

**Motion on
“Formulating a comprehensive mental health policy”**

Progress Report

Background

At its meeting of 11 January 2012, the Legislative Council passed the motion on “Formulating a comprehensive mental health policy”, moved by Hon CHEUNG Kwok-che as amended by Hon Dr Hon Joseph LEE, Dr Hon PAN Pey-chyou, Hon Alan LEONG. The wording of the motion is at [Annex](#).

Progress

2. The Government is committed to the promotion of mental health policy. At present, the mental health policy has the following three directions: to adopt a multi-disciplinary approach to cater for the needs of persons with mental health problems in a holistic manner by enhancing cross-sectoral collaboration; to allow more patients who are suitable for discharge to receive treatment in the community and to facilitate their re-integration into the community by implementing community mental health services; and to prevent mental health problems by strengthening public education.

Enhancement of Collaboration

3. The mental health policy and provision of related service programmes involve a number of policy bureaux and government departments. The Food and Health Bureau (FHB) assumes the overall responsibility of coordination and works in close collaboration with the Labour and Welfare Bureau (LWB), Department of Health (DH), Hospital Authority (HA), Social Welfare Department (SWD) and other relevant government departments.

4. On the level of policy formulation, the Secretary for Food and Health chairs the Working Group of Mental Health Services (the Working Group), which comprises academics, relevant professionals and service providers as members. The Working Group keeps the mental health policy and services under review and makes recommendation for adjustment and enhancement having regard to changes in social circumstances and service needs as necessary. In 2010, HA, after consultation with the Working Group, published the “Mental Health Service Plan for Adults 2010-2015”, which identified strategies and priority services to address service needs of the next five years and advised the future service models to enhance the quality and outcome of mental health services. Making reference to the experience in implementing the Service Pan for Adults, we plan to explore the possibility of formulating similar Service Plans targeted at mental health patients of other age groups, for example, elderly and children and adolescents. We would also put forward the LegCo motion to the Working Group for further study and for consideration of further measures to better address the needs of mental health patients.

5. On the level of service implementation, a Central Co-ordinating Group co-chaired by SWD and HA and comprising representatives of the medical and social welfare sectors was formed in early 2010 to monitor the implementation of the service of Integrated Community Centres for Mental Wellness (ICCMWs) and the Case Management Programme, and to review cross-sectoral collaboration amongst stakeholders on community mental health services. To enhance service collaboration at district level, District Task Groups on Community Mental Health Support Services (DTGs) were set up in 2010 across the territory to develop strategies and resolve district-based operational. These DTGs are co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD, and comprise representatives of ICCMW operators and relevant government departments, such as Housing Department and the Police. In addition, to enhance the capability of case managers and ICCMW staff to serve mental patients and to strengthen cross-sectoral collaboration for service delivery, a Task Group comprising representatives of HA, SWD and ICCMW operators has been formed to organise structured training programmes for case managers and ICCMW service personnel. A series of induction seminars was conducted in February 2011, March 2011 and March 2012. Training programmes on topics such as clinical and social assessment, and case sharing on crisis intervention are organised at district level for different stakeholders as appropriate.

Community Mental Health Services

6. In line with the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, and to allow the early discharge of mental patients when their conditions are stabilised for treatment in the community, the Government has strengthened its community psychiatric services. Such service include the Case Management Programme and ICCMWs under which suitable patients are discharged for receiving treatment and rehabilitation services in the community, so as to facilitate them to re-integrate into the community and start a new life as early as possible.

