

立法會
Legislative Council

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LC Paper No. CB(2)633/11-12
(These minutes have been seen
by the Administration)

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

**Minutes of joint meeting
held on Tuesday, 24 May 2011, at 4:30 pm
in the Chamber of the Legislative Council Building**

**Members
present**

- : Panel on Health Services
- * Dr Hon LEUNG Ka-lau (Chairman)
Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
 - * Hon Albert HO Chun-yan
Ir Dr Hon Raymond HO Chung-tai, SBS, S.B.St.J., JP
Hon CHEUNG Man-kwong
 - * Hon LI Fung-ying, SBS, JP
Hon Audrey EU Yuet-mee, SC, JP
Hon CHAN Hak-kan
Hon CHAN Kin-por, JP
 - # Hon CHEUNG Kwok-che
Hon IP Kwok-him, GBS, JP
 - * Dr Hon PAN Pey-chyou
 - * Hon Alan LEONG Kah-kit, SC
 - * Hon Albert CHAN Wai-yip

Panel on Welfare Services

Hon WONG Sing-chi (Deputy Chairman)
Hon LEE Cheuk-yan
Hon LEUNG Yiu-chung
Hon TAM Yiu-chung, GBS, JP
Hon Frederick FUNG Kin-kee, SBS, JP
Hon Ronny TONG Ka-wah, SC
Hon Paul CHAN Mo-po, MH, JP
Hon WONG Kwok-kin, BBS

Hon IP Wai-ming, MH
Dr Hon Samson TAM Wai-ho, JP
Hon LEUNG Kwok-hung

(# Also Chairman of the Panel on Welfare Services)

(* Also members of the Panel on Welfare Services)

Members : Panel on Health Services
absent

Hon Fred LI Wah-ming, SBS, JP
Hon Andrew CHENG Kar-foo
Hon Cyd HO Sau-lan

Public Officers : Item II
attending

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

Miss Gloria LO
Principal Assistant Secretary for Food and Health
(Health) 2

Mr Stephen SUI
Commissioner for Rehabilitation
Labour and Welfare Bureau

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

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Ms Margaret TAY
Chief Manager (Integrated Care Programs)
Hospital Authority

Attendance : Item II
by invitation

Hong Kong FamilyLink Mental Health Advocacy Association

Mr Mico CHOW
Vice-Chairman of Executive Committee

The Democratic Party of Hong Kong

Mr Mark LI
Health Group Convenor

People with Mental Illness Rights Concerning Group

Miss PANG Ching-lam
Representative

Society for Community Organization

Miss YUEN Shuk-yan
Community Organizer

Alliance of Ex-mentally Ill of Hong Kong

Mr KWONG Chi-fai
Chairman

Circle of Friends

Ms CHAN Suk-yin

Ms LEUNG Gay-hung

Hong Kong Sheng Kung Hui Welfare Council

Ms Friendly AU YEUNG
Service Director

Concord Mutual-Aid Club Alliance

Mr HUI Wai-chun
Social Worker

精神病康復者同路人小組

Mr CHAN Kwok-shing
Member

Mr Michael MAK Kwok-fung
Wan Chai District Council Member

The Hong Kong College of Mental Health Nursing

Mr HUI Tsz-pan
Director

Christian Oi Hip Fellowship Limited

Mr LEUNG Mung-hung
Executive Officer

Ms LEUNG Yuk-fung
Kwai Tsing District Council Member

Caritas Hong Kong

Mr Stephen WONG
Superintendent

Stewards Limited

Ms TAM Shu-ling
Manager (Rehabilitation Service)

Amity Mutual-Support Society

Ms CHUNG Siu-wah
Executive Committee Member (External Affairs)

Equal Opportunities Commission

Dr Ferrick CHU Chung-man
Head, Policy & Research

Concern Group on Mental Rehabilitation Services,
Hong Kong Social Workers' General Union

