

立法會
Legislative Council

LC Paper No. CB(2)928/14-15

(These minutes have been
seen by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of meeting
held on Monday, 16 June 2014, at 4:30 pm
in Conference Room 1 of the Legislative Council Complex

Members present : Dr Hon LEUNG Ka-lau (Chairman)
Prof Hon Joseph LEE Kok-long, SBS, JP, PhD, RN (Deputy Chairman)
Hon Albert HO Chun-yan
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon CHEUNG Kwok-che
Hon Albert CHAN Wai-yip
Hon Charles Peter MOK
Hon CHAN Han-pan
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, JP

Members absent : Hon Vincent FANG Kang, SBS, JP
Hon Mrs Regina IP LAU Suk-ye, GBS, JP

Public Officers : Items IV and V
attending

Prof Sophia CHAN Siu-chee, JP
Under Secretary for Food and Health

Item IV

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

Miss Fiona CHAU Suet-mui
Principal Assistant Secretary for Food and Health (Health) 1

Dr Sarah CHOI Mei-yee, JP
Assistant Director of Health (Special Health Services)
Department of Health

Dr WAN Yuen-kong
Principal Medical and Health Officer
Department of Health

Ms Jennifer MAK Kit-shu
Senior Electronics Engineer (Medical Device Control Office)
Department of Health

Item V

Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Dr CHEUNG Wai-lun
Director (Cluster Services)
Hospital Authority

Dr K L CHUNG
Chief Manager, Integrated Care Programs
Hospital Authority

Attendance : New Life Psychiatric Rehabilitation Association
by invitation

Mr HO Ka-chun
The Wellness Centre (YTM) Officer-in-charge

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

Mr LEUNG Kin-hung
Chairman

Hong Kong FamilyLink Mental Health Advocacy Association

Mr Mico CHOW
Chairman of Executive Committee

Baptist Oi Kwan Social Service

Miss CHAN Sau-kam
Senior Service Coordinator

Centre on Research and Advocacy, The Hong Kong Society
for Rehabilitation

Ms Anchor, HUNG Tak-fung
Manager

Miss YEUNG Sui-ling

精神病康復者同路人小組

Mr CHAN Kwok-shing
Member

Mr HUI Wai-chun

Concord Mutual-Aid Club Alliance

Mr LI Chi-on
Chairman

Caritas Hong Kong

Mr Stephen WONG
Social Work Supervisor

Hong Kong Human Rights Monitor

Mr LAW Yuk-kai
Director

Alliance of Ex-mentally Ill of Hong Kong

Mr Philip WONG
Chairman

Christian Oi Hip Fellowship Limited

Mr LEUNG Mung-hung
Executive Officer

Democratic Alliance for the Betterment and Progress of Hong Kong

Mr YIP Man-pan
Deputy Spokesperson of Health Services

Equal Opportunities Commission

Mr CHU Chung-man
Head, Policy & Research

Labour Party

Mr LO Ho-yuen
Representative

Civic Party

Mr LEE Ka-ho
Health & Well-being Policy Branch Member

Society for Community Organization

Ms YUEN Shuk-yan
Community Organizer

Hong Kong Patients' Rights Association

Mr PANG Hung-cheong
Community Organizer

Concern Group on Rights of People with Mental Illness

Ms CHAN Wai-ping
Representative

Hong Kong Mental Health Council

Dr CHAN Chung-mau
Convenor

The Hong Kong College of Mental Health Nursing

Mr Frederick YEUNG Kin-keung
President

Clerk in attendance : Ms Maisie LAM
Chief Council Secretary (2) 5

Staff in attendance : Mr Michael YU
Chief Research Officer (Research)

Ms Ivy CHENG
Research Officer 3

Ms Janet SHUM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Information paper(s) issued since the last meeting

Members noted that no information paper had been issued since the last meeting.

II. Items for discussion at the next meeting

[LC Paper Nos. CB(2)1754/13-14(01) and (02)(Revised)]

2. Members agreed to discuss the following items proposed by the Administration at the next regular meeting scheduled for 21 July 2014 at 4:30 pm -

(a) Redevelopment of Kwai Chung Hospital (Phase 1); and

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- (b) Consultation result of the Hong Kong Code of Marketing and Quality of Formula Milk and Related Products, and Food Products for Infants and Young Children.

3. On item (b) above, Dr Helena WONG requested the Administration to provide in its discussion paper information on whether any studies had been conducted on contamination in breast milk of local breastfeeding mothers.

4. The Chairman drew the attention of members to the Administration's latest proposals to revert to the Panel in the 2014-2015 session, instead of in the 2013-2014 session as originally proposed, on the "Review on the regulation of private healthcare facilities", "Cross-cluster referral arrangement for public specialist outpatient services of the Hospital Authority", "Mental health services for children and adolescents" and "Mental health services for the elderly" (i.e. items 3 to 6 of the list of outstanding items for discussion by the Panel). Members did not raise any queries.

(Post-meeting note: At the requests of Dr KWOK Ka-ki, Dr Helena WONG, Miss Alice MAK and Mr Vincent FANG, and with the concurrence of the Chairman, a discussion item on "Regulation of private healthcare facilities" had been added to the agenda for the regular meeting on 21 July 2014.)

