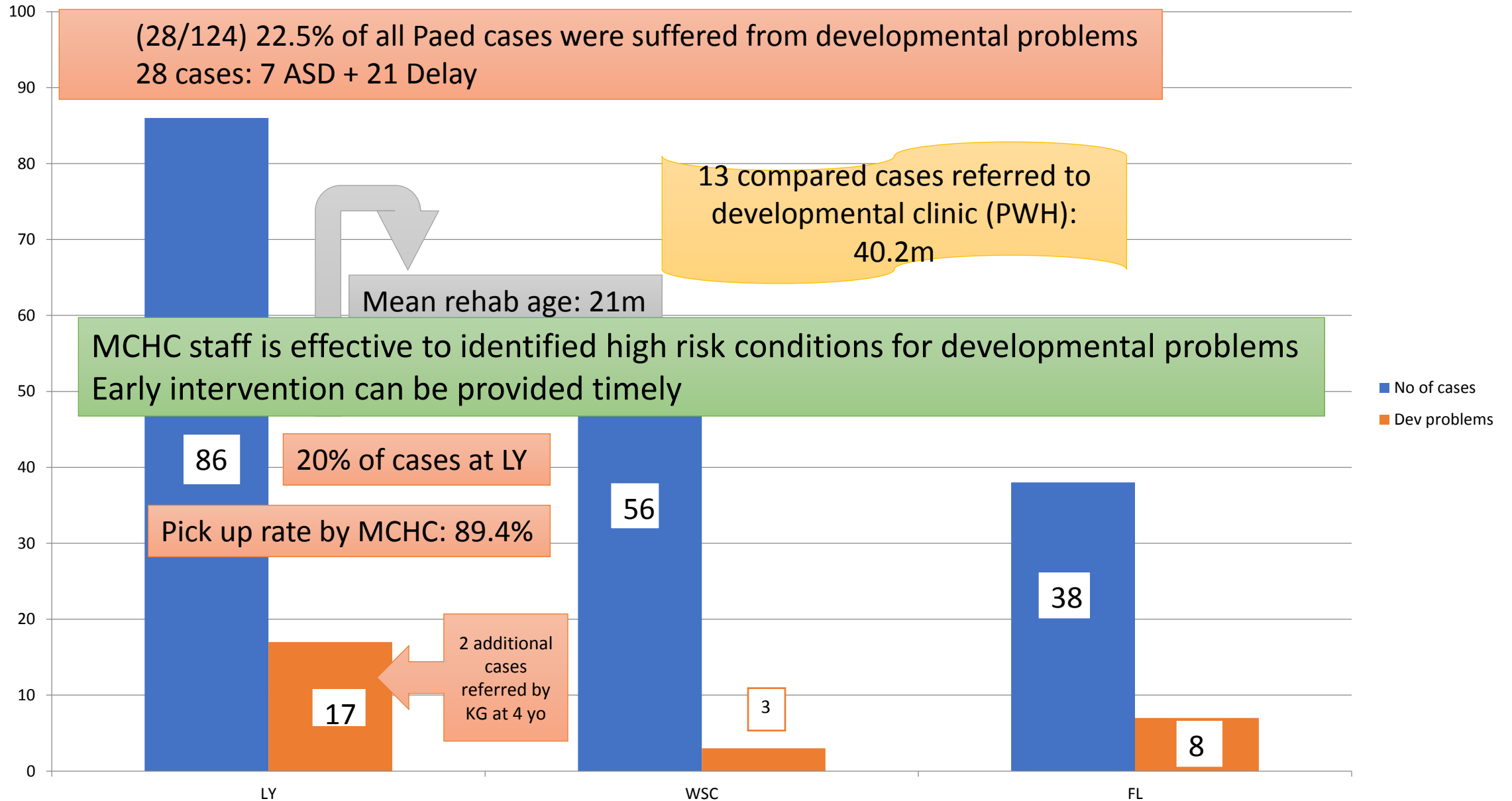
MW pick up 76% at risk cases and referred to Paed for FU



