

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2163/01-02  
(These minutes have been  
seen by the Administration)

Ref : CB2/PL/WS

**LegCo Panel on Welfare Services**

**Minutes of meeting**  
**held on Monday, 13 May 2002 at 10:45 am**  
**in Conference Room A of the Legislative Council Building**

- Members Present** : Hon CHAN Yuen-han, JP (Chairman)  
Hon LAW Chi-kwong, JP (Deputy Chairman)  
Dr Hon David CHU Yu-lin, JP  
Hon Cyd HO Sau-lan  
Hon LEE Cheuk-yan  
Hon Fred LI Wah-ming, JP  
Hon Bernard CHAN  
Hon CHOY So-yuk  
Hon LI Fung-ying, JP  
Hon Henry WU King-cheong, BBS  
Hon WONG Sing-chi  
Hon Frederick FUNG Kin-kee
- Members Absent** : Hon Mrs Sophie LEUNG LAU Yau-fun, SBS, JP  
Dr Hon YEUNG Sum
- Member Attending** : Hon Michael MAK Kwok-fung
- Public Officers Attending** : All Items  
Mr Patrick NIP  
Deputy Secretary for Health and Welfare 2

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Mr Robin GILL, JP  
Deputy Secretary for Health and Welfare 3

Mrs Eliza LEUNG, JP  
Deputy Director of Social Welfare (Services)

Mrs Brenda FUNG  
Principal Assistant Secretary for Health and Welfare  
(Elderly Services) 2

Mr FUNG Pak-yan  
Assistant Director of Social Welfare (Family & Child Welfare)

Dr CHAN Wai-man, JP  
Assistant Director of Health (Elderly Health Services)

Ms Margaret TAY  
Executive Manager, Hospital Authority

Item III

Dr Paul YIP  
Senior Lecturer, Department of Statistics and Actuarial Science  
The University of Hong Kong

Prof Iris CHI  
Director, Sau Po Centre on Ageing  
The University of Hong Kong

**Deputations by : Items III and IV**  
**Invitation**

The Hong Kong Council of Social Service

Ms NG Ka-man, Carmen  
Chief Officer (Elderly)

Ms TONG Sung-man, Kris  
Project Manager (Joint Project on Prevention of Elderly Suicide)

Hong Kong Psychogeriatric Association

Dr LI Siu-wah  
Council Member

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Association for the Rights of the Elderly

Ms Rita LAM  
Chairperson

Mr LI Ping-wai  
Vice Chairperson

Society for Community Organisation

Mr CHAN Hung-chu  
Member

Ms MOK Lai-yung  
Member

Ms LAU Chi-kou  
Member

Ms LEUNG Mei-kuen  
Community Organizer

Elderly Rights League (H.K.)

Ms TAM Dip-wan  
Director

Mr PANG Wai-shing  
Executive

Ms FOK Tin-man  
Community Organizer

Haven of Hope Christian Service

Mr KOO Wai-ki, Admond  
Administrative Officer (Elderly Service)

Miss HUNG Kwong-wai, Marion  
Centre-in-charge  
Haven of Hope Elderly Protection Centre

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**Clerk in Attendance** : Ms Doris CHAN  
Chief Assistant Secretary (2) 4

**Staff in Attendance** : Ms Janet SHUM  
Senior Assistant Secretary (2) 9

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**I. Confirmation of minutes of meeting held on 8 April 2002**  
(LC Paper No. CB(2)1790/01-02)

The minutes were confirmed.

**II. Date of next meeting and items for discussion**  
(LC Paper Nos. CB(2)1791/01-02(01) and (02))

2. Members agreed to discuss the following items at the next meeting to be held on 10 June 2002 at 10:45 am -

- (a) Re-development of Lady Trench Training Centre of Social Welfare Department;
- (b) Conversion of Fanling Hospital into a rehabilitation centre; and
- (c) Social Welfare Planning Mechanism.

*(Post-meeting note : The Administration subsequently advised that items (a) and (c) above had to be deferred and would be replaced by the item "Action plan on Street Sleepers".)*

**III. Report on a Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong**  
(LC Paper Nos. CB(2)1791/01-02(03) to (07))

3. The Chairman welcomed representatives of the Administration and deputations to the meeting. She said that as members had agreed to a combined discussion of agenda items III and IV, she would first invite the Administration to make presentations on the two items before inviting deputations to give their views.

