

立法會
Legislative Council

LC Paper No. CB(2)2525/08-09(02)

Ref : CB2/PL/HS+WS

Panel on Health Services and Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 30 September 2009**

Community support services for ex-mentally ill persons

Purpose

This paper summarises the concerns raised by the Panel on Welfare Services (WS Panel) on the subject of community support services for ex-mentally ill persons.

Provision of community support services for ex-mentally ill persons

2. At the policy level, the Food and Health Bureau (FHB) assumes overall responsibility in coordinating the policies and programmes on mental health. It works with the Hospital Authority (HA), Department of Health, Social Welfare Department (SWD), non-governmental organisations (NGOs) and other relevant parties in formulating policies on mental health and providing mental health services to those in need. Apart from the medical treatment of mental illness, a range of community support services are provided to cater for the different needs of ex-mentally ill persons and their families and carers. In this regard, HA, SWD and NGOs work together to ensure the effective delivery of rehabilitation service, including the following medical and social rehabilitation services, to the ex-mentally ill persons –

- (a) medical rehabilitation services;
- (b) follow-up consultation at the psychiatric specialist out-patient clinics (SOPCs);
- (c) medical social services;
- (d) residential care services;
- (e) day training and vocational rehabilitation services; and

- (f) other community support services (e.g. counselling services, financial assistance, etc.).

3. A series of community support services have been launched and enhanced in recent years to provide ex-mentally ill persons and their families with continuous care and support. These measures include –

- (a) psychogeriatric outreach services for the elderly;
- (b) post-discharge community support to frequently re-admitted psychiatric patients;
- (c) recovery support programme for psychiatric patients in the community;
- (d) Community Rehabilitation Day Services;
- (e) Community Mental Health Link;
- (f) Community Mental Health Care; and
- (g) Integrated Community Centre for Mental Wellness.

Deliberations by the WS Panel

4. In the 2008-2009 session, the WS Panel held two meetings to discuss issues relevant to the subject of community support services for ex-mentally ill persons. The Panel received views from 22 deputations on the subject. The major concerns of members are summarized below.

Post-discharge follow-up services

5. Members expressed grave concern about the post-discharge follow-up services for ex-mentally ill persons in the light of the recurrence of tragedies involving such persons. Members were concerned about the follow-up actions taken by HA if the ex-mentally ill persons failed to attend follow-up consultations or refused to take prescribed medicine. In the view of some members, adequate support services and training should be provided for the families and carers of the ex-mentally ill persons, such as skills to remind the patients to take medication and knowledge on early identification of needs for re-admission for medical treatment.

6. The Administration advised that under HA's existing mechanism, the multi-disciplinary case conferences (MDCC), chaired by psychiatrists and comprising clinical psychologists, occupational therapists, psychiatric nurses and

medical social workers (MSWs), would conduct risk assessments for those psychiatric patients who were ready to be discharged and draw up the discharge plans for individual patients, having regard to their medical and welfare needs. MSWs were also involved in the drawing up of discharge plans of individual psychiatric patients. Arrangement would be made for ex-mentally ill persons to receive follow-up consultations at HA's psychiatric SOPCs which would also monitor the medication intake of the patients. Where appropriate, injection of medication would be arranged for those who refused to take oral medication. Since some psychiatric patients who needed to attend psychiatric SOPCs had to work during day-time, HA had extended the service hours of its psychiatric SOPCs on weekdays to enable patients to schedule their appointments in the evening. This apart, community psychiatric nurses (CPNs) would follow up on the discharged patients through regular visits to patients' home to monitor their progress of treatment and rehabilitation. Currently, around 140 CPNs conducted some 9 000 home visits, and psychiatric nurses would also make outreaching visits to discharged patients if necessary.

7. The Administration further advised that it was fully aware of the importance of providing support for family members of ex-mentally ill persons. The existing community support services as well as residential services for ex-mentally ill persons operated by subvented NGOs had been incessantly providing various parents/carers support groups and resource corners for family members of ex-mentally ill persons with a view to strengthening their caring capabilities. Besides, SWD had also been providing financial support to self-help organisations for mutual support and experience sharing among family members and carers of ex-mentally ill persons.

8. Some members and deputations took the view that the support services for ex-mentally ill persons were fragmented. They considered that the Administration should rationalise the support services provided by SWD and HA. In particular, the Administration should adopt a case management approach, especially for high-risk cases, in providing a full range of assessment and support services. Members noted that the first Integrated Community Centre for Mental Wellness (ICCMW) in Tin Shui Wai started operation in March 2009 to provide one-stop community support and social rehabilitation services for discharged mental patients, person with suspected mental health problems, their families/carers and residents living in the district. These members called on the Administration to draw up a concrete timetable to extend the service mode of ICCMW at Tin Shui Wai to other districts across the territory.

9. The Administration stressed that on the service level, MDCC would draw up discharge plans for psychiatric patients having regard to their individual clinical conditions and welfare needs. At the district level, different service units of SWD and HA worked closely to ensure the effective delivery of rehabilitation services to ex-mentally ill persons. The Administration would keep the situation under review and endeavour to explore room for further

improvements to the existing mechanism. To further enhance its community psychiatric services, HA had launched two pilot initiatives to provide community support services for discharged psychiatric patients using the case management approach. These two initiatives included the setting up of community psychiatric support teams in the Kowloon West Cluster and the New Territories East Cluster in 2008-2009 to provide round-the-clock post-discharge community support to frequently re-admitted psychiatric patients, as well as the implementation of the Recovery Support Programme in all seven hospital clusters in 2009-2010 to provide support service for newly discharged psychiatric patients. On social rehabilitation services, the Administration advised that social workers of SWD would in general adopt the principle of "one family one worker" to serve the whole family in need. As ICCMW had just commenced service since March 2009, the Administration would review the new service mode of ICCMW at Tin Shui Wai and in the light of experience gained, consider its possible extension to other districts.

