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Panel on Health Services

**Updated background brief prepared by the Legislative Council Secretariat
for the special meeting on 25 February 2013**

Mental health policy and service programmes

Purpose

This paper summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to the mental health policy and service programmes.

Background

2. The Government aims to promote mental health through a comprehensive range of mental health services, including prevention, early identification, medical treatment and rehabilitation services. The Food and Health Bureau assumes the overall responsibility for co-ordinating the various mental health 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.

3. 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 Panel

4. The Panel discussed issues relating to the mental health policy and service programmes at a number of meetings between 2007 and 2012, including two joint meetings with the Panel on Welfare Services, and received the views of deputations at four meetings. The deliberations and concerns of members are summarized below.

Long-term development on mental health services

5. 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. At the meeting of the Panel on 22 November 2007, a motion was passed urging the Administration to expeditiously come up with a comprehensive long-term mental health policy to address patients' needs and guide the development of mental health services in a coordinated, cost-effective and sustainable manner. During the subsequent meetings, members continued to express dissatisfaction with the Administration's failure to provide a blueprint for the long-term development of mental health services. They also expressed deep concern about the lack of close collaboration among the various government departments for service delivery. Some members also considered the public expenditure on mental health services inadequate to meet the needs of the community.

6. According to the Administration, the Working Group on Mental Health Services, chaired by the Secretary for Food and Health and comprised academics, relevant professionals and service providers as members, would keep

the mental health policy and services under review and make recommendations for enhancement having regard to changes in social circumstances and service needs as necessary. The Working Group had set up a Subgroup to conduct an in-depth study on the demand for mental health services and relevant policy measures. The Subgroup was supported by three Expert Groups to study the service needs of three different age groups (children and adolescents; adults; and elders). Another Focus Group on Community Treatment Order ("CTO") was set up in 2011 to study the experience of CTO in overseas jurisdictions and its applicability in the local context. Members were advised that the Working Group, the Subgroup, the Expert Groups and the Focus Group had met regularly to discuss various issues pertaining to the mental health policy and services, and they would keep in view the international trend, the needs of mental health services and the existing service provision and make recommendations with a view to further enhancing services for persons with mental illness.

Community psychiatric services of HA

7. 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.

8. 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 the community setting. Primary healthcare service providers might also be engaged in the future to facilitate early detection and early intervention of mental health problems.

9. 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 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.

10. 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.

11. Members noted that a Review Committee had been set up to review HA's management and follow-up of mental patients, including its liaison with other service providers with reference to the incident in Kwai Shing East Estate. At the meeting of the 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.

12. Members were further advised that 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 to 12 districts in 2012-2013. 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, Crisis Intervention Teams were set up in all the seven clusters in 2011-2012.

Communication among HA and relevant government departments

13. Members expressed concern about measures taken by HA to forge closer collaboration with other service providers in providing support services for

persons with mental health problems. They urged the Administration to improve communication among the various 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.

14. 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.

15. 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

16. 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.

17. According to the Administration, there were currently 24 ICCMW service points operated by NGOs across the territory. 15 ICCMWs had secured

permanent accommodation and six of them were in operation. The Administration would continue to identify suitable premises for the remaining nine ICCMWs. Pending the availability of permanent accommodation, the operators of these nine ICCMWs were using suitable premises of their organizations, local facilities, or renting suitable commercial premises as temporary service points. As at March 2012, SWD had approved four applications for renting commercial premises in setting up temporary service points.

18. Some members were of the view that the development of mental health services should not be constrained by district opposition. They urged the Administration to actively promote the successful experience of existing ICCMWs, so as to enhance the local acceptance of the set up of ICCMWs in the districts. The Administration advised that visits to the first ICCMW in Tin Shui Wai by local residents and community concern groups could 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.

Support for carers of mental patients

19. Holding the view that the support of family members and carers would be crucial to the community rehabilitation of ex-mentally ill persons, members considered that structured training and timely support should be provided to the carers of mental patients. The Administration advised that family members or carers of mental patients and discharged mental patients were the service target groups of HA and the 24 ICCMWs across the territory. There were a number of subvented information/resource centres operated by NGOs providing support for family members or carers for persons with disabilities, including those suffering from mental illness. Family members or carers in emergency needs could also contact the case managers concerned for urgent medical consultation under the Case Management Programme.

