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Panel on Health Services

Background brief prepared by the Legislative Council Secretariat for the meeting on 28 April 2014

Mental health services for adults

Purpose

This paper provides background information on mental health services for adults and summarizes the concerns of members of the Panel on Health Services ("the Panel") on issues relating to mental health services.

Background

2. The Government aims to promote mental health through a service delivery model that covers 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 patients suffering from mental health problems, including inpatient, outpatient, medical rehabilitation and community support services, through a multi-disciplinary approach that involves professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers ("MSWs") 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 enhanced its community support services for mental patients to facilitate their recovery and re-integration into the community. For 2013-2014, HA provided support for a total of 205 400 psychiatric patients as at 31 December 2013.

4. HA has developed a Mental Health Service Plan for Adults 2010-2015 to guide its development and provision of adult mental health services. The plan sets a new service direction for HA to move towards the provision of a person-centred service basing on effective treatment and recovery of the individual. Patients with severe or complex mental health needs will be provided with co-ordinated multi-disciplinary specialists care in appropriate hospital settings. Those with less severe or less complex needs will receive specialist-supported care in the community, including primary care settings. The following six long-term strategic objectives are identified under the Plan -

(a) to develop a quality, outcome-driven mental health service;

(b) to work for the early identification and management, including self-management, of mental illness;

(c) to manage common mental disorders in primary care settings, where possible;

(d) to further develop and expand community mental health teams;

(e) to refocus inpatient and outpatient hospital services as new therapeutic environments; and

(f) to seek greater collaboration with disability support and rehabilitation providers outside HA.

Deliberations of the Panel

5. The Panel discussed issues relating to the mental health policy and service programmes at a number of meetings between 2007 and 2013, including two joint meetings with the Panel on Welfare Services, and received the views from deputations at four meetings. The deliberations and concerns of members are summarized below.

<u>Long-term development on mental health services</u>

6. 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. At 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.

7. The Administration advised that building on the work of the Working Group on Mental Health Services which was set up in 2006, a Review Committee on Mental Health ("the Review Committee") would be set up in 2013 to study the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong. Apart from considering means and measures to strengthen the provision of mental health services, the Review Committee would also consider necessary changes to the Mental Health Ordinance (Cap. 136), including the need and feasibility of introducing community treatment order in Hong Kong having regard to overseas experiences and local circumstances. The plan was to have an initial conclusion of the review in around a year's time.

8. There was a view that the Review Committee's first and foremost task should be to develop a comprehensive mental health policy addressing issues such as fragmentation of the services provided by the health and welfare sectors. Members also considered that the introduction of improvement measures to address areas that required immediate attention should not wait until the completion of the whole review. Some members urged the Administration to expedite its feasibility study on statutory community treatment order to require discharged mental patients who posed a threat to the community to accept medication and therapy, counselling, treatment and supervision, and empower medical superintendents to detain mental patients in hospitals to receive treatments where appropriate.

9. On the suggestion of including representatives of patient groups and carers of mental patients in the Review Committee, members were advised that the Review Committee would comprise, among others, stakeholders including healthcare professionals, service providers, academics, as well as representatives from the Equal Opportunities Commission and patient and carer groups.

Community psychiatric services of HA

10. 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.

11. 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.

12. 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. HA subsequently set up a Review Committee to review its management and follow-up of mental patients.

13. At the meeting of the Panel on 14 March 2011, members were briefed that the 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 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.

14. 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 15 districts by 2013-2014, and cover all districts in about two

years. 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.

15. Some members considered that the Administration should further enhance the support services for both mental patients and their carers. Concern was also raised about the effectiveness of the Case Management Programme, as it was not uncommon that each case manager had to provide personalized and intensive community support to about 57 patients with severe mental illness at any one time. The Administration advised that it was estimated that an additional 56 case managers would be recruited in 2013-2014 to support the Programme. HA had also commissioned a local university to conduct an evaluative study on the effectiveness of the Programme.

Outpatient and inpatient psychiatric services of HA

16. Members noted that while HA had once introduced psychiatric specialist evening outpatient service in Kwai Chung Hospital in 2001, it had terminated the service in 2006 because of its low utilization rate. Some members were of the view that there was a need for HA to re-consider the provision of psychiatric specialist evening outpatient service to enable mental patients who had to work during daytime to schedule their consultations in the evening, as the number of mental patients had increased substantially by about 70 000 persons since 2001.