4. At the invitation of the Chairman, Deputy Secretary for Health and Welfare 2 (DSHW2) briefed members on the background of the Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong (the Study). He said that the study was

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commissioned by the Health and Welfare Bureau (HWB) upon the recommendation of the Working Group of the Elderly Commission (EC) set up in August 1998 to study the issue of suicide. The study conducted by a multi-disciplinary research team from the University of Hong Kong (HKU) and the Chinese University of Hong Kong was aimed at providing evidence-based research on the issue of elderly suicide in Hong Kong. In particular, the study sought to estimate the prevalence rate of elderly suicide in Hong Kong against the global trend; identify the risk factors associated with elderly suicide; and suggest possible ways to tackle elderly suicide.

5. Dr Paul YIP of the HKU gave a powerpoint presentation on the major findings and recommendations of the Study, including the significant multiple risk factors to suicidal wishes and depression, the significant multiple risk factors to predicting suicide, and preventive measures such as implementation of a diagnostic tool, intervention at the primary care level, community outreach, education of family members and the public and promotion of healthy ageing, which were detailed in the Administration's paper (LC Paper No. CB(2)1791/01-02(03)) and in the hard copy of the presentation materials (LC Paper No. CB(2)1935/01-02(01)).

Clarifications sought by members

6. Referring to the finding which showed that Hong Kong's elderly suicide rate had decreased from 29.5 per 100,000 elders in 1997 to 26.3 in 1999 and remained stable in 2000 despite an increase in overall suicide rates, Mr WONG Sing-chi enquired whether the actual number of elderly suicides cases was also on the decrease or whether the decrease in elderly suicide rate was due to an increased denominator as a result of the increase in the elderly population.

7. Dr YIP explained that a study on suicide rate in 1996 showed that more than 30% of suicide deaths in the past decade involved persons aged 60 and over. However, the Study indicated that elderly suicide rates had decreased and remained steady in recent years. Normally, if there was a rapid growth in the elderly population, the overall percentage of elderly suicide should have increased in proportion, however, the Study indicated that elderly suicide rates had remained quite steady since 1997. Regarding the actual number of elderly suicide cases, Dr YIP said that compared to the number of suicide cases involving persons aged 60 and over (i.e. 278 cases) in 1997, the 259 cases in 2000 represented a slight decrease in the number of cases as well as the suicide rate.

8. Referring to the prevalence survey of the Study which had included elders' experience of being "robbed" as one of the significant factors to suicidal wishes, Mr Henry WU asked for explanation about the meaning of "robbed" and the reason why it was a significant factor. In response, Pro Iris CHI said that elders were often the targets of swindlers and being robbed would generate a negative psychological effect on elders.

9. Mr LEE Cheuk-yan sought clarification regarding the inclusion of "court cases"

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as a significant factor in relation to having suicidal wishes. In addition, Mr LEE suggested that an analysis should be conducted to find out how the social system in Hong Kong had contributed to increasing the risk factors to depression of the elderly. For example, it was worth studying how the economic downturn had exerted strenuous pressure on the elderly.

10. Dr YIP responded that about three to four cases of elderly suicide among the 61 under study were related to court cases. As shown in the Study, elders who felt aggrieved at being charged for offences were prone to generate suicidal wishes and find life meaningless. Dr YIP concurred with member's views that in addition to studying the risk factors, attention should be paid to investigating the social factors which had contributed to increasing the depressed feeling of the elderly. Dr YIP added that the Study showed that elders who were financially insufficient or living alone were more vulnerable to the risk of depression.

11. Prof CHI referred to Mr LEE's enquiry in paragraph 9 above and said that since most of the elderly were unfamiliar about legal matters, assistance should be given to those who were involved in court cases so that they could be advised of the relevant legal proceedings and understand that being charged did not necessarily mean conviction. Prof CHI also said that while depression was a world-wide problem prevalent to people of all ages, it was of utmost importance to address the issue from the perspective of public health and to promote the idea of healthy ageing. Prof CHI suggested that members could further pursue the issues in the Panel and worked with the Administration on measures to be taken to improve services for the elderly at risk. For example, further study could be conducted to find out how the social system could be improved to provide a better living environment for the elderly.

12. Miss CHOY So-yuk enquired why there was a decrease in elderly suicide rate since 1997 but an increase in the female elderly suicide rate. Dr YIP responded that elderly suicide rates in Hong Kong had decreased from 29.5 per 100,000 elders in 1997 to 26.3 in 1999 despite an increase in the overall suicide rates, however, the female elderly's suicide rate was considered high compared to other parts of the world. Prof CHI supplemented that subsequent to the publication of the report of the Study on Elderly Suicide in Hong Kong conducted in 1996, which was the very first study in the field, the Government and Non-Government Organizations (NGOs) as well as other voluntary groups of the welfare sector had started to work on the problem of elderly suicide and endeavoured to provide more support for the elderly since 1997. Prof CHI believed that their efforts had contributed to the decrease of elderly suicide rate in recent years. Regarding the high suicide rate of female elderly, Prof CHI said that chances for female elderly to have suicidal wishes and depression were double compared to the male elderly as they tended to be financially more insufficient and more easily affected by unhappy family relationship, such as relationship problems with their daughters-in-law.