7. Since April 2010, HA has launched a Case Management Programme in three districts (Kwai Tsing, Kwun Tong and Yuen Long) for patients with severe mental illness. The case managers under the programme work closely with various service providers, particularly the ICCMWs set up by SWD, in providing intensive, continuous and personalised support to target patients. Further to the extension of the programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai) in 2011-12, HA will extend the Case Management Programme to four additional districts in 2012-13 to support patients in Kowloon City, Southern, Central & Western and Islands districts. It is estimated that an additional 40 case managers including nurses and allied health professionals will be recruited to provide community support for about 1 900 more patients. Ongoing recruitment exercise is in progress to further enhance the workforce for the programme. While it is HA's plan to extend the Case Management Programme to cover all districts in the coming years, HA needs to take in account the supply of healthcare and allied health personnel with experience in community mental health services who will be capable in performing the duties of case managers in deciding on the actual timing of further extension of the Programme. HA will

continue its endeavours to review the effectiveness and manpower situation of the Case Management Programme.

8. Through consolidating existing resources and an additional provision, SWD allocated a total of \$135 million to revamp the mental health community support services and set up 24 ICCMWs across the territory in October 2010 to provide comprehensive, district-based and one-stop community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems, their families / carers and residents living in the district. Currently, among the 24 ICCMWs, six are operating in permanent accommodation; seven have secured suitable premises and two have identified premises and will conduct local consultation later this year. We will continue to identify suitable premises for the remaining nine ICCMWs. Pending the availability of permanent accommodation, the operators of other ICCMWs will make use of suitable premises of their organisations or rent suitable commercial sites as temporary service points. Up to now, SWD has already approved four applications for setting up ICCMW at commercial premises and provided rent subsidy in setting up these temporary service points.

9. During the period from the commencement of service in October 2010 to December 2011, the 24 ICCMWs had served about 16 400 ex-mentally ill persons and persons suspected to have mental health problems. In 2011-12 and 2012-13, the ICCMWs are allocated with additional provisions totalling \$48 million to strengthen their manpower with a view to providing comprehensive and accessible services for more persons in need, and dovetailing with the aforementioned Case Management Programme implemented by HA to provide support for persons with severe mental illness living in the community. The total amount of resources allocated for ICCMWs will be over \$180 million in 2012-13.

Public Education

10. As one of the preventive measures, the Government is committed to promoting mental health, including early intervention of mental health problems, amongst members of the public. HA has launched the “Child and Adolescent Mental Health Community Support Project” to promote mental health among youngsters and their parents through the schools and community youth centres while the DH has included mental health in its public health education programme. As at the end of December 2011, about 17 000 members of the public participated in 125 such public education activities organised by HA and about 166 000 participated in those by DH. In the future, HA and DH will continue its effort in public education and promotion of mental wellness with in order to eliminate stigma and strengthen understanding of mental illness in the community.

11. In tandem, LWB, in collaboration with more than 20 government departments, public organisations, NGOs and the media, has been organising annually the “Mental Health Month” since 1995, whereby territory-wide and district-based publicity campaigns, such as television and radio programmes, announcements in the Public Interest, newspaper supplements and publicity programmes targeting residents in the community, are launched to

promote public understanding on mental health and acceptance of persons recovering from mental illness. In addition, LWB has substantially increased the allocation for the relevant public education activities from around \$2 million to about \$13 million annually since 2009-10 to reinforce efforts in promoting the spirit and core values enshrined in the United Nations Convention on the Rights of Persons with Disabilities. Themes of these public education activities include promotion of mental health and full integration of persons recovering from mental illness into the community. In 2011-12, with sponsorship from LWB, 11 such public education campaigns were organised by NGOs and public organisations to promote the general awareness of mental health and community support for persons recovering from mental illness. A total of about 29 600 members of the public participated in the promotion activities of the Mental Health Month and the aforementioned publicity campaigns in 2011-12.

12. As at the end of December 2011, about 2 700 community mental health education activities with 171 000 participants had been launched through the ICCMWs to enhance the community's awareness of mental health. ICCMWs will continue to organise public education activities in their serving districts to enhance community understanding of mental health.

