

**For discussion  
on 16 June 2014**

**Legislative Council Panel on Health Services**

**Review on Mental Health –  
Strengthening Mental Health Services for Adults**

**PURPOSE**

This paper briefs Members on the progress of the mental health review being conducted by the Food and Health Bureau and proposals for strengthening mental health services provided by the Hospital Authority (HA) for adults.

**BACKGROUND**

2. The Government attaches great importance to the mental well-being of the public. We adopt an integrated approach in the promotion of mental health through a service delivery model that covers prevention, early identification, timely intervention and treatment, and rehabilitation for persons in need. Multi-disciplinary and cross-sectoral mental health services are provided to persons with mental health problems through collaboration and cooperation among HA, the Labour and Welfare Bureau, Social Welfare Department (SWD), Department of Health, non-governmental organisations and other stakeholders in the community.

3. Over the years, the Government's investment on mental health has increased, from \$3.75 billion in 2009-10 to over \$5 billion in 2013-14. As a major medical service provider for people with mental illness in Hong Kong, HA provides a spectrum of services ranging from in-patient facilities, day hospitals and specialist out-patient clinics (SOPCs) to community outreach services (see Annex A for a summary of psychiatric services provided by HA). Due in part to better awareness and detection of mental health problems, the demand for HA's services has been on the rise, as

evident in the increase in the number of patients with mental illness under its care from 165 300 in 2009-10 to 205 000 in 2013-14 (up to December 2013), and the trend is expected to continue.

4. To ensure that our mental health regime can rise up to the challenges of a growing and ageing population, FHB has embarked on a review of the existing mental health policy and services through the setting up of a Review Committee on Mental Health in May 2013. The review underlines our commitment to promoting the mental well-being of the population while safeguarding the interest of those with mental illness.

## **REVIEW ON MENTAL HEALTH**

### **Review Committee on Mental Health**

5. Chaired by the Secretary for Food and Health, the Review Committee on Mental Health comprises members with wide representation, including legislative councillors, academics, healthcare professionals, service providers, service user and caregiver, as well as representatives from the Equal Opportunities Commission and the Hong Kong Council of Social Services. The Review Committee is tasked 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. It will also consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community and resource availability. The membership of the Review Committee and its terms of reference are set out in Annex B and Annex C respectively.

### **Progress of the Review**

6. The Review Committee has been meeting regularly since its establishment. Two consultative forums were also conducted in June 2013 to gauge views of stakeholders on the existing mental health services. Over 40 organisations including service providers, concern groups, professional groups, patient groups and carer groups attended the forums. The Review Committee has agreed to adopt a life-course approach to the review and focus its initial efforts on examining adult mental health issues. Two expert groups have been set up under the Review Committee to study

dementia care and mental health services for children and adolescents in parallel.

7. On the overall direction of review, the Review Committee notes and reaffirms the established policy of the Government to promote mental health, prevent mental problems, while providing quality, affordable and accessible mental health services to persons in need. Guided by this policy, the Review Committee will examine the existing service delivery models, identify service gaps and consider measures for improvement along the following directions –

- (a) To promote public awareness and understanding of mental health, with a view to promoting self-care and reducing stigma against persons with mental health problems;
- (b) To reduce the prevalence of mental illness through early identification of persons suspected to have mental problems and timely intervention for those at risk; and
- (c) To provide quality and accessible mental health services, from primary and community care, specialist intervention and hospital care to rehabilitation and other social support services, to persons with mental illness based on an evidence-based approach, and having regard to the special needs of different age groups.

8. While the Review Committee and the two expert groups are continuing their work on the various fronts, members have initially observed some possible directions for enhancing the mental health services provided by HA for the adult age group, which will be discussed in the ensuing paragraphs.