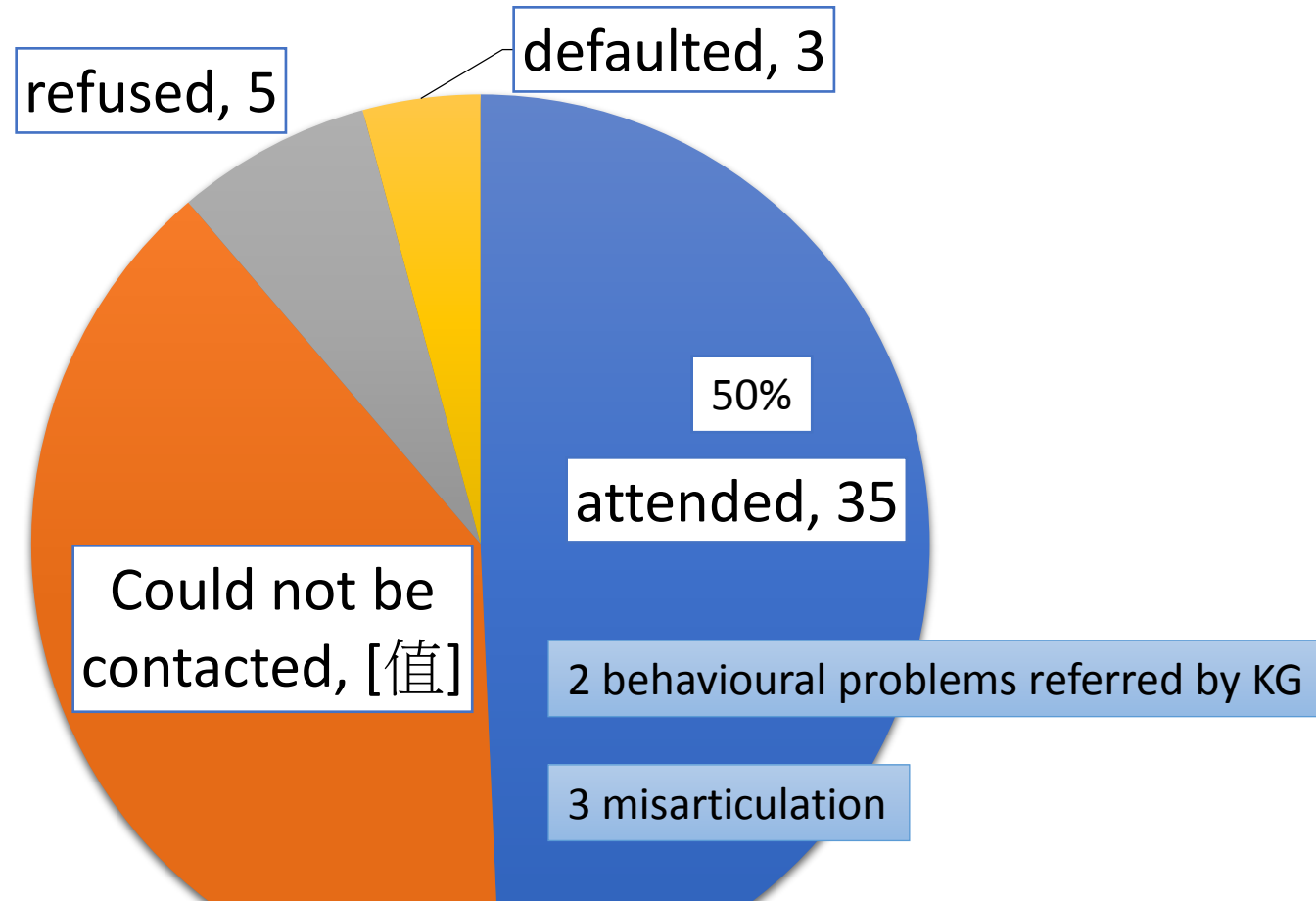
Risk assessment of AN MW is effective for early identification and intervention

81% of dev problem cases were under Mat Psy risk group

Total: 124 Paed cases referred by MCHC



Call back for VA and DSQ at 4 years old



Rate of attendance similar to overall rate of VA assessment of MCHC
Since risk assessment screening by MW and MCHC is effective
Might be not worth to continue to call (not cost effective)

KG collaborations

- Call back at 4 years old is not very cost effective
- Public educations at KGs to facilitate the early identifications may be the way out.