20. Considering the indispensable role of psychiatric social workers in supporting mental patients in the community setting, members expressed concern about the allocation of sufficient resources to SWD for enhancing the support services for mental patients in the community setting. 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

21. Some members urged the Administration to expedite its feasibility study on statutory CTO 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.

Healthcare manpower for mental health services

22. There was concern about the inadequacy of manpower of HA for mental health services. While some members were concerned about the high turnover of the healthcare professionals in HA in recent years, some other members pointed out that there was a net increase in the manpower of HA for the provision of mental health services over the same period. They considered that the manpower mismatch was one of the underlying factors leading to the existing mental health services fallen short of meeting the needs of mentally ill persons.

23. According to the Administration, with the gradual increase in the number of psychiatric nurse graduates, the workforce for the Case Management Programme would be strengthened in 2012-2013. HA would continue to monitor the manpower situation of healthcare professionals and make appropriate manpower planning and deployment in order to meet service needs.

Recent development

24. Hon Alice MAK raised a written question in relation to the mental health services at the Council meeting of 19 December 2012. According to the Administration's reply, as at the end of September 2012, HA employed a total of 195 healthcare and allied health personnel as case managers under the Case Management Programme for the provision of intensive and personalized community support to over 11 000 patients. Each case manager provided

community support to some 50 to 60 patients. HA would continue to recruit more case managers having regard to the operational needs and service demands. As regards assessment of the Programme, HA had commissioned the Department of Psychiatry of the University of Hong Kong to undertake a detailed study and analysis of the implementation and effectiveness of the Programme. The findings of the study were expected to be released in mid 2013.

25. In response to the concern over the manpower of HA's psychiatric nurses, the Administration advised that the turnover rate of psychiatric nurses was around 2% to 3% over the past three years. HA had made efforts to recruit psychiatric nurses in recent years and the number of psychiatric nurses recruited increased from 48 in 2009-2010 to 99 in 2011-2012. On the training front, there would be some 160 newly graduated psychiatric nurses each year. The Institute of Advanced Nursing Studies of HA would also run three to four psychiatric training courses each year, producing over 140 psychiatric nurses each year between 2012-2013 and 2015-2016. Ms MAK's question and the Administration's reply are in **Appendix I**.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
19 February 2013

Press Releases *19 December 2012*

LCQ14: Mental health services

Following is a question by the Hon Alice Mak and a written reply by the Secretary for Food and Health, Dr Ko Wing-man, in the Legislative Council today (December 19):

Question:

It has been learnt that several incidents in which persons suspected of suffering from mental illnesses wounded other people have happened recently. Although the Hospital Authority (HA) has, in recent years, allocated additional resources to strengthen mental health services and implemented the Case Management Programme for people with severe mental illness (the Programme) since 2010-2011, incidents involving mentally-ill persons wounding other people still happen, arousing public concern about whether community support provided by the authorities to the mentally-ill and the ex-mentally-ill remains inadequate. In this connection, will the Government inform this Council:

(a) whether the authorities have compiled statistics on the number of mentally-ill persons in the territory; whether they know, apart from some 187 000 mentally-ill persons currently receiving psychiatric specialist services provided under HA, the number of mentally-ill persons currently receiving treatment (including medical treatments and psychotherapy) in other medical institutions; of a breakdown of the current number of mentally-ill persons, by the type of mental illness and risk level, who have undergone risk assessment by HA's multi-disciplinary team of healthcare personnel and been considered suitable for discharge from hospital to continue to receive treatment and rehabilitation in the community;

(b) whether it knows, the number of mentally-ill persons currently waiting for HA's psychiatric out-patient services and their average waiting time; the respective numbers of psychiatrists, psychiatric nurses and psychiatric medical social workers currently employed by HA;

(c) whether it knows, the respective numbers of case managers and community nurses currently involved in implementing the aforesaid Programme, and the respective average numbers of mentally-ill persons followed up by each case manager and each community nurse; whether the authorities have assessed the effectiveness of the Programme; if they have, of the assessment results; if not, the reasons for that;