III. Outline of research study on regulation of aesthetic practices in selected places

[LC Paper No. CB(2)1754/13-14(03)]

5. Members noted the proposed research outline entitled "Regulation of aesthetic practices in selected places" (LC Paper No. CB(2)1754/13-14(03)) prepared by the Research Office of the Information Services Division of the Legislative Council ("LegCo") Secretariat.

6. Noting that the research study was proposed to examine the regulatory framework of aesthetic practices in Hong Kong, Florida of the United States, Singapore and the United Kingdom, Dr Helena WONG suggested that South Korea should also be covered under the study as aesthetic practices had been growing in popularity in the nation in recent years. Dr Priscilla LEUNG raised a similar view, adding that Sweden, another place where aesthetic practices were prevalent, should also be included in the study.

7. Chief Research Officer (Research) ("CRO(R)") responded that the Research Office had conducted a preliminary study on the regulation of aesthetic practices in South Korea. It was noted that a distinctive feature of

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the regulatory framework of South Korea was the mediation mechanism put in place by the nation for resolving, among others, medical disputes relating to aesthetic procedures, which was considered to be of limited relevance in Hong Kong's context. That said, the Research Office would further study as to whether sufficient information was available for including the regulatory framework for aesthetic practices in South Korea and Sweden in the study.

8. Dr Helena WONG suggested that the study should also examine the regulation of advertisements of aesthetic procedures, and public education on the risks associated with these procedures in the selected places. CRO(R) took note of Dr Helena WONG's suggestion.

IV. Proposed regulatory framework for medical devices

[LC Paper Nos. CB(2)1754/13-14(04) and (05)]

9. Under Secretary for Food and Health ("USFH") briefed members on the latest development of the proposed regulatory framework for medical devices, details of which were set out in the Administration's paper (LC Paper No. CB(2)1754/13-14(04)).

10. Members noted the updated background brief entitled "Proposed regulatory framework of medical devices" (LC Paper No. CB(2)1754/13-14(05)) prepared by the LegCo Secretariat.

Impact of the proposed regulation on the trade

11. While agreeing the need to develop a regulatory framework for medical devices to protect public health, Miss Alice MAK expressed concern about the business impact of the proposed regulation on the beauty industry which involved tens of thousands of practitioners. She asked whether the Administration had consulted the beauty industry in formulating the proposed regulatory framework.

12. USFH advised that the Administration had conducted a business impact study to examine and evaluate the impact of the proposed regulation on the trade. Representatives from 51 stakeholder organizations were interviewed, covering relevant trade associations, importers, distributors, retailers from local medical devices industry, as well as the beauty and optical industry, government departments and other relevant organizations. Pointing out that the beauty trade was made up of mostly small and medium-sized players, Miss Alice MAK remarked that the Administration should also gauge the views of the beauty trade unions and the small and medium-

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sized beauty companies before finalizing its proposed regulatory framework for medical devices.

13. Dr KWOK Ka-ki noted that the total one-off compliance cost for the trade and the annual recurrent compliance cost from traders were estimated to be respectively reduced from \$2,289 million to \$627 million, and from \$1,339 million to \$599 million under the revised proposal. He sought elaboration about how the estimation was worked out.

14. Assistant Director of Health (Special Health Services) ("AD(SHS)") explained that the compliance cost mainly included the administrative costs, fees for registrations and licences, and cost of obtaining ISO certification and re-certification to meet the requirements for trader registration, etc. Having considered the findings and recommendations of the business impact study, views of stakeholders, experience of the voluntary Medical Device Administration Control System ("MDACS") of the Department of Health ("DH") and relevant international practices, the Administration had refined the proposed regulatory framework for medical devices. Due consideration had been given to safeguard public health on the one hand, and avoid overburdening the industry with excessive administrative work and compliance costs on the other hand. A breakdown of the original and the revised estimated total cost of compliance by the three key areas of regulation (i.e. pre-market control, post-market control and control over the use of specific medical devices), as well as the estimated average annual cost of compliance for an authorized representative, a local manufacturer, and an importer or a distributor were provided in Annexes V and VI to the Administration's paper respectively.

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15. At the request of Dr Helena WONG, USFH undertook to provide after the meeting a soft copy of the full report of the business impact study for reference of members.

Definition and the control on use of medical devices

16. Dr Helena WONG said that the Democratic Party had long called for the introduction of registration requirement for medical devices. Dr Helena WONG pointed out that the local beauty industry did not object to the introduction of such requirement. The main concerns of the beauty industry were which of those cosmetic-related devices would be regarded as medical devices, and whether persons other than statutorily registered healthcare professionals, such as beauty practitioners, could operate these devices if they had undergone recognized training and acquired relevant qualification.

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17. Dr Priscilla LEUNG noted that the Administration's original proposal was to restrict the use and operation of certain medical devices to specified personnel to safeguard public health, under which intense pulsed light ("IPL") equipment could be operated by persons who were not statutorily registered healthcare professionals if they had passed the relevant trade test. In view of the adverse incident in October 2012 involving a beauty centre inappropriately offering high-risk medical procedures, the latest position of the Administration was, however, to further examine the list of devices to be included under the use control of cosmetic-related devices through a consultancy study. She considered that the future regulatory framework for medical devices should allow qualified beauticians to continue to operate IPL equipment in order to facilitate the development of the beauty industry.

