

***Our ref:*** FH/H/1/5 Pt 91  
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13 May 2008

Ms Mary So  
Clerk to Panel  
Panel on Health Services  
Legislative Council  
8 Jackson Road  
Central

Dear Ms So,

### **Mental Health Policy**

I refer to item 4 on the list of follow-up actions in LC Paper No. CB(2)1527/07-08(02). At the special Panel meeting held on 22 November 2007, the Administration was requested to provide written responses to the following :

- (a) views expressed by deputations as set out in a summary table to be prepared by LegCo Secretariat; and
- (b) a motion passed by the Panel which reads as follows -

"That this Panel expresses deep disappointment and regret at the Government's lack of any mental health policy over a long time and its neglecting the needs of mentally ill patients and their family members, and strongly urges the Government to:

- (i) expeditiously conduct a comprehensive review and formulate a mental health policy for Hong Kong;

- (ii) allocate more resources to improve the existing psychiatric services in such areas as prevention, diagnosis, treatment, medication, hospitalization and rehabilitation; and
- (iii) strengthen community psychiatric services and enhance the functions of community psychiatric health care teams."

**Response to (a)**

The Administration's response to the views expressed by deputations is set out in the annex attached.

**Response to (b)**

The Government is committed to promoting mental health. While the long-term development for mental health services will be examined and planned under the overall framework of healthcare reform, we will continue to closely monitor the utilization of mental health services and improve the services in order to better meet the service demand in the short and medium term. In 2008-09, we will allocate additional resources to implement new initiatives to strengthen community psychiatric services, including the provision of round-the-clock community support services for frequently re-admitted mental patients so as to reduce their unnecessary admissions and in-patient bed-days; enhancement of psychiatric services in Accident and Emergency Departments to help handle patients with acute condition; and extension of the psychogeriatric outreach services currently provided to subvented residential care homes for the elderly to cover private elderly homes.

We will be providing further updates on our mental health policy and services in a paper for discussion at the coming Panel meeting on 19 May 2008.

Yours sincerely,

( Kirk YIP )  
for Secretary for Food and Health

Encl

**The Administration's responses to views/suggestions given by deputations/individuals on "Mental health policy"  
At Special meeting of Panel on Health Services on 22 November 2007**

Name of deputation/individual [LC Paper No. of submission]	Views/suggestions	The Administration's responses
<b>1. Mental health policy</b>		
<p>Dr CHIU Yu-lung, Marcus Associate Professor, Department of Social Work, The Hong Kong Baptist University (HKBU) [LC Paper No. CB(2)444/07-08(01)]</p> <p>Hong Kong Familylink Mental Health Advocacy Association [LC Paper No. CB(2)373/07-08(03)]</p> <p>Department of Psychiatry, The Chinese University of Hong Kong [LC Paper No. CB(2)373/07-08(04)]</p> <p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p> <p>健康之友 [LC Paper No. CB(2)427/07-08(01)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p> <p>Mr K S NG, Ernest</p>	<p>There is a pressing need for the Administration to review the existing mental health services and formulate a comprehensive, long-term mental health policy to address patient needs and guide the development of mental health services in a coordinated, cost-effective and sustainable manner. In the development and implementation of the policy, the Administration should closely consult and actively involve service users.</p>	<p>The Government is committed to promoting mental health. While the long-term development for mental health services will be examined and planned under the overall framework of healthcare reform, we will continue to closely monitor the utilization of mental health services and improve the services in order to better meet the service demand in the short and medium term. For example, in 2008-09 we will allocate additional resources and launch new measures on prevention, medical treatment and rehabilitation services, to further improve our mental health services and facilitate early recovery of mental patients and their reintegration into the society.</p> <p>The Working Group on Mental Health Services, chaired by the Secretary for Food and Health, will review the existing mental health services; identify key priority areas; and advise on the future direction and strategy of mental health services in the long term. Members of the Working Group comprised professionals of medical treatment and rehabilitation services of mental health, academics of psychiatry, service provider of rehabilitation services as well as representatives of Labour and Welfare Bureau (LWB), Hospital Authority (HA) and Social Welfare Department (SWD). On the other hand, the</p>