Mr NG Wai-chiu
Member

Richmond Fellowship of Hong Kong

Ms NG Ching-chi
Coordinating Officer

Baptist Oi Kwan Social Service

Miss CHAN Sau-kam
Senior Service Coordinator

Tung Wah Group of Hospitals Wong Chuk Hang
Complex

Ms Eppie WAN
Senior Supervisor

New Life Psychiatric Rehabilitation Association

Ms Helen LO
Professional Service Manager

Civic Party

Mr Samuel LEE
Member

The Society of Rehabilitation and Crime Prevention,
Hong Kong

Ms AU Mei-yee
Psychiatric Service Coordinator

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2)5

Staff in attendance : Ms Ivy CHENG
Research Officer 6

Ms Maisie LAM
Senior Council Secretary (2)5

Ms Priscilla LAU
Council Secretary (2)5

Ms Sandy HAU
Legislative Assistant (2)5

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I. Election of Chairman

Mr CHEUNG Kwok-che nominated Dr LEUNG Ka-lau as Chairman of the joint meeting. Mr IP Wai-ming seconded the nomination. Dr LEUNG accepted the nomination. As there was no other nomination, Dr LEUNG Ka-lau was elected Chairman of the joint meeting.

II. Initiatives for enhancement of mental health services in the Hospital Authority

(LC Paper Nos. CB(2)1220/10-11(06), CB(2)1796/10-11(01) to (03), RP04/10-11, CB(2)1865/10-11(01) to (03), CB(2)1871/10-11(01) to (03) and CB(2)1892/10-11(01) to (03))

Views of deputations

2. At the invitation of the Chairman, the following 24 deputations presented their views on the initiatives for enhancement of mental health services in the Hospital Authority ("HA") -

- (a) Hong Kong FamilyLink Mental Health Advocacy Association;
- (b) The Democratic Party of Hong Kong;
- (c) People with Mental Illness Rights Concerning Group;
- (d) Society for Community Organization;
- (e) Alliance of Ex-mentally Ill of Hong Kong;

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- (f) Circle of Friends;
- (g) Hong Kong Sheng Kung Hui Welfare Council;
- (h) Concord Mutual-Aid Club Alliance;
- (i) 精神病康復者同路人小組;
- (j) Mr Michael MAK Kwok-fung;
- (k) The Hong Kong College of Mental Health Nursing;
- (l) Christian Oi Hip Fellowship Limited;
- (m) Ms LEUNG Yuk-fung;
- (n) Caritas Hong Kong;
- (o) Stewards Limited;
- (p) Amity Mutual-Support Society;
- (q) Equal Opportunities Commission;
- (r) Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union;
- (s) Richmond Fellowship of Hong Kong;
- (t) Baptist Oi Kwan Social Service;
- (u) Tung Wah Group of Hospitals Wong Chuk Hang Complex;
- (v) New Life Psychiatric Rehabilitation Association;
- (w) Civic Party; and
- (x) The Society of Rehabilitation and Crime Prevention, Hong Kong.

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

- (a) Dr YANG Mo; and

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- (b) Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service.

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

The Administration's response to the views expressed by deputations

4. Responding to the views expressed by the deputations, Under Secretary for Food and Health ("USFH"), Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) ("ADSW(RMSS)") and Director (Cluster Services), HA made the following points -

- (a) the Administration attached great importance to the needs of persons with mental health problems and their carers in policy planning. The Working Group on Mental Health Services ("the Working Group") chaired by the Secretary for Food and Health would continue to assist the Government in reviewing the existing mental health services. To study the service needs of the three different age groups, i.e. children and adolescents, adults, and the elderly, three expert groups had been formed under the Working Group to seek service improvements in the areas of prevention, early identification, medical treatment and rehabilitation;
- (b) the funding allocation by the Government on mental health services had been increasing in recent years. The revised estimate of the Government's expenditure on mental health services in 2010-2011 amounted to \$3.92 billion. Various initiatives had also been rolled out by HA and the Social Welfare Department ("SWD") since October 2010 to enhance the support to different groups of mental patients, such as the introduction of a Case Management Programme for persons with severe mental illness; the setting up of Common Mental Disorder Clinics at psychiatric specialist outpatient clinics ("SOPCs"); the launch of an Integrated Mental Health Programme at selected general out-patient clinics for persons with common mental disorders; and the setting up of Integrated Community Centres for Mental Wellness ("ICCMWs") for operation by non-governmental organizations ("NGOs") to provide one-stop district-based integrated mental health community support services for persons with mental health problems, their families/carers and local residents;

