

Panel on Welfare Services

**Special meeting on Saturday, 11 July 2009
Community support services for ex-mentally ill persons
Summary of views of deputations and Administration's responses**

No.	Name of deputation	Major views and concerns	Administration's response
1.	The Hong Kong Council of Social Service	<p>(a) the rehabilitation services for ex-mentally ill persons in the community were currently provided by the Social Welfare Department (SWD) and the Hospital Authority (HA), which lacked coordination in facilitating the recovery and reintegration of the discharged patients into society</p> <p>(b) the Administration should consider the following recommendations -</p> <p>(i) adopting a case management approach for providing a full range of assessment and support services in areas such as counselling, housing, financial assistance to individual discharged psychiatric patients;</p> <p>(ii) rationalizing the services of the Community Rehabilitation Day Services (CRDS), Community Mental Health Link (CMHL)</p>	<p><u>Response to 1(a)</u></p> <p>HA, SWD and non-governmental organizations (NGOs) work closely together for the efficient delivery of rehabilitation services for psychiatric patients.</p> <p>HA has an established mechanism to conduct pre-discharge risk assessment before the discharge of psychiatric inpatients to ensure that the patient is fit for discharge and to determine the most suitable discharge plan and rehabilitation programme for the patient. The assessment is conducted by a multi-disciplinary team comprising psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, as well as medical social workers.</p> <p>Generally, if patients are assessed to be suitable for discharge, the hospital will arrange for the patient to receive rehabilitation services in the community to help them adapt to community life. HA healthcare staff will arrange follow-up treatment at psychiatric specialist out-patient clinics (SOPCs) or psychiatric day hospitals or visits by community psychiatric nurses for the patients having regard to their treatment and rehabilitation needs. Referrals to medical social</p>

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		<p>and Community Mental Health Care (CMHC) and providing one-stop community support and rehabilitation services supported by a professional team of psychiatrists and social workers; and</p> <p>(iii) the Working Group on Mental Health Services chaired by the Secretary for Food and Health (SFH) in 2006 should expedite its work in formulating long-term policies on mental health</p>	<p>workers will also be made in the light of their welfare and other needs. Medical social workers provide counselling service for needy patients and their families to help them cope with emotional and family problems arising from their illnesses, and assist them in applying for various welfare benefits, community resources and relevant rehabilitation services.</p> <p>As for high-risk psychiatric patients who are categorised for priority follow-up by HA, the hospital will arrange community psychiatric nurses to provide special post-discharge follow-up services, including advanced home visits. Besides, arrangements will also be made for senior psychiatrists to attend their follow-up consultation sessions at psychiatric SOPCs as far as possible so as to enhance the support for these discharged high-risk patients.</p> <p><u>Response to 1(b)(i)</u></p> <p>To further enhance its community psychiatric services, HA has launched two pilot initiatives to provide community support services for discharged psychiatric patients using the case management approach. These two initiatives include the setting up of community psychiatric support teams in Kowloon West Cluster and New Territories East Cluster in 2008-09 to provide round-the-clock post-discharge community support to frequently re-admitted psychiatric patients, as well as the implementation of the Recovery Support</p>

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			<p>Programme in all seven hospital clusters in 2009-10 to provide support service for newly discharged psychiatric patients. HA has organised training courses to enhance the competency of its staff in providing case management for psychiatric patients under the two pilot initiatives.</p> <p>On social rehabilitation services, social workers of SWD would 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, responsible for liaising with other social workers, medical professionals, school personnel, etc. and co-ordinating the services provided to ensure that the welfare needs of the discharged psychiatric patients and their families can be properly addressed.</p> <p><u>Response to 1(b)(ii)</u></p> <p>The first Integrated Community Centre for Mental Wellness (ICCMW) in Tin Shui Wai started operation in March 2009 to provide one-stop, accessible and integrated community mental health support services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents living in the district. These integrated services range from early prevention to risk management through public education, day training, counseling, outreaching visits and where required,</p>

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			<p>direct liaison with the HA for urgent medical consultation to meet the varying needs of service users. SWD is reviewing the effectiveness of this new service model and assessing whether to expand this new service model across the territory by revamping its existing community mental health support services.</p> <p><u>Response to 1(b)(iii)</u></p> <p>The Working Group on Mental Health Services set up by the Food and Health Bureau (FHB) is chaired by the Secretary for Food and Health and comprises professionals providing medical and rehabilitation services to psychiatric patients, academics, representatives of the Labour and Welfare Bureau (LWB), HA and SWD. The purpose of the Working Group is to assist the Government in reviewing existing mental health services. This is a long-term and ongoing process.</p> <p>The Working Group has set up a Subgroup, which is tasked to study in-depth the demand for mental health services and the relevant policy measures. Under the Subgroup, three expert groups comprising professionals with relevant expertise have been set up to study the service needs of three different age groups, including adolescents, adults and elders.</p> <p>While the long-term development of mental health services will be examined and planned under the overall</p>

