

# 立法會

## *Legislative Council*

LC Paper No. CB(2)141/18-19

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS+CB4/PL/ED+CB2/PL/WS

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

**Minutes of joint meeting  
held on Wednesday, 20 December 2017, at 10:30 am  
in Conference Room 2 of the Legislative Council Complex**

**Members present** : Panel on Health Services

- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
- # Dr Hon Pierre CHAN (Deputy Chairman)
- \* Hon Tommy CHEUNG Yu-yan, GBS, JP
- Hon WONG Ting-kwong, GBS, JP
- \* Hon Starry LEE Wai-king, SBS, JP
- Hon CHAN Kin-por, GBS, JP
- \*# Hon Mrs Regina IP LAU Suk-ye, GBS, JP
- Hon Paul TSE Wai-chun, JP
- Hon YIU Si-wing, BBS
- \* Hon Charles Peter MOK, JP
- \*# Hon CHAN Chi-chuen
- \* Hon CHAN Han-pan, JP
- \*# Dr Hon Fernando CHEUNG Chiu-hung
- \*# Dr Hon Helena WONG Pik-wan
- \* Dr Hon Elizabeth QUAT, BBS, JP
- # Hon POON Siu-ping, BBS, MH
- \*# Hon CHU Hoi-dick
- Hon SHIU Ka-fai

#### Panel on Education

- ^ Dr Hon CHIANG Lai-wan, JP (Chairman)
- Hon IP Kin-yuen (Deputy Chairman)
- Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
- Hon Claudia MO
- # Hon Michael TIEN Puk-sun, BBS, JP

Hon MA Fung-kwok, SBS, JP  
# Hon LEUNG Che-cheung, SBS, MH, JP  
Ir Dr Hon LO Wai-kwok, SBS, MH, JP  
Hon HO Kai-ming  
Hon Holden CHOW Ho-ding  
# Hon Wilson OR Chong-shing, MH  
Hon Tanya CHAN  
Hon CHEUNG Kwok-kwan, JP  
Hon HUI Chi-fung  
Hon LAU Kwok-fan, MH  
Dr Hon CHENG Chung-tai

Panel on Welfare Services

^\* Hon SHIU Ka-chun (Chairman)  
^ Hon KWONG Chun-yu (Deputy Chairman)  
Hon KWOK Wai-keung, JP  
Hon Alvin YEUNG  
Hon LUK Chung-hung

**Member attending** : Hon James TO Kun-sun

**Members absent** : Panel on Health Services

Hon Alice MAK Mei-kuen, BBS, JP  
# Dr Hon KWOK Ka-ki  
\*# Dr Hon Junius HO Kwan-yiu, JP

Panel on Education

# Hon LEUNG Yiu-chung  
Hon Abraham SHEK Lai-him, GBS, JP  
Hon Dennis KWOK Wing-hang

Panel on Welfare Services

Hon Andrew WAN Siu-kin  
Hon YUNG Hoi-yan

- (^ Also members of the Panel on Health Services)  
(\* Also members of the Panel on Education)  
(# Also members of the Panel on Welfare Services)

- Public Officers attending** : Dr CHUI Tak-yi, JP  
Under Secretary for Food and Health
- Mr FONG Ngai  
Head, Healthcare Planning and Development Office  
Food and Health Bureau
- Mr Godwin LAI Kam-tong  
Principal Assistant Secretary for Education (Special Education)  
Education Bureau
- Dr Verena LAU Wing-yin  
Senior Specialist (Educational Psychology Service/Kowloon)  
Education Bureau
- Mr Huggin TANG  
Assistant Secretary for Labour and Welfare (Welfare) 2A  
Labour and Welfare Bureau
- Dr Linda YU Wai-ling  
Chief Manager (Integrated Care Programs)  
Hospital Authority
- Dr Thomas CHUNG Wai-hung  
Consultant Community Medicine (Student Health Service)  
Department of Health
- Mr FONG Kai-leung  
Assistant Director of Social Welfare (Rehabilitation & Medical Social Services)  
Social Welfare Department
- Mrs Helen KWOK LI Mung-yee  
Assistant Director of Social Welfare (Youth & Corrections)  
Social Welfare Department
- Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5
- Staff in attendance** : Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

---

Action

**I. Election of Chairman**

Mr SHIU Ka-chun, Chairman of the Panel on Welfare Services, advised that as agreed with Prof Joseph LEE, Chairman of the Panel on Health Services, and Dr CHIANG Lai-wan, Chairman of the Panel on Education, he should chair the joint meeting. In accordance with the rule 22(k) of the House Rules, members agreed that Mr SHIU would chair the joint meeting.

**II. Mental health of adolescents**

[LC Paper Nos. CB(2)512/17-18(01) and (02)]

2. Under Secretary for Food and Health ("USFH") briefed members on the mental health services for adolescents, details of which were set out in the Administration's paper (LC Paper No. CB(2)512/17-18(01)).

3. Members noted the background brief entitled "Mental health of adolescents" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)512/17-18(02)).