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- (c) in 2011-2012, the Government allocated additional funding of over \$210 million to HA to launch the various initiatives as set out in paragraphs 5 to 15 of the Administration's paper (LC Paper No. CB(2)1220/10-11(06)) to further strengthen mental health services. The full-year funding allocation for HA on mental health services would be amounted to \$3.3 billion, which accounted for 8% of the annual estimated expenditure of HA. At present, more than 70% of patients were treated with new psychiatric drugs at HA. In 2011-2012, HA would further expand the provision of new psychiatric drugs with proven efficacy, involving an additional expenditure of about \$40 million each year. Another \$40 million would be allocated to strengthen the manpower of ICCMWs in 2011-2012 to handle more cases and dovetail with the Case Management Programme of HA;
- (d) among the 24 ICCMWs currently operating at 24 service points across the 18 districts, nine had secured permanent accommodation while six others had identified permanent sites pending local consultation or application for Lotteries Fund to meet the fitting-out costs and procurement of furniture and equipment for service operation in the accommodation. Pending the availability of permanent accommodation, some operators of the remaining ICCMWs would make use of the suitable premises of their organizations as temporary service points. For some ICCMWs which had no permanent accommodation in their service areas for the time being, the operators would provide services including outreaching visits, group services, casework counselling, activities and community education through existing facilities and networks, such as schools and welfare services units, in their respective districts. As a facilitative measure, SWD would support NGOs to set up temporary accommodation for use as ICCMWs at suitable commercial premises. SWD had approved one application in this regard in May 2011;
- (e) a set of collaboration guidelines had been formulated to rationalize the workflow and service referral between ICCMWs and related service units, including HA's Case Management Programme, integrated family service centres ("IFSCs") and medical social services units. Given that ICCMWs had only commenced operation since October 2010, there was room for further improvement in this

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- respect. To enhance service collaboration at the district level, District Task Groups on Community Mental Health Support Services, which were co-chaired by the respective cluster representatives of the psychiatric services of HA and District Social Welfare Officers of SWD and comprised representatives of ICCMW operators, IFSCs, medical social service units, as well as relevant Government departments (such as the Housing Department and the Police), had been set up in SWD's administrative districts since June 2010;
- (f) mental health service was one of the priority development areas in HA. HA had recently formulated a Mental Health Service Plan for Adults for 2010-2015, which had taken into account views of relevant stakeholders including the professionals in HA, the social welfare sector, NGOs and patient groups. As a step to take forward the service plan, a mental health user group would be established in 2011 to act as an advisory reference group;
 - (g) about 80 case managers including psychiatric nurses, occupational therapists and social workers had been recruited under HA's Case Management Programme for persons with severe mental illness. The case managers would establish a close service relationship with the target patients and develop individual care plans having regard to the patients' needs and risk profile. They would also co-ordinate and arrange for the delivery of appropriate services to the patients, and at the same time monitor the progress of recovery and make prompt arrangements for the patients to receive treatment when there was sign of relapse of mental illness. The case managers would work closely with various service providers, particularly ICCMWs, in providing support to target patients and their carers. To strengthen its support for very high-risk patients with severe mental illness and its capacity to provide rapid outreach service for all other mental patients requiring urgent attention under crisis situations, HA would set up Crisis Intervention Teams in all the seven clusters in 2011-2012; and
 - (h) in general, patients would be treated by the same psychiatrists during their follow-up consultations at the psychiatric SOPCs of HA. It should be pointed out that the delivery of mental health services at HA adopted an integrated and multi-disciplinary team approach involving not only psychiatrists, but also clinical psychologists,

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occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers. Patient empowerment programmes had also been introduced at all clusters of HA to educate, among others, carers on how to take care of persons with mental health problems living in the community and identify signs of relapse of mental illness.