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			<p>framework of healthcare reform, the Government will continue to keep its mental health services under review and adjusts or enhances the services in response to changes in social circumstances and service needs. In the short and medium term, we will allocate additional resources on prevention, medical treatment and rehabilitation services to further improve our mental health services and enhance the support for psychiatric patients.</p>
2.	Democratic Party	<p>(a) the public expenditure on mental health services accounted for 0.2% of the gross domestic product (GDP) of Hong Kong, which was far lagged behind the 1% expenditure of other developed countries</p> <p>(b) lacked of coordination between FHB and LWB in providing rehabilitation services to ex-mentally ill persons</p> <p>(c) the side effect of the drugs for ex-mentally ill persons prevented them from seeking jobs and reintegrating into the society</p> <p>(d) the Administration should re-open evening consultation sessions for</p>	<p><u>Response to 2(a)</u></p> <p>The Government is committed to promoting mental health through the provision of a whole continuum of mental health services, which include prevention and early identification, medical treatment and rehabilitation. At present, the total expenditure on mental health services (including psychiatric medical services and community rehabilitation services) is over \$3 billion per year.</p> <p>The Government closely monitors the utilization of mental health services and adjusts or enhances the services to better meet the service needs. From 2001-02 to 2008-09, the Government has provided a total of \$250 million additional funding to HA and \$86.3 million to SWD to support a number of new initiatives. Furthermore, the Government has allocated additional recurrent funding of \$38.66 million to HA in 2009-10 to conduct new mental health</p>

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		<p>ex-mentally ill persons who had to work during daytime</p> <p>(e) the Administration should introduce measures to facilitate employment of ex-mentally ill persons, e.g. specifying a quota of employment for certain organisations</p>	<p>programmes, which include \$23 million for the Recovery Support Programme for discharged psychiatric patients in all seven hospital clusters, \$6.8 million for the setting up of five triage clinics to provide timely consultation service for new patients, and \$8.26 million for further enhancement of the psychogeriatric outreach service to cover an additional 50 private residential care homes for the elderly.</p> <p>The Government will continue to allocate additional resources on prevention, medical treatment and rehabilitation services to further strengthen the support for psychiatric patients.</p> <p><u>Response to 2(b)</u></p> <p>Mental illness is a complex health problem and mental health services cover a number of areas such as public promotion, medical care, as well as rehabilitation. At present, FHB oversees the policy and services on mental health and coordinates the work of LWB, SWD, HA, Department of Health, NGOs and other relevant parties in formulating policy and delivery of services on mental health, including rehabilitation services. The system has been working well and ensures that comprehensive services are provided to persons with mental illness in a coordinated manner.</p>

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			<p data-bbox="1245 164 1503 201"><u>Response to 2(c)</u></p> <p data-bbox="1245 248 2089 416">With additional allocation from the Government, HA has increased the use of new psychiatric drugs since 2001-02. In 2008-09, around 27,800 patients were prescribed new anti-psychotic drugs.</p> <p data-bbox="1245 464 2089 1142">In prescribing psychiatric drugs for patients, HA's major consideration is the clinical and treatment needs of patients. While new psychiatric drugs generally have fewer side effects, the drugs may not be suitable for application on some of the patients due to clinical reasons. As such, healthcare staff conducts detailed and professional analysis of the clinical conditions of each patient in order to prescribe them with suitable medication that meets their treatment needs. It is necessary to point out that every psychiatric drug has certain side effects and it is impossible to eliminate the side effects completely. Nonetheless, HA doctors maintain close communication with patients to understand their needs and make suitable adjustment to patients' medication in the light of their clinical conditions.</p> <p data-bbox="1245 1198 1503 1235"><u>Response to 2(d)</u></p> <p data-bbox="1245 1283 2089 1450">Having considered that some psychiatric patients who need to attend psychiatric SOPCs have to work during day-time, HA has extended the service hours of its psychiatric SOPCs on Mondays to Fridays to enable</p>

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			<p>patients to schedule their appointments in the evening.</p> <p><u>Response to 2(e)</u></p> <p>The Administration is fully committed to facilitating and promoting the employment of persons with disabilities (PWDs), including the ex-mentally ill persons. Our policy objectives are to enhance the abilities of PWDs, develop their talents and potential, and ensure that they have equal opportunity to participate in productive and gainful employment in the open market. To this end, the Administration has provided a wide range of vocational rehabilitation services and employment services for PWDs, and introduced a host of initiatives to enhance their employment opportunities.</p> <p>The Administration has also established and implemented the policy on employment of PWDs within the Government, and strive to encourage subvented organisations to formulate suitable policies and measures on employment of PWDs, having regard to their business nature and size of establishment; and to facilitate cross-sectoral collaboration among the business sector, local communities, government departments and NGOs in promoting the employment of PWDs, thereby supporting the self-reliance of PWDs and their full integration into the community. These policies, measures and services are all applicable to ex-mentally ill persons.</p>

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			<p>The Administration has reservation on introducing a mandatory employment quota for PWDs given that –</p> <p>(i) a quota system has not been proven successful overseas in helping PWDs find jobs;</p> <p>(ii) under a mandatory employment system, PWDs will be perceived as a liability, making them difficult to be accepted by their peers at work;</p> <p>(iii) we should help PWDs find appropriate jobs on the basis of their abilities rather than disabilities; and</p> <p>(iv) a 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>
3.	Wong Tai Sin District Council	(a) in view of the increasing number of ex-mentally ill persons in the past years, the Administration should deploy more resources for the provision of medical social workers and develop long-term community support programmes	<p><u>Response to 3(a)</u></p> <p>From 2001-02 to 2008-09, SWD has secured a total of \$86.3 million additional funding to support a number of new initiatives to enhance community support services and medical social services. SWD will continue to improve its services on mental health in response to service needs. In addition, SWD has increased the</p>

