

立法會
Legislative Council

Ref : CB2/PL/HS+WS

LC Paper No. CB(2)687/09-10
(These minutes have been seen
by the Administration)

**Panel on Health Services and
Panel on Welfare Services**

**Minutes of joint meeting
held on Wednesday, 30 September 2009, at 9:00 am
in the Chamber of the Legislative Council Building**

**Members
present**

- : Panel on Health Services
- * Hon Albert HO Chun-yan
Hon Fred LI Wah-ming, SBS, JP
Hon Andrew CHENG Kar-foo
 - # Hon Albert CHAN Wai-yip
Hon Audrey EU Yuet-mee, SC, JP
Hon Cyd HO Sau-lan

Panel on Welfare Services

Hon CHEUNG Kwok-che (Deputy Chairman)
Hon LEUNG Kwok-hung
Hon Ronny TONG Ka-wah, SC
Hon WONG Sing-chi

**Members
absent**

- : Panel on Health Services
- Dr Hon Joseph LEE Kok-long, SBS, JP (Chairman)
Dr Hon LEUNG Ka-lau (Deputy Chairman)
Hon Vincent FANG Kang, SBS, JP
 - * Hon Alan LEONG Kah-kit, SC
Hon CHAN Hak-kan
Hon IP Kwok-him, GBS, JP
Dr Hon PAN Pey-chyou

Panel on Welfare Services

Hon LEE Cheuk-yan
Hon LEUNG Yiu-chung

Hon TAM Yiu-chung, GBS, JP
Hon LI Fung-ying, BBS, JP
Hon Frederick FUNG Kin-kee, SBS, JP
Hon WONG Kwok-hing, MH
Hon Paul CHAN Mo-po, MH, JP
Hon WONG Kwok-kin, BBS

- (# Also Chairman of the Panel on Welfare Services)
(* Also members of the Panel on Welfare Services)

Public Officers : Item II
attending

Professor Gabriel M LEUNG, JP
Under Secretary for Food and Health

Miss Polly CHONG
Assistant Secretary for Food and Health (Health) 5

Mr Patrick NIP, JP
Acting Permanent Secretary for Labour and Welfare/
Director of Social Welfare

Mr Stephen SUI
Commissioner for Rehabilitation
Labour and Welfare Bureau

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Eric CHEUNG
Cluster Coordinator (Psychiatric Services)/ Consultant,
New Territories West Cluster
Hospital Authority

Mrs Cecilia YUEN
Assistant Director of Social Welfare (Rehabilitation and
Medical Social Services)

Attendance : Item II
by invitation

Alliance of Ex-mentally Ill of Hong Kong

Miss TAM Yuen-yan

Miss CHIU Nga-man

Hong Kong Association for the Survivors of Women
Abuse (Kwan Fook)

Ms LIU Ngan-fung
Chairperson

亞花
Member

風雨同路

阿寶
Member

The Hong Kong Council of Social Service

Mr KUO Chun-chuen
Rehabilitation Chief Officer

The Democratic Party

Mr LO Kin-hei
Member of Welfare Group

Hong Kong FamilyLink Mental Health Advocacy
Association

Mr Mico CHOW
Executive Committee Member

Mr Leon CHOW Chun-yin
Administrative Officer

Concord Mutual-Aid Club Alliance

Ms CHAN Wai-ching
Chairwoman

Mr HUI Wai-chun
Executive Officer

精神病康復者同路人小組

Mr CHAN Kwok-shing
Core Member

Mr CHOW Siu-cheung
Executive Committee Member

Circle of Friends

Ms CHAN Suk-yin
Chairman

Family Dynamics Network

Mr LAU Chi-hung
Member

Tung Wah Group of Hospitals Wong Chuk Hang Complex

Miss Eppie WAN Ho-yu
Senior Supervisor

Equal Opportunities Commission

Dr Ferrick CHU Chung-man
Head, Policy and Research

Society for Community Organization

Miss YUEN Shuk-yan
Community Organizer

Concern Group on People with Mental Illness

Mr WONG Chi-wah
Representative of people with mental illness

Clerk in attendance : Miss Mary SO
Chief Council Secretary (2)5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2)7

Ms Camy YOONG
Clerical Assistant (2)1

Action

I. Election of Chairman

Mr WONG Sing-chi nominated Mr Albert CHAN as chairman of the joint meeting. Members present seconded the nomination. Mr CHAN accepted the nomination. As there was no other nomination, Mr Albert CHAN was elected Chairman of the joint meeting.