Discussion and conclusion

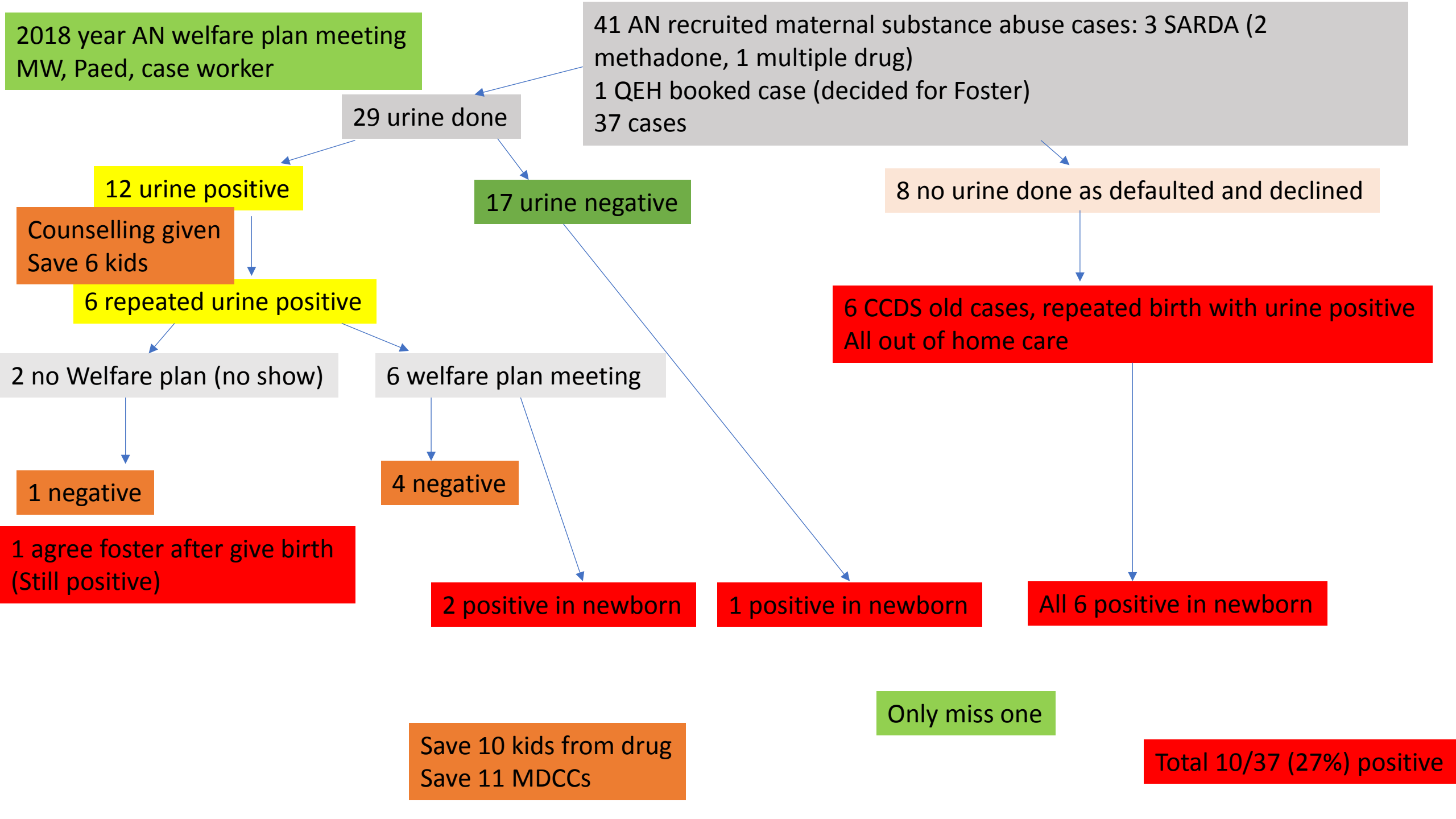
- CCDS service is effective in identifying high risk families for developmental problem (**overall 82%**)
- **CCDS AN services** risk assessment is effective in referring for Paed FU for early intervention (**pick up 76%**)
- **Shared care program with MCHC** to streamline Paed referral is effective in identifying high risk families for developmental problem and for early intervention (**pick up 89.4%**)
- On average, under CCDS AN and shared care program, children with developmental problems received rehabilitation service **in advance for 7m (AN) and 19m (PN) than** ordinary screening program
- Call back at 4 years old is not cost effective.
- Strengthen and empower teachers and parents at KGs might be the way out.