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		<p>(b) the Administration should review the medical and social rehabilitation services in the community for the discharged mentally ill persons and enhance the outreaching services to facilitate reintegration into society</p>	<p>number of medical social workers (MSWs) at the psychiatric units of public hospital and clinics from 166 in 2005-06 to 197 in 2008-09. 10 additional MSWs will also be provided in 2009-10 to dovetail with new initiatives of HA, including enhanced psychiatric outpatient services.</p> <p><u>Response to 3(b)</u></p> <p>Review of existing services</p> <p>The Government keeps its mental health services under review and adjusts or enhances the services in response to changes in social circumstances and service needs. In particular, FHB has set up the Working Group on Mental Health Services to assist the Government in reviewing existing mental health services. This is a long-term and ongoing process. Please also refer to the response to <u>Item 1(b)(iii)</u> for further details of the Working Group.</p> <p>SWD is also reviewing the effectiveness of an integrated services model run by the first ICCMW in Tin Shui Wai and assessing whether to expand this new service model across the territory by revamping its community mental health support services such as CRDS, CMHL, etc. Please also refer to the response to <u>Item 1(b)(ii)</u> for further detail.</p>

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			<p data-bbox="1245 164 2063 201">Enhancement of community rehabilitation services</p> <p data-bbox="1245 248 2087 887">HA provides medical rehabilitation and community psychiatric services for discharged psychiatric patients to facilitate their rehabilitation and reintegration into society. These services are delivered mainly through its integrated and multi-disciplinary community psychiatric teams comprising psychiatrists, community psychiatric nurses, clinical psychologists, occupational therapists and medical social workers, etc. The range of services provided includes risk management, home visit, telephone consultation and follow-up service. On the other hand, HA's community psychiatric nurses follow up on the discharged patients through regular visits to patients' home, half-way house or other residential places to monitor the progress of their treatment or rehabilitation.</p> <p data-bbox="1245 935 2087 1442">To further enhance community psychiatric services, the Government has allocated additional resources to HA in recent years to implement a number of new initiatives to strengthen community rehabilitation services for discharged psychiatric patients. In 2008-09, \$11 million and \$8 million of additional recurrent funding were provided to HA to pilot post-discharge community support to frequently re-admitted psychiatric patients and to extend psychogeriatric outreach services to 50 private residential care homes for the elderly respectively. In 2009-10, additional recurrent funding was also provided to HA to launch the Recovery</p>

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			<p>Support Programme and to further enhance the psychogeriatric outreach services to cover another 50 private residential care homes for the elderly. For details of the additional funding involved, please see our response to <u>Item 2(a)</u>.</p> <p>Please also refer to <u>item 3(a)</u> on information on enhancement of social rehabilitation services.</p>
4.	Kwun Tong District Council	<p>(a) concerned that psychiatric patients were discharged prematurely due to lack of resources in public hospitals. Mechanism should be put in place to ensure that the psychiatric patients were ready for discharge</p> <p>(b) the Administration should strengthen residential care services for ex-mentally ill persons, such as arranging discharged patients to stay at half-way houses for one to two months to adapt to the new environment before returning home</p>	<p><u>Response to 4(a)</u></p> <p>HA has an established mechanism to conduct pre-discharge risk assessment before the discharge of psychiatric inpatients to ensure that the patient is fit for discharge and to determine the most suitable discharge plan and rehabilitation programme for the patient. The assessment is conducted by a multi-disciplinary team comprising psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses and medical social workers. The scope of the assessment covers the extent of the patient's recovery, his propensity to violence, suicidal tendency, compliance in drug taking and attending follow-up consultation, and the availability of family and community support etc. Family members of the patient would also be consulted on the discharge arrangements to ensure that the patient is ready for discharge.</p> <p>As for high-risk psychiatric patients who are categorised for priority follow-up, the hospital will</p>

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			<p>assign senior psychiatrist to further review the recommendations for their discharge after the assessment by the multi-disciplinary team. These patients will only be discharged after the senior psychiatrist has completed the review process and endorsed the multi-disciplinary teams' recommendations for their discharge.</p> <p>If patients are assessed to be suitable for discharge, the hospital will arrange for the patient to receive rehabilitation service to help them adapt to community life. Please see our response to <u>Item 1(a)</u> for details of these rehabilitation services.</p> <p>MSWs, being members of the clinical teams, would also work with other medical and allied health professionals to draw up discharge plans for the patients, and assist them and their families to apply for medical fee waivers, social security benefits, relevant rehabilitation services and community resources such as integrated home care services, compassionate rehousing, etc.</p> <p><u>Response to 4(b)</u> Based on the welfare needs of individual service users, the operators of existing residential care services, including long stay care home, halfway house and supported hostel, will formulate tailor-made pre-discharge plans for the residents to facilitate their discharge for social re-integration. Aftercare service is</p>