<b>Name of deputation/individual [LC Paper No. of submission]</b>	<b>Views/suggestions</b>	<b>The Administration's responses</b>
<p>[LC Paper No. CB(2)427/07-08(03)]</p> <p>Amity Mutual-Support Society [LC Paper No. CB(2)407/07-08(02)]</p> <p>Equal Opportunities Commission [LC Paper No. CB(2)407/07-08(03)]</p> <p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)427/07-08(05)]</p> <p>Centre for Suicide Research and Prevention, The University of Hong Kong [LC Paper No. CB(2)407/07-08(04)]</p> <p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p> <p>Hong Kong Medical Association [LC Paper No. CB(2)467/07-08(01)]</p>		<p>Administration will also consult relevant organizations in formulating and implementing policy on mental health. For example, the Secretary for Food and Health has met with representatives of the Hong Kong College of Psychiatrists and relevant non-governmental organizations to gauge the views of the profession on the development of mental health services.</p>
<p>Dr CHIU Yu-lung, Marcus Associate Professor, Department of Social Work, The Hong Kong Baptist University (HKBU) [LC Paper No. CB(2)444/07-08(01)]</p> <p>Hong Kong Association for the Promotion of Mental Health [LC Paper No. CB(2)373/07-08(02)]</p>	<p>To facilitate the formulation of an evidence-based mental health policy, the Administration should -</p> <p>(a) conduct a new territory-wide epidemiological study on mental illnesses as early as possible, having regard to the fact that the only epidemiological study</p>	<p>The collection of epidemiological data on mental illness in Hong Kong is one of the subjects to be further studied by the Working Group on Mental Health Services.</p> <p>At present, the Health and Health Services Research Fund administered by the Food and Health Bureau (FHB) is open for application to finance research projects in public health, health services or Chinese medicine. The Fund has also identified mental health as one of its priorities</p>

<b>Name of deputation/individual [LC Paper No. of submission]</b>	<b>Views/suggestions</b>	<b>The Administration's responses</b>
<p>Department of Psychiatry, The Chinese University of Hong Kong [LC Paper No. CB(2)373/07-08(04)]</p> <p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p> <p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>	<p>undertaken in Hong Kong to establish psychiatric morbidity was conducted almost three decades ago; and</p> <p>(b) allocate more funding to support research projects on mental health.</p>	<p>themes of research.</p>
<p>Dr CHIU Yu-lung, Marcus Associate Professor, Department of Social Work, HKBU [LC Paper No. CB(2)444/07-08(01)]</p> <p>Hong Kong Association for the Promotion of Mental Health [LC Paper No. CB(2)373/07-08(02)]</p> <p>Amity Mutual-Support Society [LC Paper No. CB(2)407/07-08(02)]</p> <p>Equal Opportunities Commission [LC Paper No. CB(2)407/07-08(03)]</p> <p>Centre for Suicide Research and Prevention, The University of Hong</p>	<p>Given that the needs of mentally ill/ex-mentally ill patients and their families/carers are multiple and cover different domains, the Administration should set up a mental health council/authority as a multi-disciplinary and cross-sectoral body to coordinate policy formulation, programme delivery, research and public education on mental health. Apart from relevant government departments and professionals of psychiatric and rehabilitation services, the council/authority should also comprise service users such as patients and their families/carers.</p>	<p>Mental illness is a complex health problem and mental health services cover a number of areas such as public promotion, medical care and social rehabilitation services. At present, FHB oversees the policy and services on mental health and coordinates the work of the LWB, HA, Department of Health, SWD and other relevant government departments and non-governmental organizations. The existing mechanism has been working smoothly and we do not see the need to set up a designated mental health council/authority.</p>