Food and Health Bureau
Labour and Welfare Bureau
May 2012

**Motion on
“Formulating a comprehensive mental health policy”
moved by Hon CHEUNG Kwok-che
at the Council meeting of 11 January 2012**

Motion as amended by Dr Hon Joseph LEE, Dr Hon PAN Pey-chyou and Hon Alan LEONG

That the Government has long neglected the importance of formulating a sound mental health policy, Hong Kong people have persistently faced high rentals, high inflation, long working hours and the absence of retirement protection in their lives, and the Government has also failed to put in place a comprehensive safety net, create a fair competition environment, and provide Hong Kong people with sufficient and affordable homes, thus causing people's livelihood pressure to increase; besides, Hong Kong people's happiness index has long remained on the low side, and the symptoms of mental illnesses such as depression and anxiety are prevalent; government departments and organizations which are currently providing drug treatment and counselling services for people with mental illness and people recovering from mental illness follow different policies, and policy bureaux and administrative departments all adopt an indifferent attitude; hence, it is necessary to conduct a comprehensive review of the existing policies and various services; in this connection, this Council urges the Government to formulate a comprehensive mental health policy, strengthen preventive and remedial services, improve the relevant policies on labour, land, healthcare, welfare and education, etc., including reviewing the existing psychiatric services provided by the Hospital Authority and non-profit-making organizations to ensure effective resource allocation between the two, while enhancing service quality and efficiency; comprehensively assessing the demand for healthcare manpower and appropriately increasing the number of healthcare personnel to ensure that the manpower is sufficient to cope with the demand of community mental rehabilitation programmes; and at the same time stepping up the work of mental health education and organizing talks in the community to enable the public to better understand the concept of mental health, with a view to preventing, addressing and identifying at an early stage various types of mental illness as well as building a care-based community, so as to improve Hong Kong people's living environment and mental health quality, reduce their chance of contracting mental illnesses, assist people with mental illness to recover and reintegrate into society, and promote all social sectors to accept people recovering from mental illness to integrate into society; this Council also urges the Government to:

- (a) formulate a long-term mental health policy, so as to set a clear direction for the prevention, early detection, treatment, rehabilitation, long-term care and public education of mental illness;
- (b) allocate more resources to train and recruit professionals and ancillary personnel engaging in the prevention of mental illness and rehabilitation services, and provide adequate land for developing community treatment and rehabilitation service facilities;
- (c) clearly position psychiatric services in the public sector so that resources are effectively utilized to treat people whose mental illness is more severe, and resolve

the problems in the distribution of resources and facilities among the clusters so as to enhance effectiveness of the services;

- (d) 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 serious cases to psychiatric units for follow-up;
- (e) allocate more resources for mental illness treatment, particularly for psychological treatment and more advanced drugs, so that people with mental illness can receive the most suitable treatment for their illness;
- (f) further develop the community medical and rehabilitation services to cater for the needs of people with mental illness and people recovering from mental illness, expand long-term case management, re-introduce evening consultation services, increase community rehabilitation facilities, and reinforce the collaboration of various types of services,
- (g) with a view to assisting people with mental illness, people recovering from mental illness and their families in coping with the various difficulties in daily life; and
- (h) encourage the private and public sectors to employ people with disabilities including people recovering from mental illness, encourage the participation of the private sector by means of tax concession, etc., pro-actively promote public education and volunteer work on mental health and eliminate discrimination in the community;
- (i) increase resources for various psychiatric specialist services, including child psychiatric service and psychogeriatric service, in order to meet the increasing demand for psychiatric specialist services, such as specific learning disabilities and dementia, etc.;
- (j) expeditiously perfect and establish Integrated Community Centres for Mental Wellness in the 18 districts and strengthen the manpower of such centres, so as to enhance the community support and care for people recovering from mental illness, carers or people in the communities;
- (k) increase the manpower and training of relevant personnel such as psychiatric community nurses and social workers, etc., so as to reduce discharged patients' chances of relapse; and
- (l) regularly conduct studies on the mental health situation and policies in Hong Kong, and adopt corresponding measures to upgrade Hong Kong's mental health services.