Discussion

Identification of ICCMW premises

5. Mr WONG Sing-chi enquired about the reasons for SWD not being able to secure permanent accommodation for all ICCMWs. He surmised that this was due to opposition from the community.

6. ADSW(RMSS) advised that to solve the problems relating to ICCMW premises in the long run, SWD would continue to keep in close contact with relevant Government departments, including the Lands Department, the Planning Department and the Housing Department to identify suitable premises for ICCMW purpose at the planning stage of new development or redevelopment projects. In the medium and short term, SWD would keep a close watch on the availability of suitable vacant Government properties, school premises and public housing units, for setting up of ICCMWs. ADSW(RMSS) further said that while it took time for SWD to enhance the community's understanding of the services of ICCMWs, SWD did not receive strong opposition from the local communities during local consultation on the setting up of ICCMWs.

7. Mr WONG Sing-chi cast doubt on the Administration's response, as some ICCMW operators were informed by the relevant Government departments that there were oppositions from the local communities against the setting up of ICCMWs in their vicinities.

8. Citing the Director of Audit's Report on the management of the Hong Kong Housing Authority's commercial properties (Report No. 56) that many retail premises of the Hong Kong Housing Authority had remained vacant for a long time, Mr Ronny TONG proposed that the Administration should explore the possibilities of setting up temporary accommodation for use as ICCMWs at these premises.

9. USFH assured members that the Administration would endeavour to identify suitable premises for ICCMWs so that the remaining ICCMWs could secure permanent accommodation as far as possible.

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10. At the request of Mr Albert CHAN, ADSW(RMSS) agreed to provide after the meeting information on the timetable for securing permanent accommodation for all ICCMWs.

Support for carers of mental patients

11. Holding the view that carers had a profound effect on mental patients, Dr PAN Pey-chyou asked whether HA would consider providing carers with structured training and engaging the carers in the delivery of mental health services for patients. Mr CHEUNG Kwok-che considered that apart from training, HA should also provide timely support to carers to help relieve their pressure.

12. Director (Cluster Services), HA concurred that the support of family/carers played a vital part in community rehabilitation of ex-mentally ill persons. Hence, family members/carers of patients were one of the HA's service target groups under the Mental Health Service Plan for Adults for 2010-2015. Efforts had been and would continuously be made to provide them with training to strengthen their capacities in taking care of persons with mental illness. Director (Cluster Services), HA further advised that under the Case Management Programme, family members/carers in emergency needs could contact the case managers concerned direct for urgent medical consultation.

Psychiatric specialist out-patient and outreach services

13. Noting that HA had terminated the evening SOPC consultation service in 2006 because of its low utilization rate, Dr PAN Pey-chyou doubted whether this was attributed to a lack of publicity by HA on the service. He urged HA to re-consider the provision of evening service at psychiatric SOPCs on a pilot basis to enable ex-mentally ill persons who had to work during daytime to schedule their consultations in the evening. Given the ageing population, Dr PAN further suggested that outreach service to the elderly should be conducted by multi-disciplinary teams comprising psychiatry, psychogeriatrics and medicine specialists.

14. Director (Cluster Services), HA advised that HA had implemented psychiatric SOPC evening consultation service on a trial basis in the Kowloon West Cluster from 2001 to 2005. During that period, only 60 to 80 patients used the evening consultation service. While HA would continue to examine whether there was a need to re-introduce evening consultation service to suit the needs of patients, Director (Cluster Services), HA pointed out that the introduction of such service would unduly affect the day-patient services given the current manpower

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constraint in HA. In addition, it would be difficult to arrange the same level of comprehensive supporting services, which were provided by allied health professionals and medical social workers, during the evening consultation hours.