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			<p>also provided to help discharged patients adapt to community living after they leave the rehabilitation services.</p> <p>Currently, there are a total of 1 509 places of halfway houses and the average waiting time as at March 2009 was 5.6 months. In the coming three years, 175 additional residential places will be provided. SWD will continue to identify resources and premises for provision of more residential care places in order to meet service demand.</p>
5.	Mr Andrew WAN Siu-kin, Kwai Tsing District Councillor	<p>(a) to adopt a case management approach to ensure that the discharged mentally ill persons would be provided with a comprehensive medical and social rehabilitation services by SWD and HA</p> <p>(b) the services provided by the existing psychiatrists and medical social workers were insufficient to support the increasing number of mentally ill patients. In 2007-2008, some 300 psychiatrists and 200 social workers were serving 150,000 mentally ill patients. The Administration should increase allocation for the</p>	<p><u>Response to 5(a)</u></p> <p>Please refer to the response to <u>Item 1(b)(i)</u>.</p> <p><u>Response to 5(b)</u></p> <p>HA has employed more psychiatric staff in recent years to strengthen the support for various mental health services. For example, the number of psychiatrists in HA has increased from 212 in 2000-01 to 288 in 2008-09. The number of psychiatric nurses has also increased from 1,791 to 1,880 (including 133 community psychiatric nurses) during the same period.</p> <p>HA will continue to conduct manpower planning for mental health services in the light of staff wastage and new service programmes. HA will also work with the Hong Kong College of Psychiatrists to strengthen the</p>

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		<p>provision of psychiatrists, nurses, and social workers in this respect</p> <p>(c) the public expenditure on mental health services accounted for 0.2% of GDP of Hong Kong, which was far lagged behind the 1% expenditure in other developed countries</p>	<p>training of psychiatrists. As regards nurses, HA will actively recruit nursing staff from graduates of university psychiatric nursing programmes and former psychiatric nurses who have left service. Based on its assessment of the overall manpower requirements for maintaining existing services and implementing new enhancement initiatives, HA plans to recruit about 40 psychiatric nurses and 16 community psychiatric nurses in 2009-10.</p> <p>Moreover, HA will also enhance the competence of psychiatric nurses through the conduct of specialty training courses, such as outreaching and community psychiatric nursing, adult psychiatric nursing and psychogeriatric nursing in 2009-10.</p> <p>Please also refer to response to <u>Item 3(a)</u> for information on increase in provision of MSWs.</p> <p><u>Response to 5(c)</u></p> <p>Please refer to the response to <u>Item 2(a)</u>.</p>
6.	<p>Hong Kong Association for the Survivors of Women Abuse (Kwan Fook)</p> <p>[LC Paper No. CB(2)2185/08-09(05)]</p>	<p>(a) many mentally ill persons refrained from consulting psychiatrists due to worry of being discriminated</p> <p>(b) the Administration should review the mental health services and the community support services for</p>	<p><u>Response to 6(a)</u></p> <p>HA hospitals and psychiatric departments organize educational programmes on mental health to enhance public awareness of mental disorders such as depression and anxiety disorders. These on-going activities help promote a correct understanding about mental health</p>

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		<p>ex-mentally ill persons</p> <p>(c) the Administration should review the eligibility criteria for applying for Comprehensive Social Security Assistance (CSSA) so as to provide financial assistance to the needy ex-mentally ill persons</p>	<p>problems and the social inclusion of psychiatric patients.</p> <p>MSWs would also render psychosocial education and/or counselling to mentally ill patients and their family members on the importance of attending psychiatric treatment and help them overcome the psychological barrier of being discriminated. Besides, MSWs would assure the mentally ill patients and their family members that their personal data would be protected by adhering strictly to the requirements of Personal Data (Privacy) Ordinance during service delivery.</p> <p>With the collaborative efforts of LWB, the Rehabilitation Advisory Committee, the 18 District Councils, NGOs and relevant Government departments, a major theme-based territory-wide publicity campaign, entitled the Mental Health Month, has been organised annually since 1995. Under this annual campaign, promotional activities, including television programmes, Announcement of Public Interest, seminars, workshops, exhibitions and community activities, are organised to promote the awareness and understanding of mental health and public acceptance of mentally ill patients in the community, as well as the importance of prevention and early treatment.</p> <p><u>Response to 6(b)</u></p> <p>Please refer to the response to Item 3(b).</p>

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			<p><u>Response to 6(c)</u></p> <p>The CSSA Scheme is a non-contributory scheme which aims to provide a safety net of last resort for those who cannot support themselves financially, including ex-mentally ill persons. It is means-tested to ensure that CSSA payments are provided to families and individuals with genuine financial difficulties.</p> <p>The Administration will continue to keep under regular review the CSSA mechanism having regard to present day circumstances.</p>
7.	Family Dynamics Network [LC Paper No. CB(2)2185/08-09(06)]	<p>(a) the three key community support programmes offered by SWD to ex-mentally ill persons should be reviewed to improve its services to the discharged psychiatric patients as follows -</p> <p>(i) CoMHIP – social workers stationed at schools could also refer suspected mentally ill persons for treatment</p> <p>(ii) CMHC – the services should not limit to newly discharged patients but also all ex-mentally ill persons in</p>	<p><u>Response to 7(a)</u></p> <p>SWD noted the suggestions and will continue to review the community mental health support services for continuous improvement. Please also refer to the response to <u>Item 1(b)(ii)</u> and <u>3(a)</u>.</p> <p><u>Response to 7(b)</u></p> <p>SWD agrees that family's/carers' support plays a vital part in community rehabilitation of ex-mentally ill persons. As such, SWD will continue to provide support and training to the family members / carers through parents/carers support groups, parent/relatives resource corners, CMHL etc. to strengthen their capacities in taking care of their family members with mental illness and help relieve their pressure.</p>