II. Community support services for ex-mentally ill persons

(LC Paper Nos. CB(2)2525/08-09(01) and (02), CB(2)1711/08-09(03), CB(2)2460/08-09(01), CB(2)2572/08-09(01) to (12) and CB(2)2594/08-09(01))

Views of deputations

2. At the invitation of the Chairman, the following deputations presented their views on community support services for ex-mentally ill persons, as detailed in their submissions -

- (a) Alliance of Ex-mentally Ill of Hong Kong
[LC Paper No. CB(2)2594/08-09(01)];
- (b) The Hong Kong Council of Social Service
[LC Paper No. CB(2)2572/08-09(04)];
- (c) The Democratic Party
[LC Paper No. CB(2)2547/08-09(01)];
- (d) Hong Kong FamilyLink Mental Health Advocacy Association
[LC Paper No. CB(2)2572/08-09(10)];
- (e) Concord Mutual-Aid Club Alliance
[LC Paper No. CB(2)2572/08-09(05)];
- (f) 精神病康復者同路人小組
[LC Paper No. CB(2)2572/08-09(06)];
- (g) Circle of Friends
[LC Paper No. CB(2)2540/08-09(01)];
- (h) Family Dynamics Network
[LC Paper No. CB(2)2572/08-09(07)];
- (i) Tung Wah Group of Hospitals Wong Chuk Hang Complex
[LC Paper No. CB(2)2572/08-09(08)];
- (j) Equal Opportunities Commission
[LC Paper No. CB(2)2525/08-09(03)];
- (k) Society for Community Organization
[LC Paper No. CB(2)2572/08-09(11)];
- (l) Concern Group on People with Mental Illness
[LC Paper No. CB(2)2572/08-09(11)];

- (m) Hong Kong Association for the Survivors of Women Abuse (Kwan Fook)
[LC Paper No. CB(2)2572/08-09(02)]; and
- (n) 風雨同路
[LC Paper No. CB(2)2572/08-09(03)].

3. Members also noted the written submissions from the following organisations/individual -

- (a) Hong Kong College of Mental Health Nursing
[LC Paper No. CB(2)2525/08-09(04)];
- (b) The Mental Health Association of Hong Kong
[LC Paper No. CB(2)2540/08-09(02)];
- (c) Street Sleepers Action Committee Ltd.
[LC Paper No. CB(2)2547/08-09(02)]; and
- (d) Mr MAK Kwok-fung, Wan Chai District Councillor
[LC Paper No. CB(2)2572/08-09(09)].

A summary of the views of deputations is in **Appendix**.

The Administration's responses

4. Under Secretary for Food and Health (USFH) made the following responses -

- (a) the Administration adopted a cross-sectoral and multi-disciplinary team approach involving professionals from the medical and welfare sectors for the effective delivery of a comprehensive range of mental health services. At the service planning level, the Food and Health Bureau (FHB) worked closely with the Labour and Welfare Bureau (LWB) in setting the direction of service development, while the Hospital Authority (HA) Head Office and the Social Welfare Department (SWD) Headquarters regularly discussed the interface of their service strategies through established channels. At the service delivery level, service personnel of HA hospitals, SWD service units and non-governmental organisations (NGOs) in the districts maintained close communication and collaboration with one another regarding the care and support for service users;
- (b) in the light of the international trend to enhance community and ambulatory care in mental health services, additional funding had been provided to HA and SWD for introducing a number of initiatives to strengthen community support services, such as the

implementation of the Recovery Support Programme for discharged mental patients in the community and the pilot programme on post-discharge community support to frequently readmitted psychiatric patients, and the opening of the first Integrated Community Centre for Mental Wellness in Tin Shui Wai. Details of the initiatives were set out in paragraphs 18-20 and 27-29 of the Administration's paper;

- (c) the long term development of mental health services would be examined and planned under the overall framework of healthcare reform. In the meantime, the Administration would keep its mental health services under review and make necessary adjustment or enhancement to the services in response to changes in social circumstances and service needs. In addition, the Working Group on Mental Health Services (the Working Group) would continue to assist the Government in reviewing the existing mental health services. This would be a long-term and ongoing process;
- (d) a Subgroup and three expert groups were established under the Working Group to study in-depth the demand for mental health services and the relevant policy measures. At a recent meeting, the Working Group had considered the preliminary views of the expert groups about the service needs of different age groups, the potential areas for service enhancement and their initial suggestions for service improvement as follows -
 - (i) the importance of early identification and treatment and the service direction of enhancing community care for patients were affirmed. To further enhance the service, efforts should be made to strengthen the training for primary care workers to facilitate them in providing early intervention services to people with mental health problems; improve the waiting time for the psychiatric specialist outpatient clinics (SOPCs), the inpatient care, community support services; and facilitate collaboration among different sectors providing mental health services;
 - (ii) appropriate service strategies should be adopted to provide support to adult mental patients according to their degrees of illness and needs. High-risk patients with severe mental illness should be provided with continuous and personalised intensive support services, while patients with milder conditions should be provided with appropriate treatment through close collaboration amongst different sectors;
 - (iii) there was a need to strengthen the mental health services for elders in the light of the ageing population. Training should be provided to carers of elders to strengthen early

identification of elders with signs of mental health problems with a view to providing early counselling and treatment. Special care should be provided to elders with special needs, such as those with severe illness or mobility difficulties; and

