

立法會 *Legislative Council*

LC Paper No. CB(2)1467/09-10(05)

Ref : CB2/PL/HS

Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 11 May 2010

Mental health services provided by the Hospital Authority

Purpose

This paper gives an account of the past discussions by the Panel on Health Services ("the Panel") on the mental health services provided by the Hospital Authority ("HA").

Background

2. The Government promotes mental health through various measures and initiatives on prevention, medical treatment, and rehabilitation services. The Food and Health Bureau ("FHB") oversees the policy and services on mental health and coordinates the work of the Labour and Welfare Bureau ("LWB"), the Social Welfare Department ("SWD"), the Department of Health, HA and other relevant parties in this regard.

3. HA is currently providing a spectrum of out-patient service, in-patient service, ambulatory services, community care and outreach services through a multi-disciplinary approach that involve professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists.

Past discussions

Meeting on 22 November 2007

4. The Panel held a special meeting on 22 November 2007 to discuss the Government's mental health policy and services available in the public sector. A total of 19 deputations also attended the meeting to give views on the matters.

Long waiting time for treatment of mental illness

5. Members urged HA to expeditiously adopt measures to increase its manpower for provision of mental health services to address the long waiting

time for treatment of mental illness.

6. The Administration advised that in recent years HA had employed more psychiatric staff to strengthen the support for psychiatric treatment and services. The number of psychiatrists in HA had increased from 212 in 2000-2001 to 256 in 2006-2007, and that of psychiatric nurses from 1 797 to 1 927 (including 118 community psychiatric nurses) during the same period. HA was actively implementing various measures to address the shortage of manpower for mental health services. For example, additional healthcare assistants had been recruited to assist nurses in the provision of care to the psychiatric patients. HA was also exploring measures to reduce the long waiting time for first appointment of specialist out-patient ("SOP") clinics, such as the setting up of allied health and nurse clinics to handle less severely ill patients. As a general practice, there were around 45 minutes of consultation for each new case in the psychiatric SOP clinic. The consultation time of follow-up consultation at SOP clinic would vary according to the clinical need and the patients' condition at the time of the consultation. A triage mechanism was in place at HA's psychiatric SOP clinics to ensure that urgent cases were attended to within a reasonable time frame.

Enhancing community psychiatric services

7. Members noted that for modern treatment of mental illness, the international trend was shifting the focus of treatment of mental illness from in-patient care to community and ambulatory services so as to enhance patients' prospect of re-integration into the community after rehabilitation. In the light of this, members urged the allocation of more resources to HA to enhance community psychiatric services.

8. The Administration advised that it would continue to implement new initiatives to strengthen community psychiatric services. In 2008-2009, HA planned to launch a number of pilot projects, including the provision of round-the-clock community support services for frequently re-admitted mental patients ("FRPs") so as to reduce their unnecessary admissions and in-patient bed-days; enhancement of psychiatric services in Accident and Emergency Departments ("A&EDs") to help handle patients with acute condition; and extension of the psychogeriatric outreach services currently provided to subvented residential care homes for the elderly to cover private elderly homes.

Use of new psychiatric drugs

9. On increasing the use of new psychiatric drugs that had fewer side effects, HA advised that it had been doing so since 2001-2002 with additional allocation from the Government. In 2006-2007, about 19 000 patients were prescribed with new anti-psychotic drugs, 51 000 with new anti-depressant drugs and 3 500 with new anti-dementia drugs. Currently about 40% of HA's psychiatric patients were prescribed with new psychiatric drugs. HA would continue to promote the use of new drugs to ensure better clinical outcome.

Formulation of long-term comprehensive mental health policy

10. Members expressed concern that although mental health services covered the whole spectrum from prevention, medical treatment to rehabilitation, these services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to lack of a comprehensive policy on mental health. Members passed a motion urging the Administration to expeditiously come up with a comprehensive long-term mental health policy to address patients' needs and guide the development of mental health services in a coordinated, cost-effective and sustainable manner. In the development and implementation of the policy, the Administration should closely consult and actively involve service users.

11. The Administration advised that the Working Group on Mental Health Services ("the Working Group"), chaired by the Secretary for Food and Health, would review the existing mental health services, identify key priority areas and advise on the future direction and strategy of mental health services in the long term. Members of the Working Group comprised professionals of medical treatment and rehabilitation services of mental health, academics of psychiatry, service provider of rehabilitation services as well as representatives of LWB, SWD and HA. On the other hand, the Administration would also consult relevant organisations in formulating and implementing policy on mental health. The Working Group planned to complete its work in one to two years' time.

