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Panel on Health Services and Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the joint meeting on 31 March 2012**

Community mental health services

Purpose

This paper summarizes the concerns of members of the Panel on Health Services ("the HS Panel") and the Panel on Welfare Services ("the WS Panel") on issues relating to the community mental health services.

Background

2. The Food and Health Bureau assumes the overall responsibility for co-ordinating mental health policies and service programmes through working closely with the Labour and Welfare Bureau, Department of Health, Hospital Authority ("HA"), Social Welfare Department ("SWD") and other relevant government departments. HA is currently providing a spectrum of medical services for mental patients, including in-patient, out-patient, medical rehabilitation and community support services, through a multi-disciplinary approach that involves professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. In line with the international trend to focus on community and ambulatory services in the treatment of mental illness, HA has in recent years implemented new initiatives to enhance its community support services for mental patients to facilitate their recovery and re-integration into the community. These new initiatives include launching a case management programme to provide intensive, continuous and personalized support to persons with severe mental illness; setting up crisis intervention teams to provide intensive case management to very high risk mental patients and prompt response to

emergency referrals in the community; and enhancing psychogeriatric outreach services to provide consultation to elderly people with mental health problems residing in residential care homes for the elderly.

Deliberations of the Panels

3. Both the HS Panel and the WS Panel held a number of meetings between 2007 and 2011 to discuss issues relating to mental health services, and received the views of deputations at two joint meetings. The deliberations and concerns of members on issues relating to community mental health services are summarized below.

Community psychiatric services of HA

4. Noting that the international trend was to focus on community and ambulatory services in the treatment of mental illness so as to enhance patients' prospects of re-integration into the community after rehabilitation, members urged the Administration to allocate more resources to HA in order to enhance community psychiatric services.

5. The Administration advised that a number of new programmes and initiatives had been launched to enhance community psychiatric services, such as the Extended Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone Project, the Early Assessment and Detection of Young Persons with Psychosis ("EASY") Programme and the Case Management Programme. More resources would be allocated by the Administration to enhance the support services for mental patients in community settings. Primary healthcare service providers might also be engaged in the future to facilitate early detection and early intervention of mental health problems.

6. Referring to a tragic incident which occurred on 8 May 2010 in Kwai Shing East Estate involving a mental patient and which left two dead and three seriously injured, some members called on the Administration and HA to implement additional measures to better detect signs of relapse of mental illness in discharged mentally ill persons. The HS Panel also passed a motion at its meeting on 11 May 2010 urging the Administration to set up an independent committee to investigate the causes of the Kwai Shing East Estate incident so as to prevent similar incidents from recurring.

7. The Administration advised that apart from healthcare professionals who would be required to step up the monitoring of progress of recovery of the discharged mentally ill patients, efforts would be enhanced to encourage persons who had close/regular contact with the patients, such as families/carers, neighbours and social workers, to report to the case managers when the patients

showed signs of relapse so that prompt assessment and treatment could be made, including compulsory admission to hospitals if necessary.

8. The Administration further advised that HA would set up a Review Committee to review its management and follow-up of mental patients, including the liaison with other service providers with reference to the incident in Kwai Shing East Estate.

9. At the meeting of the HS Panel on 14 March 2011, members were briefed that the Review Committee had submitted a report to the Food and Health Bureau and HA in August 2010. HA would follow up on the key recommendations made by the Review Committee including intensive follow-up on high-risk mental patients using a case management approach; enhancing education and information to family members of mental patients on skills in detecting symptoms of deterioration; and improving communication among relevant departments and parties.

10. According to the Administration, the Case Management Programme was a key initiative to enhance the community mental health services. Under the Case Management Programme, case managers would establish a close service relationship with the targeted patients and arrange for the delivery of appropriate services based on patients' needs, 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. HA would extend the Programme in 2011-2012 and implement it in eight districts. To strengthen the support for very high-risk patients with severe mental illness and provide rapid outreach service for mental patients requiring urgent attention under crisis situation, HA would also set up Crisis Intervention Teams in all the seven clusters in 2011-2012.

Communication among HA and relevant government departments

11. Concern was raised as to how HA doctors could forge closer collaboration with other service providers in the districts in providing support services for persons with mental health problems. Members urged the Administration to improve communication among different government departments to enable timely intervention for patients having signs of relapse of mental illness. There were cases where the Police and the Housing Department took no follow-up actions upon receipt of reports of persons behaving in an unusual way or having symptoms of mental health problems.

12. HA advised that at the cluster level, service personnel of HA hospitals and service providers in the districts maintained close communication and collaboration regarding the operation and provision of care and support services for persons with mental health problems. At the central co-ordination level, the

HA Head Office and SWD Headquarters as well as non-governmental organizations ("NGOs") would regularly discuss the interface of their service strategies through established channels.

