

# 立法會 *Legislative Council*

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## **Panel on Welfare Services and Panel on Health Services**

### **Joint Subcommittee on Long-term Care Policy**

**Background brief prepared by the Legislative Council Secretariat for  
the meeting on 21 February 2014**

#### **Mental health case management**

#### **Purpose**

This paper provides a brief account of the past discussions at the Legislative Council and its committees regarding mental health case management.

#### **Background**

2. According to the Administration, the Government has been promoting mental health through a comprehensive range of services including prevention, early identification, medical treatment and rehabilitation services. In line with the international trend to gradually focus more on community and ambulatory services in the treatment of mental illness, it has introduced various initiatives to enhance community support for mental patients with a view to facilitating their recovery and re-integration into the community.

3. To enhance community support for persons with mental illness, the Hospital Authority ("HA") launched the Case Management Programme ("the Programme") in three districts, namely Kwun Tong, Kwai Tsing and Yuen Long, in April 2010 to provide intensive, continuous and personalized support to patients with severe mental illness ("SMI"). Under the Programme, case managers work closely with various service providers, particularly the Integrated Community Centres for Mental Wellness ("ICCMWs") set up by the Social Welfare Department ("SWD"), in providing support to target patients.

## **Members' deliberations**

### Manpower situation

4. Members had raised concern about the inadequacy of case managers to serve patients with SMI in the community. They called on the Administration to have realistic manpower planning based on its estimated number of target recipients.

5. The Administration advised that HA estimated that there were about 16 000 patients with SMI who were suitable for receiving intensive support under the Programme in community settings. HA would consider extending the Programme to all districts in Hong Kong. It was expected that this would involve over 300 case managers. With the extension of the coverage of the Programme to 12 districts in 2012-2013, a total of 207 case managers (as at February 2013) were providing services to around 12 000 patients with SMI living in these districts. HA planned to further roll out the Programme to three more districts to serve an additional 2 800 patients with SMI in 2013-2014, and to cover all districts in Hong Kong in about two years. It was estimated that an additional 56 case managers would be recruited in 2013-2014.

6. According to the Administration, apart from providing funding for recruiting case managers, additional funding had also been allocated to SWD to increase the staff resources of ICCMWs. In 2013-2014, the Administration allocated additional provision of \$12.5 million to enhance the manpower of ICCMWs with a view to dovetailing with the Programme implemented by HA, and providing services for more persons in need.

### Qualification requirement, duties and workload of case managers

7. Members enquired about the qualification requirement, major duties and caseload of case managers. The Administration advised that the case managers were usually community psychiatric nurses, occupational therapists and registered social workers with experience in mental health services. They were all provided with structured training on case management through intensive classroom teaching, workshops and practicum with supervision. Their major duties were encouraging and promoting medication compliance and providing necessary counselling to patients as well as to their families. Case managers' work was related to the patients being followed up. The workload varied from one case manager to another, depending on factors such as patients' clinical

conditions and degrees of exposure to risk in the community, etc. The caseload of case managers had been improved from the past 70-odd cases to the current 50-odd cases. It was expected that additional case managers could be recruited to fill vacancies in two years' time to enhance support for patients. HA had also commissioned a local university to conduct an evaluative study on the effectiveness of the Programme.

#### Referral for follow-up by ICCMWs

8. Regarding collaboration between the healthcare and welfare sector under the Programme, Members raised concerns about the circumstances and criteria under which case managers would refer cases to ICCMWs, and how they co-operated with the social workers of ICCMWs to assist the patients in their rehabilitation after referral.

9. The Administration advised that since October 2010, ICCMWs had provided one-stop district-based community support services to mental patients, persons with suspected mental health problems, their families/carers, and residents in the district through 24 service points across the territory. These integrated services ranged from early prevention and intervention to risk management through public education, day training, counselling and outreaching visits, etc. In deciding whether referral should be made for individual cases, case managers of HA would take into account the needs of mental patients and whether the services provided by ICCMWs were appropriate for the actual conditions of the patients. From the commencement of the Programme in 2010 to the end of March 2012, HA had made a total of 765 case referrals to ICCMWs in eight districts for follow-up services.

#### **Relevant papers**

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

## Appendix

### Relevant papers on Mental health case management

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	14 March 2011 (Item VII)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Subcommittee on Residential and Community Care Services for Persons with Disabilities and the Elderly	28 March 2011 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services and Panel on Welfare Services	31 March 2012 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Legislative Council	18 April 2012	<a href="#">Official Record of Proceedings</a> <a href="#">Pages 67 – 71</a>
Panel on Health Services	25 February 2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Finance Committee	11 April 2013	<a href="#">Agenda</a> <a href="#">Minutes</a>

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