## STRENGTHENING MENTAL HEALTH SERVICES FOR ADULTS

### Prevailing Mental Health Issues of the Adult Population

9. HA currently takes care of around 137 000 patients with mental illness who are aged between 18 and 64. Most of them are suffering from severe mental illness (SMI) (30%, such as schizophrenia) and common mental disorders (CMD) (60%, such as mood disorders and stress-related disorders), as detailed in the table below. Patients with severe or complex mental health needs are provided with multi-disciplinary and intensive specialist care in appropriate hospital settings, whereas those less so including persons with CMD will receive specialist-supported care in the community including primary care settings. In planning its adult mental health services, HA places special emphasis on early intervention and assertive treatment, especially for those at risk of relapse and hospitalisation.

#### No of Adult Psychiatric Patients at HA by Disease Type

<b>Adults (aged 18-64)</b>	<b>Total patient headcount<sup>^</sup> (1/1/2013 to 31/12/2013)</b>
Severe mental illness	39 100
Affective disorders	42 800
Stress-related disorders	36 800
Learning disabilities	6 200
Disorders due to psychoactive substance use	9 300
Behavioural syndromes associated with physiological disturbances and physical factors	2 500
Personality disorders	2 700
All other diagnosis	26 800
Grand total*	137 400

Note:

\* Aggregate sum may not equal to grand total since a patient would be counted separately if the patient is with more than one disease group.

<sup>^</sup> Rounded to the nearest hundred.

## **Patients with Severe Mental Illness**

10. For patients suffering from SMI, HA provides a combination of in-patient, out-patient and outreach psychiatric services to them depending on treatment needs. Targeted intervention is further introduced through the EASY (Early Assessment and Detection of Young Persons with Psychosis) programme and the Case Management Programme –

- (a) EASY – To facilitate early detection and intervention of psychotic cases, HA has launched the EASY programme since 2001 under which multi-disciplinary medical teams at district service centres provide referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. About 1 300 patients now receive intensive care under the EASY programme, representing 65% of new cases with first-episode psychosis; and
- (b) Case Management Programme – Launched in April 2010, the programme initially covered three districts and has now been extended to 15 districts in the territory. Upon roll-out of the programme to all the 18 districts in 2014-15, around 17 000 patients with SMI residing in the community will benefit from personalised and intensive support provided by case managers according to their needs. Depending on the risk and need profile of individual patients, on average a case manager takes care of about 40 to 60 patients at present.

11. The above programmes have recorded positive outcome since inception. The management of first-episode psychosis through EASY has reduced the time between onset of symptoms and interventions, and hence lowered the possibility of future relapse and treatment resistance. By providing ongoing and specialised support to SMI patients, the Case Management Programme has successfully helped many re-integrate into society. Subject to availability of resource and manpower, HA will consider extending the EASY programme to cover all new psychotic cases in the coming years. Meanwhile, HA will review the case manager to patient ratio of the Case Management Programme, with a view to strengthening support for SMI patients. Having regard to overseas

experience, HA is also considering the introduction of a peer support element in the Case Management Programme. Under this proposal, peer support workers who have rehabilitated from past mental illness will be engaged to assist case managers in supporting patients in the recovery process through experience sharing.

12. Intervention programmes apart, medication plays an important part in controlling symptoms of mental illness and preventing relapse. HA has taken steps to increase the use of psychiatric drugs with less disabling side-effects over the years. The number of patients taking second generation anti-psychotics has increased by nearly 90% over the past five years to around 55 000 as at the end of 2013. In 2014-15, HA plans to reposition all second generation oral anti-psychotic drugs (save for Clozapine due to its side effects) from the special drug category to the general drug category in the HA Drug Formulary so that all these drugs could be prescribed as first-line drugs.