Prevalence of mental disorders in adolescents

4. Prof Joseph LEE sought information about the number of children and adolescents with mental health problems in Hong Kong. USFH advised that the Government was planning to commission studies on the mental health status of the population, in particular adolescents. The Chairman remarked that as a reference, one-fourth of adolescents in Australia had mental health needs and 75% of the mental illnesses appeared before the age of 25. Locally, a study released by the Baptist Oi Kwan Social Service in August 2016 revealed that half of the some 15 000 secondary school students under the study had emotional problems. He called on the Administration to attach great importance to the mental health of adolescents as it was stated by the World Health Organization that there would be no health without mental health.

Action

Prevention of youth suicides

5. Dr CHIANG Lai-wan expressed concern about the suicide spate among adolescents in the past few years and whether all adolescents having mental health problems had been identified and had received help. While agreeing that suicide was a complicated social problem with multifunctional causes, she considered that the Task Force on Prevention of Youth Suicides, led by the Labour and Welfare Bureau in coordination with the Education Bureau ("EDB") and relevant bureaux or departments, should study, among others, whether there were any common risk factors, such as family background, leading to the suicide cases. Dr Fernando CHEUNG remarked that the Committee on Prevention of Student Suicides set up under EDB in 2016 observed that about one-fourth of the 38 suicide cases in primary and secondary schools it studied were from single, divorced or widowed and remarriage households. Ir Dr LO Wai-kwok considered it important to identify at-risk families and adolescents so that appropriate support would be provided to help them overcome the problems. In his view, there was a need to strengthen neighbourhood support to create a harmonious society. Dr Elizabeth QUAT appealed to all LegCo Members to help cultivate a harmonious society. Mr POON Siu-ping called on the Task Force on Prevention of Youth Suicides to complete its work ahead of schedule.

Admin

6. Assistant Secretary for Labour and Welfare (Welfare) 2A advised that the Task Force on Prevention of Youth Suicides had commenced work in mid-November 2017 and expected to submit its report and recommendations to the Chief Executive by end-2018. The Chairman remarked that members of the three Panels should be briefed on the work progress of the Task Force by mid-2018. At the request of Dr CHIANG Lai-wan, USFH undertook to provide information, if available, on the suicide rate of adolescents aged between 12 and 17 years in the past 10 years.

7. Referring to the universal, selective and indicated prevention strategies put forth in the final report of the Committee on Prevention of Student Suicides ("the Final Report"), Dr Fernando CHEUNG was of the view that the study and homework pressure on students, the lack of family-friendly policies such as standard working hours, parental leaves, flexible working hours, and the lack of additional resources for enhancing the capacity of the child and adolescent psychiatric service of the Hospital Authority ("HA") had made it difficult, if not impossible, for many of the recommendations in the Final Report be taken forward. The Chairman opined that the Task Force should examine whether some issues of concern identified but had not been included as part of the recommended prevention

Action

strategies in the Final Report, such as creation of a more family friendly environment to enable working parents to address the changing needs of their children at different stages of life and to foster a better parent-child relationship, were worthy for the Administration to look into in its student suicide prevention work.

8. Principal Assistant Secretary for Education (Special Education) ("PAS(SE)") advised that efforts had been and would continuously be made by the relevant bureaux or departments to put forward various measures which were directed at three levels, namely "Universal", "Selective" and "Indicated" targeting all students, vulnerable students and students with high risk respectively. More than 400 applications for Quality Education Fund from schools (or in collaboration with non-governmental organizations ("NGOs")) had been approved under the Joyful@School Campaign as at end-November 2017 for the organization of activities to enhance students' understanding of mental health and strengthen students' ability to cope with adversity. This apart, EDB had established the Task Force on Review of School Curriculum in November 2017 to holistically review the primary and secondary curricula and to make recommendations on, among others, how to streamline the curriculum in creating space and opportunities for students' whole-person development.

Mental health in school setting

*School curriculum*

9. The Chairman considered that the Task Force on Review of School Curriculum should examine the optimal hours of study and amount of homework to safeguard the mental health of students. He drew members' attention that a fact-finding study on the overall study hours and student well-being in Hong Kong was being prepared by the Research Office of the Information Services Division of LegCo for publication in January 2018. Citing his experience in conducting role-plays on mock motion debate during kindergarten and primary school students' visit to the LegCo Complex, Mr Michael TIEN considered that it was of utmost importance that the design of the school curricula could stimulate students' learning interest and sustain students' learning motivation. Sharing Mr Michael TIEN's view, Mr IP Kin-yuen called on the Task Force on Review of School Curriculum to examine issues relating to students' mental health and how to better cater for student diversity. In his view, the existing education system which mainly used standardized assessment mechanism to assess students' capability had created great study pressure on students. A case in point was the Primary 3 Territory-wide System Assessment.

Action

10. PAS(SE) advised that EDB attached great importance to quality school education. It would continuously enhance the school curriculum to foster students' balanced and whole-person development, thereby allowing them to realize their potential and promote their healthy development in both physical and psychological aspects. Prof Joseph LEE called on EDB to include mental health education in the primary and secondary curricula and provide relevant training for the primary and secondary school teachers. Dr Elizabeth QUAT opined that school curriculum and extra-curricular activities should nurture students' positive values and attitudes towards life. Mr KWOK Wai-keung held the view that the study pressure on students was partly contributed by the emphasis of the education system and community on academic achievement. He considered that vocational learning should be given equal weight by the Administration.

