For discussion
on 30 June 2014

LC Paper No. CB(2)1900/13-14(04)

Legislative Council Panel on Welfare Services

Services and Policies relating to Family Support

Purpose

This paper briefs Members on the services and policies in place to support families.

Background

2. The fundamental principle of the Government's family policy is to recognise and promulgate that the family is the cornerstone of our society. The objective of our family policy is to enhance family harmony with a view to building a harmonious community and alleviating social problems. This may be further elaborated as promoting family core values, engendering a culture of loving families and creating/supporting a general pro-family environment. In order to achieve the objective of the family policy, the key policy measures adopted by the Government include:

(a) establishing the Family Council in 2007 to provide a cross-sector and cross-bureau platform to study and address family-related problems with a view to providing high-level steer and advice, and fostering effective coordination and collaboration to maximize efforts and achieve synergy;

(b) with effect from 1 April 2013, the established approach of including family perspectives in the policy-making process is further enhanced by introducing a mandatory assessment of family implications and impact on family for all policies. Relevant assessment is included in all policy submissions and Legislative Council briefs. Bureaux/departments are encouraged to consult the Family Council on new policies which carry family implications; and

(c) to implement the new initiatives and to strengthen its advisory role, the Family Council is re-constituted under a new non-official Chairman with effect from 1 April 2013.

Promotion of family core values and family education

3. With a view to strengthening family core values, the Family Council has introduced a series of family education packages including "18 Handy Tips for Parents", "Family Therapy Package" and "Marital Relationship" through the "Happy Family Info Hub" (http://www.familycouncil.gov.hk). "18 Handy Tips for Parents" and "Marital Relationship" are also broadcast in Integrated Family Service Centres (IFSCs) and Maternal and Child Health Centres (MCHCs).

4. To better address the needs of families with newborn babies, the Family Council will launch a new series of family education package in the third quarter of 2014 to share handy tips on how to address problems faced by families with newborn babies. One of the episodes is themed on postnatal mood disorders. The Family Council will continue its endeavour in promoting family core values and supporting a pro-family environment.

Family Welfare Services

(a) Publicity and Public Education

5. SWD has since 2002 launched a series of territory-wide publicity and district-based programmes on "Strengthening Families and Combating Violence" to enhance public awareness of the need to strengthen families and prevent domestic violence. Various media channels have been used to publicise the messages including broadcasting of docu-dramas and publicity videos on TV, showing education short films/animations on transportation systems, posting up posters at public venues and transportation systems, organising games and competitions through the Internet, and distribution of promotional leaflets and premiums, etc. District-based public education programmes and activities have also been organised from time to time by District Social Welfare Offices of SWD in collaboration with NGOs.

6. SWD also operates the Family Life Education Resource Centre (FLERC) which develops resource package targeting family education. FLERC also renders support to both SWD and NGO service units providing family education services with a view to promoting family functioning, strengthening family relationship and preventing family breakdown.

(b) Integrated Family Service Centre Service Mode

7. There are now a total of 65 IFSCs over the territory run by SWD and NGOs to provide a spectrum of preventive, supportive and remedial services. Each IFSC serves a well-defined geographical service boundary under the guiding principles of accessibility, early identification, integration and partnership. To enhance the accessibility of the services, all IFSCs have extended the hours of service twice a week to 8 or 9 pm and on all Saturdays. IFSCs provide integrated services for individuals and families according to their needs as assessed, which may include family life education, parent-child activities, enquiry services, volunteer training, outreaching services, groups and programmes, counselling services, service referrals, etc.

8. Community partnership contributes towards early identification and referral of cases. IFSCs maintain close collaboration and interfacing with government departments/organisations concerned (e.g. Department of Health(DH), Hospital Authority (HA), Housing Department (HD), the Police, etc.), other social welfare service units, schools, clinics, District Councils, community organisations, etc. in the district through regular liaison including visits, meetings and sharing sessions. All these stakeholders work together in IFSCs' community-based projects for addressing various local needs, including problems of social dislocation due to housing re-development or new settlement, and to meet the multifarious welfare needs of individuals and families in the community.

9. Social Security Field Units (SSFUs) in the districts are also one of the closest working partners of IFSCs in serving vulnerable individuals and families. To facilitate identification and referral of cases, staff of SSFUs are equipped, through the Orientation cum Induction Programme and other in-service training courses, with knowledge about collaboration with IFSCs and preliminary identification of cases in need including customers with mental problem or mental disorder. A well-established referral mechanism is also in place between SSFUs and IFSCs. Upon referrals from SSFUs, IFSC caseworkers will proactively reach out to the individuals/families in need through telephone contacts, home visits and interviews to assess their social circumstances and welfare needs. In 2011-12, 2012-13 and 2013-14, IFSCs served 3 612, 3 571 and 3 590 cases respectively arising from referrals from SSFUs.