- (iv) early identification and treatment of mental health problems in children and adolescents could enhance their chance of recovery, thereby lowering the treatment and social costs.

5. Acting Permanent Secretary for Labour and Welfare said that efforts had been and would continue be made to strengthen the communication and collaboration amongst relevant Government bureaux/departments and service agencies to ensure coordinated planning and effective delivery of community support services for ex-mentally ill persons. Specifically, SWD was reviewing the effectiveness of the model adopted by the first Integrated Community Centre for Mental Wellness in Tin Shui Wai and assessing whether to expand this new service model across the territory by revamping its existing community mental health support services. To strengthen medical social services for patients, ten additional medical social workers would be provided to support the treatment and rehabilitation services of HA, including enhanced psychiatric outpatient services, in 2009-2010.

Discussion

6. Ms Audrey EU asked -

- (a) whether FHB was the more appropriate bureau to take the lead in formulating policies on mental health services which involved both the health and social welfare sector;
- (b) whether the Administration would consider the suggestion of the Equal Opportunities Commission to set up a comprehensive data collection system for mental illness; and
- (c) whether there was a benchmark on the Government's expenditure on mental health as a percentage of the Gross Domestic Product (GDP), and how it compared with that of other countries.

7. USFH responded as follows -

- (a) FHB and LWB worked closely to promote mental health and for the effective delivery of support services for ex-mentally ill persons and their family members;
- (b) FHB had invited relevant professional and academic institutions to submit research proposals on mental health. A total of 46 applications had been received and funding support would be provided to selected research projects after assessment. It was

expected that the approved research studies would commence in early 2010; and

- (c) when comparing Government's expenditure on mental health as a percentage of GDP among different economies, it was necessary to take into account differences among these economies in the total health expenditure as a share of GDP. While Hong Kong's Government's expenditure on mental health as a percentage of GDP was lower than that of other advanced economies, it should be noted that the total health expenditure as a share of GDP of Hong Kong and these economies was different. Hong Kong's proportion of public expenditure on mental health to total health expenditure was indeed comparable with other advanced economies.

8. Mr WONG Sing-chi was of the view that the crux of the problem was that the existing coordination mechanisms amongst FHB, LWB, HA and SWD had failed to facilitate collaboration between the medical and social welfare service systems in delivering support services for ex-mentally ill persons. He said that there were cases whereby the medical social workers were not being consulted on and informed of the discharge arrangements of psychiatric patients. Mr WONG also questioned the adequacy of the support and training provided by SWD to the family members and carers to strengthen their capacity in taking care of their family members with mental illness and help relieve their pressure.

9. Miss Eppie WAN of Tung Wah Group of Hospitals Wong Chuk Hang Complex said that the Administration should formulate a district-based mental health community rehabilitation policy to forge closer collaboration between the medical and social welfare service systems. At the service delivery level, there was a need to have a collaboration mechanism in place for more focused discussion among medical and social rehabilitation service providers in each district.

10. Ms LIU Ngan-fung of Kwan Fook said that it was necessary for the Administration to adopt a case management approach to coordinate and arrange discharged psychiatric patients to receive various services in the community, as the existing support provided to these patients was fragmented.

11. Mr CHEUNG Kwok-che asked HA how frontline doctors of public hospitals would forge closer collaboration with other service providers in the districts in providing support services for persons with mental health problems. Mr CHEUNG further asked whether HA would consider providing evening service at its psychiatric SOPCs.

12. Responding to Mr CHEUNG's first question, Director (Cluster Services), HA (Director(CS), HA) said that at cluster level, service personnel of HA hospitals and service providers in the districts maintained close communication and collaboration regarding the operation and provision of care and support

services for persons with mental health problems. At the headquarters level, HA Head Office would regularly discuss with SWD Headquarters as well as NGOs the interface of their service strategies through established channels. Notwithstanding, there would always be room for further improvement in the cross-sectoral collaboration among the relevant service providers with a view to strengthening support for persons with mental illness. He added that a community service model based on the population characteristics and service needs of each district could be a future direction for the development.