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		<p>need</p> <p>(iii) CMHL – more staff should be employed to provide care and support services, counselling services, outreaching visits and educational activities, for psychiatric patients and their family members and carers</p> <p>(b) as revealed from a survey findings, family members of ex-mentally ill persons had indicated that they would take care of the discharged patients at home if they were provided with adequate support</p> <p>(c) as a result of the Lump Sum Grant (LSG) Subvention System, subvented organizations had reduced the number of frontline staff and thereby affected the rehabilitation services for ex-mentally ill persons</p>	<p><u>Response to 7(c)</u></p> <p>Under the Lump Sum Grant (LSG) Subvention System and within the context of Funding and Service Agreement, NGOs have the flexibility in deploying their LSG, including staff expenses and other operating expenses, to meet service needs, including the provision of suitable number of frontline staff.</p>

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8.	Concord Mutual-Aid Club Alliance	<p>(a) a case management approach should be adopted for providing follow-up visits and community support services for discharged mentally ill patients</p> <p>(b) the Administration should allocate additional resources for rehabilitation, strengthen staffing provision for psychiatrists and medical social workers, and enhance closer collaboration among different bureaux/departments for medical and community support services to the discharged patients</p> <p>(c) the Administration should review the existing policy and formulate a long-term policy on mental health</p>	<p><u>Response to 8(a)</u></p> <p>Please refer to the response to <u>Item 1(b)(i)</u>.</p> <p><u>Response to 8(b)</u></p> <p>Please refer to the response to <u>Item 1(a)</u>, <u>Item 2(b)</u>, <u>Item 3</u> and <u>Item 5(b)</u>.</p> <p><u>Response to 8(c)</u></p> <p>The Government is committed to promoting mental health. We seek to achieve this objective through provision of a whole continuum of mental health services, which include prevention and early identification, medical treatment and rehabilitation. At present, FHB oversees the policy and services on mental health and works closely with relevant government departments and other relevant parties in the provision of mental health services. The services are provided using an integrated and multi-disciplinary team approach involving professionals from both medical and social sectors to ensure comprehensive and continuous care of persons with mental illness.</p> <p>While the long-term development of mental health services will be examined and planned under the overall framework of healthcare reform, the Government will continue to keep its mental health services under review and adjusts or enhances the services in response to</p>

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			<p>changes in social circumstances and service needs. In particular, FHB has set up the Working Group on Mental Health Services to assist the Government in reviewing existing mental health services. This is a long-term and ongoing process. (Please refer to the response to <u>Item 1(b)(iii)</u> for further details of the Working Group)</p> <p>Meanwhile, in the short and medium term, we will continue to allocate additional resources on prevention, medical treatment and rehabilitation services to further improve our mental health services and enhance the support for psychiatric patients.</p>
9.	精神病康復者同路人小組	<p>(a) the Administration should give due recognition to the role played by self-help organisations in rehabilitation services and provide more support for such organisations</p> <p>(b) a case management approach should be adopted for providing follow-up visits and community support services for discharged mentally ill patients, many of whom had difficulties in seeking jobs and reintegration into the society. Additional resources should be allocated for</p>	<p><u>Response to 9(a)</u></p> <p>It is the Government's rehabilitation policy objective to promote the development of self-help organisations (SHOs) for PWDs with a view to enhancing the spirit of self-help and mutual help amongst PWDs and their families/carers. To facilitate the development of SHOs, financial support has been provided since 2001. Additional provision was provided to strengthen professional support to SHOs in 2006. Currently, a total funding of \$16.8 million has been given to 57 SHOs to subsidise their staff costs and programme expenses for the period from 1 April 2008 to 31 March 2010. Further allocation of \$2.67 million was provided to 50 SHOs and 7 parent associations in 2008 to strengthen support for carers and improve their</p>

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		<p>rehabilitation, strengthening staffing for psychiatrists and medical social workers, and enhancing closer collaboration among different bureaux/departments for medical and community support services to the discharged patients</p> <p>(c) the requirement of applying CSSA on a household basis had forced some ex-mentally ill persons to move out of their families in order to meet the eligibility criteria for CSSA</p>	<p>facilities. As an established practice, representatives of SHOs are invited to actively participate in the development of rehabilitation policies and services.</p> <p><u>Response to 9(b)</u></p> <p>Please refer to the response to <u>Item 1(a)</u>, <u>Item 1(b)(i)</u>, <u>Item 2(b)</u>, <u>Item 3</u> and <u>Item 5(b)</u>.</p> <p><u>Response to 9(c)</u></p> <p>Since families constitute the core units of our community, CSSA applicants (including ex-mentally ill persons) living with their family members are required to make their applications on a household basis. In determining whether a family is eligible for assistance, resources and needs of the whole family have to be taken into account. This requirement seeks to encourage family members to render assistance and support to each other. Income-earners should take up the responsibility of supporting their family members who have no financial means instead of singling out these members to apply for assistance on their own, thus shifting the responsibility of supporting these members to taxpayers.</p>