18. Noting that a risk-based approach was adopted in formulating the proposed regulatory framework for medical devices, Mr Albert HO sought elaboration about the classification of risk levels, in particular as to whether the use of electrocardiogram devices and lung ventilators would be subject to regulatory control. In his view, it was of paramount importance to ensure that medical devices were properly operated by persons with appropriate training or qualification to protect public health. For instance, equipment that emitted radiation for invasive treatments should be subject to regulation.

19. USFH advised that the proposed regulatory framework for medical devices adopted a risk-based approach whereby the level of control would be proportional to the degree of risk classified for medical devices. Given the heterogeneity of the devices commonly used in beauty procedures, a more detailed study would be conducted by an external consultant ("the consultancy study") to examine overseas experience and practices and the scope of control on the use of these devices, including, among others, the criteria for determining the type of personnel and the level of competence required to operate the devices. USFH added that the Education Bureau had assisted the beauty industry to formulate its Specification of Competency Standards, which set out the competency requirements and outcome standards required of the industry at various levels under the Qualifications Framework. Dr Priscilla LEUNG suggested that the consultancy study should make reference to the practices adopted on the Mainland. USFH took note of the suggestion.

20. Mr Albert CHAN considered that the Administration should take into account that many of the cosmetic-related devices were commonly used by the local beauty industry in beauty procedures and some beauty practitioners had been trained to use these devices in determining whether the operation of these devices should be limited to statutorily registered healthcare professionals under the proposed regulatory framework. AD(SHS) advised

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that whether the use and operation of a medical device should be subject to control should not be determined by how common the device was currently used in the market. The objective of imposing control over the use and operation of specific medical devices was to protect public health and prevent unnecessary harm or complications arising from the improper use of these devices.

21. Mr Albert CHAN pointed out that over regulation would reduce consumer choice of affordable cosmetic procedures which involved the use of devices without a medical purpose. He asked whether consideration could be given to allowing those persons who were not statutorily registered healthcare professionals, such as beauty practitioners, but had undergone appropriate training to operate medical devices for cosmetic purpose as long as they were performing the procedures under the supervision of registered medical practitioners.

22. AD(SHS) responded that this would be an option to be considered under the consultancy study. She added that as a reference, the Department of Health of the United Kingdom had recommended, among others, in its Report on the Review of the Regulation of Cosmetic Interventions that all non-surgical procedures had to be performed under the responsibility of a clinical professional who had gained the accredited qualification to prescribe, administer and supervise aesthetic procedures. Non-healthcare practitioners who had achieved the required accredited qualification might perform these procedures under the supervision of an appropriate qualified clinical professional.

23. Dr Helena WONG noted with concern from paragraph 37 of the executive summary of the business impact study that the original proposal of the Administration to restrict the use and operation of Class 3B and 4 laser equipments to statutorily registered healthcare professionals would increase the manpower demand from the beauty industry for these healthcare professionals. She asked whether the Administration would consider adopting the recommendations of the consultant as set out in paragraph 52 of the business impact study that all persons who fulfilled a set of skills and competency requirements should be allowed to operate and use Class 3B and 4 laser equipments and IPL devices; and all operators should be required to have adequate recognized training before operating these devices. USFH said that the Administration would consider the way forward in this regard having taken into account the outcome of the consultancy study.

24. Noting that corrective contact lens would be classified under the proposed regulatory framework as medical device with low to medium risk level, the Chairman asked whether non-corrective contact lens commonly

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available at retail level would be considered medical device. Replying in the positive, AD(SHS) added that custom-made devices for named-customers would, however, fall outside the proposed scope of regulation.

25. Referring to the Administration's proposals to set up an appeal board to handle appeal cases relating to registration and an advisory committee to advise DH on the classification of medical devices and issues relating to the implementation and administration of the future legislation, Miss Alice MAK held the view that the inclusion of members from trade associations in the two committees as proposed could not fully represent the views of the local beauty and optical trades which comprised many small and medium-sized enterprises, as well as the views of the frontline beauty practitioners. She also expressed concern as to whether the membership of the two committees would largely comprise medical practitioners, leading to under-representation of the beauty trade. USFH took note of the concern.

Registration requirement for medical devices

26. The Chairman pointed out that Hong Kong was considered a very small market for medical devices. Hence, some importers might not apply for registration of some medical devices due to low market demand in Hong Kong. He asked whether there would be any mechanism under the proposed regulatory framework to allow medical practitioners who wished to use these medical devices to patients for the purpose of medical treatment to seek approval from DH on an individual patient basis.

27. USFH advised that the regulatory proposal would provide for exemptions from medical device registration under special circumstances, such as for use on a named-patient.

Legislative timetable and interim measures

28. Noting that the outcome of the consultancy study and the details of the legislative proposal would only be available in 2015, Prof Joseph LEE considered that the Administration should, in the meantime, require the medical and beauty sectors to make known to the public which devices they currently used fell into the category of medium to high risk level.

29. AD(SHS) advised that thousands of medical devices were currently listed in the voluntary MDACS set up by DH, under which medical devices were classified into four classes according to the risk-based classification rules recommended by the Global Harmonization Task Force. As regards the devices commonly used in beauty procedures, AD(SHS) reiterated that given the heterogeneity of the devices involved, the Working Group on

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Differentiation between Medical Procedures and Beauty Services under the Steering Committee on Review of Regulation of Private Healthcare Facilities considered that a more detailed study should be conducted to examine overseas experience and practices and the scope of control on the use of these devices.