15. Dr PAN Pey-chyou remarked that consideration could be given to introducing public-private-partnership in delivering the evening psychiatric out-patient service. Director (Cluster Services), HA agreed to consider the suggestion.

Long-term development on mental health services

16. Pointing out that members had made repeated requests for the introduction of a comprehensive long-term mental health policy, Ms LI Fung-ying asked whether the Working Group had studied the issue, and if so, whether a preliminary long-term policy for the future development of mental health services in Hong Kong had been mapped out.

17. USFH responded that the Administration had in place a mental health policy and it was committed to ensuring the provision of a comprehensive range of mental health services to those in need on a continuous basis. The deliberations of the Working Group and its subgroup/expert groups, the membership of which comprised relevant professionals, service providers and academics, had contributed to the formulation of the various initiatives to enhance mental health services as announced in the Chief Executive's Policy Addresses and the Budget Speeches delivered by the Financial Secretary over the past few years. HA had also developed a Mental Health Service Plan for Adults for 2010-2015 to enhance the mental health services in response to the needs of the community in a systematic manner. In addition, efforts had been and would continue to be made to foster collaboration between the medical and social welfare sectors to meet the needs of persons with mental health problems.

18. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

19. Mr CHEUNG Kwok-che expressed disappointment at the Administration's failure to provide a blueprint for the long-term development of mental health services for the next three years. He called on the Administration to engage the public in discussing the direction for the development of mental health services, rather than introducing

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piecemeal improvement initiatives and holding closed-door discussions within the Working Group and its subgroup/expert groups.

20. USFH advised that among the some 160 000 persons with mental health problems receiving treatment and support at HA, around 40 000 patients were diagnosed with severe mental illness. The Administration had adopted a multi-pronged approach on the delivery of services for different groups of mental patients having regard to their risk profile in the light of the views of the Working Group. For instance, the Case Management Programme was launched as pilots in selected districts to provide intensive and personalized support to patients with severe mental illness. The Integrated Mental Health Programme was targeted to provide support to patients with common mental disorders in the primary care settings. 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.

21. Mr Albert CHAN held the view that the Administration's faulty policies had exerted tremendous pressure on members of the general public and led to the rise in the number of people with mental health problems.

22. Mr Ronny TONG considered that the root of the existing problems in the delivery of mental health services was the lack of adequate resources. He was concerned whether the Food and Health Bureau had allocated adequate resources for the provision of various mental health services.

23. USFH stressed that the Administration attached great importance to the needs of persons with mental health problems and would ensure that adequate funding would be allocated for delivering a comprehensive range of mental health services to cater for the needs of these patients. It should however be pointed out that the implementation of the various programmes and initiatives required not only financial but also manpower resources and supporting facilities which could not be made available overnight.

Promotion of mental health

24. Mr Ronny TONG sought information on the education and publicity activities to promote mental health.

25. Commissioner for Rehabilitation advised that the Labour and Welfare Bureau, in collaboration with HA, the Equal Opportunities

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Commission, relevant Government departments and all NGOs serving persons with mental health problems, had been organizing annually the Mental Health Month since 1995. During the annual event, a series of territory-wide and district-based publicity campaigns, such as television and radio programmes, Announcements in the Public Interest, newspaper supplements and publicity programmes, would be launched to enhance awareness of the general public on mental health. Active steps had been and would continuously be taken at the district level to encourage public acceptance of persons suffering from mental illness and promote public support for these persons to integrate into society, including collaboration with the 18 District Councils to launch publicity activities and providing subsidies to various community organizations in the districts to organize a wide range of public education programmes to foster community inclusion.