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10.	Civic Party	<p>(a) the medical and social rehabilitation services and support for ex-mentally ill persons in the community were inadequate to facilitate social integration</p> <p>(b) the discharge plan for psychiatric patients should be worked out by a team of professional staff including psychiatrists and social workers</p> <p>(c) the increase in the numbers of hospital bed spaces and psychiatrists were far from adequate to meet the rising demand for psychiatric treatment</p> <p>(d) the Working Group on Mental Health Services chaired by SHF had yet to report its work progress in reviewing the existing mental health services</p> <p>(e) it urged that representatives from patient groups and professionals should be invited to join the Working Group.</p>	<p><u>Response to 10(a)</u></p> <p>Please refer to the response to Item 3.</p> <p><u>Response to 10(b)</u></p> <p>Please refer to the response to Item 4(a).</p> <p><u>Response to 10(c)</u></p> <p>Number of psychiatric beds</p> <p>As at 31 March 2009, HA provides a total of 4,000 psychiatric beds.</p> <p>According to research findings and the experience of international and local experts in psychiatry, allowing the early discharge of psychiatric patients in stabilised conditions to receive rehabilitation service in the community can facilitate their rehabilitation and reduce the chance of relapse of their illness. It is therefore the international trend to focus on community and ambulatory services in the treatment of mental illness. Under this direction, HA has in recent years kept its inpatient psychiatric services under review and launched various new programmes to enhance its community psychiatric services. For example, HA launched the "Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone" (EXITERS) scheme in 2001 to provide intensive</p>

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			<p>rehabilitation training for long stay psychiatric patients to facilitate their early discharge and integration into the community. The scheme has successfully facilitated the discharge of more than 900 long stay patients from 2002-03 to 2008-09. As a result, the demand for inpatient services has decreased and the occupancy rate of psychiatric beds is 73%.</p> <p>Given the above and the service direction of enhancing community and ambulatory care for psychiatric patients, HA has reduced the number of psychiatric beds from 4,400 in 2007-08 to 4,000 in 2008-09. HA considers that the demand for psychiatric inpatient services will continue to drop and it therefore plans to further reduce 393 unused psychiatric beds in 2009-10. HA will not reduce its services or manpower with the reduction of beds. The resources originally earmarked for the relevant services will be fully redeployed for enhancement of rehabilitation and community psychiatric service.</p> <p>Number of psychiatric staff</p> <p>Please refer to the response to <u>Item 5(b)</u>.</p> <p><u>Response to 10(d) and 10(e)</u></p> <p>Please refer to the response to <u>Item 1(b)(iii)</u>.</p>

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11.	Hong Kong College of Mental Health Nursing	<p>(a) a case management approach should be adopted for acute or high-risk mentally ill patients in order to monitor closely their recovery and prevent relapse. The case management approach should provide one-stop community support and social rehabilitation services for the discharged mentally ill patients. In addition, round-the-clock crisis management support services and home care team should be provided for the discharged patients and their family members or residential care homes</p> <p>(b) the Administration should set up clinics in charge of by nurses in the community to monitor the medication intake of ex-mentally ill patients and the progress of adjustment and reintegration into the community so as to relieve the workload of the psychiatric specialist out-patient clinics</p> <p>(c) financial assistance should be provided to first-year undergraduates of mental health nursing programmes organised by</p>	<p><u>Response to 11(a)</u></p> <p>Please refer to the response to <u>Item 1(b)</u>.</p> <p><u>Response to 11(b)</u></p> <p>In 2008-09, HA piloted nurse clinic service to provide extended nursing care for psychiatric patients after they receive treatment from doctors. These nursing care services cover areas such as mental health education and medication adjustment.</p> <p><u>Response to 11(c)</u></p> <p>In respect of post-secondary education, including UGC-funded undergraduate programmes in nursing, the Student Financial Assistance Agency (SFAA) of the Government is operating a number of means-tested and non-means-tested student financial assistance schemes, which seek to provide grants and/or loans to cover tuition fees, academic expenses and living expenses of students. Depending on the family financial situation and the programmes being pursued, students may approach SFAA for appropriate assistance.</p>

No.	Name of deputation	Major views and concerns	Administration's response
		UGC-funded institutions.	
12.	Mr MAK Kwok-fung, Wan Chai District Council Member	<p>(a) more half-way houses should be provided for discharged mentally ill patients to provide transitional rehabilitation service in preparation for their reintegration into the community</p> <p>(b) more resources should be deployed for strengthening staffing of psychiatric nurses including community psychiatric nurses to enhance support services for high-risk ex-mentally ill persons</p> <p>(c) the Administration should step up educational publicity to reduce stigma and discrimination against ex-mentally ill persons</p>	<p><u>Response to 12(a)</u></p> <p>Please refer to the response to Item 4(b).</p> <p><u>Response to 12(b)</u></p> <p>Please refer to the response to Item 5(b).</p> <p><u>Response to 12(c)</u></p> <p>Please refer to the response to Item 6.</p>
13.	Tung Wah Group of Hospitals Wong Chuk Hang Complex	(a) it had commissioned the Hong Kong Baptist University for a two and a half years study on CMHC, and the findings were encouraging as showed from improvements in the patients' life skills and interpersonal relationship	SWD will take note of the views in reviewing CMHC services.

No.	Name of deputation	Major views and concerns	Administration's response
		<p>(b) it suggested that the following improvements be further made to CMHC -</p> <ul style="list-style-type: none"> (i) to develop long-term policies for mental health care; (ii) to widely implement CMHC across the territory; (iii) to extend the services to all ex-mentally ill persons; (iv) to extend the duration of outreaching visits to two years; (v) to allocate more resources for strengthening of staffing provision, in particular medical social workers; and (vi) to enhance coordination between the government departments and NGOs 	
14.	Alliance of Ex-mentally Ill of Hong Kong	(a) the consultation session for each ex-mentally ill person, which was currently about 3 to 5 minutes, should be lengthened for more	<p><u>Response to 14(a)</u></p> <p>Psychiatrists at HA's psychiatric SOPCs determine the duration of the consultation session based on the</p>