(d) whether it knows, the number of requests for help received by the 24-hour mental health hotline provided by HA to West Kowloon since the service was launched in January this year, and the number of persons who had been referred to receive psychiatric treatment; whether HA has plans to expand such service to cover other districts;

(e) given that the turnover of psychiatric nurses in public hospitals has been on the rise in the past five years, whether the authorities have plans to step up recruitment and training of psychiatric nurses so as to maintain service quality; if they have, of the details; if not, the reasons for that; and

(f) given that the authorities had indicated earlier that, at district level, the Social Welfare Department and HA maintained close liaison with other related government departments (including the Hong Kong Police Force and the Housing Department), whether the authorities have assessed the effectiveness of the existing inter-departmental communication mechanism established to provide support for mentally-ill persons; if they have, of the assessment results; if not, the reasons for that; of the measures taken by the authorities to further strengthen HA's cooperation with relevant government departments, so as to follow up mentally-ill persons' rehabilitation in the community more effectively?

Reply:

President,

The Government is committed to promoting mental health of the public, and will adjust the mode for delivery of mental health services having regard to social needs and international development. It is 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. Hence, in recent years the Government has strengthened its community psychiatric services in line with this direction in an effort to allow more patients who are suitable for discharge to receive treatment in the community, so that they can re-integrate into the community and start a new life as early as possible. The Government has increased the funding allocation for mental health services on a continuous basis. The actual expenditure in 2011-12 increased by about 30% when compared with that in 2007-08, with the total amount of expenditure for the past five years exceeding \$19 billion.

My reply to the various parts of the question is as follows:

(a) At present, about 187 000 patients with varying degree of mental health problems are receiving psychiatric specialist services provided by the Hospital Authority (HA). The more common types of mental disorders among the patients currently followed up by HA can be broadly classified in Annex.

To facilitate early identification and appropriate follow-up of mental patients with special needs, HA will, according to the clinical conditions of individual patients (including their medical history, existing mental conditions, whether there is adequate support for the patients in the community, etc), broadly categorise them into three types according to their risk level: (i) for patients assessed to be of higher risk, such as those with greater propensity to violence or record of severe criminal violence, HA will arrange community nurses or case managers with experience in community mental health service to follow up on their cases continuously, closely and in an intensive manner, including making arrangements for them to be admitted into hospital for treatment where necessary; (ii) for patients assessed to be of medium risk, e.g. those with general severe mental illness, their case managers will provide them with continuous and personalised support according to their clinical conditions so as to help them recover and re-integrate into the community when their conditions are stabilised; (iii) for those assessed to be of low risk, such as those with common mental disorders, attending doctors will provide them with suitable treatment, including providing them with vocational rehabilitation services, etc. according to their clinical needs. In addition, the multi-disciplinary teams of psychiatric

departments will review each case on a regular basis having regard to the needs of individual patients and their risk profiles, to ensure that the patients are given suitable and comprehensive support.

We do not have statistics on the number of mental patients receiving treatments or follow-ups within the private medical sector.

(b) As at the end of September 2012, the median waiting time for first appointment at psychiatric specialist out-patient clinics under HA is around seven weeks, and the number of persons waiting for treatment is about 13 000. At present, there are about 330 psychiatrists, 2 160 psychiatric nurses and 240 psychiatric medical social workers providing services for patients at psychiatric specialist out-patient clinics under HA.

(c) To enhance the community support services for mental patients, HA first launched a Case Management Programme in three districts (Kwun Tong, Kwai Tsing and Yuen Long) for patients with severe mental illness in April 2010. The case managers under the programme work closely with various service providers, particularly the Integrated Community Centre for Mental Wellness (ICCMWs) set up by the Social Welfare Department (SWD), in providing intensive, continuous and personalised support to patients with severe mental illness living in the community. Besides, case managers also provide support for the patients' families so as to help patients reintegrate into the community in all dimensions. By 2012-13, HA has progressively extended the Programme to a total of 12 districts (namely, Eastern, Wan Chai, Southern, Central and Western, Islands, Kwun Tong, Sham Shui Po, Kowloon City, Kwai Tsing, Sha Tin, Tuen Mun and Yuen Long) to benefit more patients. As at the end of September 2012, HA employed a total of 195 healthcare and allied health personnel with experience in community mental health services as case managers for the provision of intensive and personalised community support to over 11 000 patients living in these districts.