13. As regards Mr CHEUNG's second question, Director(CS), HA responded that HA had introduced evening service at the Kwai Chung Hospital in 2001. Taking into account the low utilisation rate and that patients could receive day-patient services and more comprehensive supporting services provided by allied health professionals and social workers if seeking consultation in daytime, HA ceased providing the evening service in 2006. HA would however continue to examine which service mode could best suit the needs of patients.

14. Mr Ronny TONG invited deputations' views on the representation of the Working Group, which was chaired by the Secretary for Food and Health and currently comprised academics and professionals from the healthcare and social welfare sectors to assist the Government in reviewing the existing mental health services.

15. Mr CHAN Kwok-shing of 精神病康復者同路人小組, Ms LIU Ngan-fung of Kwan Fook, Mr HUI Wai-chun of Concord Mutual-Aid Club Alliance and Dr Ferrick CHU of Equal Opportunities Commission were of the view that the Administration should enlist not only academics and professionals from the healthcare and social welfare sectors to sit on the Working Group, but also representatives from service users, carers, and frontline workers. Mr HUI and Dr CHU further suggested that the terms of reference, meeting agenda, work plan and progress report of the Working Group should be available for public viewing to enhance transparency.

16. Mr Albert HO said that the Working Group should solicit views from all relevant parties to map out the long-term development of mental health services. The issues that needed to be studied included the appropriate mode of service delivery, workload of psychiatrists and medical social workers in the public sector, and whether there was a need to review the Mental Health Ordinance (Cap. 136) and introduce a community treatment order. The Administration should, after taking into account the recommendations of the Working Group, issue a white paper to consult the public on the policy on treatment and rehabilitation for people with mental illness, as the issue was of great concern to the society. USFH took note of Mr HO's views.

17. Mr LEUNG Kwok-hung considered that the Administration should increase the public healthcare expenditure to meet the healthcare needs of the community, instead of promoting the development of the medical services

industry as recommended by the Task Force on Economic Challenges, which in his view would only benefit the well-off people.

18. USFH said that there was no conflict between maintaining a healthcare system that provided quality services to people in need and developing the medical services industry. It should be noted that the Government's commitment to public healthcare had only increased and not reduced in recent years. The Chief Executive had also pledged in his 2007-2008 Policy Address to increase Government expenditure on healthcare from 15% to 17% of recurrent government expenditure by 2011-2012.

19. Ms Cyd HO said that an assessment of the adequacy of the resources earmarked for mental health could hardly be made without first understanding the service demand. In the light of this, she echoed the Equal Opportunities Commission's view on the need to set up a comprehensive data collection system for medical illness and develop an accurate set of population mental health profile so as to facilitate better service and manpower planning. Specifically, Ms HO suggested that the Administration should conduct studies on the inpatient admission, discharge and relapse rate of persons with mental health problems and the impact of the living environment on mental health of the community, and conduct fatality review for mental ill persons in order to facilitate improvement of the current service systems. USFH reiterated that FHB was assessing 46 research proposals on mental health and the result was expected to be announced by end of 2009.

20. Holding the view that some suggestions of the expert groups set out in paragraph 4(d) above, such as providing high-risk patients with severe mental illness with continuous and personalised intensive support services and treatment, merited further consideration, the Chairman asked about the Administration's concrete timetable for taking forward the suggestions.

21. USFH responded that the preliminary views of the expert groups, which had just been discussed at a recent meeting of the Working Group, would be further considered by the Administration. Any new initiatives in this regard would be announced in the Chief Executive's Policy Address or the Budget Speech delivered by the Financial Secretary.

22. As to the coordination between the medical and social welfare systems in delivering the services, Cluster Coordinator (Psychiatric Services)/Consultant, New Territories West Cluster, HA said that a rigid service model, be it medical or social-oriented, might not be conducive in helping mentally ill persons as their medical and social needs might not be the same at different stages. Hence, a multi-disciplinary and cross-sectoral approach was presently adopted in the provision of relevant medical care and rehabilitation services. For mentally ill persons staying in hospitals, their medical and social needs would be considered at the weekly assessment meetings chaired by psychiatrists and comprising medical social workers, psychiatric nurses, clinical psychologists and occupational therapists. Collaboration among HA, SWD and NGOs at district

level took place via regular meetings of the Community Work and Aftercare Unit (CWAU) which would be held every two to three months. Joint CWAU meetings, which comprised representatives of HA, SWD and NGOs in all districts, would be held at regular interval to ensure a smooth continuity of medical treatment and aftercare services for discharged psychiatric patients. That said, HA believed that there was still room for improvement in multi-sectoral collaboration.

23. Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) supplemented that to facilitate early identification of persons with signs of mental health problems, the Integrated Family Service Centres and the Family and Child Protective Services Units of SWD could refer persons who exhibited signs of mental health problems to the Community Mental Health Intervention Project teams and other social welfare organisations for provision of early social work intervention. Where necessary, the cases would be referred to HA for more detailed assessment and follow-up action by psychiatrists.

24. At the invitation of the Chairman, the deputations presented their views on the Administration's responses. Miss TAM Yuen-yan of Alliance of Ex-mentally Ill of Hong Kong, Mr KUO Chun-chuen of the Hong Kong Council of Social Service, Mr HUI Wai-chun of Concord Mutual-Aid Club Alliance, Miss Eippie WAN of Tung Wah Group of Hospitals Wong Chuk Hang Complex and Miss YUEN Shuk-yan of Society for Community Organization were of the view that the existing cross-sectoral collaboration mechanisms had failed to achieve the aim of facilitating effective delivery of the medical and social rehabilitation services to persons with mental health problems. They called on the Administration to review the mechanisms in terms of their functions, structures and compositions. Dr Ferrick CHU of Equal Opportunities Commission questioned the reason for examining and planning the long term development of mental health services under the overall framework of healthcare reform, and opined that a multi-disciplinary social model should be adopted for service delivery.

25. Ms LIU Ngan-fung of Kwan Fook said that the Administration should make it mandatory for victims of domestic violence and children witnessing domestic violence to receive psychological assessment.

26. Mr Mico CHOW of Hong Kong FamilyLink Mental Health Advocacy Association, Ms CHAN Suk-yin of Circle of Friends and Mr LAU Chi-hung of Family Dynamics Network requested the Administration to step up its support to families and carers of the ex-mentally ill persons.

27. Mr LO Kin-hei of The Democratic Party and Mr CHAN Kwok-shing of 精神病康復者同路人小組 urged the Administration to increase resources and manpower for the treatment and rehabilitation services for mentally ill persons.

Way forward

28. In closing, the Chairman urged the Administration to take on board members' and deputations' views to further improve the mental health services and facilitate re-integration of ex-mentally ill persons into the community. Mr Albert HO suggested that a subcommittee should be formed to study in-depth issues relating to mental health policy and services. Consideration could be given to setting up a joint subcommittee under the Panel on Health Services (HS Panel) and the Panel on Welfare Services (WS Panel) or a subcommittee under the House Committee.

29. Mr LEUNG Kwok-hung was of the view that the Administration should organise a summit to explore the way forward for the future development of mental health services in Hong Kong.

Admin

30. To facilitate the Panels' further discussion, the Chairman suggested that the Administration should provide a written response to members' and deputations' views/suggestions. The Chairman further suggested that the Research and Library Services Division of the Legislative Council Secretariat should be requested to conduct a research on the policy framework, modes of service delivery, manpower and funding arrangements of the mental health care system in overseas places and Hong Kong. The HS Panel and the WS Panel could follow up the subject in the new session if necessary upon receipt of the Administration's response and the research report. Members agreed. Ms Audrey EU suggested that upon receipt of the above information, another joint meeting could be held to follow up with the Administration and discuss the way forward.

31. There being no other business, the meeting ended at 12:00 noon.

Council Business Division 2
Legislative Council Secretariat
6 January 2010

**Panel on Health Services and Panel on Welfare Services
Joint meeting on 30 September 2009**

Summary of views/suggestions given by deputations/individual on "Community support services for ex-mentally ill persons"

Name of deputation [LC Paper No. of submission]	Views/suggestions
Long-term policy on mental health	
The Hong Kong Council of Social Service [LC Paper No. CB(2)2572/08-09(04)]	The Working Group on Mental Health Services should expedite its work in mapping out the long-term development of mental health services.
The Democratic Party [LC Paper No. CB(2)2547/08-09(01)] The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]	The Administration should come up with a long-term mental health policy, including introducing a community treatment order to require psychiatric patients to receive treatment or care and supervision while living in the community, having regard to the trend to shift from in-patient care to community care in mental health services.
Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]	The existing community support services for ex-mentally ill persons are fragmented. The Administration should enhance collaboration amongst the Food and Health Bureau, the Labour and Welfare Bureau, the Hospital Authority (HA), the Department of Health, the Social Welfare Department (SWD), the non-governmental organisations (NGOs) and other relevant parties to ensure that services on mental health are delivered under a multi-disciplinary team approach and in a co-ordinated manner.
精神病康復者同路人小組 [LC Paper No. CB(2)2572/08-09(06)]	The Administration should enhance the participation of persons with disabilities in the formulation of relevant policies. Consideration should be given to inviting representatives of self-help organisations (SHOs) for ex-mentally ill persons to sit on the Working Group on Mental Health Services.