No.	Name of deputation	Major views and concerns	Administration's response
		<p>thorough diagnosis</p> <p>(b) courses and seminars on taking medication and compliance with treatment should be organized for ex-mentally ill persons and their family members</p>	<p>clinical condition and treatment needs of patients. In general, patients having their first appointment at psychiatric SOPCs are seen for around 45 minutes. For patients attending follow-up consultations, their consultation time will be more flexibly adjusted depending on their individual conditions.</p> <p><u>Response to 14(b)</u></p> <p>The psychiatric units of HA provide information and advice to patients, their families and carers on treatment and medication compliance. Relevant information is also available at HA's patient resources centres.</p> <p>On the other hand, the community psychiatric nurses remind patients to take medication regularly, and give advice and support to family members and carers regarding patients' compliance with treatment during the outreach visits to patients' residential places.</p>
15.	自助組織發展中心	<p>(a) the Integrated Community Centre for Mental Wellness (ICCMW) at Tin Shui Wai, which commenced service in March 2009, should be extended to other districts. Views from patients' associations should be gauged for the future development of ICCMW;</p>	<p><u>Response to 15(a) and 15 (b)</u></p> <p>Please refer to response to Item 1(b)(ii). SWD will take into account the views of stakeholders, including service users and their families/carers in the review of the operation of ICCMW.</p> <p><u>Response to 15(c)</u></p> <p>Please refer to the response to Item 1(b)(iii).</p>

No.	Name of deputation	Major views and concerns	Administration's response
		<p>(b) the Administration should review the roles of CRDS, CMHL and CMHC after the launch of ICCMW</p> <p>(c) The Working Group on Mental Health Services had yet to make progress in its work. Representatives from patients' associations should be included as members of the Working Group.</p>	
16.	Circle of Friends	<p>(a) HA's psychiatric SOPCs should provide evening consultation services to facilitate those ex-mentally ill persons who worked during daytime to attend follow-up consultation</p> <p>(b) the Administration should encourage public and private organisations to employ persons with disabilities (PWDs), including ex-mentally ill persons, by specifying a specified number of such posts in the organisations</p>	<p><u>Response to 16(a)</u></p> <p>Please refer to the response to <u>Item 2(d)</u>.</p> <p><u>Response to 16(b)</u></p> <p>Please refer to the response to <u>Item 2(e)</u>.</p>
17.	基督教愛協團契	<p>(a) the rehabilitation services in the community were not adequate and not much improvement was made the past two decades</p>	<p><u>Response to 17 (a)</u></p> <p>Please refer to response to <u>Item 1(b)(ii)</u> and <u>Item 3.</u></p>

No.	Name of deputation	Major views and concerns	Administration's response
		<p>(b) 3% of employment of PWDs, including ex-mentally ill persons, for public organisations should be specified to facilitate their entry into the labour market</p> <p>(c) the requirement for ex-mentally ill persons to apply for CSSA on a household basis might have affected the eligibility of some needy ex-mentally ill persons</p>	<p><u>Response to 17(b)</u></p> <p>Please refer to response to Item 2(e).</p> <p><u>Response to 17(c)</u></p> <p>Please refer to the response to Item 9(c) above.</p>
18.	Hong Kong Family Link Mental Health Advocacy Association	<p>(a) as shown from the findings of a survey conducted by the Association, most carers of ex-mentally ill persons considered that more support to family members and carers was needed, such as educational programmes on compliance with medication and information on the rehabilitation and community services available for ex-mentally ill persons</p> <p>(b) case management approach and one-stop rehabilitation services should be adopted for following up on the discharged patients</p>	<p><u>Response to 18(a)</u></p> <p>Please refer to Item 6(a) and 7(b).</p> <p><u>Response to 18(b)</u></p> <p>Please refer to the response to Item 1(b)(i).</p> <p><u>Response to 18(c)</u></p> <p>The Government is committed to promoting mental health and keeps its mental health services under review in order to adjust or enhance the services in response to changes in social circumstances and service needs. In doing so, FHB has set up the Working Group on Mental Health Services to assist the Government in reviewing existing mental health services. As detailed in the</p>

No.	Name of deputation	Major views and concerns	Administration's response
		(c) the Administration should take into account views from the stakeholders and formulate a comprehensive policy on mental health	<p>response to Item 1(b)(iii) above, the Working Group comprises professionals providing medical and rehabilitation services to psychiatric patients, academics, as well as government representatives. The Subgroup and Expert Groups under the Working Group also comprise relevant stakeholders from the healthcare and social welfare sectors with experience in providing services for psychiatric patients.</p> <p>In addition, the Government has met with relevant NGOs and patient groups to gauge their views on the development of mental health services. The Government will continue to consult relevant organizations in formulating and implementing the policy on mental health.</p>
19.	Concern Group on People with Mental Illness	<p>(a) medical and social rehabilitation services in the community for ex-mentally ill persons currently provided by SWD and HA should be better coordinated</p> <p>(b) discharge plans of individual mentally ill patients should be drawn up having regard to their medical and welfare needs</p> <p>(c) additional resources should be allocated for training community psychiatric nurses. In 2008-2009,</p>	<p><u>Response to 19(a)</u></p> <p>Please refer to the response to Item 1(a).</p> <p><u>Response to 19(b)</u></p> <p>Please refer to the response to Item 1(a) and Item 4(a).</p> <p><u>Response to 19(c)</u></p> <p>Please refer to the response to Item 5(b).</p> <p><u>Response to 19(d)</u></p> <p>Please refer to the response to Item 7(b)</p>

