

For discussion  
on 24 January 2011

**LEGISLATIVE COUNCIL  
PANEL ON WELFARE SERVICES**

**Subcommittee on Residential and Community Care Services  
for Persons with Disabilities and the Elderly**

**Progress of Implementation of the Integrated Community Centre  
for Mental Wellness**

**Purpose**

This paper briefs Members on the progress of implementing the services of Integrated Community Centre for Mental Wellness (ICCMW).

**Background**

2. As stated in the 2009-10 Policy Address, the Administration will set up ICCMWs in all the 18 districts across the territory with a view to providing one-stop and accessible integrated services for people in need in the community. To implement the initiative, the Social Welfare Department (SWD) took forward the preparatory work in phases in 2010 and reported the progress in implementation of ICCMW services and related matters to this Subcommittee on 13 July 2010. Please refer to LC Paper No. CB(2)1986/09-10(01) for details.

3. Last year, SWD consolidated the existing resources of community mental health support services, i.e. an annual funding allocation of \$65 million, together with an additional annual provision of \$70 million, i.e. a total of \$135 million, to revamp the existing community support services, including Community Mental Health Intervention Project, Community Mental Health Link, Community Mental Health Care Services, Community Rehabilitation Day Services and Training and Activity Centres for Ex-mentally Ill Persons.

**Service Preparation and Commencement**

4. In preparing for the setting up of ICCMWs, SWD has worked in close collaboration with various stakeholders and operating

non-governmental organisations (NGOs) to finalise the operational modes and related arrangements of ICCMWs, including -

- (a) demarcating the service boundaries of various ICCMWs;
- (b) drawing up service outcome indicators;
- (c) setting up a working group to formulate a fresh set of guidelines on service collaboration and rationalise the workflow and service referral between ICCMWs and related service units, including the Hospital Authority's (HA) "Personalised Care Programme" (the Programme) and community psychiatry services, integrated family service centres and medical social service units; and
- (d) making proper transitional arrangements for providing continued services to existing community support service users at ICCMWs in various districts.

5. With the implementation of the above arrangements, the ICCMWs have commenced service across the territory since October 2010 to provide support services ranging from prevention to crisis management to discharged mental patients, persons with suspected mental health problems, their families and carers and residents living in the community. These services include casework counselling, therapeutic and supportive groups, outreaching services, day training, drop-in services, social and recreational activities, public education programmes to enhance community understanding of mental health, and where necessary referral of cases to the HA for clinical assessment or psychiatric treatment; and community support services for patients with severe mental illness to dovetail with the Programme of HA. As at 20 December 2010, there were a total of some 5 600 members at 24 ICCMW service points in the 18 districts. Nearly 4 000 referrals have been handled, over 8 000 outreaching visits paid to discharged mental patients and persons with suspected mental health problems, around 50 therapeutic groups organised and more than 310 public education and publicity programmes arranged for the public. In the first two months of service commencement, these groups and public programmes provided some 31 000 persons with the necessary community support services.

## **Communication and Collaboration between ICCMWs and Stakeholders**

6. The effective operation of ICCMWs hinges upon close communication and collaboration between the social welfare and medical sectors. To this end, SWD has set up a co-ordination platform at the headquarters and district levels respectively to enhance cross-service and cross-sectoral collaboration, develop strategies and action agenda, and handle issues related to mental health services.

7. At the headquarters level, a Central Coordinating Group co-chaired by SWD and HA and comprising representatives of the medical and social welfare sectors, was formed in early 2010 and has since then held two meetings to oversee the implementation progress of ICCMW services and the Programme, and to review cross-sectoral collaboration amongst stakeholders. At the district level, District Task Groups (DTGs), co-chaired by the respective District Social Welfare Officers and HA's cluster heads of psychiatric services and comprising representatives of ICCMW and concerned government departments (such as the Police and the Housing Department (HD)), were set up in SWD's administrative districts and regular meetings have been held. DTGs are set up with a view to enhancing cross-sectoral and cross-service collaboration at district level, and coordinating and rationalising efforts in resolving operational problems encountered, thereby facilitating effective delivery of ICCMW services. SWD will continue to maintain close communication and liaison with HA, service operators and relevant stakeholders to monitor the operation of ICCMWs to ensure effective delivery of one-stop and accessible community support services to service users.

### **ICCMW premises**

8. At present, there are 24 service points providing ICCMW services across the territory. Apart from the ICCMW in Tin Shui Wai which has secured permanent accommodation, SWD has also obtained the operators' agreement to convert five "Training and Activity Centres for Ex-mentally ill Persons" into ICCMWs and secured two public housing estate premises in Hong Kong Island and in Kowloon East respectively for use as ICCMW premises. Pending availability of permanent accommodation, the operators of other ICCMWs will make use of suitable premises of their organisations as temporary service points to provide one-stop community support services in their service areas. For some ICCMWs which have no suitable premises in their service areas

for the time being, the operators will 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.