(c) Family Support Programme

10. To enhance connection with vulnerable families, especially those who are unmotivated to seek help to address their problems, SWD has since 2007 launched the Family Support Programme (FSP) in IFSCs/Integrated Services Centres (ISCs)[1], Family and Child Protective Services Units (FCPSU) and Psychiatric Medical Social Services Units. FSP aims to proactively reach out to vulnerable families, including families at the risk of domestic violence, psychiatric problems and social isolation.

11. Under FSP, social workers introduce to the needy families, through telephone contacts, home visits and other outreaching service, various support services available and motivate them to receive appropriate services to prevent further deterioration of their problems. Volunteers including those who have gone through similar problems or crises before are recruited and trained to contact these families to form a network of community care and assistance. Under FSP, there were 3 625 volunteers serving as Family Support Persons as at 31 March 2014 and a total of 8 628, 9 885 and 10 313 individuals/families were successfully engaged in mainstream services or other community services in 2011-12, 2012-13 and 2013-14 respectively.

(d) Family Support Networking Teams

12. Family Support Networking Teams (FSNTs) were formed in 2003 as follow-up to the recommendation of the Consultancy Study on the Review of Integrated Neighbourhood Projects (INPs) in Targeted Old Urban Areas to continue serving the vulnerable living in these old urban districts. At present, there are seven FSNTs serving three old urban districts including Kowloon City, Sham Shui Po and Yau Tsim Mong. FSNTs provide outreaching services for vulnerable families such as new arrivals, Comprehensive Social Security Assistance recipients and single parent families, etc. and refer needy cases to appropriate service units for timely intervention.

13. Each year, the seven FSNTs have successfully contacted at least 4 000 new vulnerable families through outreaching attempts and referred at least 1 600 to mainstream services including IFSCs and SSFUs. For residents moving to newly established public housing estates, IFSCs will align with FSNT workers so that the latter may refer vulnerable families moving or rehoused to new public housing estates from old urban districts for timely

[1] The two Integrated Services Centres in Tung Chung area operated by NGOs provide comprehensive, holistic and integrated services to residents to fulfill their multifarious needs including the children, youth, disabled persons, adults and elderly in the community.

services to these families.

(e) Comprehensive Child Development Service

14. As a joint initiative of the Labour and Welfare Bureau, Education Bureau, DH, HA and SWD, the Comprehensive Child Development Service (CCDS) aims to identify, at an early stage, the various health and social needs of children (aged 0 to 5) and their families so as to foster healthy development of children. It makes use of the Maternal and Child Health Centres (MCHCs) of DH, the obstetric clinics of HA and other relevant service units, such as IFSCs and pre-primary institutions, to identify at-risk pregnant women, mothers with postnatal depression, families with psychosocial needs and pre-primary children with health, developmental and behavioural problems, etc.. Needy children and families so identified will be referred to appropriate health and/or social services. In 2011-12, 2012-13 and 2013-14, MCHCs made 894, 1 632 and 2 152 referrals to IFSCs/ISCs for follow-up services. Among the reasons for referrals, the three major ones were emotional problem, childcare problem and marital problem.

Support Services

15. A variety of services to assist families to obtain support in facing various challenges are provided through collaborative efforts among different stakeholders, government departments and NGOs.

(a) Hotline service

16. Since 2008 SWD has enhanced its hotline service to provide round-the-clock phone counselling, support and advice by social workers for individuals/families in need, and to arrange appropriate follow-up services. In parallel, 24-hour hotline services are also provided by the five refuge centres for women, the Multi-purpose Crisis Intervention and Support Centre (named as CEASE Crisis Centre) and the Family Crisis Support Centre (FCSC) for victims of domestic violence and their families or individuals in crisis/distress. Where necessary, outreaching will be conducted to render timely intervention to families in crisis.

(b) Enhanced Day and Residential Child Care Services

17. To support parents who are unable to take care of their children temporarily because of work or other reasons, and assist low-income families in obtaining child care support, SWD provides subsidies or subventions for NGOs to run a variety of day child care services over the territory for children below the age of six, which include (a) aided standalone child care centres (CCCs) which provide full day edu-care for children aged 0 to under 3; (b) extended hours service (EHS) which provides longer hours of child care assistance at some aided standalone CCCs and aided CCCs attached to kindergartens to meet the social needs of families and working parents; (c) occasional child care service (OCCS) which provides occasional child care assistance on full-day, half-day or two-hour sessional basis at some CCCs and CCCs attached to kindergartens for parents or carers with sudden engagements or various commitments; and (d) mutual help child care centres (MHCCCs) which promotes mutual help on child care within the neighbourhood with activities carried out in the form of mutual help child care group. With the exception of aided standalone CCCs, there are still unused quotas for various child care services. SWD plans to increase places in aided standalone CCCs. In addition, fee subsidies are available for needy parents with financial difficulties.

