

**立法會**  
**Legislative Council**

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LC Paper No. CB(2)2663/11-12  
(These minutes have been seen  
by the Administration)

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

**Minutes of joint meeting  
held on Saturday, 31 March 2012, at 9:00 am  
in Conference Room 2 of the Legislative Council Complex**

**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
- Hon Fred LI Wah-ming, SBS, JP
- Hon Andrew CHENG Kar-foo
- \* Hon LI Fung-ying, SBS, JP
- Hon Audrey EU Yuet-mee, SC, JP
- Hon CHEUNG Hok-ming, GBS, JP
- Hon WONG Ting-kwong, BBS, JP
- Hon CHAN Kin-por, JP
- # Hon CHEUNG Kwok-che
- \* Dr Hon PAN Pey-chyou
- \* Dr Hon Samson TAM Wai-ho, JP
- \* Hon Alan LEONG Kah-kit, SC

**Panel on Welfare Services**

Hon WONG Sing-chi (Deputy Chairman)  
Hon LEUNG Yiu-chung  
Hon TAM Yiu-chung, GBS, JP  
Hon Paul CHAN Mo-po, MH, JP  
Hon LEUNG Kwok-hung

(# Also Chairman of the Panel on Welfare Services)

(\* Also members of the Panel on Welfare Services)

**Members  
absent** : Panel on Health Services

Hon CHEUNG Man-kwong  
Hon Vincent FANG Kang, SBS, JP  
Prof Hon Patrick LAU Sau-shing, SBS, JP  
Hon Cyd HO Sau-lan  
Hon CHAN Hak-kan  
Hon IP Kwok-him, GBS, JP

Panel on Welfare Services

Hon LEE Cheuk-yan  
Hon CHAN Kam-lam, SBS, JP  
Hon Frederick FUNG Kin-kee, SBS, JP  
Hon Ronny TONG Ka-wah, SC  
Hon WONG Kwok-kin, BBS  
Hon IP Wai-ming, MH

**Public Officers** : Item II  
**attending**

Miss Janice TSE Siu-wa, JP  
Deputy Secretary for Food and Health (Health)1  
Food and Health Bureau

Ms Angela LEE  
Principal Assistant Secretary for Food and Health (Health)2  
Food and Health Bureau

Mr Stephen SUI  
Commissioner for Rehabilitation  
Labour and Welfare Bureau

Mrs Cecilia YUEN  
Assistant Director (Rehabilitation & Medical Social Services)  
Social Welfare Department

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

**Attendance  
by invitation** : Item II

Hong Kong Chinese Civil Servants' Association,  
Social Work Officer Grade Branch

Mr Sam LEUNG Kin-hung  
Chairman

Baptist Oi Kwan Social Service

Ms CHAN Sau-kam  
Senior Service Coordinator

New Life Psychiatric Rehabilitation Association

Ms LO Tak-ming  
Professional Service Manager

Labour and Welfare Group of Democratic Party

Mr TIK Chi-yuen  
Convenor

Caritas Hong Kong

Mr Stephen WONG  
Superintendent

Tung Wah Group of Hospitals Wong Chuk Hang Complex

Miss Eppie WAN  
Senior Supervisor

Equal Opportunities Commission

Dr Ferrick CHU Chung-man  
Head, Policy & Research

Civic Party

Mr CHOI Ka-ho  
Member of Health and Well Being Policy Branch

Richmond Fellowship of Hong Kong

Ms Anita POON Hung-yin  
Service Supervisor

Mental Health Rights Concern Group

Miss PANG Ching-nam  
Committee Member

Society for Community Organization

Miss YUEN Shuk-Yan  
Community Organizer

Concord Mutual-Aid Club Alliance

Mr Johnny LI Chi-on  
Vice-Chairman

精神病康復者同路人小組

Mr CHAN Kwok-shing  
Member

Amity Mutual-Support Society

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

Alliance of Ex-mentally Ill of Hong Kong

Mr WONG Man-lip  
Executive Member

Christian Oi Hip Fellowship Limited

Mr LEUNG Mung-hung  
Executive Officer

Hong Kong FamilyLink Mental Health Advocacy Association

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Mr Mico CHOW Man-cheung  
Vice-Chairman of Executive Committee

Mr LEUNG Kim-pong

Alliance on Advocating Mental Health Policy

Mr PANG hung-cheong  
Representative

The Hong Kong College of Mental Health Nursing Ltd.