No.	Name of deputation	Major views and concerns	Administration's response
		<p>although 15,830 psychiatric patients were discharged, their rehabilitation needs were looked after by 131 community psychiatric nurses only</p> <p>(d) more support should be provided for family carers of ex-mentally ill persons</p>	
20.	Society for Community Organization	<p>(a) the rehabilitation services for discharged psychiatric patients in the community were fragmented. Therefore, HA and SWD should enhance coordination and communication in the delivery of medical and social rehabilitation services in the community</p> <p>(b) the service mode of ICCMW at Tin Shui Wai should be extended to other districts</p> <p>(c) the Working Group on Mental Health Services should speed up its work in reviewing the existing mental health services. Representatives from patients' groups should be invited to attend meetings of the Working Group</p>	<p><u>Response to 20(a)</u></p> <p>Please refer to the response to <u>Item 1(a)</u>.</p> <p><u>Response to 20(b)</u></p> <p>Please refer to the response to <u>Item 1(b)(ii)</u>.</p> <p><u>Response to 20(c)</u></p> <p>Please refer to the response to <u>Item 1(b)(iii)</u>.</p> <p><u>Response to 20(d)</u></p> <p>Please refer to the response to <u>Item 1b(ii)</u>, <u>3(b)</u> and <u>7(b)</u>.</p>

No.	Name of deputation	Major views and concerns	Administration's response
		(d) in view that the occurrence of a few tragedies involved discharged mentally ill patients in the past two years, the Administration should review the mental health services and strengthen support for ex-mentally ill persons, their families and carers.	
21.	Equal Opportunities Commission (EOC) [LC Paper No. CB(2)2097/08-09(04)]	<p>(a) in addition to the views presented in its paper, EOC highlighted the following observations -</p> <p>(i) a lack of accurate and reliable statistics on the number of mentally ill patients in Hong Kong for the Administration to formulate policies on mental health and rehabilitation programmes;</p> <p>(ii) a lack of public education on the symptoms of depression, which would be top of the list of health problems worldwide in the year 2020 as shown from a study</p>	<p><u>Response to 21(a)(i)</u></p> <p>To facilitate the Government's formulation of mental health policies and planning of mental health services, FHB has invited relevant professional and academic institutions earlier this year to submit research proposals on studies in mental health, to address issues such as the prevalence and incidence of major categories of mental illness in Hong Kong. It is expected that funding decisions will be announced by the end of 2009 and the approved study projects will commence in early 2010.</p> <p><u>Response to 21(a)(ii)</u></p> <p>We agree that public education on mental health plays an important part in the prevention of depression. Current publicity and educational programmes on mental health and depression include the "Mental Health Month" (please refer to responses to item 6(a))</p>

No.	Name of deputation	Major views and concerns	Administration's response
		<p>conducted by the World Health Organization</p> <p>(iii) more resources should be allocated for psychiatric patients with symptom of depression to prevent them from committing suicide</p>	<p>for more information); the "Elderly Suicide Prevention Programme", which aims at raising public awareness of the problems of depression and suicide among the elderly and encouraging early treatment; Mental health education for the elderly provided through the Elderly Health Centres and Visiting Health Teams; Outreach Adolescent Health Programme for promoting, among other things, psychosocial health among secondary school students, etc.</p> <p><u>Response to 21(a)(iii)</u></p> <p>Please refer to response to Item 2(a).</p>
22.	The Mental Health Association of Hong Kong	<p>(a) to extend flexibly the service hours of CRDS, CMHL and CMHC, and extend the follow-up visits to discharged psychiatric patients from a duration of one year to two years</p> <p>(b) to strengthen support for family carers, such as counselling services</p> <p>(c) to set up a hotline to provide urgent professional advice for ex-mentally ill persons and their carers</p> <p>(d) to enhance training and vocational rehabilitation programmes for</p>	<p><u>Response to 22(a)</u></p> <p>The NGOs operating the CRDS, CMHL and CMHC are given flexibility in deciding on their service hours in response to the needs of their service users. The duration of case follow-up for CMHC has already been extended to 2 years.</p> <p><u>Response to 22(b)</u></p> <p>Please refer to response to Item 7(b)</p> <p><u>Response to 22(c)</u></p> <p>At present, HA operates a 24-hour telephone psychiatric advisory service to provide information and advice</p>

No.	Name of deputation	Major views and concerns	Administration's response
		<p>teenage psychiatric patients</p> <p>(e) to step up public education on mental health to enhance the awareness of mental health in the community</p>	<p>relating to mental health issues. Meanwhile, patients with acute psychiatric conditions in need of crisis assessment or emergency intervention services could seek consultation and urgent advice at Accident and Emergency Departments of hospitals.</p> <p><u>Response to 22(d)</u></p> <p>To assist PWDs, including ex-mentally ill persons and teenagers with early signs of mental illness, to improve their social adjustment capabilities and enhance their social and vocational skills, SWD provides various day training and vocational rehabilitation services through the Training and Activity Centre for Ex-mentally Ill Persons, Sheltered Workshops, Supported Employment, Integrated Vocational Rehabilitation Services Centres, Integrated Vocational Training Centres, On the Job Training Programme for People with Disabilities and Sunnyway - On the Job Training Programme for Young People with Disabilities.</p> <p><u>Response to 22(e)</u></p> <p>Please refer to responses to Item 6(a).</p>

Food and Health Bureau
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Hospital Authority
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