

## Present and future of severe mental illness (SMI) policies: Reflections from an Asia–Pacific Expert Forum series

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Severe mental illness (SMI) includes schizophrenia and related conditions, bipolar disorder, and moderate and severe depression, which in total affect more than 4% of the adult population worldwide and lead to substantial premature deaths, as people with SMI die on average one to two decades earlier than the general population.<sup>1</sup> Since the 1950s, institutionalization or hospital care for patients with SMI has been thought to be harmful, traumatizing, and uprooting from the patient's natural environment.<sup>2</sup> In contrast, community-based care or intensive case management models are advocated by a number of mental health practitioners to facilitate recovery of patients from SMI.<sup>2,3</sup> In December 2016 and November 2017, a series of Asia–Pacific Expert Forums were organized by the Hong Kong Association of Psychosocial Rehabilitation, with the aim to review the current landscape and key challenges of the management of SMI in parts of the region, including Australia, Hong Kong, China, India, Japan, South Korea, Taiwan, and Turkey, and discuss possible approaches to optimal care for patients with SMI. This article summarizes the proceedings of the forums.

Based on the discussions in the forums, several key challenges (Table S1) and possible resolutions regarding the launch of community care for SMI are summarized as follows: (i) education and promotion should be strengthened to alleviate stigmatization of SMI; (ii) sufficient community services, especially supported accommodation and rehabilitation centers, should be in place to improve patients' functionality; (iii) allied health professionals who have training and experience working with SMI can be recruited as case managers to address the shortage of psychiatric nurses; (iv) peer support workers play a significant role in providing support for patients in terms of experience-sharing and social connections; (v) patients and their caregivers have to be empowered to drive necessary changes in mental health policies; (vi) family involvement and cooperation are important to improve patient care outcomes; and (vii) the strengths and flexibility of non-governmental organizations should be harnessed to optimize community services. The forum discussions also covered the community care programs for SMI launched in the above-mentioned places (File S1) and an overall situation analysis at a regional level (File S2).

A paradigm shift in SMI care is underway in the region: from conventional institutional care to patient-centered, recovery-oriented community care. The initiatives of governments, including policy design, legislation, resource allocation, service formulation, and financing, are key to successful community-based care for SMI. More 'home-like' inpatient settings can be adopted, with a focus on protecting patients' rights and privacy. Health-care providers should also be trained to recognize the importance of a community-care model, as human resources preparedness is no less important than that of physical facilities. Together with caregivers, people with mental illness should be empowered and proactively get involved in the treatment decision-making. In the long run, more evidence should be gained from research to reinforce the merits of community care, and mental health professionals should be encouraged to participate more in scientific meetings and workshops.

### Disclosure statement

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### Supporting information

Additional Supporting Information may be found in the online version of this article at the publisher's web-site:

**File S1.** Community-care programs for severe mental illness (SMI) launched in parts of the Asia–Pacific.

**File S2.** Overall situation analysis at a regional level.

**Table S1.** Summary of challenges of implementing community care for severe mental illness (SMI) across different places.

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