Mr Frederick YEUNG Kin-keung  
Vice-Chairman

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

**Staff in attendance** : Ms Maisie LAM  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Ms Sandy HAU  
Legislative Assistant (2) 5

Miss Liza LAM  
Clerical 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. Dr Joseph LEE, Mr Albert HO and Ms LI Fung-ying 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. Community mental health services**

(LC Paper Nos. CB(2)1523/11-12(01) to (07), CB(2)1577/11-12(01) to (05) and CB(2)1594/11-12(01) to (04))

Views of deputations

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2. At the invitation of the Chairman, the following deputations presented their views on community mental health services -

- (a) Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch;
- (b) Baptist Oi Kwan Social Service;
- (c) New Life Psychiatric Rehabilitation Association;
- (d) Labour and Welfare Group of Democratic Party;
- (e) Caritas Hong Kong;
- (f) Tung Wah Group of Hospitals Wong Chuk Hang Complex;
- (g) Equal Opportunities Commission;
- (h) Civic Party;
- (i) Richmond Fellowship of Hong Kong;
- (j) Mental Health Rights Concern Group;
- (k) Society for Community Organization;
- (l) Concord Mutual-Aid Club Alliance;
- (m) 精神病康復者同路人小組;
- (n) Amity Mutual-Support Society;
- (o) Alliance of Ex-mentally Ill of Hong Kong;
- (p) Christian Oi Hip Fellowship Limited;
- (q) Hong Kong FamilyLink Mental Health Advocacy Association;
- (r) Mr LEUNG Kim-pong;
- (s) Alliance on Advocating Mental Health Policy; and
- (t) The Hong Kong College of Mental Health Nursing Ltd.

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3. Members also noted the written submission from the Concern Group on Mental Rehabilitation Services of the Hong Kong Social Workers' General Union and the joint submission from Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service. A summary of the views of deputations is in the **Appendix**.

The Administration's responses

4. Deputy Secretary for Food and Health (Health)1 ("DSFH(H)1") thanked the deputations for presenting their views on community mental health services and made the following response -

- (a) the Administration attached great importance to the promotion of mental health through a comprehensive range of mental health services, including prevention, early identification, medical treatment and rehabilitation services. In the past five years, the funding allocation by the Government on mental health services was increased by about 30%, from \$3.39 billion in 2007-2008 to \$4.52 billion in 2011-2012;
- (b) the Hospital Authority ("HA") had in recent years rolled out various initiatives to enhance the community support services for mental patients. These included, among others, the introduction of the Case Management Programme for the provision of intensive and personalized community support to patients with severe mental illness; the launch of the Integrated Mental Health Programme to facilitate the treating of patients with mild mental illness in the primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams; and the expansion of the coverage of the Early Assessment and Detection of Young Persons with Psychosis Programme to include adults as well as to extend the duration of intensive care from the first two to the first three critical years of illness. HA had also set up Crisis Intervention Teams to strengthen its support for very high-risk patients and its capacity to provide rapid and prompt response to emergency referrals in the community. In addition, the coverage of its psychogeriatric outreach service for the elderly had been enhanced to include the medium and large-sized residential care homes for the elderly. This apart, HA had expanded the professional teams comprising healthcare practitioners in various disciplines to provide early identification, assessment and treatment services for children suffering from autism and hyperactivity disorder;