30. Dr KWOK Ka-ki expressed dissatisfaction that the Administration had dragged its feet for decades over introducing the regulatory framework for medical devices. He asked whether the Administration had to wait until the completion of the consultancy study on control over the use of specific medical devices to commence the legislative process on pre-market and post-market regulatory controls. Mr POON Siu-ping enquired about the concrete timetable for completing the consultancy study.

31. USFH stressed that control over the use of specific medical devices, in addition to pre-market and post-market controls, was part and parcel of the proposed regulatory framework for medical devices. Taking into account that the consultancy study was currently in the tendering process and the study would require about six months' time to complete, the Administration expected to report to the Panel on both the outcome of the study and the details of the legislative proposal after the completion of the consultancy study in 2015. AD(SHS) assured members that DH would endeavour to shorten the tendering process which normally took two to four months' time to complete.

V. Mental health policy and services

[LC Paper Nos. CB(2)1732/13-14(01), CB(2)1754/13-14(06) to (08), CB(2)1788/13-14(01) to (02), CB(2)1791/13-14(01) to (03), CB(2)1835/13-14(01) to (02), CB(2)1924/13-14(01) to (02), CB(2)1981/13-14(01) to (02), CB(2)2072/13-14(01) and CB(2)2111/13-14(01)]

32. Members noted the following papers on the subject under discussion -

- (a) the Administration's paper entitled "Review on mental health - Strengthening mental health services for adults" (LC Paper No. CB(2)1732/13-14(01)); and
- (b) the updated background brief entitled "Mental health policy and services" (LC Paper No. CB(2)1754/13-14(06)) prepared by the LegCo Secretariat.

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Views of deputations

33. At the invitation of the Chairman, a total of 22 deputations and individuals presented their views on mental health policy and services. A summary of the views of deputations is in the **Appendix**. Members also noted the two written submissions from the Concern Group on Mental Rehabilitation Services of the Hong Kong Social Workers' General Union; and Hong Kong Council of Social Service.

The Administration's response to the views expressed by deputations

34. Responding to the views expressed by the deputations, USFH and Director (Cluster Service), Hospital Authority ("D(CS), HA") made the following points -

- (a) on the suggestion to set up a dedicated mental health council to formulate a long-term mental health policy and co-ordinate the provision of mental health services, it should be noted that the Review Committee on Mental Health ("the Review Committee") had discussed the existing integrated approach of the Government to promote mental health through multi-disciplinary and cross-sectoral mental health services, which covered prevention, early identification, timely intervention and treatment, and rehabilitation for persons in need, provided by the Hospital Authority ("HA"), the Labour and Welfare Bureau ("LWB"), the Social Welfare Department ("SWD"), DH and non-governmental organizations ("NGOs");
- (b) while the Review Committee and its two expert groups, which were tasked to study dementia care and mental health services for children and adolescents in parallel, were continuing their work on the various fronts, the Review Committee had observed some possible directions for enhancing the mental health services provided by HA for adults with mental illness. Details of the enhancement measures had been reported to the Panel at its meeting on 28 April 2014. The Administration would relay the concerns raised by deputations to the Review Committee for consideration;
- (c) new cases received at the psychiatric specialist outpatient clinics ("SOPCs") under HA would be triaged into priority 1, priority 2 and routine cases according to their severity and urgency. The triage was conducted by psychiatric nurses based on a set of clear guidelines. The aim of the arrangement was to

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ensure that urgent and severe cases were managed promptly. Concerning the manpower of HA for mental health services, the Government had set up a Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development to formulate recommendations on, among others, how to cope with the anticipated demand for the 13 healthcare professions under statutory regulation, including doctors and nurses;

- (d) for patients with severe mental illness ("SMI"), HA planned to introduce a peer support element in the Case Management Programme ("CMP") in 2015. The peer support workers who had rehabilitated from past mental illness would be engaged to assist the case managers in supporting patients in the recovery process through experience sharing; and
- (e) as regards patients with common mental disorders ("CMD") such as depression and anxiety disorders, HA planned to enhance the multi-disciplinary element in the service delivery model by engaging more psychiatric nurses, clinical psychologists and allied health professionals to provide active intervention for these patients. In addition, the role of primary care in treating these patients including the feasibility of a public-private partnership model would be further explored with a view to easing the existing bottleneck in psychiatric services and shortening the waiting time at public psychiatric SOPCs as a result.

[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion of this item.]

Progress and direction of the review

35. Dr KWOK Ka-ki expressed disappointment that the Review Committee, which was established in May 2013, was dragging its feet on mapping out the future direction for development of mental health services in Hong Kong. USFH responded that the Review Committee had been meeting regularly since its establishment. In studying and reviewing the existing policy on mental health, the Review Committee had adopted a life-course approach and focused its initial efforts on examining adult mental health issues. As mentioned earlier at the meeting, the Panel had been briefed on the possible directions for enhancing the mental health services provided by HA for adults at its meeting on 28 April 2014. The Review Committee's review on

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other fronts was now progressing in full swing. The Administration would brief the Panel on the outcome of the review when available.