13. Ms LI Fung-ying enquired whether there were any tools which could help front-line workers to identify elderly with depression. Prof CHI replied that symptoms

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of depression, including loss of appetite or insomnia were not difficult to detect, but in the case of singleton elder, there might not be people around them to detect the symptoms and able to offer them timely assistance. Prof CHI pointed out that primary health care system in Hong Kong had been emphasizing too much on physical health rather than psychological health of the patients and primary health care practitioners seldom saw the need to prescribe anti-depressant drugs for their elderly patients.

14. Mr Fred LI said that he had handled many complaint cases in which the elders felt depressed because they were required to move out from their old housing units due for redevelopment to a new area unfamiliar to them. There were also cases of singleton elders housed in one unit being at odd with each other and cases of elders having conflicts with their new arrival daughters-in-law. Mr LI enquired whether the Study was indicative that housing issues of the elderly and adverse family relationship had contributed to the risk of depression. Dr YIP responded that changes in living arrangements and family relationship were both significant factors to predicting suicide as listed in the psychological autopsy study. He said that the prevalence survey on risk factors to depression showed that elderly living with other family members such as spouse and children were less prone to depression than those living alone.

15. In view of the findings as in paragraph 14 above, Mr Fred LI was of the view that the Social Welfare Department (SWD) and the Housing Department (HD) should work closely to provide assistance to the elderly to reduce their risk of depression caused by changes in living arrangement. Mr LI also suggested further study should be conducted to investigate how far the arrival of new family members from the mainland had affected family relationships. Responding to Mr LI's suggestion, Prof CHI pointed out that problems in relationship did not only occur with new arrival members but also between the younger generation and the older generation. HKU considered it important to do more work on family services as the Chinese culture emphasized family relationship. Prof CHI expressed support for integration of family welfare services with community-based services for the elderly to provide a continuum of preventive, supportive and remedial services to meet the changing needs of families in a holistic manner.

16. Dr YIP emphasized that the most important aspect in preventing elderly suicide was the promotion of healthy ageing and the enhancement of public awareness of the need to maintain good physical and mental health throughout the course of one's life.

#### **IV. Support for vulnerable elders**

(LC Paper Nos. CB(2)1791/01-02(08) to (13))

17. At the invitation of the Chairman, DSHW2 gave a powerpoint presentation which outlined a multi-factor framework of elderly suicide and elder abuse; and the Administration's general and specific strategies to provide support for vulnerable elders. He said that the relevant information on elderly suicide and elder abuse presented at the meeting would be put on the website of HWB.

*Hong Kong Council of Social Service (HKCSS)*

18. Ms Carmen NG of HKCSS took members through HKCSS' submissions. In particular, Ms NG pointed out that tools should be set up to assist front-line workers to identify elders vulnerable to the risk of depression or suicidal ideation. She also said that training should be provided for medical practitioners in both the public and private sectors to enable early intervention. Ms NG further said that a multi-disciplinary working group should be set up to co-ordinate the wide range of intervention and preventive programmes currently carried out by the Government and NGOs. As to support for the elderly against abuse, Ms NG considered that a clear definition of elder abuse should be drawn up so that cases of abuse could be clearly determined and identified. As it was estimated in recent studies that about 20 000 elders were vulnerable to abuse, the small number of abuse cases currently identified indicated that more effort should be taken to identify elders at risk of being abuse. Ms NG also pointed out that support for the carers of elders should be enhanced and current legislation be reviewed to ensure sufficient legal protection for the elderly.

*Association for the Rights of the Elderly (ARE)*

19. Mr LI Ping-wai of ARE introduced ARE's comments on the Study as detailed in its submission. Mr LI expressed similar views to those of HKCSS in paragraph 18 above. He emphasized the need for a diagnostic tool to identify high-risk elderly and provision of enhanced support services for elders living in old districts. He also supported that consultation and discussion should be conducted on the need for introducing legislation to protect the elderly.