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Kong [LC Paper No. CB(2)407/07-08(04)]		
<b>2. Manpower for mental health services</b>		
<p>Hong Kong Association for the Promotion of Mental Health [LC Paper No. CB(2)373/07-08(02)]</p> <p>Department of Psychiatry, The Chinese University of Hong Kong [LC Paper No. CB(2)373/07-08(04)]</p> <p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p> <p>健康之友 [LC Paper No. CB(2)427/07-08(01)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p> <p>Kwai Chung Hospital Doctors' Association [LC Paper No. CB(2)373/07-08(07)]</p> <p>Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]</p> <p>Hong Kong Medical Association [LC Paper No. CB(2)467/07-08(01)]</p>	<p>There is a serious shortage of mental health care professionals, in particular psychiatrists, in Hospital Authority (HA), resulting in long waiting time for first appointment and short consultation time. To address the problem, the Administration should expeditiously adopt measures to increase the manpower for provision of mental health services.</p>	<p>In recent years, HA has employed more psychiatric staff to strengthen the support for psychiatric treatment and services. The number of psychiatrists in the HA has increased from 212 in 2000-01 to 256 in 2006-07; and that of psychiatric nurses has also increased from 1 797 to 1 927 (including 118 community psychiatric nurses) during the same period. HA is also actively implementing various measures to address the shortage of manpower for mental health services. For example, additional healthcare assistants have been recruiting to assist nurses in the provision of care to the psychiatric patients, with a view to relieving the workload of nurses.</p> <p>A triage mechanism is in place at HA's psychiatric specialist out-patient (SOP) clinic to ensure that urgent cases are attended to within a reasonable time frame. HA is also exploring measures to reduce the long waiting for first appointment of SOP clinic, such as the setting up of allied health and nurse clinics to handle less severely ill patients.</p>

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Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]	The Administration should prescribe a minimum consultation time for first-time and follow-up consultations in HA's psychiatric specialist out-patient clinics to ensure quality care for patients.	As a general practice, there are around 45 minutes of consultation for each new case in the psychiatric specialist out-patient (SOP) clinic. The consultation time of follow-up consultation at SOP clinic will vary according to the clinical need and the patients' condition at the time of the consultation. A triage mechanism is in place at HA's psychiatric SOP clinic to ensure that urgent cases are attended to within a reasonable time frame.
Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch [LC Paper No. CB(2)407/07-08(01)]  Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]	There is an acute shortage of medical social workers. To ensure that medical social workers have the capacity to provide quality service to patients, the Administration should review the current establishment of medical social workers and their workload.	The number of medical social workers (MSWs) has increased by 28 since 2006-07 and at present SWD has stationed 193 psychiatric MSWs at the psychiatric units of all public hospitals and clinics. SWD will provide four additional MSWs in 2008-09. SWD will continue to keep the manpower of MSWs under regular review having regard to changes in service demand.  At the same time, a number of community support services introduced in recent years, such as the "Community Mental Health Link" and "Community Mental Health Care Service", have enhanced the community care and network for patients, thereby reducing the workload of psychiatric MSWs in providing follow-up services for patients in the community.
<b>3. Community psychiatric services</b>		
Department of Psychiatry, The Chinese University of Hong Kong [LC Paper No. CB(2)373/07-08(04)]	The existing community psychiatric services are overloaded and inadequate. There is a shortage of community	We will continue to implement new initiatives to strengthen community psychiatric services. In 2008-09. HA has planned to launch a number of pilot projects,

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<p>Kwai Chung Hospital Doctors' Association [LC Paper No. CB(2)373/07-08(07)]</p> <p>Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]</p> <p>The Society of Hospital Pharmacists of Hong Kong [LC Paper No. CB(2)427/07-08(04)]</p> <p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>	<p>psychiatric nurses and community psychiatrists. The Administration should allocate more resources to enhance community psychiatric services.</p>	<p>including the provision of round-the-clock community support services for frequently re-admitted mental patients so as to reduce their unnecessary admissions and in-patient bed-days; enhancement of psychiatric services in Accident and Emergency Departments to help handle patients with acute condition; and extension of the psychogeriatric outreach services currently provided to subvented residential care homes for the elderly to cover private elderly homes.</p> <p>HA has employed more psychiatric staff to strengthen the support for psychiatric treatment and services in recent years. The number of psychiatrists in the HA has increased from 212 in 2000-01 to 256 in 2006-07; and that of psychiatric nurses has also increased from 1 797 to 1 927 (including 118 community psychiatric nurses) during the same period.</p>
<p>健康之友 [LC Paper No. CB(2)427/07-08(01)]</p> <p>Hong Kong Medical Association [LC Paper No. CB(2)467/07-08(01)]</p>	<p>The Administration should allocate more resources for training family doctors in community psychological medicine to strengthen the provision of psychiatric treatment in primary care, thereby facilitating early detection and treatment of patients with mental health problems.</p>	<p>On the training of medical practitioners, apart from the specialists training provided by HA and the Hong Kong College of Psychiatrists, HA has also been cooperating with the local universities to arrange for family doctors in HA and private sector to receive practicum training in psychiatric departments in HA hospitals.</p>
<p><b>4. Funding</b></p>		