Conclusion

26. Concluding the discussions, the Chairman said that the subject would continue to be followed up by the Panel on Health Services and the Panel on Welfare Services as appropriate.

27. There being no other business, the meeting ended at 6:50 pm.

Council Business Division 2
Legislative Council Secretariat
19 December 2011

Panel on Health Services and Panel on Welfare Services

**Joint meeting on Tuesday, 24 May 2011
on initiatives for enhancement of mental health services in the Hospital Authority**

Summary of views and concerns given by deputations/individuals

Organization / Individual	Major views and concerns
Mental health policy	
<ul style="list-style-type: none">• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union• Concord Mutual-Aid Club Alliance• Equal Opportunities Commission• Richmond Fellowship of Hong Kong• Society for Community Organization	1. The deputations consider that the Government should formulate a more comprehensive long-term policy on mental health services. Representatives from patient groups and other sectors (e.g. education, criminal justice, employment and service users, etc) should be invited to participate in the policy-making process, to review and develop services that meet the needs of mentally ill persons, ex-mentally ill persons, their families and carers.
<ul style="list-style-type: none">• The Democratic Party of Hong Kong• Concord Mutual-Aid Club Alliance• Caritas Hong Kong• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service	1. The deputations consider that there is a lack of co-ordination among the various government departments, the healthcare service providers and the social service providers in providing mental health services. Apart from strengthening the co-operation among all those relevant parties, the deputations propose the setting up of a dedicated body, such as a mental health bureau or a mental health committee, to formulate a long-term mental health policy and co-ordinate the provision of mental health services.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Equal Opportunities Commission 	<ol style="list-style-type: none"> 1. The deputation suggests the establishment of a comprehensive data collection system for mental illnesses so that the relevant authority can have a thorough knowledge of the population health profile, including its need and demand for mental health services. The Administration should also take into account all relevant forms of demographic diversity (e.g. language, culture and religion) when formulating the mental health policy so as to ensure appropriate access and treatment for all groups.
<ul style="list-style-type: none"> • Amity Mutual-Support Society 	<ol style="list-style-type: none"> 1. In the deputation's view, the mental health policy should focus on mental health promotion and mental disorder prevention.
Funding for mental health services	
<ul style="list-style-type: none"> • Concord Mutual-Aid Club Alliance • Christian Oi Hip Fellowship Limited • The Democratic Party of Hong Kong • Society for Community Organization 	<ol style="list-style-type: none"> 1. The deputations consider the funding for mental health services insufficient. The revised estimate of the Government's expenditure on mental health services in 2010-2011 amounts to \$3.92 billion, accounting for 0.22% of the Gross Domestic Product of Hong Kong. They request the Administration to allocate more resources to strengthen the mental health services.
Manpower	
<ul style="list-style-type: none"> • Civic Party • Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union • The Democratic Party of Hong Kong • Equal Opportunities Commission 	<ol style="list-style-type: none"> 1. The deputations express concern on the inadequate manpower to implement the various mental health initiatives such as the Case Management Programme. They urge the Administration to ensure an adequate healthcare workforce, in particular psychiatric nurses and community psychiatric nurses, for the provision of community mental health services.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • The Hong Kong College of Mental Health Nursing • Hong Kong FamilyLink Mental Health Advocacy Association • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • Ms LEUNG Yuk-fung, Kwai Tsing District Council Member • Mr Michael MAK Kwok-fung, Wan Chai District Council Member 	<p>2. The deputations also suggest improving the psychiatric nurse-to-patient ratio, enhancing training for psychiatric nurses and social workers who specialize in mental health services, in order to meet the increasing demand for mental health services.</p>
Psychiatric drugs	
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong • Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union • Civic Party • Hong Kong FamilyLink Mental Health Advocacy Association • Society for Community Organization • 精神病康復者同路人小組 • Ms LEUNG Yuk-fung, Kwai Tsing District Council Member • Mr Michael MAK Kwok-fung, Wan Chai District Council Member 	<p>1. The deputations express grave concern on the side effects of psychiatric drugs. They request the Hospital Authority ("HA") to introduce more new drugs with proven efficacy and less disabling side effects for the benefit of mentally ill persons.</p>