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- (c) the plan of HA was to recruit about 300 case managers under the Case Management Programme. So far, 138 case managers had been recruited. Ongoing recruitment exercise was in progress to further enhance the workforce for the Programme;
- (d) among the 24 Integrated Community Centres for Mental Wellness ("ICCMWs") set up by the Social Welfare Department ("SWD") in 2010 to provide comprehensive, district-based and one-stop community support services for discharged mental patients, persons with suspected mental health problems, their families/carers and residents living in the district, 15 had identified accommodation. While the Administration had encountered various difficulties, such as opposition from local residents, in the process of identifying and securing suitable premises for the remaining nine ICCMWs, efforts would continuously be made to proactively identify and secure suitable premises for these ICCMWs;
- (e) to enhance service collaboration at the district level, District Task Groups on Community Mental Health Support Services ("DTGs"), which were co-chaired by the respective cluster representatives of psychiatric services of HA and District Social Welfare Officers of SWD and comprised representatives of ICCMW operators and relevant government departments, had been set up across the territory in 2010 to develop strategies and resolve operational issues in respective districts;
- (f) HA had taken measures over the years to increase the use of new psychiatric drugs with less disabling side effects. In 2012-2013, HA would further expand the provision of new psychiatric drugs including newer anti-depression, anti-dementia drugs and drugs for hyperactive disorders; and
- (g) the Administration was committed to promoting mental health among members of the public. For instance, HA had 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 Department of Health had included mental health in its public health education programme. In tandem, the Labour and Welfare Bureau, in collaboration with more than 20 government departments, public organizations, non-governmental organizations and the media, had been organizing annually the "Mental Health Month" since 1995.

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Discussion

*Long-term development on mental health services*

5. Ms LI Fung-ying criticized the Administration for its failure to provide a blueprint for the long-term development of mental health services which had resulted in various problems including service fragmentation, inadequate co-ordination and large service gaps. Mr CHEUNG Kwok-che expressed a similar view. Ms LI pointed out that the introduction of various initiatives in a piecemeal manner without the provision of the necessary infrastructure had caused tremendous pressure on the frontline workers and inconvenience to service users. A case in point was the lack of permanent accommodation for some ICCMWs.

6. Ms Audrey EU considered that the public expenditure on mental health services, which at present accounted for only 0.22% of the Gross Domestic Product of Hong Kong and was far less than that of overseas countries such as Australia and the United Kingdom, was inadequate to meet the needs of the community.

7. Mr LEUNG Yiu-chung was concerned about the lack of close collaboration among different government departments for service delivery in the absence of a long-term policy on mental health.

8. DSFH(H)1 responded that it was 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 stabilized for treatment in the community. The policy of the Government on mental health was to strengthen its community psychiatric services in line with this direction in an effort to allow more patients who were suitable for discharge to receive treatment in the community, so that they could re-integrate into the community and start a new life as early as possible. As regards the identification of permanent accommodation for the remaining nine ICCMWs, while the Administration had been active in identifying suitable ICCMW premises, objections from residents of the relevant districts during consultation had hindered progress in this regard.

9. Ms LI Fung-ying, Mr CHEUNG Kwok-che and Mr LEUNG Yiu-chung were not satisfied with the Administration's response. They asked whether the Administration would map out a long-term policy on mental health. Mr LEUNG asked whether consideration could be given to issuing a consultation document on comprehensive mental health policy for public consultation.

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10. DSFH(H)1 reiterated that mental health services would be developed along the direction of strengthening community psychiatric services. The Working Group of Mental Health Services ("the Working Group"), chaired by the Secretary for Food and Health and comprised academics and relevant professionals and service providers as members, would keep the mental health policy and services under review and make recommendations for adjustment and enhancement having regard to changes in social circumstances and service needs as necessary. DSFH(H)1 undertook to relay the suggestion of Mr LEUNG Yiu-chung to the Working Group for consideration.

11. Mr PANG hung-cheong of Alliance on Advocating Mental Health Policy considered that the Working Group should include in its review the issue of manpower planning for the provision of mental health services.

12. Dr Joseph LEE enquired whether the policy to focus on community and ambulatory services in the treatment of mental illness would be implemented at a slower pace in view of the lack of necessary infrastructure.

13. DSFH(H)1 replied in the negative, adding that suitable patients should be discharged for receiving treatment and rehabilitation services in the community as early as possible in order to facilitate their early re-integration into the community.

*Permanent accommodation for ICCMWs*

14. Mr CHEUNG Kwok-che considered that the development of mental health services should not be constrained by district opposition. Citing the setting up of ICCMWs in Kwun Tong and Sha Tin where residents had raised strong objection during consultation but later welcomed the service mode as an example, he urged the Administration to actively promote the successful experiences of existing ICCMWs during consultation with local communities, so as to enhance their acceptance of the set up of ICCMWs in the districts.