18. To enhance service flexibility and promote neighbourliness, the district-based Neighbourhood Support Child Care Project (NSCCP) providing services throughout the year was piloted and then regularised in 2010-11. NSCCP is delivered at neighbourhood level, targeting needy families as well as recruiting child carers through networking and collaboration with local community groups and welfare organisations etc. SWD will enhance NSCCP in 2014-15 by extending the age limit of target service recipients from below the age of six to below the age of nine, providing at least 234 additional places for the home-based child care service, and providing additional funding for service operators to enhance social work support for the service.

19. A wide range of residential care services for children in need of out-of-home care because of family problems and/or their behavioural or emotional problems, are provided free of charge. The major types include (a) foster care in a home setting for children aged below 18; (b) residential child care centres for children aged below 6; (c) small group homes for children aged between 4 and 18; and (d) children's homes for children and young persons aged between 6 and 21. These residential care services are operated by NGOs with subventions to provide counselling and related welfare support for the residents to facilitate their development and preparation for discharge, including restoring them to parental care. In order to strengthen support for families and

children in need, additional resources have been secured to further increase 130 places by phases from 2012-13 onwards. To better support the children in foster homes, the foster care allowance has also been raised significantly by over 30% since 2012-13. For early identification of the special psycho-social needs or problems of the resident children, professional staff support in residential care homes has been enhanced through provision of additional social workers and introduction of clinical psychological services since 2013-14.

(c) Integrated Community Centres for Mental Wellness

20. The 24 Integrated Community Centres for Mental Wellness (ICCMWs) operated by NGOs across the territory provide one-stop, district-based and timely mental health support services for discharged mental patients, persons with suspected mental health problems and their families/carers. These services include casework counselling, therapeutic and supportive groups, outreaching services, day training, drop-in services, social and recreational activities, public education programmes, etc. ICCMWs will refer to HA cases that warrant follow-up assessment and treatment. In 2011-12, 2012-13 and 2013-14, the 24 ICCMWs served a total of 18 088, 22 717 and 24 294 members. They received a total of 10 864, 9 903 and 9 417 referrals for service and conducted 67 242, 67 773 and 63 652 outreaching visits in 2011-12, 2012-13 and 2013-14 respectively,

21. ICCMWs organise public education programmes on mental health for community stakeholders and the general public with a view to enhancing their awareness of mental health as well as facilitating early identification of and intervention for persons with mental health problems. In 2011-12, 2012-13 and 2013-14, ICCMWs conducted 2 220, 3 206 and 2 352 public education activities involving 123 920, 127 636 and 142 428 participants respectively including families and carers as well as local residents.

22. An established referral mechanism has also been in place at HA's psychiatric specialist out-patient clinics (SOPCs) to accept cases referred by ICCMWs through registered medical practitioners or community psychiatric services of HA. HA's community psychiatric teams, which comprise psychiatrists, psychiatric nurses and allied health professionals, have maintained close liaison with and conducted regular case conferences with social workers of ICCMWs to provide professional assessments, diagnoses, referrals, outreach community support and crisis management services for community members, including mental patients and persons with suspected mental problems, so as to bring community cases and psychiatric SOPCs into better integration.

23. In addition, to enhance cross-sectoral cooperation and collaboration to support persons with mental health problems at district level, 11 District Task Groups 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 ICCMWs, NGOs and other relevant parties (such as the HD and the Police) have been set up. Case conferences among frontline staff of HA, ICCMWs, IFSCs, MSSUs and other stakeholders are also held for cases requiring special attention to ensure necessary support and services are provided for the patients and their families in a coordinated and holistic manner.

Specialised Services and Crisis Intervention for Domestic Violence

(a) Counselling and Treatment

24. 11 Family and Child Protective Services Units (FCPSUs) have been set up by SWD over the territory as specialised units to assist families with problems of child abuse and spouse/cohabitant battering so as to restore the normal functioning of these families and safeguard the interests of the children affected by custody/guardianship disputes. Clinical psychologists, both SWD and NGOs, will provide assessment and treatment services for individuals presenting psychological symptoms.

25. SWD provides various types of counselling services for batterers so as to help them change their abusive attitude and behaviour. On top of the Batterer Intervention Programme (a 13-session psycho-education programme) and the Anti-violence Programme (arranged for batterers who are required by the courts under the Domestic and Cohabitation Relationships Violence Ordinance (Cap. 189) to participate in psycho-education programmes), a new service operated by NGOs, namely Educational Programme on Stopping Domestic Violence, has been launched in 2013 to provide early and flexible intervention for batterers or high conflict intimate partners.