Child care, child health, development, parenting and mental health promotion: KGs

- Parent talks/workshops
 - Over 10 KGs and organizations
 - Conducted more than 20 parent talks or workshops
 - More than **1000 attendances**
- Provided KGs teacher training
 - Over 10 KGs under Educational Organizations
 - **Over 300 teachers** were trained
 - Conducted more than 10 sessions on teacher training

Collaboration with OG

- AN urine screening for drug
- Morphology scan for all mother with hx of SA
- Early contraceptive advice



Outcome of 2018 cohort

Baby

- 10/37 (27%) newborn positive:
 - ALL with MDCC
 - 7 out of home, 1 sign off, 2 mother supervised by grands
 - 4 of mother quit from drug
- Delay 8/37 (22%) (normal 6-10%)
 - 2 newborn positive, in HKSPC
 - 6 Newborn negative under mother's care
 - All identified below 24 month
 - Only 1 with no case worker

Mother in 2020

- 19/37 under NGO program
 - 2 active
 - 1 relapse
 - 15 quit
- 11/37 SWD, IFSC or FCPSU
 - 4 quit
 - 2 active
 - 5 DK
- AN welfare plan meeting for active SA mother:
 - MW, Paed, case worker
 - 2018 37 cases enrolled in AN
 - 10 mother quit during AN (12 positive)
 - save 10 kids from drug at birth (all normal in development)
 - Save 11 MDCCs
 - 10 (27%) children with delay (2 from positive cases)
 - All receive rehabilitation service before 24 months
 - Only 5 mothers still active in drug

Collaboration with Psy

- AN referral to SAC
- CCDS Psy for complications

Community Program for Maternal Substance Abuser for New Born Babies Having Positive Result in Toxicology Urine Test for Suspected Child Abuse Social Inquiry Cases in Tai Po / North District

- In formulating of care arrangement for the new born baby having positive result in toxicology urine test in suspected child abuse social inquiry, the new born baby can be considered being put under the care of the substance abused mother with the following prerequisites:
- The substance abused mother has to receive the services from Hong Kong Lutheran social Service Cheer Lutheran Center (Cheer)
- Regular urine test of the new born baby in day ward of PWH
- 6 cases under this program
- 1 cases required second MDCC
 - 5 month
 - Random urine detected abused drug
 - Established neglect
 - Child was removed

計劃簡介

「寶護媽媽 - 戒毒孕婦及幼兒照顧者家庭支援計劃」是一項為期兩年，支援有吸毒行為之父母或準父母的計劃。本計劃將與新界東聯誼兒童身心全面發展服務 (CCDS) 合辦，提供社區一站式專業醫療、戒毒輔導及社區支援。

計劃特色

本計劃加入專業醫護人員到社區提供服務，降低父母到醫院求助的阻力，以社區友善的服務支援懷孕及產後工程，及推動父母戒毒。此外，本計劃包含陪月員及社區義工的支持，助吸毒孕婦了解社區資源，教導她們成為過來人，日後為受毒品問題困擾的孕婦提供協助，回饋社會。

計劃目標

推動有吸毒行為之父母減率父母戒除毒癮及維持操守；協助他們處理產前、產後醫療及照顧上的需要；幫助他們建立健康的社交支援網絡；

參加資格：
如果你或 你認識...
1. 面臨/戒除中的孕婦
2. 受毒品問題困擾 及 有5歲或以下兒童之家庭
歡迎參加或轉介

計劃推行日期：
2019年6月1日 - 2021年7月31日

新界上水清河邨清頌樓地下
2660 0400
2662 0444
<http://cheer-ccpsa.hkiss.hk/>
上水鐵路站
轉乘九巴273A(御皇庭站下車)
轉乘九巴273B(清河邨下車)
專線小巴502號(清河邨總站下車)