15. Assistant Director (Rehabilitation & Medical Social Services) of SWD ("AD(R&MSS), SWD") advised that when district consultation on ICCMW premises was conducted, visits to the first ICCMW in Tin Shui Wai by local residents and community concern groups might be arranged to facilitate better understanding of the effectiveness of the one-stop, district-based mode of service provision in the delivery of community support services for discharged mental patients, persons with suspected mental health problems and their family members or carers. Pending the

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availability of permanent accommodation, the operators of the nine ICCMWs without permanent accommodation could consider renting suitable commercial premises as temporary service points. SWD would consider funding the rental expenses so incurred.

*Healthcare manpower*

16. Ms Audrey EU was concerned about the high turnover of the healthcare professionals in HA in the past three years, which included 32 psychiatrists, 158 psychiatric nurses, 17 clinical psychologists and 52 occupational therapists.

17. Pointing out that there was indeed a net increase in the manpower of HA for the provision of mental health services in recent years, Dr PAN Pey-chyou considered that manpower mismatch and the lack of a development blueprint on mental health services were the underlying factors leading to the existing mental health services fallen short of meeting the needs of mentally ill persons.

18. Chief Manager (Integrated Care Programs), HA advised that with the gradual increase in the number of psychiatric nurse graduates, it was expected that the workforce for the Case Management Programme would be strengthened in 2012-2013. Besides facilitating early discharge and better community re-integration of psychiatric inpatients, HA would also enhance the therapeutic components in psychiatric inpatient admission wards in all seven clusters including the enhancement of nursing and allied health professionals. At present, for patients having their first appointment at HA's psychiatric specialist outpatient clinics, their consultation time would be around 45 minutes. For patients attending follow-up consultations, their consultation time would be more flexibly adjusted depending on their clinical conditions and was about 15 minutes on average. It was hoped that with the strengthening of healthcare manpower of HA in the coming years, the consultation time at the clinics could be extended.

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19. Dr Joseph LEE requested the Administration to provide after the meeting written information on the respective ratio of healthcare and allied health personnel to mentally-ill persons in the hospital and the community settings. DSFH(H)1 agreed.

*Promotion of mental health*

20. Ms Audrey EU was of the view that the Administration should step up its efforts in promoting public acceptance of ex-mentally ill persons, so as to eliminate the stigma and discrimination associated with mental illness,

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and thereby the barriers for developing community mental health services at the district level. The Administration should also take the lead to promote the employment of ex-mentally ill persons by, say, introducing a mandatory employment quota for ex-mentally ill persons in its tender documents. She sought the views of Dr Ferrick CHU of Equal Opportunities Commission on measures to promote community support for persons recovering from mental illness.

21. Dr Ferrick CHU of Equal Opportunities Commission opined that the formulation of a comprehensive and long-term policy on mental health would be instrumental in addressing the inadequacies of the existing mental health services, such as shortage of manpower and the lack of permanent accommodation for ICCMWs due to opposition from local residents. The engagement with the relevant stakeholders from different sectors during the policy formulation process for the purpose of consensus building on the direction for the development of mental health services would also enhance public awareness and understanding of mental health. While agreeing that promoting the employment of ex-mentally ill persons could help eliminate discrimination against these persons, Dr CHU pointed out that this pointed to the need for HA to increase the use of new psychiatric drugs with less disabling side effects.

*Support for family members and carers*

22. Holding the view that the support of family members and carers would be crucial to community rehabilitation of ex-mentally ill persons, Mr WONG Ting-kwong sought elaboration from Mr Mico CHOW of Hong Kong FamilyLink Mental Health Advocacy Association on the support required by family members or carers of mentally ill patients.

23. Mr Mico CHOW of Hong Kong FamilyLink Mental Health Advocacy Association remarked that more training programmes and educational courses should be provided to family members and carers of ex-mentally ill persons to educate them on how to take care of persons with mental health problems living in the community and identify signs of relapse of mental illness, and strengthen their crisis management capacities. Consideration could also be given to providing financial support to carers who, in most cases, had to work part-time or even stay at home in order to take care of the mentally ill persons.