36. Mr CHEUNG Kwok-che concurred with the deputations' view that the Government should set up a mental health council or commission to take forward the recommendations of the Review Committee, as mental health policy and provision of related service programmes involved a number of policy bureaux and government departments. Dr KWOK Ka-ki held a similar view. Mr Albert HO held the view that the existing problems of mental health services, which included, among others, shortfall of medical and allied health professionals, in particular clinical psychologists, in the psychiatric stream in both public and private healthcare sectors; inadequate follow-up consultation time at public psychiatric SOPCs; and the absence of community treatment order to require persons with mental illness to receive designated treatment while living in the community, could only be addressed with the establishment of a mental health council.

37. USFH advised that the Education Bureau ("EDB"), LWB, DH, SWD, Housing Department and the Police Force were represented in the Review Committee. These policy bureaux and government departments would follow up on the recommendations of the Review Committee with a view to putting them into action.

Prevalence of mental illness in Hong Kong

38. Dr Helena WONG noted that according to HA's Mental Health Service Plan for Adults 2010-2015, it was estimated that 1 million to 1.7 million people in Hong Kong had mental disorder, and 70 000 to 200 000 persons were suffering from SMI. Noting from Annex A to the Administration's paper that there were 205 000 persons with mental health problems receiving treatment and support through the hospitals and psychiatric SOPCs of HA in 2013-2014 (as at 31 December 2013), she asked whether most of these patients were suffering from SMI.

39. D(CS), HA clarified that among the 205 000 patients with mental illness being taken care of by HA, around 40 000 patients were suffering from SMI (such as schizophrenia and other psychoses). The remaining patients were suffering from other psychiatric diseases including CMD (such as mood disorders and stress-related disorders). Dr Helena WONG expressed grave concern that if the estimation of HA on the prevalence of mental illness in Hong Kong was correct, there were at least tens of thousands of patients with SMI living in the community but not being taken care of by HA. She requested HA to explain in writing the discrepancy between the estimated number of patients with SMI in Hong Kong and the

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HA/Admin number of patients with SMI being followed up by the psychiatric department of HA. D(CS), HA agreed.

Psychiatric inpatient and outpatient services of HA

40. Prof Joseph LEE urged HA to introduce evening services during the hours of 6:00 pm to 9:00 pm at certain public psychiatric SOPCs, so as to enable those patients who had to work during daytime to schedule their consultations in the evening. Consideration could also be given to involving the private sector in the provision of psychiatric outpatient services. D(CS), HA advised that given the current medical manpower constraint of HA, the provision of evening follow-up consultation sessions at psychiatric SOPCs could only be considered at a later stage, after reducing the waiting time of non-urgent patients for their first appointment in psychiatric SOPCs.

41. Noting from Annex A to the Administration paper that HA currently maintained 3 607 psychiatric beds and there were some 15 000 patients receiving inpatient care in HA's psychiatric units in 2013, Mr POON Siu-ping sought explanation about why the bed occupancy rate stood only at around 70% to 80%. Chief Manager (Integrated Care Programs), HA ("CM(ICP), HA") advised that the 15 000 patients were referring to the number of cases being discharged by HA's psychiatric units after inpatient treatment in 2013.

42. In response to Mr POON Siu-ping's enquiry as to whether the demand for long-term inpatient care had remained steady over the years, CM(ICP), HA advised that among the some 15 000 patients received inpatient care in HA's psychiatric units in 2013, about 650 patients required long-term care and had been hospitalized for more than one year. Most of them were admitted and managed in the past when focus was on institutional care. With the shift in the care paradigm for managing patients with mental illness to community care in recent years, the demand for inpatient beds had remained steady.

43. Dr Helena WONG sought the Administration's response to the view of the Social Work Officer Grade Branch of Hong Kong Chinese Civil Servants' Association that given the crowded living environment of Hong Kong, it was not appropriate to shift the local care paradigm for managing patients with mental illness from institutional care to community care. USFH advised that the international trend was to gradually focus more on community and ambulatory services in the treatment of mental illness.

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Community psychiatric services

44. Prof Joseph LEE noted that among the some 40 000 SMI patients being taken care of by HA, about 15 000 were receiving inpatient care in HA's psychiatric units in 2013. Of the remaining 25 000-odd SMI patients who were residing in the community, only around 17 000 patients would receive personalized and intensive support provided by case managers under CMP in 2014-2015. He urged the Administration to allocate additional resources to HA to further increase the number of SMI patients supported under CMP, or provide more financial resources to NGOs to take care of the tens of thousands of SMI patients in the community who could not benefit from CMP. Referring to a recent homicide case involving a discharged patient with mental illness who was allocated a unit in a public housing estate lacked of community mental health services, Dr Helena WONG expressed concern as to whether the heavy workload of social workers would affect their assessment on the rehabilitation and social support services required by patients with mental illness living in the community. Mr CHEUNG Kwok-che opined that the output requirements as stipulated in the Funding and Service Agreements for the Integrated Community Centres for Mental Wellness, such as conducting 9 000 outreaching visits per year, was not in line with the person-centred principle of mental health services. USFH took note of members' concern.

Public expenditure on mental health services

45. Pointing out that the expenditure of Australia on mental health-related services accounted for more than 1.5% of its Gross Domestic Product ("GDP"), Dr KWOK Ka-ki considered that Hong Kong's public expenditure on mental health services, which accounted for less than 0.25% of its GDP, was far from adequate to meet the demand for mental health services. He requested the Administration to provide a written response as to whether it had set any target in increasing the public expenditure for mental health, such as that of the European Union which was set at the level of 1% of its member states' GDP.