Organization / Individual	Major views and concerns
Integrated Community Centres for Mental Wellness	
<ul style="list-style-type: none"> • Concord Mutual-Aid Club Alliance • The Democratic Party of Hong Kong • Hong Kong FamilyLink Mental Health Advocacy Association • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • Hong Kong Sheng Kung Hui Welfare Council • New Life Psychiatric Rehabilitation Association • People with Mental Illness Rights Concerning Group • Richmond Fellowship of Hong Kong • The Society of Rehabilitation and Crime Prevention, Hong Kong 	<ol style="list-style-type: none"> 1. The deputations express great difficulties in identifying suitable permanent accommodation for the Integrated Community Centres for Mental Wellness ("ICCMWs"). Currently, most ICCMWs provide services at temporary offices which are not convenient to service users. The deputations request the Administration to provide assistance in providing suitable premises and expedite the approval procedure of their applications for the use of premises under the management of government departments. 2. The deputations express concern on the inadequate manpower (social workers, occupational therapists and nurses) in ICCMWs and the difficulties in recruiting qualified staff. They point out that the heavy workload and the shortage of social workers would unavoidably affect the quality of mental health services.
<ul style="list-style-type: none"> • Amity Mutual-Support Service • Baptist Oi Kwan Social Service • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • Richmond Fellowship of Hong Kong • Society for Community Organization 	<ol style="list-style-type: none"> 1. The deputations comment that the demarcation of the roles and responsibilities between the social workers of ICCMWs and the case managers of the Case Management Programme is not clear enough. Improved co-ordination among ICCMWs, the Case Management Programme and the Crisis Intervention Teams is required in order to ensure an effective delivery of mental health services and better utilization of resources.
Psychiatric specialist out-patients services	
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong 	<ol style="list-style-type: none"> 1. Pointing out that many ex-mentally ill persons hold a full-time job and

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Circle of Friends • Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union • The Democratic Party of Hong Kong • Ms LEUNG Yuk-fung, Kwai Tsing District Council Member 	<p>they do not want their mental illnesses to be disclosed to their employers, the deputations urge HA to provide evening services at psychiatric specialist out-patient clinics ("SOPCs") to enable ex-mentally ill persons to schedule their consultations in the evenings.</p> <p>2. The deputations also call on HA to improve the waiting time for follow-up consultations, increase the consultation time at SOPCs from the existing five minutes to 15 minutes in order to enable the psychiatrists to have a more detailed clinical assessment for their patients. Patients should also be treated by the same psychiatrists during their follow-up consultations.</p>
Mental health services for the different target groups	
<ul style="list-style-type: none"> • Baptist Oi Kwan Social Service • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • Stewards Limited 	<p>1. Given the increasing demand for mental health services from adolescents, the deputations urge the Administration to allocate more resources to strengthen the early identification and intervention services for the young people aged between 15 and 25 who are suffering from depression or psychosis, and help them re-integrate into the community.</p>
<ul style="list-style-type: none"> • Richmond Fellowship of Hong Kong 	<p>1. The deputation requests the Administration to extend the scope of mental health services to include children and adolescents.</p>
<ul style="list-style-type: none"> • Circle of Friends • Hong Kong FamilyLink Mental Health Advocacy Association • Mr Michael MAK Kwok-fung, Wan Chai District Council Member 	<p>1. The deputations request the Administration to provide more services, support and training to families and carers of mentally ill patients. Consideration should also be given to including families and carers of mentally ill persons as service targets in the mental health services.</p>