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<p>Department of Psychiatry, The Chinese University of Hong Kong [LC Paper No. CB(2)373/07-08(04)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p>	<p>The current Government expenditure on mental health services, which accounts for about 0.24% of Hong Kong's Gross Domestic Product (GDP), is only about 1/3 to 1/4 of that in Australia and the US in terms of percentage of GDP and inadequate to meet the needs of the community.</p>	<p>We will continue to closely monitor the utilization of mental health services and improve the services in order to better meet the service demand in the short and medium term. For example, there are additional resources in 2008-09 to launch new measures on prevention, medical treatment and rehabilitation services, to further improve our mental health services and facilitate early recovery of mental patients and their reintegration into the society.</p>
<p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p>	<p>Taking into account the need to implement new service models, train and retain mental health professionals including psychiatrists, nurses and allied health professionals, a dedicated budget of 0.48% of Hong Kong's GDP (i.e. about twice the current spending on mental health) is needed to meet the needs of the community.</p>	<p>On retention of staff, HA has implemented the new career structure of doctors and starting salary for nurses and allied health professionals since October 2007. The new remuneration package would improve the working condition of staff and address the retention problem.</p>
<p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>	<p>The Administration should increase Government spending on mental health services to 1% of GDP.</p>	

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<p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p> <p>Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]</p> <p>Amity Mutual-Support Society [LC Paper No. CB(2)407/07-08(02)]</p>	<p>There should be a separate, ring-fenced budget for mental health services.</p>	
<b>5. Medication</b>		
<p>Dr CHIU Yu-lung, Marcus Associate Professor, Department of Social Work, HKBU [LC Paper No. CB(2)444/07-08(01)]</p> <p>Hong Kong Familylink Mental Health Advocacy Association [LC Paper No. CB(2)373/07-08(03)]</p> <p>The Hong Kong Association of the Pharmaceutical Industry [LC Paper No. CB(2)648/07-08(01)]</p> <p>健康之友 [LC Paper No. CB(2)427/07-08(01)]</p> <p>Dr TSANG Fan-kwong</p>	<p>HA should increase the use of new psychiatric drugs that have fewer side effects, thereby enhancing the medication compliance rate of patients.</p>	<p>HA has increased the use of new psychiatric drugs since 2001-02 with additional allocation from the Government. In 2006-07, about 19 000 patients were prescribed with new anti-psychotic drugs, 51 000 with new anti-depressants drugs and 3 500 with new anti-dementia drugs. HA will continue to promote the use of new drugs to ensure better clinical outcome.</p>

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<p>[LC Paper No. CB(2)373/07-08(06)]</p> <p>Kwai Chung Hospital Doctors' Association [LC Paper No. CB(2)373/07-08(07)]</p> <p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>		
<p>The Hong Kong Association of the Pharmaceutical Industry [LC Paper No. CB(2)648/07-08(01)]</p> <p>The Society of Hospital Pharmacists of Hong Kong [LC Paper No. CB(2)427/07-08(04)]</p>	<p>The Administration should step up medication education for patients and their families/carers to improve their medication knowledge, with a view to enhancing patients' compliance with their drug regimen.</p>	<p>HA has published information set on psychiatric drugs and distributed to patients and their carers at hospitals. HA's pharmacy will also provide information of drugs to patients upon dispensing medications to patients/carers.</p>
<b>6. Services for families/carers of mentally ill/ ex-mentally ill patients</b>		
<p>Hong Kong Familylink Mental Health Advocacy Association [LC Paper No. CB(2)373/07-08(03)]</p> <p>Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]</p> <p>Amity Mutual-Support Society [LC Paper No. CB(2)407/07-08(02)]</p> <p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>	<p>The Administration should provide more funding to enhance the support services for families and carers of mentally ill/ discharged mentally ill patients. Specifically, the Administration should -</p> <p>(a) improve access of families/carers to practical advice and information on mental illnesses and treatments, for instance, by setting up more resource centres for them;</p>	<p>(a), (b) and (c)</p> <p>HA has set up patient resource centres in several hospitals and psychiatric units, including Castle Peak Hospital, Kwai Chung Hospital, Kowloon Hospital, Pamela Youde Nethersole Eastern Hospital and United Christian Hospital. These centres provide information on mental illness and organize seminars and forums to educate patients and their carers on mental illness.</p> <p>On support services to mentally ill/ex-mentally ill persons and their families and carers, the MSWs stationed in</p>