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Promotion of mental well-being of the population

46. Expressing concern about the increasing number of patients with mental illness in Hong Kong, Dr Elizabeth QUAT sought deputations' views on measures to promote the mental well-being of the population. Dr CHAN Chung-mau of the Hong Kong Mental Health Council said that according to the studies of the developed countries, developing a healthy lifestyle, taking regular exercise and taking part in social activities were conducive to preventing the development of depression. He called on the

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Administration to put in more resources to enhance public awareness of mental health. Dr Elizabeth QUAT considered that the Administration should set up a working group in this regard. USFH advised that promoting the mental well-being of the population was an area of study of the Review Committee.

[At this juncture, the Chairman proposed and members agreed that the meeting be further extended for 10 minutes.]

Way forward

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47. Mr Albert HO, Dr Elizabeth QUAT and Dr Helena WONG requested the Administration to provide a consolidated written response to the views expressed by the deputations at the meeting. Dr Helena WONG added that the consolidated written response should include not only the response from the Food and Health Bureau, but also that of other relevant policy bureaux and government departments, such as EDB and SWD, on issues within their respective ambit.

48. Mr Albert HO suggested and members agreed that the Panel should revisit the subject in the 2014-2015 legislative session. Expressing disappointment that the Secretary for Food and Health ("SFH"), who was the Chairman of the Review Committee, the officials of EDB and LWB did not attend the meeting to receive views from deputations and answer questions from members, Dr KWOK Ka-ki requested the presence of SFH and other relevant officials when the subject was next discussed by the Panel.

VI. Proposal to set up a Subcommittee on Issues Relating to the Development of Chinese Medicine

[LC Paper No. CB(2)1754/13-14(09)]

49. The Chairman said that at the meeting on 19 May 2014, members supported the proposal for the appointment of a subcommittee to study issues relating to the development of Chinese Medicine ("the Subcommittee"). He invited members' views on the proposed terms of reference, work plan and time frame of the subcommittee as set out in the paper prepared by the LegCo Secretariat (LC Paper No. CB(2)1754/13-14(09)).

50. Members agreed to the proposed terms of reference, work plan and time frame of the Subcommittee. Members noted that the Subcommittee would be placed on the waiting list, as the number of subcommittees on policy issues had already reached 10. Members further agreed that the Subcommittee should commence work when the Joint Subcommittee on

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Long-term Care Policy appointed under the Panel and the Panel on Welfare Services had completed its work by end of July 2014 and a vacant slot arose upon the completion of work of another subcommittee, other than the Subcommittee on Integrated Education, currently in operation.

51. There being no other business, the meeting ended at 7:37 pm.

Council Business Division 2
Legislative Council Secretariat
26 February 2015

Panel on Health Services

Meeting on Monday, 16 June 2014

Summary of views and concerns expressed by deputations
on mental health policy and services

Organization/ Individual	Major views and concerns
Mental health policy	
<ul style="list-style-type: none"> • Christian Oi Hip Fellowship Limited • Concord Mutual-Aid Club Alliance • Equal Opportunities Commission • The Hong Kong College of Mental Health Nursing • Hong Kong FamilyLink Mental Health Advocacy Association • Hong Kong Human Rights Monitor • Hong Kong Mental Health Council • Hong Kong Patients' Rights Association • Labour Party 	<ul style="list-style-type: none"> • The deputations urged the Administration to formulate a comprehensive long-term policy on mental health with a view to meeting the increasing service demand and addressing the needs of different service users. • Some deputations expressed concern about the lack of co-ordination among various policy bureaux and government departments in provision of mental health service programmes. They called for the setting up of a dedicated body, such as a mental health council or a mental health commission, to formulate a long-term mental health policy and co-ordinate the provision of mental health and other supporting services in the areas of social welfare, education, employment and housing for persons with mental illness. • There was a view that more efforts should be made to promote the mental well-being of the population and prevent mental illness.
<ul style="list-style-type: none"> • Baptist Oi Kwan Social Service • Equal Opportunities Commission 	<ul style="list-style-type: none"> • The deputations respectively considered that the Administration should conduct annual survey on mental health of adolescents, and conduct regular survey and set up a database on mental health of the population, so as to facilitate the formulation of long-term mental health policy.

Organization/ Individual	Major views and concerns
<ul style="list-style-type: none"> • Equal Opportunities Commission • Society for Community Organization 	<ul style="list-style-type: none"> • The deputations urged the Government to engage service users and ex-mentally ill persons in the formulation of mental health policy to ensure that the policy so developed would meet the needs of users.
<ul style="list-style-type: none"> • Hong Kong Patients' Rights Association • Society for Community Organization 	<ul style="list-style-type: none"> • The deputations expressed concern about the implementation of the recommendations to be put forward by the Review Committee on Mental Health. The Society for Community Organization called on the Review Committee to issue a policy paper on mental health.
Community support services	
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong 	<ul style="list-style-type: none"> • Pointing out that there was overlapping in services provided by the Hospital Authority ("HA") and the Social Welfare Department for residents of halfway houses for discharged mental patients, the deputation considered that community psychiatric nurses of HA should focus on providing support services to those persons with mental illness who lived on their own. • The deputation considered that apart from patients with severe mental illness, the coverage of the Case Management Programme of HA should be expanded to benefit those persons with other mental illness who lived in the community.
<ul style="list-style-type: none"> • Caritas Hong Kong 	<ul style="list-style-type: none"> • The deputation considered that the Administration should allocate more resources to facilitate social workers to identify those residents of public housing estates persons who were suspected to have mental problems, so that timely intervention could be provided for those at risk. • Training should be provided to social workers, teachers and security guards to enable them to identify high-risk patients with mental illness and enhance their awareness on the community resources available to these individuals.