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Circle of Friends • 精神病康復者同路人小組 	<ol style="list-style-type: none"> 1. The deputations suggest that the Administration should provide more employment training and opportunities, and enhance the rehabilitation services and community support services for mentally ill persons and ex-mentally ill persons, so as to help them re-integrate into the society.
Statutory community treatment orders	
<ul style="list-style-type: none"> • The Democratic Party of Hong Kong • The Hong Kong College of Mental Health Nursing • Richmond Fellowship of Hong Kong • Dr YANG Mo, Southern District Council Member 	<ol style="list-style-type: none"> 1. The deputations consider it necessary to review the Mental Health Ordinance (Cap.136) and expedite the study on the introduction of the statutory community treatment order which requires discharged mentally ill patients who pose a threat to the community to accept medication and therapy, counselling, treatment and supervision.
Public education	
<ul style="list-style-type: none"> • Caritas Hong Kong • Christian Oi Hip Fellowship Limited • Civic Party • The Hong Kong College of Mental Health Nursing • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • Hong Kong Sheng Kung Hui Welfare Council • Ms LEUNG Yuk-fung, Kwai Tsing District Council Member • Mr Michael MAK Kwok-fung, Wan Chai District Council Member 	<ol style="list-style-type: none"> 1. The deputations urge the Administration to step up its effort on public education to enhance public awareness of mental health and promote public acceptance of mentally ill persons, so as to eliminate the stigma and discrimination associated with mental illnesses. 2. There is a view that extensive media coverage to arouse public concern on mental health would also increase the general public's self-awareness on the early sign of mental health problems. 3. The deputations suggest that mental health education on stress handling and prevention of mental illness be added to the curriculum of primary and secondary schools.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Dr YANG Mo, Southern District Council Member 	
Others	
<ul style="list-style-type: none"> • The Democratic Party of Hong Kong 	<ol style="list-style-type: none"> 1. Pointing out that the Case Management Programme will be extended to five more districts in 2011-2012, the deputation requests HA to expedite the implementation of the Case Management Programme in all 18 districts.
<ul style="list-style-type: none"> • The Hong Kong College of Mental Health Nursing 	<ol style="list-style-type: none"> 1. The deputation considers that the conditions of the psychiatric wards in hospitals should be improved for a speedy recovery of patients.
<ul style="list-style-type: none"> • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • Tung Wah Group of Hospitals Wong Chuk Hang Complex 	<ol style="list-style-type: none"> 1. The deputation points out that there is a great demand for specialist mental health services from the elderly living in the Long Stay Care Homes. Psychogeriatric outreach services should also be provided for these elderly.
<ul style="list-style-type: none"> • Ms LEUNG Yuk-fung, Kwai Tsing District Council Member 	<ol style="list-style-type: none"> 1. The deputation opines that under the statutory minimum wage regime, the productivity assessment is a discrimination against mentally ill persons. 2. To improve the living standard of mentally ill persons, there are suggestions of increasing the standard rates of the Comprehensive Social Security Assistance and the Disability Allowance, as well as offering half-fare concession on public transport for the mentally ill persons.

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
Circle of Friends	LC Paper No. CB(2)1865/10-11(02)
Civic Party	LC Paper No. CB(2)1892/10-11(03)
Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union	LC Paper No. CB(2)1871/10-11(02)
The Democratic Party of Hong Kong	LC Paper No. CB(2)1892/10-11(01)
Equal Opportunities Commission	LC Paper No. CB(2)1796/10-11(02)
The Hong Kong College of Mental Health Nursing	LC Paper No. CB(2)1871/10-11(01)
Hong Kong FamilyLink Mental Health Advocacy Association	LC Paper No. CB(2)1865/10-11(01)
Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service	LC Paper No. CB(2)1871/10-11(03)
Ms LEUNG Yuk-fung, Kwai Tsing District Council Member	LC Paper No. CB(2)1865/10-11(03)
Mr Michael MAK Kwok-fung, Wan Chai District Council Member	LC Paper No. CB(2)1892/10-11(02)
Dr YANG Mo, Southern District Council Member	LC Paper No. CB(2)1796/10-11(03)