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	<p>(b) provide respite services for mentally ill/ discharged mentally ill patients;</p> <p>(c) step up promotion on support services for families/carers in hospitals, specialist out-patient clinics and private clinics;</p> <p>(d) provide financial support to needy families/carers, for instance, during the period when patients are awaiting residential services;</p> <p>(e) draw up guidelines to facilitate communication and collaboration between doctors and families/carers;</p> <p>(f) legislate on the provision of paid leave to families/carers for accompanying patients to attend consultations; and</p> <p>(g) provide assistance, including financial support, to patients and their families/carers to form self-help organisations.</p>	<p>psychiatric hospitals and clinics will assist patients and their families/carers to seek suitable services, such as services by the Parents/Relatives Resource Centre, 25 district-based Community Mental Health Link (CMHL) units and the 11 community mental health care service teams. MSWs will also provide assistance to mentally ill/ex-mentally ill persons and their families and carers in applying for medical fee waivers, social security benefits, relevant rehabilitation services and community resources.</p> <p>(d) Financial Assistance may be provided to eligible persons with disabilities (PWDs), including mentally ill patients under the existing Disability Allowance (DA) and Comprehensive Social Security Assistance Scheme. A higher rate of allowance is payable for PWDs in need of constant attendance if he is not receiving care in a government or subvented residential institution.</p> <p>(e) We encourage the communication between doctors and families/carers for better support for patients.</p> <p>(f) While we will continue to provide suitable support services to mentally ill/ex-mentally ill persons and their families and carers, at present we have no plan to take forward the proposal.</p> <p>(g) SWD has set up a financial support scheme (the Scheme) for self-help organizations of PWDs (including ex-mentally ill patients) to support the development of self-help organizations. At present, 56 such organisations are given financial support under the scheme. SWD also</p>

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		provides support to self-help organizations in securing premises for providing more comprehensive and diversified services to their members.
<b>7. Public education and promotion</b>		
<p>Dr CHIU Yu-lung, Marcus Associate Professor, Department of Social Work, HKBU [LC Paper No. CB(2)444/07-08(01)]</p> <p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p> <p>Department of Psychiatry, The Chinese University of Hong Kong [LC Paper No. CB(2)373/07-08(04)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p> <p>Amity Mutual-Support Society [LC Paper No. CB(2)407/07-08(02)]</p> <p>Centre for Suicide Research and Prevention, The University of Hong Kong [LC Paper No. CB(2)407/07-08(04)]</p> <p>Society for Community Organisation</p>	<p>The Administration should step up its efforts on public education and promotion to raise the general public's awareness and understanding of mental health problems. In particular, the Administration should launch a large scale publicity campaign targeting at de-stigmatising mental illnesses and strengthening the public's acceptance of people who have recovered and/or are suffering from mental illnesses, given that stigmatisation attached to mental illnesses is one of the major barriers to early detection and treatment of mental health problems.</p>	<p>Through various channels, the Government and NGOs have been organizing public education programmes and promotion campaigns to enhance the awareness and correct understanding of mental health in the community, as well as to promote the social inclusion of ex-mentally ill persons. One of the major promotion programmes is the annual Mental Health Month organized since 1995. Territory-wide and district-based publicity campaigns have been launched under the programme to promote mental health. In recent years, the project has been targeting children, youths and families, and its programmes have included television and radio campaigns, docudrama, adventure-based camp for teenagers, etc. In 2008-09, the Government has earmarked about \$0.5 million for this project.</p> <p>At present, all hospitals and psychiatric units organize public education and promotion events. The Health InfoWorld at HA's Head Office also provide public education on health issues, including mental health.</p> <p>We also promote mental health through different community-based programmes. For example, through the Child and Adolescent Mental Health Community</p>