Organization/ Individual	Major views and concerns
<ul style="list-style-type: none"> • Centre on Research and Advocacy, The Hong Kong Society for Rehabilitation 	<ul style="list-style-type: none"> • The deputation called on HA to expand the scope of Integrated Mental Health Programme ("IMHP"), which was aimed at providing better support to patients with common mental disorders in the primary care settings, to benefit more patients.
<ul style="list-style-type: none"> • Concord Mutual-Aid Club Alliance • Society for Community Organization 	<ul style="list-style-type: none"> • The deputations urged the Administration to enhance the residential care service for persons with mental illness. They respectively pointed out the problems of long waiting time for long stay care home, halfway house and supported hostel places for ex-mentally ill persons; and poor living environment of some private residential care homes for persons with disabilities.
<ul style="list-style-type: none"> • Concord Mutual-Aid Club Alliance • Mr HUI Wai-chun 	<ul style="list-style-type: none"> • The deputations expressed concern about the redevelopment of the former sites of Siu Lam Hospital in Tuen Mun into integrated rehabilitation services centre as announced in the 2013 Policy Address. In their views, the remote location of the site was not convenient to persons with disabilities.
<ul style="list-style-type: none"> • Democratic Alliance for the Betterment and Progress of Hong Kong • Mr HUI Wai-chun 	<ul style="list-style-type: none"> • The deputations urged the Administration to strengthen the aftercare services and community support to persons with mental illness and ex-mentally ill persons, so as to facilitate their re-integration into the community.
<ul style="list-style-type: none"> • Equal Opportunities Commission 	<ul style="list-style-type: none"> • The deputation expressed concern about the inadequate community support services for discharged mental patients and persons with mental illness residing in the community. In its view, the heavy workload of case managers under the Case Management Programme, the lack of permanent accommodation of Integrated Community Centres for Mental Wellness ("ICCMWs") and the shortfall of residential care places for persons with mental illness were barriers against the integration of these patients into the community.

Organization/ Individual	Major views and concerns
<ul style="list-style-type: none"> Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch 	<ul style="list-style-type: none"> The deputation was of the view that given the crowded living environment of Hong Kong, it was not appropriate to shift the local care paradigm for managing patients with mental illness from institutional care to community care. The Administration should also increase the number of residential care places of halfway houses for discharged mental patients.
<ul style="list-style-type: none"> Hong Kong Patients' Rights Association 	<ul style="list-style-type: none"> The deputation suggested that consideration could be given to providing small group home services for those persons with mental illness who could not live on their own but were reluctant to reside in the halfway homes for discharged mental patients.
<ul style="list-style-type: none"> Labour Party 	<ul style="list-style-type: none"> The deputation was concerned that some ICCMWs were still not able to secure permanent accommodation. It also considered it necessary to review the scope of services provided by ICCMWs, which currently mainly focused on case management.
Mental health services for different patient groups	
<ul style="list-style-type: none"> Baptist Oi Kwan Social Service 	<ul style="list-style-type: none"> The deputation urged the Administration to strengthen the early identification and intervention services for adolescents suspected to have mental problems. Training should also be provided to teachers, parents and youth social workers to enhance their awareness of mental health problems of adolescents.
<ul style="list-style-type: none"> Baptist Oi Kwan Social Service New Life Psychiatric Rehabilitation Association 	<ul style="list-style-type: none"> Pointing out that there was an increasing demand for mental health services from the elderly population, the deputations called on the Administration to strengthen the home care, day training and community support services for elder persons with mental problems.
<ul style="list-style-type: none"> Centre on Research and Advocacy, The Hong Kong Society for Rehabilitation 	<ul style="list-style-type: none"> The deputation was concerned about the provision of mental health services, in particular community rehabilitation services, to meet the needs of chronic

Organization/ Individual	Major views and concerns
	patients.
<ul style="list-style-type: none"> Equal Opportunities Commission 	<ul style="list-style-type: none"> The deputation expressed concern that while elderly patients residing at the residential care homes for the elderly were supported by HA's outreach services through its community geriatric assessment teams and psychogeriatric outreach teams, there were no such services for elders residing at the long stay care homes for discharged chronic mental patients.
Support to carers of patients with mental illness	
<ul style="list-style-type: none"> Baptist Oi Kwan Social Service Hong Kong FamilyLink Mental Health Advocacy Association New Life Psychiatric Rehabilitation Association 	<ul style="list-style-type: none"> The deputations requested the Administration to provide more support services and training to family members and carers of patients with mental illness. There was a view that the Administration should provide financial allowance to family members and carers of patients with mental illness, and respite service for these patients so as to offer temporary relief to the carers when needs arose.
Psychiatric outpatient services of HA	
<ul style="list-style-type: none"> Alliance of Ex-mentally Ill of Hong Kong 	<ul style="list-style-type: none"> The deputation urged HA to provide evening services at psychiatric specialist outpatient clinics ("SOPCs") to enable those persons with mental illness who had to work during daytime to schedule their consultations in the evening.
<ul style="list-style-type: none"> Concern Group on Rights of People with Mental Illness Democratic Alliance for the Betterment and Progress of Hong Kong 	<ul style="list-style-type: none"> The deputations urged HA to increase the consultation time and improve the waiting time for follow-up consultations at psychiatric SOPCs. It was suggested that patients should be treated by the same psychiatrists during their follow-up consultations.
<ul style="list-style-type: none"> The Hong Kong College of Mental Health Nursing 	<ul style="list-style-type: none"> The deputations cast doubt about the effectiveness of the triage system for new appointment at psychiatric SOPCs, under which new patients would be