13. The Administration further advised that with an additional recurrent funding of \$70 million in 2010-2011, SWD would expand the service model of the Integrated Community Centres for Mental Wellness ("ICCMWs") across the territory and strengthen the manpower of these centres to provide one-stop services to discharged mental patients, persons with suspected mental health problems, their families/carers, and residents in the district. A district-based platform (District Task Group on Community Mental Health Support Services), co-chaired by the District Social Welfare Officer and the Chief of Service of Psychiatry of the hospital cluster concerned and comprising representatives of NGOs and other relevant parties, such as the Housing Department and the Police, would be set up to enhance cross-sectoral cooperation and collaboration to support the discharged mentally ill patients at the district level.

Integrated Community Centres for Mental Wellness

14. While expressing support for the expansion of the integrated service model of ICCMWs to all the 18 districts in 2010-2011, members were concerned about the difficulties encountered by ICCMWs, such as the lack of permanent accommodation, opposition from local residents and shortage of manpower. Members expressed grave concern about the implementation plan for expanding the services across the territory.

15. The Administration advised that there were currently 24 ICCMW service points operated by NGOs across the territory. Nine ICCMWs had secured permanent accommodation and six of them were in operation. SWD had reserved another six sites for the purpose, and was undertaking the necessary preparatory work which included consultation with the local communities.

16. The Administration further advised that for some ICCMWs which had no permanent premises in their service areas for the time being, the operators would provide services through existing facilities and networks, such as schools and welfare services units, in their respective districts. As an interim measure, SWD would consider supporting NGOs to set up ICCMWs on commercial premises and providing rental support (capped at the standard provision for a full-scale set of welfare premises in the public sector at \$45 per square metre) to ICCMW operators. As at August 2011, SWD had approved three applications, and two of which had already entered into tenancy agreement with the landlords. The Administration assured members that it would continue to make active efforts in identifying suitable premises for the remaining ICCMW premises.

Support for carers of mental patients

17. Members sought information as to whether HA would consider providing structured training and timely support to carers of mental patients who had profound effect on mental patients. HA advised that family members/carers of patients were one of the HA's service target groups and training would be provided to strengthen their capacities in taking care of persons with mental illness. Family members/carers in emergency needs could also contact the case managers concerned direct for urgent medical consultation under the Case Management Programme.

18. Considering the indispensable role of psychiatric social workers in supporting mental patients in community settings, members expressed concern about the allocation of sufficient resources to SWD for enhancing the support services for mental patients in community settings. The Administration advised that an additional full year funding of about \$16 million would be allocated in 2011-2012 to provide 31 additional psychiatric medical social workers to dovetail with HA's initiatives for ex-mentally ill patients and services for autistic children and their families.

Introduction of statutory community treatment orders

19. Some members urged the Administration to expedite its feasibility study on statutory community treatment order to require discharged mentally ill patients who posed a threat to the community to accept medication and therapy, counselling, treatment and supervision. They urged the Administration to review the Mental Health Ordinance (Cap. 136) to empower medical superintendents to detain mentally ill patients in hospital to receive treatments in respect of their mental conditions.

Long-term development on mental health services

20. Members were of the view that the existing mental health services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to the lack of a comprehensive policy on mental health. They expressed disappointment at the Administration's failure to provide a blueprint for the long-term development of mental health services. They called on the Administration to engage the public in discussing the direction for the development of mental health services.

Latest developments

21. Subsequent to a tragic incident involving a homicide committed by a mental patient on 30 January 2012, Hon WONG Sing-chi raised a question at

the Council meeting of 15 February 2012 on the communication and co-ordination among the various government departments and organizations in following up cases of people with mental illness.

22. According to the Administration, apart from the collaboration initiated by HA and SWD to co-ordinate the service strategies at the level of service delivery, regular working group meetings were held at the district level to maintain liaison among representatives from HA, SWD, NGO operators of ICCMWs and other relevant government departments. When handling cases involving mental patients, various departments would hold case conferences to formulate rehabilitation plans for the patients. In the Administration's view, the existing inter-departmental communication mechanism functioned effectively.

Member's motion

23. A motion without legislative effect urging the Administration to formulate a comprehensive mental health policy was moved and passed with amendments at the Council meeting of 11 January 2012.

Relevant papers

24. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
27 March 2012

**Relevant papers on
Community mental health services**

| Committee | Date of meeting | Paper |
|--|-------------------------|--|
| Panel on Health Services | 22.11.2007 (Item I) | Agenda Minutes CB(2)/1937/07-08(04) |
| Panel on Health Services | 19.5.2008 (Item V) | Agenda Minutes |
| Panel on Health Services and Panel on Welfare Services | 30.9.2009 (Item II) | Agenda Minutes CB(2)1495/09-10(01) |
| Panel on Health Services | 11.5.2010 (Item IV) | Agenda Minutes CB(2)1736/09-10(01) |
| Panel on Health Services | 14.3.2011 (Item VII) | Agenda Minutes |
| Panel on Health Services and Panel on Welfare Services | 24.5.2011 (Item II) | Agenda Minutes |
| Legislative Council | 11.1.2012 | Motion moved by Hon CHEUNG Kwok-che on "Formulating a comprehensive mental health policy" Official Record of Proceedings (pages 186 to 259) |
| Legislative Council | 15.2.2012 | Official Record of Proceedings (Question 6) |