20. Ms Rita LAM of ARE took members through ARE's submission on provision of support for the elderly against abuse. In particular, Ms LAM said that in view of the large number of singleton elders living in old urban areas and rural villages, services of health outreaching teams should be strengthened to ensure that the health needs of the vulnerable elders were taken care of. Ms LAM also pointed out that SWD should extend its provision for the installation of emergency alarm system to those vulnerable elders living in private tenements who were not Comprehensive Social Security Assistance (CSSA) recipients but in need of such facility. Ms LAM considered it essential that the Administration should enhance the quality of residential care for the elderly and set up a registry to collect and systematize data on elder abuse cases.

*Hong Kong Psychogeriatric Association Ltd. (HKPA)*

21. Dr LI Siu-wah of HKPA said that evidence based research was important for setting up a framework for intervention programmes and prevention of elderly suicides. Dr LI made reference to two proven cases of successful intervention programmes in Sweden and Italy which had helped to reduce cases of elderly suicides. In Sweden, family health care practitioners had been given training to help them identify and diagnose depression and suicidal ideation of the elderly. Dr LI said that the

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practitioners would give treatment to the elderly patients, and would refer them for specialist treatment if they were found to have severe depression or high suicidal risk. Dr LI said that the implementation of the aforesaid intervention programme in Sweden resulted in decrease of elderly suicidal rates and proved that primary health care practitioners played an important role of a gatekeeper to identify elderly at risk at an early stage. Dr LI said that the other study carried out in Italy found that telephone contact by trained workers was effective in giving social and psychological support to the elderly. Dr LI pointed out that while external factors such as living environment and family relationships were contributive to suicidal ideation of the elders, it was also important to tackle the problem of elderly suicides from the mental health perspective and to prescribe new psychiatric drugs for the elderly at risk. Dr LI also highlighted the importance of public education and co-ordination between the health and welfare sectors in tackling the elderly suicide problem.

*Haven of Hope Christian Service (HHCS)*

22. Mr KOO Wai-ki of HHCS introduced the work of the Haven of Hope Elderly Protection Centre and the details of a three-year pilot project on elderly protection as detailed in HHCS's submission. Mr KOO pointed out that HHCS and Caritas handled a total of about 61 cases of elder abuse in the pilot project. In view of recent studies which estimated that there should be about 20 000 elders who were at risk of abuse, the cases handled in the pilot project were just a tip of an iceberg since many abuse cases had not yet been identified. Mr KOO further emphasized the need for setting up a protection centre specially catering for the elderly and the need to enhance elders' knowledge on healthy ageing to enable them to enjoy their twilight years.

*Society for Community Organisation (SOCO)*

23. Ms LEUNG Mei-kuen of SOCO introduced SOCO's views on elder abuse and the need for a legislative framework for the protection of the elderly which were detailed in SOCO's submission. Ms MOK Lai-ying of SOCO said that the current CSSA policy required elders to apply for CSSA together with their family members. However, their shares were often withheld by family members and conflicts over money matters had often made them vulnerable to physical abuse. Moreover, when the elders at risk of abuse sought assistance from HD for split of tenancy, they were often rejected and told that they were not eligible as they did not meet the relevant criteria. Mr CHAN Hung-chu of SOCO told members that although the elders could seek help from the police in case of physical abuse, his experience showed that the police often treated the reported cases as family disputes and refused to charge the abusers. Mr CHAN therefore urged the Administration to introduce legislation to protect the elders against abuse.

Discussion

24. In response to the views expressed by the deputations, DSHW2 said that HWB had set up a working group comprising representatives of the Hospital Authority (HA),

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Department of Health (DH) and SWD to discuss interface issues relating to the provision of health and welfare services for the elderly. He said that HA would launch an Elderly Suicide Prevention Programme in October 2002 which was aimed at enhancing early detection and treatment of depression in elders and providing intensive follow-up services through its fast track clinics to identified elders. It would also provide a telephone hotline and crisis intervention for elders with suicidal risks. DSHW2 further said that Support Teams for the Elderly had been set up to provide community support for vulnerable elders through social networking and outreaching services. He said that the activities conducted included regular contacts, simple personal assistance, introduction of resources, emotional support and referral for formal service. In order to enhance support for family carers to enable them to take care of their elders more effectively, respite services would be extended to all new residential and home community care services. DSHW2 further said that, with the support of SWD, the Hong Kong Christian Service had started a two-year Project on Elder Abuse Research and Protocol which would include research on the phenomenon of elder abuse in Hong Kong, compilation of a multi-professional protocol, design of a computerized elder abuse registry for handling elder abuse, and organisation of training sessions.