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[LC Paper No. CB(2)407/07-08(05)]		Support Project message of mental health is brought to youngsters and their parents at schools and Integrated Children and Youth Services Centres at district level. The Early Assessment and Detection of Young Persons with Psychosis (EASY) programme, which aims for early detection and treatment of young persons with psychosis, also serve as a campaign for de-stigmatising psychosis.
<p>Hong Kong Association for the Promotion of Mental Health [LC Paper No. CB(2)373/07-08(02)]</p> <p>Amity Mutual-Support Society [LC Paper No. CB(2)407/07-08(02)]</p> <p>The Hong Kong Psychological Society [LC Paper No. CB(2)427/07-08(06)]</p>	Mental health should be incorporated into the curriculum of primary, secondary and university education.	The existing curriculum covers a very wide range of topics and elements on mental health related knowledge are included. In primary school curriculum for General Studies, there is a strand titled Health and Living under which understanding and managing one's own emotion are among the learning objectives. At secondary school, learning objectives relating to the promotion of mental health, such as "develop a healthy lifestyle both physically and emotionally, have a positive outlook on life and treasure harmonious relationships with family members and others in the community" are included in the Personal, Social and Humanities Education Key Learning Area.
The Hong Kong Psychological Society [LC Paper No. CB(2)427/07-08(06)]	The Administration should train and equip more community partners, such as teachers and parents, to assist in building up better mental health for the entire community.	Community partners, such as teachers and parents, are involved in different community-based programmes launched by the Government and non-governmental organizations (NGOs). These include, for example, the Child and Adolescent Mental Health Community Support Project (CAMPcom), which aims to provide early identification and intervention services to children and adolescents living in the community with signs of emotional or mental health problems. CAMPcom, in

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		collaboration with HA's Child and Adolescent Psychiatry teams, provides training and knowledge to community partners, such as teachers, parents, youth workers, etc. on youth mental health problems through talks, workshops and consultation services.
Hong Kong Association for the Promotion of Mental Health [LC Paper No. CB(2)373/07-08(02)]	More funding should be allocated to the prevention front as the majority of mental health problems are preventable. Prevention programmes should target at high-risk occupations, social groups and districts.	One of the foci of our work in mental health is early identification and intervention as early detection and treatment not only can enhance the chance of recovery but also greatly lower the cost of medical treatment and subsequent follow-up care. In this regard, we have launched a number of community-based programmes for early identification of persons with signs of mental health problems in schools, families and in the community for provision of early counselling and treatment services. These programmes, such as the "Community Mental Health Intervention Project", "Early Assessment and Detection of Young Persons with Psychosis" ("EASY") programme and "Child and Adolescent Mental Health Community Support Project" are specially designed to cater for different target groups such as children, adolescent, adults and elders.
<b>8. Vocational training and rehabilitation services</b>		
健康之友 [LC Paper No. CB(2)427/07-08(01)]  Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)427/07-08(02)]	To improve the existing training and vocational rehabilitation services and enhance employment opportunities for discharged mentally ill patients, the Administration should -	<u>Enhancing employment opportunities for discharged mentally ill patients</u> (a) Government departments and NGOs are providing various vocational training and employment services for discharged mentally ill patients to cater for their specific needs. The Administration would keep in view the

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<p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)427/07-08(05)]</p> <p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>	<p>(a) set up a central vocational placement system to co-ordinate vocational placement and referral services offered by various government departments and NGOs; and</p> <p>(b) introduce measures obliging/encouraging employers in the private and public sectors to hire people with disabilities (PWDs) (including discharged mentally ill patients), for instance, by prescribing that employers must hire a specified percentage of PWDs and providing tax benefits to employers hiring PWDs.</p> <p>Consideration should be given to introducing measures which encourage discharged mentally ill patients to seek employment and become self-reliant, such as –</p> <p>(a) for discharged mentally ill patients on Comprehensive Social Security Assistance (CSSA) who have found a job, their income should be treated as disregarded earnings for a certain period of time, say one year, so as to lessen their financial</p>	<p>effectiveness of the delivery of these services and consider the need for a centralized system as appropriate.</p> <p>(b) Under the “On the Job Training Programme for People with Disabilities’ and ‘Sunnyway – On the Job Training Programme for Young People with Disabilities”, wage subsidy is provided to employers to encourage them to offer job vacancies to PWDs to try out their work abilities.</p> <p>The Administration has reservation on the introduction of a quota system given that –</p> <p>(i) such quota system has not proven successful overseas in helping PWDs in finding jobs (e.g. UK abolished its quota system after a review of its effectiveness);</p> <p>(ii) under a mandatory employment system, PWDs will be perceived as a liability, making it difficult for them to be accepted by their peers at work;</p> <p>(iii) we should help PWDs to find appropriate jobs on the basis of their abilities rather than disabilities; and</p> <p>(iv) a large majority of our companies in the private sector are small and medium sized enterprises. Imposing an employment quota on them will adversely affect their operation. If they were to be exempted, then a quota system could hardly achieve the desired outcome.</p> <p>Notwithstanding this, a host of measures to promote the employment of PWDs in Government subvented</p>