### **Patients with Common Mental Disorders**

13. To enable early diagnosis and treatment of patients with CMD such as depression and anxiety disorders, HA has set up dedicated CMD clinics at its psychiatric SOPCs since 2010 for fast-tracking some 7 000 cases annually. With increasing demand for psychiatric services and the majority of persons queuing up at SOPCs being CMD cases, HA will seek to enhance the capacity of CMD clinics. Meanwhile, HA plans 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 CMD patients, such that doctors can devote more time to managing new cases. The role of primary care in treating CMD patients will also be further explored. With the above it is hoped that the existing bottleneck in psychiatric services could be eased and waiting time at SOPCs shortened as a result.

### **Patients with Learning Disability**

14. For patients with severe intellectual disability, infirmary services are provided by the Siu Lam Hospital which operates 500 beds at present. Apart from medical treatment and nursing care, these patients also receive rehabilitation services including occupational therapy, physiotherapy,

prosthetic and orthotic services, medical social services as well as social education training. There are 34 patients on the central waiting list as at end February 2014. Recognising the intensive care needs of these patients, HA will start planning work in Siu Lam Hospital in 2014-15 to make available space for additional beds, with a view to clearing up the waiting list by phases in the coming years.

### **Medical-social Collaboration**

15. Patients with mental illness living in the community are supported by a wide range of medical and social services to facilitate their rehabilitation. The effective operation of community mental health services calls for close collaboration among stakeholders from the medical and social care sectors. Following the implementation of the Case Management Programme, a three-tier collaboration platform was instituted by HA and SWD in 2010 to facilitate cross-sectoral communication at the central, district and service delivery levels.

16. At the central level, the HA head office and SWD headquarters as well as non-governmental organisations meet regularly to discuss service strategies and explore models of collaboration. At the district level, HA's chiefs of psychiatry services and SWD's District Social Welfare Officers liaise regularly with service providers in the district and relevant government agencies to coordinate community support services, and to consider any necessary adjustment to service models having regard to district-specific demographics and service demand. At the service delivery level, HA's case managers maintain close contact with other service providers, including SWD's Integrated Community Centres for Mental Wellness, for discussion and coordination on matters such as case referral and arrangements for rehabilitation services.

17. In response to rising expectation for seamless collaboration between the medical and social sectors, HA and SWD have set up a task group to revisit the existing service model and develop a service framework for enhancing collaboration and communication between the two sectors. The service framework seeks to articulate a clear delineation of roles of different service providers, which would help eliminate service gaps and enable service providers to better respond to the needs of patients and families. It is hoped that a draft service framework will be ready for

consultation with stakeholders (including patient groups) by end 2014.

## **NEXT STEPS**

18. With endorsement by the Review Committee on Mental Health, HA will follow up on the abovementioned enhancement measures with a view to putting them into action as soon as possible. The Review Committee will continue its work in the other areas, including dementia care and mental health services for children and adolescents, and we will publish the recommendations upon completion of the review.

## **ADVICE SOUGHT**

19. Members are invited to note the content of this paper.

**Food and Health Bureau**  
**June 2014**



**Mental Health Services Provided by the Hospital Authority (HA)**

As a major medical service provider for people with mental problems in Hong Kong, HA provides a spectrum of services ranging from in-patient facilities, day hospitals and specialist out-patient clinics (SOPCs) to community outreach services through multi-disciplinary teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, occupational therapists, etc.

2. Due in part to better awareness and detection of mental health problems, demand for HA's mental health services has been on the rise in recent years. In 2013-14 (as at 31 December 2013), more than 205 000 persons with mental health problems received treatment and support through HA's psychiatric services, as compared to 165 300 patients in 2009-10. Among these 205 000 patients, about 23 200 were below the age of 17 years, 137 400 were 18-64 years old and 44 800 were aged 65 or above.

***In-patient Services***

3. Psychiatric in-patient care is essential to facilitate symptom control, behavioural management and early recovery for patients experiencing acute psychiatric crisis. In 2013, some 15 000 patients received in-patient care in HA's psychiatric units, of whom about 650 required long-term care and had been hospitalised for more than one year. Most in-patients suffer from severe mental illness (SMI) such as schizophrenia. Others are extended care patients with complex needs who require a longer period of rehabilitation in the hospital.