17. HA explained that given the current manpower constraint of HA, the introduction of psychiatric specialist evening outpatient service would unduly affect the relevant daytime services. It would review the service need in future when there was an improvement in the manpower situation. There was a suggestion that HA should give consideration to scheduling more of its daytime psychiatric outpatient consultation sessions as evening consultation sessions. In so doing, the total number of psychiatric outpatient attendances per day would be maintained at the same level on the one hand, and on the other hand the problem of low utilization of evening service could be addressed.

18. Some members considered that the existing psychiatric wards of public hospitals were neither supportive nor user-friendly for mental patients. They called on HA to expeditiously carry out improvement works to enhance the therapeutic environment of inpatient wards and redevelop Kwai Chung Hospital. The Administration advised that a complete redevelopment of KCH would be part of the modernization of mental health services in Hong Kong. Subject to funding approval, the Administration tentatively planned to carry out the redevelopment project of in three phrases starting from early 2016 for completion of the whole project in 2023.

Communication among HA and relevant government departments

19. 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.

20. 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.

21. The Administration further advised that SWD was provided with additional recurrent funding to 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 (i.e. the 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, had been set up to enhance cross-sectoral cooperation and collaboration to support the discharged mentally ill patients at the district level.

ICCMWs

22. While expressing support for the expansion of the integrated service model of ICCMWs to all 18 districts across the territory, 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. 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.

23. According to the Administration, there were currently 24 ICCMW service points operated by NGOs across the territory. 19 ICCMWs had secured permanent accommodation and 11 of them were in operation. The Administration would continue to identify suitable premises for the remaining five ICCMWs. Pending the availability of permanent accommodation, the operators of these five ICCMWs were using suitable premises of their organizations, local facilities, or renting suitable commercial premises as temporary service points. As an interim measure, SWD would consider providing rental support to individual ICCMW operators for setting up ICCMWs on commercial premises.

Support for carers of mental patients

24. 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.

Healthcare manpower for mental health services

25. There were concerns about the inadequacy of manpower of HA for mental health services, the high turnover of the healthcare professionals in HA in recent years and the heavy workload of MSWs working in the psychiatric stream in HA. A view was also expressed that the Administration should work out the medical, nursing and social work manpower requirements for psychiatric services. Some other members, however, pointed out that there was a net increase in the manpower of HA for the provision of mental health services in recent years. They considered that manpower mismatch was one of the underlying factors leading to the provision of mental health services fallen short of meeting the needs of persons with mental health problems.

26. According to the Administration, with an increase in the number of MSWS working in the psychiatric stream of HA in recent years, there had been a decrease in the number of cases taking care of by each MSW at any one time. HA had also deployed some clerical assistant to assist MSWs in processing applications for medical fee waiver. On the medical and nursing manpower,

the Administration advised that the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development was conducting a strategic review on healthcare manpower and professional development in Hong Kong. The Administration aimed to complete the review in 2014.

Recent developments

27. According to the Administration's replies to Members' initial written questions during the examination of Estimates of Expenditure 2014-2015, HA has earmarked a total of around $95.2 million to further enhance its psychiatric services in 2014-2015. These include, among others, the extension of the Case Management Programme to the remaining three districts (i.e. Yau Tsim Mong, Tai Po and Tsuen Wan (plus North Lantau)) to provide support for about 1 950 more patients with severe mental illness, and enhancement of the therapeutic components in psychiatric inpatient admission wards to facilitate early discharge and better community re-integration of patients. According to the Administration, the annual expenditure on mental health services of HA in 2014-2015 is estimated to be $4,049 million[1], representing an increase of 3.7% as compared to the revised estimate of $ $3,905 million in 2013-2014.

Relevant papers

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

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[1] The mental health service expenditure includes the direct staff costs (such as medical, nursing and allied health staff) for providing services to patients; the expenditure incurred for clinical support services (such as pharmacy); and other operating costs (such as utility expenses and equipment maintenance).

Appendix

Relevant papers on
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
Panel on Health Services and Panel on Welfare Services	31.3.2012 (Item II)	Agenda Minutes CB(2)2698/11-12(01)
Panel on Health Services	25.2.2013 (Item I)	Agenda Minutes

Committee	Date of meeting	Paper
Finance Committee	4.4.2014 (Session No. 7)	Agenda Administration's replies to Members' initial written questions during the examination of Estimates of Expenditure 2014-2015 (Reply serial no.: FHB(H)065, FHB(H)066, FHB(H)069, FHB(H)070, FHB(H)091, FHB(H)142, FHB(H)149, FHB(H)168, FHB(H)276)

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