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	<p>pressure; and</p> <p>(b) provide salary tax concession to discharged mentally ill patients.</p>	<p>organizations and statutory bodies has been adopted –</p> <ul style="list-style-type: none"> <li>(i) to encourage them to set indicators on the employment of PWDs in their organizations, on a voluntary basis;</li> <li>(ii) to encourage them to publish statistics on the employment of PWDs in their annual reports; and</li> <li>(iii) to formulate policies and procedures regarding the employment of PWDs by drawing reference from the Civil Service.</li> </ul> <p>To further promote the employment of PWDs to the community at large, the Rehabilitation Advisory Committee has identified the subject matter as one of the major themes for its public education efforts in 2008-09. A series of publicity programmes would be rolled out to encourage all sectors to make collective efforts in promoting the employment of PWDs.</p> <p>Under the existing provisions of the Inland Revenue Ordinance, all costs related to the employment of staff (for both PWDs and able-bodied people) are already deductible in ascertaining the employer's assessable profits. Any enhanced tax deduction for the employment of PWDs would be against basic taxation principle. Given Hong Kong's low-tax regime, the tax savings generated by such tax concessions are unlikely to be significant.</p> <p><u>Encouraging discharged mentally ill patients to seek employment</u></p>

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		<p>(a) To encourage recipients to find and maintain employment, SWD has already put in place the provision of disregarded earnings (DE) under the CSSA Scheme. All CSSA recipients, including the discharged mentally ill patients, who have been receiving CSSA for not less than two months are eligible for DE. CSSA recipients' monthly earnings can be disregarded up to a maximum of \$2,500.</p> <p>(b) It is HKSARG's policy to maintain a fair and neutral tax system and we do not provide tax concession for any particular group of people. Providing salary tax concession to discharged mentally ill patients as suggested will be against the above-mentioned principle.</p>
<b>9. Residential services</b>		
<p>Society for Community Organisation [LC Paper No. CB(2)407/07-08(05)]</p>	<p>The Administration should provide different types of residential services to cater for the different needs of discharged mentally ill patients. Specifically, the Administration should –</p> <p>(a) provide long stay hostels with support services for discharged mentally ill patients not living with their families;</p> <p>(b) review the operation and services of halfway houses, including leaving arrangements and vocational</p>	<p>To meet the service demand in respect of residential services, SWD has planned to provide 175 additional long stay care home places (100 places in 2008-09 and 75 places in 2012-13), 40 supported hostel places and 40 self-financing hostel places in 2008-09 for the ex-mentally ill persons.</p> <p>Various community rehabilitation services supported with tailor-made training programmes are provided to residents of halfway houses so as to facilitate their re-integration into the community. Vocational rehabilitation services are also provided to those residents idling at halfway houses through the community mental health care services so as to develop and maintain their social skills and economic</p>