9. To solve the problems relating to ICCMW premises in the long run, we are actively identifying suitable premises in various districts through long, medium and short term planning. For long term planning, SWD will continue to keep in close contact with relevant government departments, including the Lands Department, the Planning Department, HD, etc. in order to reserve premises for ICCMW purpose at the planning stage of new development or redevelopment projects. In the medium and short term, we will closely monitor the availability of government property and school premises which will become vacant as a result of service reengineering. We will also explore the possibility of converting vacant public housing units into ICCMWs.

10. In tandem, SWD is actively considering other possible alternatives in order to identify suitable premises as early as possible for those ICCMWs which have yet to secure permanent accommodation. SWD is now consulting relevant government departments on the feasibility of the operators' proposals for setting up ICCMWs on commercial premises<sup>1</sup>. We also expect that, through renting private premises in industrial and commercial buildings, we can shortly identify suitable premises for ICCMWs so that the ex-mentally ill persons and other residents in need in their respective districts can be provided with the required community support services as far as possible. Meanwhile, we, together with the service operators, will organise service briefings and activities to enhance local residents' understanding of ICCMWs' services, and continue to enlist local support with a view to securing permanent accommodation for the remaining ICCMWs as soon as possible.

### **Service Agreements for ICCMWs**

11. SWD is mindful that in the absence of permanent accommodation, the service performance of individual ICCMWs would, to a certain extent, be affected. Hence, in formulating the Funding and Service Agreements (FSAs) for ICCMWs, SWD has already reached a mutual understanding with the service operators in that a flexible

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<sup>1</sup> According to the Fire Services Department, owing to fire safety concerns, setting up of ICCMWs in industrial buildings is not allowed. Relevant departments are studying whether it is suitable for ICCMWs to provide service in commercial buildings.

approach will be adopted in dealing with the service requirements stipulated under the FSAs, taking into account the work progress for ICCMW accommodation. Flexibility will be given to service operators to enable them to make optimal use of available resources under constrained circumstances. In his 2010-11 Policy Address, the Chief Executive undertook to further strengthen the manpower of ICCMWs to enable them to handle more cases.

### **Manpower of ICCMWs**

12. Given the keen demand for allied health staff in the medical and social welfare sectors, some ICCMWs are still in the process of recruiting psychiatric nurses and occupational therapists within their staffing establishment. To alleviate the shortage of nurses in the social welfare sector, SWD has since 2006 commissioned HA to organise a two-year full-time Enrolled Nurse Training Programme dedicated for the social welfare sector. So far, seven classes have been organised and about 88% of the graduates joined the social welfare sector. Among the 446 graduates of the first to fourth classes of the Training Programme, 108 were enrolled nurses (psychiatric).

13. We expect that 29 trainees will graduate from the training classes to become enrolled nurses (psychiatric) in 2012 and join the social welfare sector. SWD will organise three more training classes in the coming two years, providing a total of 330 training places, including 60 enrolled nurse (psychiatric) places.

14. Besides, individual tertiary institutions in Hong Kong and HA's nursing schools have been offering enrolled nurse and registered nurse training programmes. These training programmes will gradually increase the overall supply of nurses, which will alleviate the pressure on shortage of nurses in the social welfare sector including ICCMWs.

15. To increase the number of allied health staff, including psychiatric nurses and occupational therapists, to meet the requirements of the overall social service development, SWD has carried out a series of data collection and analysis on manpower resources, which include obtaining information from NGOs about their manpower requirements, making reference to other relevant surveys and views in the community, considering the manpower requirements arising from the planned new initiatives/projects of the Department, and provided the overall manpower projections to the University Grants Committee (UGC) through the Education Bureau for reference by various institutions in drawing up their

academic development proposals. UGC will consider the proposals and related funding requirements on a triennial basis.

### **Staff Training**

16. To enhance the capabilities of the staff of ICCMWs in handling cases relating to persons with mental health problems and to strengthen their collaboration with the case managers of HA, we will organise training programmes for these staff in the first quarter of 2011. In addition, a working group comprising representatives of HA, SWD and service operators has been set up under the Central Coordinating Group which is co-chaired by SWD and HA, to plan for a series of related training programmes for HA and ICCMW staff. The first meeting of the working group was held in January this year. It will continue to deliberate on the themes of the training programmes in 2011 and 2012 and organise related training courses.

### **Advice Sought**

17. Members are invited to note the content of this paper.

Social Welfare Department  
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