24. AD(R&MSS), SWD responded that family members or carers of discharged mental patients or persons with suspected mental health problems were the service target groups of the 24 ICCMWs across the territory. In addition, there were a number of subvented information /

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resource centres operated by non-governmental organizations providing support for family members or carers for persons with disabilities, including those suffering from mental illness.

Way forward

25. To enable more focused discussion, Mr CHEUNG Kwok-che considered that there was a need for the Panel on Health Services and the Panel on Welfare Services to appoint a joint subcommittee in the fifth term of the Legislative Council to follow up the discussion with the Administration on mental health services. The Chairman advised that the Panel could consider the issue in the next legislative session.

**III. Any other business**

26. There being no other business, the meeting ended at 11:07 am.

Council Business Division 2  
Legislative Council Secretariat  
7 August 2012

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

**Joint meeting on Saturday, 31 March 2012  
on community mental health services**

**Summary of views and concerns expressed by deputations/individuals**

<b>Organization / Individual</b>	<b>Major views and concerns</b>
<b>Mental health policy</b>	
<ul style="list-style-type: none"><li>• Alliance on Advocating Mental Health Policy</li><li>• Caritas Hong Kong</li><li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li><li>• Civic Party</li><li>• Equal Opportunities Commission</li><li>• The Hong Kong College of Mental Health Nursing Limited</li><li>• Hong Kong FamilyLink Mental Health Advocacy Association</li><li>• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service</li><li>• Labour and Welfare Group of Democratic Party</li></ul>	<ol style="list-style-type: none"><li>1. The deputations urge the Administration to formulate a comprehensive long-term policy on mental health services and engage key stakeholders during the policy formulation process. Some deputations propose the establishment of a dedicated body, such as a mental health bureau, to oversee the mental health policy and co-ordinate the provision of mental health services. There is also a suggestion of allocating specific funding for the provision of mental health services.</li><li>2. In formulating the mental health policy, some deputations consider it important to have long-term manpower planning in order to ensure an adequate supply of healthcare professionals and social workers.</li></ol>

<b>Organization / Individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>• Equal Opportunities Commission</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputation suggests the setting up of a comprehensive mental health information system for collecting data on the prevalence of most psychological disorders and mental illness in the community, so as to facilitate the formulation of mental health policy by the Government.</li> </ol>
<ul style="list-style-type: none"> <li>• Civic Party</li> <li>• Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch</li> <li>• Labour and Welfare Group of Democratic Party</li> </ul>	<ol style="list-style-type: none"> <li>1. While noting the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, the deputations consider the current provision of psychiatric beds at public hospitals insufficient to meet the service demand. In the absence of thorough planning, the reduction in the number of psychiatric beds would increase the demand for the community mental health services, resulting in longer waiting time for places in halfway houses for the discharged mental patients.</li> <li>2. There is a view that the Administration should increase the number of places in halfway houses.</li> </ol>
<b>Integrated Community Centres for Mental Wellness</b>	
<ul style="list-style-type: none"> <li>• Christian Oi Hip Fellowship Limited</li> <li>• Civic Party</li> <li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li> <li>• Equal Opportunities Commission</li> <li>• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations express grave concern about the difficulties in identifying suitable permanent accommodation for the Integrated Community Centres for Mental Wellness ("ICCMWs"). Among 24 ICCMWs, only 15 have identified accommodation. Those ICCMWs operating at temporary offices are not convenient to service users. The deputations urge the Administration to step up its efforts in identifying suitable premises and adopt a proactive approach to address objections from the local community. They also ask the Administration to seek support from District Council members for setting up ICCMWs in the local districts.</li> </ol>