Resources and manpower provision

10. Members considered that unless adequate resources and manpower were provided, the objective of re-integration of the ex-mentally ill persons into the community could not be achieved. They were given to understand that one social worker had to serve 113 ex-mentally ill persons on average under the Community Mental Health Link and only 6% of 15 000 discharged mentally ill persons were served by the Community Mental Health Care in 2007-2008. Members also expressed concern that as a result of inadequate resources, the follow-up consultation sessions at psychiatric SOPCs for ex-mentally ill persons was too short for in-depth diagnosis. Some deputations also expressed concern that psychiatric patients were discharged prematurely due to lack of resources in public hospitals.

11. The Administration advised that the total Government expenditure on mental health services amounted to around \$3.2 billion each year. From 2001-2002 to 2008-2009, the Government had provided a total of \$250 million additional funding to HA and \$86.3 million to SWD to support a number of new initiatives seeking to strengthen early identification and intervention of mental health problems, purchase new drugs for treatment, and enhance community psychiatric services and medical social services. The total resources allocated to community support service for ex-mentally ill persons amounted to \$800 million each year.

12. The Administration further advised that SWD had secured additional resources to support a number of new initiatives to strengthen the community support services for ex-mentally ill persons and the services provided by MSWs over the past few years. Notably, the average caseload of each MSW stationed at the psychiatric units of public hospitals and clinics had been reduced from 1:96 in 2005-2006 to 1:78 in 2008-2009, and 10 additional MSWs would be provided

in 2009-2010 to enhance the medical social service. HA had also increased the number of psychiatrists from 212 in 2000-2001 to 288 in 2008-2009 and that of psychiatric nurses from 1 797 to 1 880 (including 133 CPNs) during the same period.

Day training and vocational rehabilitation services

13. Some members were of the view that ex-mentally ill persons were vulnerable to distress arising from unemployment, and therefore staying in employment could help them maintain a stable clinical condition. To this end, the Administration should strengthen the vocational rehabilitation services, increase the number of job placements in sheltered workshops, and promote the development of social enterprises to assist ex-mentally ill persons to seek employment.

14. The Administration advised that the Labour Department provided selective placement service to persons with disabilities (PWDs) (including the ex-mentally ill persons), SWD provided various day training and vocational rehabilitation services, such as sheltered workshops (over 5 000 places) and supported employment services (around 1 600 places), to help enhance the vocational skills of the ex-mentally ill persons with a view to assisting them in making a living in the open market. This apart, the "Enhancing Employment of PWDs through Small Enterprise" Project supported NGOs to run small enterprises/business, under which no less than 50% of their employees were PWDs, including ex-mentally ill persons.

Long-term policy on mental health

15. Members stressed the importance of formulating a long-term plan on the provision of community support services for the ex-mentally ill persons. While acknowledging that new initiatives, such as CMHL and CMHC, had been introduced by SWD to provide various support services to the discharged mental patients and their families/carers, there was room for improving the coordination between the rehabilitation services provided by HA and SWD. They called on the Administration to revamp the existing services, review the existing policy and map out a long-term development plan on mental health services.

16. The Administration advised that while the long-term development of mental health services would be examined and planned under the overall framework of healthcare reform, it would continue to keep the mental health services under review and adjust or enhance the services in response to changes in social circumstances and service needs. To further improve mental health in the society, the Working Group on Mental Health Services, chaired by the Secretary for Food and Health and comprising as members professionals of psychiatric and rehabilitation services and the academia, had been set up in August 2006 to assist the Government in reviewing the existing mental health

services and mapping out the long-term development of mental health services. In the short and medium term, the Administration would continue to allocate additional resources on prevention, medical treatment and rehabilitation services to further improve the mental health services and enhance the support for psychiatric patients.

17. Members, however, noted with concern that the Working Group on Mental Health Services had held only two meetings since its establishment in August 2006 and requested the Administration to make periodic reports to the Panel on the work progress of the Working Group on Mental Health Services.

Latest development

18. The medical and social rehabilitation services were related and FHB assumed an overall responsibility in coordinating the policies and programmes on mental health, members of the WS Panel agreed at the meeting on 11 July 2009 that a joint meeting of the Panel and the Panel on Health Services should be held to discuss the subject matter. Members may wish to note that the Administration's response to the views made by deputations at the special meeting of WS Panel on 11 July 2009 has been circulated to members vide LC Paper No. CB(2)2460/08-09(01).

Relevant papers

19. A list of relevant papers is in the **Appendix** for members' reference. The papers are available on the LegCo website at <http://www.legco.gov.hk>.

Appendix

Relevant Papers/Documents

<u>Meeting</u>	<u>Meeting Date</u>	<u>Papers</u>
Panel on Health Services	22 November 2007	Administration's paper LC Paper No. CB(2)373/07-08 (01) Minutes of meeting LC Paper No. CB(2)1370/07-08
	19 May 2008	Administration's response to the views expressed by deputations and the motion passed by the Panel at the meeting on 22 November 2007 LC Paper No. CB(2)1937/07-08 (04) Administration's paper LC Paper No. CB(2)1937/07-08 (05) Minutes of meeting LC Paper No. CB(2)2212/07-08
Panel on Welfare Services	8 June 2009	Administration's paper LC Paper No. CB(2)1711/08-09 (03) Minutes of meeting LC Paper No. CB(2)2119/08-09
	11 July 2009	Minutes of meeting LC Paper No. CB(2)2360/08-09 Administration's response to the views expressed by deputations at the meeting on 11 July 2009 LC Paper No. CB(2)2460/08-09(01)