Name of deputation [LC Paper No. of submission]	Views/suggestions
Tung Wah Group of Hospitals Wong Chuk Hang Complex [LC Paper No. CB(2)2572/08-09(08)]	The Administration should promote district-based rehabilitation services for mental patients and set up a platform to facilitate regular communication between the medical and social rehabilitation service providers.
Equal Opportunities Commission [LC Paper No. CB(2)2525/08-09(03)]	The Administration should enlist not only representatives from the health and welfare sectors to sit on the Working Group on Mental Health Services, but also representatives from the education, criminal justice and employment sectors, as well as service users, as members of the Working Group so as to facilitate the formulation of a more comprehensive policy on mental health. The Administration should also take into account all forms of population diversity, e.g. language, culture and religion, when formulating its mental health policy to ensure appropriate access and treatment for all groups.
Equal Opportunities Commission [LC Paper No. CB(2)2525/08-09(03)] Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]	The Administration should expeditiously set up a comprehensive data collection system for mental illness and develop an accurate set of population mental health profile, with a view to effectively planning its mental health services, including community support services.
Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)] The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]	The Administration should devise a comprehensive and long-term policy on mental health, including establishing service indicators. Specifically, a mental health bureau should be set up as a multi-disciplinary team to co-ordinate policy formulation and programme delivery on mental health.

Name of deputation [LC Paper No. of submission]	Views/suggestions
Funding	
<p>The Democratic Party [LC Paper No. CB(2)2547/08-09(01)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p>	<p>The public expenditure on mental health services at present accounts for only 0.2% of the Gross Domestic Product (GDP) of Hong Kong and is inadequate to meet the needs of the community. Specifically, the Society for Community Organization recommends that the Government spending on mental health services should be increased to 1% of GDP.</p>
Manpower	
<p>The Democratic Party [LC Paper No. CB(2)2547/08-09(01)]</p>	<p>More resources should be deployed to increase the manpower for provision of mental health services.</p>
<p>Hong Kong Association for the Survivors of Women Abuse (Kwan Fook) [LC Paper No. CB(2)2572/08-09(02)]</p>	<p>HA should employ more psychiatrists so as to strengthen the support for ex-mentally ill persons. At present, some 300 psychiatrists are serving 150 000 mental ill patients.</p>
<p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>The Administration should increase the number of community psychiatric nurses with a view to providing individual follow-up services to ex-mentally ill persons. At present, the average caseload of each community psychiatric nurse is about 70 at one time.</p>
Arrangements for discharge of psychiatric patients	
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>Before a patient is discharged from hospital, medical social workers should be consulted on the service needs of the patient. A patient can be discharged only after referrals to relevant Government departments and service agencies have been made, if necessary. Specifically, the Society for Community Organization/Concern Group on People with Mental Illness considers it necessary for HA to revise the definition of high-risk discharged patients and design a form to facilitate its psychiatrists to conduct assessment on the service needs of their patients, so that referral to medical social workers can be made for patients in need.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions
Kwan Fook [LC Paper No. CB(2)2572/08-09(02)]	There is a need to review the existing pre-discharge risk assessment for psychiatric patients to ensure that a suitable discharge plan and rehabilitation programme will be formulated for the patient, particularly the high risk patients who have a propensity to violence.
Post-discharge community support and rehabilitation services	
The Hong Kong Council of Social Service [LC Paper No. CB(2)2572/08-09(04)] The Democratic Party [LC Paper No. CB(2)2547/08-09(01)] Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)] 風雨同路 [LC Paper No. CB(2)2572/08-09(03)] Hong Kong College of Mental Health Nursing [LC Paper No. CB(2)2525/08-09(04)] The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]	The Administration should adopt a case management approach under which a professional will serve as a case manager to follow up on discharged mental patients, in particular those with severe mental illness, and assess their service needs in order to match them with the most appropriate community support services.
Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]	Multi-disciplinary case conferences should be conducted on a regular basis for high-risk discharged psychiatric patients to assess their needs and progress of recovery.
The Hong Kong Council of Social Service	The Administration should allocate additional resources to rationalise the services currently provided under Community Mental Health Link (CMHL), Community Mental Health Care