Meeting on 19 May 2008

12. The Administration updated the Panel on its mental health services and the relevant new initiatives to be launched in 2008-2009. Members were advised that HA would continue to follow the direction of enhancing ambulatory and community care for psychiatric services by launching two pilot programmes and expanding its psychogeriatric outreach services in 2008-2009 as follows -

- (a) the pilot community psychiatric mobile support teams would provide round-the-clock support to a group of about 240 FRPs. These FRPs would be followed up by a case management approach, with each of them being handled by a case manager assigned from the community psychiatric mobile support teams. The case manager would also provide home visits and counselling service to targeted patients and their families. HA planned to pilot the community psychiatric mobile support teams in Kowloon West Cluster and New Territories East Cluster;
- (b) the pilot Consultation-Liaison psychiatric teams at A&EDs in the Kowloon East Cluster and the Kowloon Central Cluster would provide psychiatric consultation service for patients with acute psychiatric conditions, to reduce avoidable admission to psychiatric wards or mental hospitals; and

- (c) an additional \$8 million would be deployed to enhance psychogeriatric outreach services to elders at private residential care homes for the elderly.

Manpower resources

13. Hon Audrey EU expressed concern that the supply of psychiatric healthcare professionals was still far from adequate in coping with service demand. The Administration advised that it was also exploring the feasibility of enhancing the role of primary care in providing medical treatment for patients with minor mental health problems such as depression and anxiety disorders, which in some cases could be handled by family doctors with additional training. This would be examined and planned under the overall framework of healthcare reform, particularly in respect of the reform for strengthening primary care.

Meeting on 30 September 2009

14. On 30 September 2009, the Panel held a joint meeting with the Panel on Welfare Services to discuss with the Administration the community support services for ex-mentally ill persons. A total of 14 deputations also attended the meeting to give views on the matter.

15. Members noted that the Administration would continue to allocate additional resources on prevention, early intervention, treatment and rehabilitation services to further improve mental health services and facilitate the re-integration of ex-mentally ill persons into the community. For the long-term development of mental health services, this would be examined and planned under the overall framework of healthcare reform. In the meantime, the Working Group would continue to assist the Government in reviewing the existing mental health services. The Working Group had established a Subgroup to study in-depth the demand for mental health services and the relevant policy measures. Three expert groups had been formed under the Subgroup with members comprising professionals with relevant service experience to study the service needs of three different age groups (children and adolescents, adults, elderly). The preliminary views of the expert groups, which had just been considered 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 to be delivered by the Financial Secretary.

Adoption of a multi-sectoral and multi-disciplinary approach

16. Hon CHEUNG Kwok-che asked how HA doctors could forge closer collaboration with other service providers in the districts in providing support services for persons with mental health problems. HA advised that at the 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 non-governmental organisations 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. A community service model based on the population characteristics and service needs of each district could be a future direction for the development.

17. Hon Albert HO was of the view 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.

Enhancing the service of HA psychiatric SOP clinics

18. On the suggestion of HA providing evening service at its psychiatric SOP clinics, HA advised that it 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.

Funding of mental health services

19. Questions were raised as to 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.

20. The Administration pointed out that 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.

21. Hon Cyd HO opined 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, Ms HO 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.

22. To facilitate further discussion on mental health services, the Research and Library Services Division of the Legislative Council ("LegCo") Secretariat was 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.

Recent development

23. At the special meeting of the Panel on 16 October 2009, members were advised that HA would launch a case management programme in individual districts to train healthcare workers as case managers to provide continuous and customised intensive support at the community level to persons with severe mental illness. Depending on the effectiveness of this new service model and the manpower arrangements, HA would gradually extend the programme across the territory in the coming three years. It was expected that the number of patients benefited would increase from 5 000 in 2010-2011 to 16 000 in 2012-2013. In addition, HA would foster closer collaboration between its psychiatric specialist out-patient service and primary care services in order to provide patients with the appropriate assessment and treatment services for patients with common mental disorders. It was expected that 10 000 patients would be benefited under this initiative in 2010-2011 and the number of patients would increase to 20 000 in 2012-2013.

Relevant papers

24. Members are invited to access LegCo website (<http://www.legco.gov.hk>) for details of the relevant papers and minutes of the meetings.