<b>Organization / Individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>• Labour and Welfare Group of Democratic Party</li> <li>• Mental Health Rights Concern Group</li> <li>• New Life Psychiatric Rehabilitation Association</li> <li>• Richmond Fellowship of Hong Kong</li> <li>• Society for Community Organization</li> </ul>	<p>2. Some deputations consider the subsidies provided by the Social Welfare Department ("SWD") to operators of ICCMWs at temporary service points inadequate, in particular if they have to run the service on commercial premises. They request the Administration to exercise flexibility and provide more financial support to operators of ICCMWs especially to those running the service on commercial premises.</p>
<ul style="list-style-type: none"> <li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li> <li>• Richmond Fellowship of Hong Kong</li> <li>• Society for Community Organization</li> </ul>	<p>1. The deputations express concern about the inadequate funding provided to ICCMWs and the heavy workload of social workers.</p>
<b>Case Management Programme</b>	
<ul style="list-style-type: none"> <li>• Christian Oi Hip Fellowship Limited</li> <li>• Civic Party</li> <li>• Labour and Welfare Group of Democratic Party</li> </ul>	<p>1. The deputations express concern about the slow implementation of the Case Management Programme and its inadequate manpower support. They also urge the Administration to extend the Programme to all 18 districts.</p>
<b>Mental health services for the different targets groups</b>	
<ul style="list-style-type: none"> <li>• Baptist Oi Kwan Social Service</li> <li>• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service</li> </ul>	<p>1. Pointing out that the community mental health services for the adolescents are far from adequate, the deputations urge the Administration to allocate more resources to strengthen the services, in respect of education and employment, for the adolescents with mental illness in order to help them re-integrate into the community.</p>

<b>Organization / Individual</b>	<b>Major views and concerns</b>
<ul style="list-style-type: none"> <li>• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service</li> <li>• Tung Wah Group of Hospitals Wong Chuk Hang Complex</li> </ul>	<ol style="list-style-type: none"> <li>1. Pointing out the increasing demand for mental health services from the elderly living in the residential care homes for the elderly and the Long Stay Care Homes, the deputations call on the Administration to allocate more resources to strengthen the psychogeriatric outreach service.</li> </ol>
<ul style="list-style-type: none"> <li>• Caritas Hong Kong</li> <li>• Equal Opportunities Commission</li> <li>• Hong Kong FamilyLink Mental Health Advocacy Association</li> <li>• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service</li> </ul>	<ol style="list-style-type: none"> <li>1. Holding the view that family support is vital in the recovery of mental patients, the deputations consider that the Administration should provide more training and support services to families and carers of mental patients in order to enhance their understanding on mental health illness and assist them in taking care of mental patients.</li> <li>2. There is also a suggestion of providing an allowance to carers of mental patients to help them address their financial needs.</li> </ol>
<ul style="list-style-type: none"> <li>• Alliance on Advocating Mental Health Policy</li> <li>• Concord Mutual-Aid Club Alliance</li> <li>• Equal Opportunities Commission</li> <li>• 精神病康復者同路人小組</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations call on the Administration to strengthen the aftercare services (such as services provided through ICCMWs) and community support to ex-mentally ill persons. To facilitate the integration of mentally ill and ex-mentally ill persons into the community, the deputations also request the Administration to provide more employment training to them.</li> </ol>
<ul style="list-style-type: none"> <li>• Mr LEUNG Kim-pong</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputation requests the Administration to provide a housing allowance and related assistance to meet the housing needs of mentally ill persons and ex-mentally ill persons.</li> </ol>

Organization / Individual	Major views and concerns
<b>Psychiatric drugs</b>	
<ul style="list-style-type: none"> <li>• Caritas Hong Kong</li> <li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li> <li>• Equal Opportunities Commission</li> <li>• Hong Kong FamilyLink Mental Health Advocacy Association</li> <li>• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service</li> <li>• Society for Community Organization</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations express grave concern about 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.</li> </ol>
<b>Psychiatric specialist out-patient services</b>	
<ul style="list-style-type: none"> <li>• Alliance of Ex-mentally Ill of Hong Kong</li> <li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li> <li>• Equal Opportunities Commission</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations call on the Administration to re-consider the provision of evening services at psychiatric specialist out-patient clinics in order to facilitate the attendance of medical consultations by those working mental patients or discharged mental patients.</li> </ol>
<ul style="list-style-type: none"> <li>• Alliance of Ex-mentally Ill of Hong Kong</li> <li>• Civic Party</li> <li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations urge the Administration to improve the waiting time for follow-up consultations and increase the consultation time at psychiatric specialist out-patient clinics to at least 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.</li> </ol>