Name of deputation [LC Paper No. of submission]	Views/suggestions
<p>[LC Paper No. CB(2)2572/08-09(04)]</p> <p>Tung Wah Group of Hospitals Wong Chuk Hang Complex</p> <p>[LC Paper No. CB(2)2572/08-09(08)]</p>	<p>Services (CMHC) and Community Mental Health Intervention Project (CoMHIP) by setting up district-based community centres to provide one-stop and integrated community support and rehabilitation services to discharged mental patients and persons with suspected mental health problems using a case management approach. These centres should be supported by a multi-disciplinary team comprising psychiatrists, psychiatric nurses, occupational therapists and medical social workers, etc.</p>
<p>Society for Community Organization/ Concern Group on People with Mental Illness</p> <p>[LC Paper No. CB(2)2572/08-09(11)]</p>	<p>The service mode of the Integrated Community Centre for Mental Wellness at Tin Shui Wai should be expanded across the territory so as to provide one-stop community support and social rehabilitation services for residents, discharged mental patients, persons with suspected mental health problems and their families/carers in each district.</p>
<p>Hong Kong College of Mental Health Nursing</p> <p>[LC Paper No. CB(2)2525/08-09(04)]</p>	<p>The Administration should set up (a) home care teams to conduct assessment and provide care and home visits to patients and their families; and (b) multi-disciplinary crisis resolution teams in each hospital cluster to provide round-the-clock community support to patients with severe mental illness.</p>
<p>Tung Wah Group of Hospitals Wong Chuk Hang Complex</p> <p>[LC Paper No. CB(2)2572/08-09(08)]</p> <p>The Mental Health Association of Hong Kong</p> <p>[LC Paper No. CB(2)2540/08-09(02)]</p>	<p>NGOs operating community support services under the funding of SWD, including the Community Rehabilitation Day Services, should be given flexibility to extend the duration of case follow-up where necessary.</p>
<p>The Mental Health Association of Hong Kong</p> <p>[LC Paper No. CB(2)2540/08-09(02)]</p>	<p>The Administration should (a) subsidise NGOs to set up 12-hour hotlines to provide telephone counselling services to ex-mentally ill persons living in the community and their families; (b) provide additional places for sheltered workshops and supported hostels so as to shorten the waiting time for such services; and (c) explore the effective service model to meet the respective service needs of the young and the middle-class psychiatric patients.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions
Outreaching services to ex-mentally ill persons	
Tung Wah Group of Hospitals Wong Chuk Hang Complex [LC Paper No. CB(2)2572/08-09(08)]	The Administration should strengthen its support to the outreach services operated by NGOs under the funding of SWD, with a view to covering all ex-mentally ill persons who are in need of such services. At present, CMHCS and CoMHIP are targetted only at newly discharged mental patients from psychiatric wards/hospitals/halfway houses and persons in the community with suspected mental health problems and/or their family members respectively.
Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]	The Administration should increase the number of outreaching visits to ex-mentally ill persons in the community, in particular the singleton persons.
Psychiatric specialist out-patient services	
Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)2594/08-09(01)] The Democratic Party [LC Paper No. CB(2)2547/08-09(01)] Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)] Circle of Friends [LC Paper No. CB(2)2540/08-09(01)] Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]	HA should provide evening services at psychiatric specialist out-patient clinics (SOPCs) in each hospital cluster to enable ex-mentally ill persons who have to work during daytime to schedule their consultations in the evening. According to Circle of Friends, patients of the psychiatric SOPC of the Kowloon West Cluster are required to register by 4:30 pm on the appointment day, albeit that the service hours of the SOPC have been extended to end at 6:00 pm on Mondays to Fridays.