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	<p>assistance services for residents;</p> <p>(c) increase the places of supported hostels and long care stay homes; and</p> <p>(d) relax the eligibility criteria for compassionate housing arrangement and provide housing assistance to discharged mentally ill patients in poor living conditions.</p>	<p>functioning. Pre-discharge training is also offered to halfway houses residents with capabilities for independent living. They are also provided with after-care service to help them fully re-integrate into the community on discharge from halfway houses. SWD will keep in view the need for the provision of additional halfway houses and bid resources to meet the demand as appropriate.</p> <p>To assist individuals or families who have genuine and imminent housing problems, SWD will make suitable recommendation for compassionate rehousing (CR) to the Housing Department on justifiable social and/or medical grounds. Social workers will exercise their professional judgment in handling requests for CR, having regard to the merits of individual cases, and apply suitable flexibility for deserving cases.</p>
<b>10. Others</b>		
<p>The Hong Kong College of Psychiatrists [LC Paper No. CB(2)373/07-08(05)]</p> <p>Dr TSANG Fan-kwong [LC Paper No. CB(2)373/07-08(06)]</p> <p>Equal Opportunities Commission [LC Paper No. CB(2)407/07-08(03)]</p> <p>Hong Kong Medical Association [LC Paper No. CB(2)467/07-08(01)]</p>	<p>The Administration should enhance public-private collaboration in the provision of mental health services to relieve the heavy burden in the public system.</p>	<p>We encourage public-private-partnership (PPP) in healthcare services and have been trying out various measures. For instance, HA is conducting a pilot scheme of subsidizing public-patients to undergo cataract surgeries in the private sector in order to reduce the-waiting time for such surgeries in public hospitals and planning for the purchase of primary healthcare service from the private sector in Tin Shui Wai. We are also exploring the-feasibility of introducing public-private partnership in the development of a hospital project in North-Lantau and the setting up of multi-partite paediatric and neuroscience medical-centres of excellence. We will explore further PPP initiatives when we gather more experience in this</p>

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<p>Equal Opportunities Commission [LC Paper No. CB(2)407/07-08(03)]</p> <p>Hong Kong Medical Association [LC Paper No. CB(2)467/07-08(01)]</p>	<p>Mental illnesses are often excluded in both group and individual health insurance plans. There should be more choices of insurance plans that cover mental illnesses, which can help channel more patients to the private sector to relieve the burden of HA's psychiatric services on the one hand, and enhance patient choice on the other.</p>	<p>regard.</p> <p>We take note of this view.</p>
<p>Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)427/07-08(02)]</p>	<p>The Administration should review the eligibility criteria for the Disability Allowance and CSSA. The former should be non-means-tested. In the case of the latter, the financial eligibility of the applicant should be assessed on an individual rather than family basis.</p>	<p>Disability Allowance (DA) is provided to eligible PWDs on a non-means tested basis. The existing requirement for an applicant who is living with family members to apply for CSSA on a household basis is in line with the policy objective of CSSA that financial assistance funded by the general revenue should be provided to those most in need. It also aims to encourage family members to support each other and prevent people from evading their duty of care by resorting to CSSA. When there is evidence that the applicant is not receiving financial support from family members (e.g. the applicant has a poor relationship with other family members), the Director of Social Welfare can exercise discretion in allowing the applicant to apply for CSSA on his/her own.</p>
<p>Kwai Chung Hospital Doctors' Association [LC Paper No. CB(2)373/07-08(07)]</p>	<p>The psychiatric wards in public hospitals are over-crowded. Consideration should be given to re-opening some of the psychiatric wards which have been closed.</p>	<p>The overall occupancy rate in HA's psychiatric wards is around 72% as at 2007-08. While the current ward environment of the HA psychiatric hospitals is up to a high standard in terms of cleanliness and patient safety, HA recognizes the importance of providing a therapeutic</p>

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		environment for psychiatric patients. In designing its future in-patient facilities, HA would incorporate a more homely design through reduction of the number of patients accommodated in each ward.
Mr K S NG, Ernest [LC Paper No. CB(2)427/07-08(03)]  Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)427/07-08(05)]	To provide quality care to patients, consideration should be given to establishing a case management system under which a psychiatric medical social worker or psychiatric nurse will serve as a case manager to follow up on discharged patients and arrange the most appropriate services for them, having regard to their service needs. Each case manager should be assigned not more than 30 cases at any one time.	Although the welfare sector does not have a consensus view on the definition of “case manager” and “key worker” at the moment, social workers in general adopt the principle of “one family one worker” to serve the whole family in need. If more than one social worker is involved in the case, one of them will take up the role as the key worker, and will be responsible for co-ordinating with other social workers, medical professionals, school personnels, etc. to ensure that the needs of the families will be fully addressed. Officer-in-charge of the MSWs will closely review and monitor the workload of individual psychiatric MSWs from time to time to ensure that appropriate level of service is rendered to individual families.

Food and Health Bureau  
Labour and Welfare Bureau  
Hospital Authority  
Social Welfare Department

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