Organization / Individual	Major views and concerns
<b>Public education</b>	
<ul style="list-style-type: none"> <li>• Alliance on Advocating Mental Health Policy</li> <li>• Christian Oi Hip Fellowship Limited</li> <li>• Civic Party</li> <li>• Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union</li> <li>• Equal Opportunities Commission</li> <li>• The Hong Kong College of Mental Health Nursing Limited</li> <li>• Hong Kong FamilyLink Mental Health Advocacy Association</li> <li>• Richmond Fellowship of Hong Kong</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputations call on the Administration, in collaboration with ICCMWs and mass media, 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 illness.</li> </ol>
<b>Others</b>	
<ul style="list-style-type: none"> <li>• Christian Oi Hip Fellowship Limited</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputation holds the view that the Administration should gauge the views of various stakeholders in drafting 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.</li> </ol>
<ul style="list-style-type: none"> <li>• Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch</li> </ul>	<ol style="list-style-type: none"> <li>1. The deputation considered that the new initiatives of community mental health services are introduced in the absence of sufficient manpower support, which in turn affects the effectiveness of services.</li> </ol>

<b>Organization / Individual</b>	<b>Major views and concerns</b>
	<p>2. Pointing out the heavy caseload of psychiatric medical social workers, the deputation suggests that consideration be given to recruiting social workers who are non-degree holders to handle the paper work and to provide support and assistance.</p>
<ul style="list-style-type: none"> <li>• Amity Mutual-Support Society</li> <li>• Christian Oi Hip Fellowship Limited</li> </ul>	<p>1. The deputations consider that the District Task Groups on Community Mental Health Support Services ("DTGs") should strengthen its role in enhancing service collaboration at the district level and improve co-ordination among different government departments (such as SWD, the Police and the Housing Department), HA and ICCMWs to ensure that persons with mental illness will be provided with coordinated and holistic services.</p> <p>2. There is a view that DTGs should include representatives of ex-mentally ill persons.</p>
<ul style="list-style-type: none"> <li>• Concord Mutual-Aid Club Alliance</li> <li>• 精神病康復者同路人小組</li> </ul>	<p>1. The deputations suggest that mental health patient groups should be invited to sit in the Working Group of Mental Health Services chaired by the Secretary for Food and Health to review and make recommendations on the mental health policy and services.</p>
<ul style="list-style-type: none"> <li>• 精神病康復者同路人小組</li> </ul>	<p>1. The deputation considers that the Administration should increase the financial support to mental health support groups.</p>

<b><u>Name of Organization / individual</u></b>	<b><u>Submission [LC Paper No.]</u></b>
Alliance on Advocating Mental Health Policy	LC Paper No. CB(2)1577/11-12(04)
Amity Mutual-Support Society	LC Paper No. CB(2)1594/11-12(03)
Caritas Hong Kong	LC Paper No. CB(2)1577/11-12(02)
Christian Oi Hip Fellowship Limited	LC Paper No. CB(2)1523/11-12(05)
Concern Group on Mental Rehabilitation Services, Hong Kong Social Workers' General Union	LC Paper No. CB(2)1523/11-12(07)
Concord Mutual-Aid Club Alliance	LC Paper No. CB(2)1594/11-12(01)
Equal Opportunities Commission	LC Paper No. CB(2)1523/11-12(03)
Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch	LC Paper No. CB(2)1577/11-12(01)
The Hong Kong College of Mental Health Nursing Ltd.	LC Paper No. CB(2)1594/11-12(04)
Hong Kong FamilyLink Mental Health Advocacy Association	LC Paper No. CB(2)1523/11-12(06)
Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service	LC Paper No. CB(2)1577/11-12(05)
Richmond Fellowship of Hong Kong	LC Paper No. CB(2)1523/11-12(04)
精神病康復者同路人小組	LC Paper No. CB(2)1594/11-12(02)

**Name of Organization / individual**

Mr LEUNG Kim-pong

**Submission [LC Paper No.]**

LC Paper No. CB(2)1577/11-12(03)

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