25. Mr LEE Cheuk-yan said that the Administration could consider exploring the need to introduce legislation to criminalise elder abuse but he regarded it more important to educate the public on the need for protecting the elderly against abuse and violence. In view of the inflexibility of HD in handling applications for split of tenancy and the insensitivity of the frontline staff in dealing with elderly at risk of abuse, Mr LEE enquired whether it was possible to make arrangement for SWD to be the approving body for split of tenancy and for the frontline HD staff to receive training on the prevention and handling of elder abuse. Mr LEE further enquired whether SWD could review its policy to allow elders to apply for CSSA separately and to relax the asset limit so that more elders could be eligible.

26. In response to Mr LEE's questions, DSHW2 said that the Director of Social Welfare and the Director of Housing held regular meetings to discuss housing issues such as splitting tenancy and compassionate rehousing. Deputy Director of Social Welfare (Services) (DDSW) supplemented that the issue of split of tenancy had been discussed in the inter-departmental meetings between SWD and HD and it was agreed that the responsibility for approving split of tenancy rested with HD, while SWD would continue to exercise discretion in granting compassionate rehousing on social and/or medical grounds. Nevertheless, SWD would continue to advise HD on applications for split of tenancy for reasons of, for example, households with overcrowding or family problems. DDSW said that SWD would be very willing to make use of compassionate rehousing to meet the need of the elders at risk.

27. As regards financial support for older persons, DSHW2 said that the Administration had adopted the 'three-pillar approach' recommended by the World Bank, which included a compulsory public plan for poverty alleviation and prevention (the CSSA scheme and Social Security Allowance Scheme (the SSA Scheme)), a

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privately managed compulsory pension plan (the MPF Scheme), and a voluntary saving-annuity plan. In respect of the first pillar of protection, DSHW2 said that the Administration had been exploring whether there was scope to develop a sustainable financial support system which better targetted resources at those older persons most in need. In this regard, DSHW2 said that one consideration was to explore the merits and feasibility of taking the resources for CSSA old age cases out of the CSSA system and combining the resources for the OAA scheme with a view to providing more than one level of financial assistance to needy elders, depending on the financial means and family support. He stressed that the study, which involved many complex issues, was at the stage of preliminary consideration and the Administration was open to other viable options.

28. Mr LEE Cheuk-yan said that his question raised in paragraph 25 above was to enquire whether the Administration would allow elders to apply for CSSA independently in the short term. At this point, the Chairman suggested and members agreed that various issues relating to support for the elderly against the background of an ageing population should be further discussed in detail in the next legislative session.

29. Mr WONG Sing-chi expressed concern that the rationalisation of financial support for elders through re-allocation of resources might lead to the cutting off of OAA currently granted to older persons who were not eligible for or did not wish to apply for CSSA. Mr WONG considered it important that elders should be allowed to maintain a certain level of financial independence so that they would not fall into the category of the vulnerable group.

30. DSHW2 stressed that the review on financial support for older persons was aimed at better targetting resources at those older people most in need and the Administration was committed to continuing its provision of financial assistance for the needy elders.

31. Miss CHOY So-yuk asked the deputations to comment on the aspect of elder abuse which should be accorded higher priority for legislation to criminalise the abuser. In response, Miss FOK Tin-man of the Elderly Rights League (H.K.) (ERL) said that as the general legislative framework in Hong Kong already provided protection for elders against criminal offences such as physical abuses, ERL considered legal protection for elders against mental abuse or neglect should be accorded higher priority. In addition, Miss FOK considered that to allow elders to apply for CSSA on their own could help to minimise the risk of elder abuse and therefore such an arrangement should be reinstated.

32. Dr LI Siu-wah of HKPA considered it more important to raise public's awareness and understanding of elder abuse and enhance support for elders and their carers than introducing new legislation as a preventive measure. Dr LI said that the meaning of "abuse" was difficult to define and determine. In addition, a lot of resources would have to be mobilized for filing and processing an abuse case which

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might not be cost effective. As legislation to criminalise elderly abuse was a controversial issue, Dr LI said that public consultation must be conducted prior to making any decisions.

33. Ms Rita LAM of ARE said that although ARE considered the introduction of legislation to criminalise elder abuse would help to protect the elders, it was of equal importance that the Administration should enhance support for family carers so that they could take care of the elders more effectively.

34. In summing up the discussion, the Chairman said that the various issues raised at the meeting would be further discussed in the next legislative session.

35. There being no other business, the meeting ended at 1:15 pm.

Council Business Division 2  
Legislative Council Secretariat  
6 June 2002