Currently, each case manager is providing community support to some 50 to 60 patients. The workload varies from one case manager to another, depending on factors such as patients' clinical conditions and degrees of risk, etc. HA will continue to recruit more case managers to further strengthen its manpower as well as deploying and adjusting its manpower flexibly having regard to the operational needs and service demands in order to meet the needs of various districts.

Regarding assessment of the Programme, HA has commissioned the Department of Psychiatry of the University of Hong Kong to undertake a detailed study and analysis of the implementation and effectiveness of the Case Management Programme. The findings of the study are expected to be released in mid 2013.

(d) The Mental Health 24-hour Hotline service has been in operation for more than 30 years with the whole local population as its service targets. Since January 2012, HA has further strengthened the service by deploying psychiatric nurses to provide telephone psychiatric support service to members of the public from various districts in the territory, and named the hotline as "Mental Health Hotline". As at the end of September 2012, the "Mental Health Hotline" handled a total of over 11 300 phone calls. Most of the users of the service were patients currently receiving psychiatric services provided by HA while the rest were family members of patients as well as members of the public.

(e) The turnover rate of HA's psychiatric nurses has remained stable at 2% - 3% over the past three years. In recent years, tremendous efforts have been made by HA to recruit psychiatric nurses. In the past three years, the number of psychiatric nurses recruited increased from 48 in 2009-10 to 99 in 2011-12.

On the training front, we anticipate that in the coming years, there will be some 160 newly graduated psychiatric nurses each year. The Institute of Advanced Nursing Studies of HA will run three to four psychiatric training courses each year and it is expected that these courses will on average produce over 140 psychiatric nurses each year between 2012-13 and 2015-16. Looking ahead, HA will continue its efforts to recruit and train more nurses to meet the service demand.

(f) As the mental health policy and provision of related service programmes involve a number of policy bureaux and government departments, the Food and Health Bureau assumes the overall responsibility of co-ordination and works in close collaboration with the Labour and Welfare Bureau, Department of Health, HA, SWD and other relevant government departments. The directions of our mental health policy is to adopt a multi-disciplinary and cross-sectoral team approach in delivering a comprehensive range of mental health services which are accessible by people in need on a continuous basis. We have also put in place a platform for communication and a mechanism for co-ordination at various levels to foster collaboration between the medical and social service sectors.

At the level of policy formulation, we have a Working Group on Mental Health Services chaired by the Secretary for Food and Health and comprised of stakeholders with relevant service experience from the medical, social service and other related sectors to assist in the formulation and review of our mental health policy and services.

At the level of service delivery, SWD Headquarters and HA Head Office have, since 2010, set up a Central Co-ordinating Group in collaboration with the non-governmental organisations operating ICCMW to discuss the co-ordination of the service strategies and explore more effective models of collaboration.

At district level, District Social Welfare Officers of SWD and the Chiefs of Service of the Department of Psychiatry in various HA clusters hold working group meetings at regular intervals to maintain close liaison with psychiatric medical social workers and ICCMWs in the respective districts as well as other relevant Government departments, including the Police and the Housing Department. When handling cases involving mental patients, various departments will hold case conferences where necessary in order to formulate rehabilitation plans for the patients. The existing multi-disciplinary team approach and the inter-department communication mechanism are functioning effectively. We will continue to strengthen our co-ordination role and provide more comprehensive and intensive support for mental patients.

Ends/Wednesday, December 19, 2012
Issued at HKT 15:24

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Types of mental disorders	Number of patients who received Hospital Authority's psychiatric services in 2011-12 (rounded to the nearest hundred)
Schizophrenia spectrum disorders	44 600
Affective Disorders	49 500
Dementia	11 300

(Note: The total sum of the above three broad categories of patients does not represent the total number of patients of HA's psychiatric specialist services.)

**Relevant papers on
Mental health policy and service programmes**

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
Panel on Health Services and Panel on Welfare Services	31.3.2012 (Item II)	Agenda Minutes CB(2)2698/11-12(01)
Legislative Council	19.12.2012	Official Record of Proceedings (Question 14)