報名方法

- 1 致電2660 0400約見本中心社工
- 2 社工或醫護人員轉介 (轉介表可於中心網頁下載)
- 3 親身到本中心登記

發印人：聯誼兒童身心全面發展服務
印刷數目：1,000
發行日期：2019年8月

寶護媽媽
戒毒孕婦及幼兒照顧者家庭支援計劃

讓寶寶改變你，
決心遠離毒品，
學做好媽媽，
迎接更好未來。

做好自己

- 1 戒毒服務
- 2 情緒支援
- 3 輔導小組
- 4 中西醫醫療支援

學做媽媽

- 1 育兒教室
- 2 親職小組
- 3 陪月服務

計劃未來

- 1 互助小組
- 2 融入社會

專業團隊提供親職輔導及支援

註冊社工、感傷輔導、陪月員
· 戒毒治療 · 陪月及陪診服務
· 輔導及互助小組 · 親職教育、生活指導及家庭支援

新界東聯誼兒童身心全面發展服務
兒童及青少年科、婦產科及精神科醫護人員
· 產前產後醫療支援 · 幼兒成長發展監察

New project: look for developmental outcome

Child protection service:

IV) Collaboration with Neohorizon

Family therapy for whole family including father or partners



巴拿巴

- <https://www.youtube.com/watch?v=ilX21pgc2Vg>

Interventions to break the cycle and outcomes

KG talks

HDS in MCHC

Legislation
Quit SA
Safe home
Financial support
Parenting Coaching
Early Education

All positive cases for welfare plan meeting since 2014
MDCC since 2015
(32 in 2015 and 22 in 2016)
95% out of home care

AWAY from the RISKS
if cannot be settled shortly

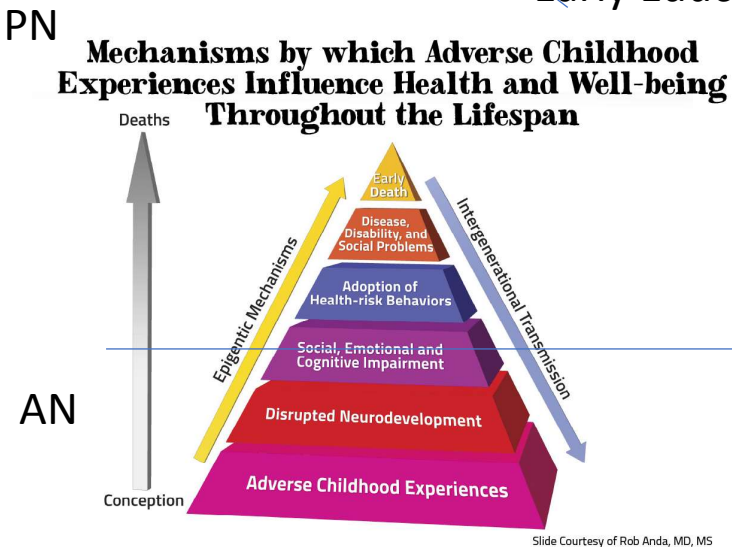
Joint NGO and FCPSU program
For those discharge home
- Only one case need second MDCC

Early identification and intervention for developmental problems
2012-2014 cohort
Effective to early identify by MW and MCHC referral
- 20% were delay, higher than normal population
- 80% with maternal psy illness
- 19 month in advance to receive rehab intervention

Ligation
Contraceptive advice

AN welfare plan meeting for active SA mother:
MW, Paed, case worker
- 2018 37 cases enrolled in AN
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Contraception
Early identification of pregnancy
Quit SA
Prepare be a parent



哈佛研究

- 追蹤 75 年
- 發現一生開心及健康指數最高的人
- 都是從小已有好的人際關係及網絡
- 包括小孩和父母關係

Thank you for your attention.