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Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the meeting on 8 June 2009**

Community support services for ex-mentally ill persons

Purpose

This paper provides background information on the community support services for ex-mentally ill persons.

Community support services for ex-mentally ill persons

2. Although the Panel on Welfare Services (the Panel) has not discussed the community support services for ex-mentally ill persons, the Administration had briefed the Panel on its work in this area in connection with the subjects of rehabilitation services for persons with disabilities (PWDs) and the provision of welfare services and community facilities for high-risk families. Such services are summarized in the following paragraphs.

Rehabilitation services

3. When the Panel was briefed on the welfare initiatives in the Chief Executive's Policy Address 2008-2009 and Policy Agenda at the meeting on 23 October 2008, members were advised that to meet the diverse needs of PWDs in different stages of their lives, the Administration would continue to enhance the whole range of rehabilitation services to strengthen the capabilities of PWDs and facilitate their full integration into society. It would provide additional places for pre-school training, day training, vocational rehabilitation and residential care services, in accordance with the directions set out in the 2007 Hong Kong Rehabilitation Programme Plan (2007 RPP).

4. Members were also advised that the Government was mindful of the welfare needs of persons with mental and chronic illnesses and their family members, and had made continuous efforts to review the needs for, and the

operation of, its medical social services in response to changing demands. In tandem with the Hospital Authority (HA)'s enhancement in its psychiatric out-patient, rehabilitation and oncology services, the Government would provide additional manpower to enhance the medical social services in these areas in order to provide timely and appropriate welfare services to patients and their family members, thereby facilitating their rehabilitation and reintegration into society.

The 2007 RPP

5. At its meeting on 9 July 2007, the Panel was briefed on the 2007 RPP. Members were advised that the 2007 RPP would seek to formulate clear and succinct strategic directions and priorities for the development of rehabilitation services for all sectors to follow. The key new suggestions in the 2007 RPP included encouraging the setting up and development of more self-help organisations, and continuous development in community support services to facilitate and encourage PWDs to lead independent lives with their families and friends in the community. While full integration into society was the ultimate objective, the 2007 RPP also recognised the need for residential services for those PWDs who could not live independently and could not be adequately cared for by their families. It initiated a new three-pronged approach in developing residential services for PWDs in need. It also set out the future direction of regulating and encouraging the development of private, self-financed and subvented homes, to provide a wider variety of choices for PWDs and their families.

6. In the supplementary information provided by the Administration to the Panel in September 2007 in respect of the measures taken by the relevant government departments to implement the 2007 RPP, the following was relevant to support for persons with mental health problem –

- (a) in respect of medical rehabilitation –
 - (i) HA in collaboration with government departments and organisations had set up a multi-disciplinary coordinating committee on mental health for coordinating all the specialty services provided for mentally ill patients; no efforts would be spared in developing modernised in-patient services, building community treatment service network and community partnerships; and
 - (ii) coordinated community mental health services were launched by HA and the Social Welfare Department (SWD) in October 2007;

- (b) on day care and community support, an extra amount of \$20 million had been granted annually for the Community Mental Health Intervention Project. The 11 project teams under it commenced service in October 2007 to provide early social work intervention, mental health support and outreaching service for persons in the community with suspected mental health problems. It was expected that over 1 300 persons would be provided with adequate services annually;
- (c) on public education, the Labour and Welfare Bureau would continue to organise the Mental Health Month in October 2007 with over 20 NGOs and the mass media. Activities that were underway/completed included –
 - (i) production of a half-hour TV Special on mental health;
 - (ii) arranging psychiatrists to appear in TV programmes for public consultations; and
 - (iii) organising insomnia and stress management mental health workshops; and
- (d) the Food and Health Bureau would take the lead to collaborate with all relevant sectors and personalities for implementing a sustainable mental health strategy. Regular liaison meetings would be held by HA with the social welfare sector and SWD to discuss the provision of mental health services.

Community mental health services

7. In its papers on "Measures to assist the Tin Sui Wai community" for the Panel's meetings of 30 October 2007 and 14 January 2008, and its response to the motion on "Government's efforts in strengthening support for Tin Shui Wai" passed by the Council at the meeting on 7 November 2007, the Administration advised that it sought to ensure that mentally ill persons received appropriate medical and rehabilitation treatment, care and support. HA's psychiatrists, community psychiatric nurses, allied health professionals, SWD's Medical Social Workers (MSWs) and the social workers of NGOs' rehabilitation services all worked together to achieve the goal. The services provided by SWD included –

- (a) stationing 193 Psychiatric MSWs at the psychiatric units of all public hospitals and clinics to provide support for mentally ill persons who were staying in hospitals, ready to be discharged and undergoing follow-up consultations, as well as ex-mentally ill persons;

- (b) offering the discharged ex-mentally ill persons who were living in the community a series of community support services, including the Community Mental Health Link, Community Mental Health Care, and Community Rehabilitation Day Services, etc, so as to provide ex-mentally ill persons and their families with continuous care and support, and to help them re-integrate into the community;
- (c) launching of the Community Mental Health Intervention Project to provide those, who might have early signs of mental health problem, or those who were suspected to have mental health problems living in the community, early intervention of social workers or psychiatrists for the provision of appropriate counseling;
- (d) provision of half-way residential care services for ex-mentally ill patients discharged from hospitals before they were able to lead an independent life in the community as well as day training and vocational rehabilitation services to assist them to improve their social adjustment capabilities and enhance their social and vocational skills; and
- (e) providing supported employment services to help PWDs, including ex-mentally ill persons, to seek employment and make a living in the open market.

8. HA also provided community psychiatric services for discharged patients with mental illness to facilitate their re-integration into the community. Community psychiatric services were available in all hospital clusters of HA. Members may wish to note that details of the mental health services available in the public sector are set out in the Administration's paper submitted to the Panel on Health Services for its special meeting held on 22 November 2007 (LC Paper No. CB(2)373/07-08(01)).

9. In its response to a question raised at the Council meeting on 4 February 2009, the Administration advised that to further enhance support services on mental health in the community, SWD would set up two integrated community support service centres in Tin Shui Wai in 2008-2009 and 2012-2013 respectively to provide one-stop, comprehensive and in-depth mentally health support services for local residents and to reach out to those with mental health problem through intensive outreaching service. It was expected that the centre would serve 450 ex-mentally ill persons, people who were receiving mental health services and those suspected to have mental problem. The centre would also provide support to 1 200 families/carers each year.

Relevant papers

10. Members are invited to access the LegCo website at <http://www.legco.gov.hk> to view the Administration's papers for the meetings of the Panel on Welfare Services on 9 July and 30 October 2007, and 14 January and 23 October 2008.

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