

(Translation)

**Motion on  
“Support for people with mental illness and people recovering  
from mental illness”**

**moved by Dr Hon PAN Pey-chyou  
at the Legislative Council meeting  
of Wednesday, 25 November 2009**

**Motion as amended by Dr Hon Joseph LEE Kok-long and Dr Hon  
LEUNG Ka-lau**

That, in view of the increasing number of people receiving psychiatric diagnosis and treatment in Hong Kong, as well as the rising trend of incidents and tragedies involving people with severe mental illness in recent years, which reflect that the services currently provided to people with mental illness and people recovering from mental illness are insufficient and must be improved, this Council urges the Government to:

- (a) formulate a comprehensive and long-term policy on mental health, so as to set a clear direction for the prevention, early detection, treatment, rehabilitation, long-term care and public education of mental illness;
- (b) review the psychiatric services under the Hospital Authority and those provided by non-profit-making organizations at present so as to ensure an effective allocation of resources between them, with a view to enhancing the quality and efficiency of psychiatric services;
- (c) allocate more resources to train and recruit psychiatric healthcare and rehabilitation professionals and ancillary personnel, including doctors, social workers, nurses (including psychiatric nurses and community psychiatric nurses), occupational therapists, clinical psychologists and physiotherapists, etc, to provide comprehensive services to people with mental illness and people recovering from mental illness;
- (d) clearly position psychiatric services in the public sector so that resources are effectively utilized to treat people whose mental illness is more severe, provide the grassroots with appropriate treatment and train medical and nursing staff at all levels to serve the community, and resolve the problems in the distribution of resources and facilities among the clusters so as to enhance effectiveness of the services;
- (e) suspend the reduction of psychiatric beds and re-introduce evening consultation services in order to provide appropriate services to people recovering from mental illness who have to work in the daytime;

- (f) strengthen training on professional knowledge on psychiatry for healthcare personnel in family medicine and enhance the collaboration between family medicine and psychiatric services, so that family doctors can diagnose and treat various types of mental illness at an early stage and make timely referral of people with severe mental illness to psychiatric units for follow-up;
- (g) allocate more resources for pharmacological and non-pharmacological treatments so that people with mental illness can receive the most suitable treatment for their illness;
- (h) further develop the community medical and rehabilitation services to cater for the needs of people with mental illness and people recovering from mental illness, reinforce the collaboration of these two types of services, and consolidate the existing services, with a view to strengthening the support for people recovering from mental illness and their families;
- (i) assign case managers on a long term basis to closely follow up cases, so that patients can receive appropriate services and support during various stages of rehabilitation;
- (j) establish additional mental health centres in the community to provide integrated services to people with mental illness and people recovering from mental illness;
- (k) increase subvented places to accommodate the needy people with mental illness who are discharged from hospitals, and strengthen the regulation of the quality of self-financing hostels;
- (l) encourage the private and public sectors to employ people with disabilities, including people recovering from mental illness, and encourage the participation of the private sector by means of tax concession etc;
- (m) pro-actively promote public education and volunteer work on mental health, eliminate discrimination against people with mental illness and people recovering from mental illness in the community, so that people with mental illness will be more active in receiving medical treatment and people recovering from mental illness can reintegrate into the society more smoothly;
- (n) allocate more resources to fully develop the Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone ('EXITERS') programme in various clusters to provide intensive

rehabilitation training to long-stay patients with mental illness, so as to facilitate their early discharge and return to the community; and

- (o) provide relevant talks or training to family members of people recovering from mental illness who will soon be discharged, so as to assist the family members in adapting to and understanding the essential elements and techniques of dealing with people recovering from mental illness to avoid provoking them, and to enhance the family members' knowledge about early detection of their relapse;
- (p) devise a full-coverage medical insurance scheme to provide adequate coverage for mental illness treatment and rehabilitation services to people with mental illness and people recovering from mental illness, and provide tax concessions to encourage people with mental illness and people recovering from mental illness to take out medical insurance; and
- (q) set up an independent 'Mental Health Research Fund' to encourage, promote and finance research on the prevention, treatment and control of mental illness, as well as the development of healthcare policy.