(b) Co-ordination and Referral Mechanism for Handling Domestic Violence Cases

26. A co-ordination mechanism is in place between the Police and SWD to facilitate intervention in domestic violence cases round-the-clock to stop the batterers' abusive behaviour and to provide necessary support for the victims and their families. Through the mechanism, the Police may refer domestic violence cases to SWD promptly for crisis intervention, counselling and other assistance. Moreover, a 24-hour direct referral line has been set up between the Police and SWD. In handling urgent and high-risk domestic violence cases, the Police may also seek social workers' professional advice and assistance, or refer urgent cases to social workers through this 24-hour direct referral line.

(c) Refuge Centres and Crisis Centres

27. Individuals and families in crisis of domestic violence may seek temporary accommodation at emergency shelters. There are five refuge centres for women with a total capacity of 260 places. The CEASE Crisis Centre provides 80 short-term residential places for victims of sexual violence as well as individuals and families facing domestic violence or in crisis while the FCSC also provides 40 places of short-term accommodation for individuals and families in crisis or distress. These centres are able to admit individuals and families in need of urgent placement at late night when they are approached by the police, social workers or the victims themselves.

(d) Victim Support Programme

28. To strengthen support for victims of domestic violence including those undergoing legal proceedings, SWD has launched the Victim Support Programme for Victims of Family Violence (VSP) since June 2010. VSP provides emotional support and information on community support services, including legal aid services, accommodation, medical and childcare services and relevant legal proceedings, for the victims concerned. If necessary, social workers or volunteers will accompany them to attend court hearings and go through the legal proceedings so as to alleviate their fear and helplessness.

Mental Health Services for Adults

29. As to the progress of the mental health review being conducted by the Food and Health Bureau and proposals for strengthening mental health services provided by HA for adults, as well as a summary of psychiatric services provided by HA, please refer to LC Paper No. CB(2)1732/13-14(01) at **Annex**.

Advice Sought

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

Labour and Welfare Bureau
Home Affairs Bureau
Social Welfare Department
June 2014

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

Adults (aged 18-64)	**Total patient headcount^ (1/1/2013 to 31/12/2013)**
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.

^ 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

Annex A

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.

Annex B

Membership of the Review Committee on Mental Health

Chairman

Dr KO Wing-man
(Secretary for Food and Health)

Members

Prof Alfred CHAN Cheung-ming
(Chairman, Elderly Commission)

Mr Eric CHAN Kwok-shing
(Treasurer, Executive Committee, Concord Mutual-Aid Club Alliance)

Ms Crystal CHENG Lai-ling
(Business Director (Services Development), The Hong Kong Council of Social Service)

The Hon CHEUNG Kwok-che
(Legislative Councillor, Social Welfare Functional Constituency)

Dr W L CHEUNG
(Director(Cluster Services), Hospital Authority)

Mr Mico CHOW Man-cheung
(Chairman, HK FamilyLink Mental Health Advocacy Association)

Dr Ferrick CHU Chung-man
(Head, Policy and Research Unit, Equal Opportunities Commission)

Ms Kimmy HO Wai-kuen
(Director, Mental Health Association of Hong Kong)

Dr HUNG Se-fong
(Psychiatrist in private practice)

Prof Linda LAM Chiu-wa
(President, The Hong Kong College of Psychiatrists)

Ms Jaime LAM Chui-yee
(Lawyer)

Prof the Hon Joseph LEE Kok-long
(Legislative Councillor, Health Services Functional Constituency)

Prof Peter LEE Wing-ho
(Clinical and Health Psychologist, Hong Kong Sanatorium & Hospital)

Mr Michael MAK Kwok-fung
(Vice President, Hong Kong College of Mental Health Nursing)

Prof SHAM Pak-chung
(Director of Academic Developments, Department of Psychiatry, The University of Hong Kong)

Ms Sania YAU Sau-wai
(Chief Executive Officer, New Life Psychiatric Rehabilitation Association)

Ex-officio Members

Mr Richard YUEN
(Permanent Secretary for Food and Health (Health))

Prof Sophia CHAN
(Under Secretary for Food and Health)

Miss Annie TAM
(Permanent Secretary for Labour and Welfare)

Mrs Michelle WONG
(Deputy Secretary for Education, Education Bureau)

Dr Monica WONG
(Head, Primary Care Office, Department of Health)

Mr FONG Kai-leung
(Assistant Director (Rehabilitation and Medical Social Services), Social Welfare Department)

Co-opted Members

Representative from the Police Force

Representative from the Housing Department

Annex C

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.