4. With the development of different community and outreach programmes, the demand for in-patient beds has remained steady. HA currently maintains 3 607 psychiatric beds and the bed occupancy rate stays at around 70 – 80%. HA will continue to upgrade the facilities in psychiatric in-patient admission wards as necessary, including renovating the Kwai Chung Hospital in the short and medium term and redeveloping it in the longer term. It will also recruit additional multi-disciplinary staff to provide a structured therapeutic programme for those in need of psychiatric in-patient services.

### ***Specialist Out-patient Services***

5. HA's psychiatric outpatient clinics serve as a major entry point for new patients into the public mental healthcare system and provide the main bulk of ambulatory care for patients with mental illness. In 2013-14 (as at 31 December 2013), the psychiatric SOPCs recorded a total of 594 000 attendances. Among them, about 36 000 were first attendances. New cases received at SOPCs will be triaged into priority 1, priority 2 and routine cases according to their severity and urgency. HA seeks to keep the median waiting time for first appointment at SOPCs for priority 1 and priority 2 cases under two and eight weeks respectively to ensure that the more urgent and severe cases are followed up promptly. This service pledge has been met.

6. The number of SOPC attendances, in particular the routine cases, has been on the rise in recent years. Routine cases made up 63% of SOPC attendances in 2009-10, rising to 71% in 2013-14. In view that most of these cases were patients suffering from common mental disorders (CMD), HA has since 2010 set up CMD clinics at the psychiatric SOPCs in all seven clusters to provide early assessment and consultation services for CMD patients. These CMD clinics serve about 7 000 patients annually. HA has also launched the Integrated Mental Health Programme under which patients with mild mental illness receive maintenance treatment in the primary care settings at HA's designated general out-patient clinics.

### ***Psychiatric Day Hospitals***

7. In line with the international trend to provide psychiatric services to people with mental illness in community settings, the psychiatric day hospitals of HA provide a range of treatment and rehabilitation to patients who attend for a number of hours each week. HA provided 889 psychiatric day hospital places in 2012-13.

### ***Community Outreach Services***

8. To facilitate the recovery of patients with mental illness who live in the community, HA operates cluster-based community psychiatric services covering the 18 districts of Hong Kong. In 2013-14 (up to 31 December 2013), 186 478 community psychiatric outreach attendances and 73 513 psychogeriatric outreach attendances were recorded. These outreach services are mainly provided through the following programmes –

- (a) Crisis Intervention Teams – HA has set up Crisis Intervention Teams in all seven clusters to provide intensive support and long-term care to high-risk patients including those with propensity to violence or record of severe criminal violence. The Crisis Intervention Teams comprising community psychiatric nurses and medical social workers will reach out to patients requiring urgent attention and provide timely intervention including referrals to appropriate treatment if necessary;
- (b) Case Management Programme – To provide intensive, continuous and personalised support for SMI patients, HA launched the Case Management Programme in April 2010. Initially covering three districts, the Case Management Programme will be rolled out to all the 18 districts in Hong Kong in 2014-15, providing support to some 17 000 SMI patients; and
- (c) Psychogeriatric Outreach Services – The psychogeriatric outreach teams of HA provide consultation to elders in residential care homes for the elderly with varying degrees of mental health problems such as dementia and depression. The outreach teams also provide training and support to carers and staff of residential care homes. The services currently cover around 110 subvented residential care homes for the elderly and over 200 private ones all over Hong Kong.

**Membership of the Review Committee on Mental Health**

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**Review Committee on Mental Health  
Terms of Reference**

1. To review the existing policy on mental health with a view to mapping out the future direction for development of mental health services in Hong Kong.
2. To consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community and resource availability.
3. To examine the need and feasibility of introducing community treatment order in Hong Kong and consider any other changes to the Mental Health Ordinance as necessary.