Organization/ Individual	Major views and concerns
<ul style="list-style-type: none"> 精神病康復者同路人小組 	<p>classified by psychiatric nurses into different categories on the basis of the urgency of their clinical conditions. In their view, the conditions of patients should first be assessed by medical practitioners.</p>
<ul style="list-style-type: none"> Miss YEUNG Siu-ling 	<ul style="list-style-type: none"> The deputation suggested introducing public-private partnership in the delivery of mental health services by providing subsidy to patients who chose to receive treatment in the private sector, so as to relieve the pressure on the public sector.
Psychiatric drugs	
<ul style="list-style-type: none"> Society for Community Organization 	<ul style="list-style-type: none"> The deputation urged HA to introduce more new injection drug therapy with proven efficacy and less side effects.
<ul style="list-style-type: none"> Miss YEUNG Siu-ling 	<ul style="list-style-type: none"> Referring to HA's plan to reposition all second generation oral anti-psychotic drugs (except Clozapine due to its side effects) from the special drug category to the general drug category in the Drug Formulary, the deputation called on HA to offer these drugs as first-line drugs.
Manpower	
<ul style="list-style-type: none"> Civic Party Democratic Alliance for the Betterment and Progress of Hong Kong Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch Hong Kong Mental Health Council Labour Party 	<ul style="list-style-type: none"> Pointing out that Hong Kong's ratio of psychiatrists per 10 000 population was far lower than that of other advanced countries, the deputations expressed grave concern about the shortage of mental healthcare professionals. They called on the Administration to ensure adequate supply of psychiatrists.
<ul style="list-style-type: none"> Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade 	<ul style="list-style-type: none"> The deputation urged the Administration to consider recruiting social service assistants to handle the paper work and provide administrative support to

Organization/ Individual	Major views and concerns
Branch	psychiatric medical social workers to relieve the latter's workload.
Employment	
<ul style="list-style-type: none"> Civic Party 	<ul style="list-style-type: none"> The deputation considered that statutory and public entities should be required to employ certain number of persons with disabilities, and private organizations should also be encouraged to employ more persons with disabilities.
<ul style="list-style-type: none"> Equal Opportunities Commission 	<ul style="list-style-type: none"> The deputation expressed concern about the high unemployment rate of persons with mental illness due to discrimination against and stigma attached to mental illness.
<ul style="list-style-type: none"> 精神病康復者同路人小組 	<ul style="list-style-type: none"> The deputation considered that the Administration should provide ex-mentally ill persons with more employment opportunities and greater assistance in job placement. In addition, a peer programme to allow ex-mentally ill persons to render their support to persons with mental illness should be introduced.
Education	
<ul style="list-style-type: none"> Baptist Oi Kwan Social Service Christian Oi Hip Fellowship Limited Hong Kong FamilyLink Mental Health Advocacy Association Labour Party 	<ul style="list-style-type: none"> The deputations suggested that mental health education, promotion of mental health and prevention of mental illness should be included in the curriculum of primary and secondary schools.
<ul style="list-style-type: none"> Christian Oi Hip Fellowship Limited Hong Kong FamilyLink Mental Health Advocacy Association 	<ul style="list-style-type: none"> The deputations urged the Administration to step up its efforts on public education to enhance public awareness of mental health and promote public acceptance of persons with mental illness, with a view to removing stigma about mental illness.

Organization/individual

Submission [LC Paper No.]

Baptist Oi Kwan Social Service	LC Paper No. CB(2)1754/13-14(07)
Caritas Hong Kong	LC Paper No. CB(2)1981/13-14(01)
Centre on Research and Advocacy, The Hong Kong Society for Rehabilitation	LC Paper No. CB(2)2111/13-14(01)
Christian Oi Hip Fellowship Limited	LC Paper No. CB(2)1924/13-14(01)
Civic Party	LC Paper No. CB(2)1924/13-14(02)
Equal Opportunities Commission	LC Paper No. CB(2)1788/13-14(02)
Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch	LC Paper No. CB(2)1788/13-14(01)
The Hong Kong College of Mental Health Nursing	LC Paper No. CB(2)1791/13-14(03)
Hong Kong FamilyLink Mental Health Advocacy Association	LC Paper No. CB(2)1791/13-14(01)
Hong Kong Mental Health Council	LC Paper No. CB(2)1791/13-14(02)
Labour Party	LC Paper No. CB(2)1981/13-14(02)
New Life Psychiatric Rehabilitation Association	LC Paper No. CB(2)1835/13-14(01)
精神病康復者同路人小組	LC Paper No. CB(2)2072/13-14(01)