Name of deputation [LC Paper No. of submission]	Views/suggestions
<p>Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)2594/08-09(01)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>The consultation time for patients attending follow-up consultations at psychiatric SOPCs, which currently is about five minutes, is inadequate to ensure detailed assessment of the clinical conditions and treatment needs of patients. To ensure quality care for patients, the Mental Health Association of Hong Kong called on HA to increase the number of psychiatrists to improve the doctor-to-patient ratio at psychiatric SOPCs.</p>
<p>Hong Kong College of Mental Health Nursing [LC Paper No. CB(2)2525/08-09(04)]</p>	<p>HA should set up nurse clinic to relieve the workload and shorten the waiting time of the psychiatric SOPCs. Target groups of nurse clinic should be patients with a diagnosis of schizophrenia, bipolar disorders or major depression but are in stable conditions, as well as patients with mild mental health problem.</p>
<p>Medication</p>	
<p>Alliance of Ex-mentally Ill of Hong Kong [LC Paper No. CB(2)2594/08-09(01)]</p>	<p>HA should increase the use of new psychiatric drugs which has proven efficacy with fewer side effects, such as injectable risperidone. Local research also suggests that the use of risperidone can reduce the number of days patients stay in hospitals and their visits to ambulatory and emergency departments.</p>
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>The existing policy of HA is to promote the use of new anti-psychotics to minimise the disruption to patients' daily life arising from the side effects of drugs and further optimise treatment outcome. HA should ensure that its frontline doctors will follow this policy when prescribing psychiatric drugs for patients.</p>
<p>Employment services</p>	
<p>Hong Kong FamilyLink Mental Health Advocacy Association</p>	<p>The Administration should step up its efforts to enhance the employment opportunities of ex-mentally ill persons to facilitate their reintegration into society.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions
<p>[LC Paper No. CB(2)2572/08-09(10)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	
<p>Concord Mutual-Aid Club Alliance [LC Paper No. CB(2)2572/08-09(05)]</p> <p>Circle of Friends [LC Paper No. CB(2)2540/08-09(01)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p>	<p>The Administration should promote the employment of persons with disabilities (PWDs) in the private sector in a step-by-step manner by first introducing within the Government and public organisations an employment quota for PWDs, including the ex-mentally ill persons; and working in partnership with social welfare organisations to provide ex-mentally ill persons with jobs and internship opportunities.</p>
<p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p>	<p>The Administration should provide additional places for the on the job training programme for people with disabilities and increase the training allowance for participants joining the programme in order to enhance the ex-mentally ill persons' employability.</p>
<p>Support to self-help organisations for ex-mentally ill persons</p>	
<p>精神病康復者同路人小組 [LC Paper No. CB(2)2572/08-09(06)]</p> <p>Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]</p>	<p>The Administration should enhance the recognition and support to SHOs. In addition to SWD's existing financial support scheme for SHOs for PWDs which subsidises their staff costs and programme expenses, consideration can be given to providing additional financial support to SHOs for setting up of offices, employment of social workers and delivery of new services.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions
Services for families/carers of ex-mentally ill persons	
<p>Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)]</p> <p>Society for Community Organization/ Concern Group on People with Mental Illness [LC Paper No. CB(2)2572/08-09(11)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>The Administration should enhance the support for families and carers of ex-mentally ill persons. Specifically, the Hong Kong FamilyLink Mental Health Advocacy Association recommends that the Administration should improve access of families and carers to practical advice and information on mental illness and treatments; assess whether patients assessed to be suitable for discharge can be adequately cared for by their families; and allocate additional funding to NGOs providing support services for families and carers of ex-mentally ill persons.</p>
<p>Family Dynamics Network [LC Paper No. CB(2)2572/08-09(07)]</p>	<p>The Administration should formulate social welfare policies to support family carers of discharged chronic mental patients.</p>
Others	
<p>The Hong Kong Council of Social Service [LC Paper No. CB(2)2572/08-09(04)]</p> <p>Hong Kong FamilyLink Mental Health Advocacy Association [LC Paper No. CB(2)2572/08-09(10)]</p> <p>The Mental Health Association of Hong Kong [LC Paper No. CB(2)2540/08-09(02)]</p>	<p>The Administration should step up its efforts on public education and promotion to raise the general public's understanding of mental illness, thereby reducing stigma against mentally ill persons and enhancing the public's acceptance of people who have recovered from mental illness.</p>

Name of deputation [LC Paper No. of submission]	Views/suggestions
Mr MAK Kwok-fung, Wan Chai District Councillor [LC Paper No. CB(2)2572/08-09(09)]	
精神病康復者同路人小組 [LC Paper No. CB(2)2572/08-09(06)]	The Administration should review the policy of requiring all Comprehensive Social Security Assistance (CSSA) applications be made on a household basis so that the eligibility of ex-mentally ill persons living with family members can be assessed on an individual basis.
Kwan Fook [LC Paper No. CB(2)2572/08-09(02)]	The Administration should (a) conduct psychological assessment for victims of domestic violence and their children, as early detection and intervention of mental health problems can enhance the chance of recovery; and (b) conduct fatality review for mental ill persons and victims of domestic violence to facilitate improvement of the current service systems and identify patterns for formulation of prevention strategies.
風雨同路 [LC Paper No. CB(2)2572/08-09(03)]	To enhance the financial support for ex-mentally ill persons who are in need, the Administration should (a) scrap the seven-year residence requirement for applying for CSSA and Disability Allowance; and (b) give CSSA applicants who are ex-mentally ill persons a cushion period during which they are not required to enroll in the Support for Self-reliance Scheme as a condition of receiving assistance.
Street Sleepers Action Committee Ltd [LC Paper No. CB(2)2547/08-09(02)]	HA should, at the request of social workers, provide psychiatric assessment and treatment to those street sleepers with signs of mental health problems.