*Professional support*

11. Holding the view that worse peer relationship in the school setting, such as bullying, was a factor contributing to emotional problems among students, Ms Claudia MO sought elaboration about the measures being put in place to promote harmonious peer relationship in schools. Mr YIU Si-wing considered that EDB should require but not just encourage schools to adopt the Three-Tier Intervention Model through the Whole School Approach. In addition, class teachers should be provided with the relevant training to facilitate identification of students with mental health needs.

12. PAS(SE) advised that efforts had been and would continuously be made to enhance students' competency to cope with adversity and nurture their positive attitude towards life. To strengthen the knowledge and skills of teachers in identifying and supporting students with mental health needs, from the 2017-2018 school year onwards, EDB would conduct the Professional Development Programme for Mental Health which included Elementary Course for teachers at large and In-depth Course for designated teachers. EDB also organized seminars and workshops, and developed information kits to enhance teachers' awareness of the mental health needs of students. As regards the Three-Tier Intervention Model, Tier 1 support referred to helping students with mild or transient learning or adjustment difficulties through quality teaching in regular classrooms. Tier 2 support referred to "add on" intervention, such as small group learning and pull-out programmes, for students with persistent learning or adjustment difficulties. Tier-3 support referred to intensive individualized support provided by professionals for students with severe learning or adjustment difficulties. Mr YIU Si-wing requested the Administration to advise in writing the respective numbers and percentages of students who had received Tier-3 support under the Model in the school setting in each of the

Admin

Action

past five years, and whether any of these students had committed suicide afterwards.

13. The Chairman expressed concern that those designated teachers who had only attended the 30-hour In-depth Course under the Professional Development Programme for Mental Health would be regarded as a professional in handling students with mental health needs. PAS(SE) advised that the Programme was first conducted in the 2017-2018 school year. The target participants of the In-depth Course were guidance teachers or teachers who were tasked with the responsibilities of assessing the needs of and supporting students with mental health needs in collaboration with other teachers in schools. EDB would keep in view the feedback received in this regard.

14. Mr SHIU Ka-fai sought elaboration about how school social workers could identify students with mental health needs at the early stage and the referral arrangement in place for further assessment and follow-up. PAS(SE) advised that for primary schools, teachers responsible for discipline and guidance would work closely with, among others, student guidance personnel or school social workers to identify and provide support to students in need. Assistant Director of Social Welfare (Youth & Corrections) advised that for secondary schools, under the policy of "one school social worker for each secondary school" which was implemented since the academic year of 2000-2001, each secondary school was currently served by 1.2 school-based social workers on average. These school social workers would collaborate closely with schools as well as guidance and discipline teachers to understand and address the academic, social or emotional needs of students. They would also make good use of community resources and conduct timely referrals to relevant parties, such as clinical psychologists, Integrated Family Service Centres and child and adolescent psychiatric service, to support students in need. The Social Welfare Department would continue to keep in view the service need in this regard.

15. Dr CHIANG Lai-wan was of the view that the mental health of primary students at the age of 11 to 12, who were facing huge change in physical and psychological development as well as indiscriminate exchange of information over the Internet, should be well taken care of. She opined that there should be one school social worker for each school, irrespective of whether it was a secondary or primary school. The Chairman said that there had long been a strong call in the community that additional resources should be provided to enable each primary school be served by at least one school social worker and one student guidance personnel to strengthening student guidance service. Dr Fernando CHEUNG and Dr Elizabeth QUAT expressed similar views. Prof Joseph LEE remarked that students of

Action

primary schools, secondary schools and tertiary education institutions with mental health needs should be provided with timely counselling services by school social workers and psychiatric nurses. PAS(SE) advised that efforts had been and would continuously be made by EDB to provide more resources to enhance primary schools' social work and guidance services, with a view to ultimately achieving the target of one school social worker for each school.

*Students with special educational needs*

16. Noting that EDB would progressively improve the school-based educational psychologist to school ratio to 1:4 for public sector primary and secondary schools with a large number of students with special educational needs ("SEN"), the Chairman, Dr Helena WONG, Dr Fernando CHEUNG and Dr Elizabeth QUAT questioned about when the target ratio of 1:4 could be met at all the schools concerned. Dr Helena WONG considered that the ratio should be further increased to 1:2. PAS(SE) advised that all public sector schools were provided with the school-based educational psychology service ("SBEPS") with the ratio of one educational psychologist to six to 10 schools. The Administration had further enhanced SBEPS by progressively improving the ratio of educational psychologist to school to 1:4 for public sector schools with a large number of students with SEN from the 2016-2017 school year. The enhanced provision had covered 80 schools in the 2017-2018 school year as planned. EDB would continue to keep in view the service needs of schools as a whole and the supply of educational psychologists in the market, and had been liaising with the local universities for feasible options to increase the number of educational psychologist training places in order to meet the manpower demand. Dr Fernando CHEUNG remarked that to his understanding, there was currently no shortage of manpower supply of educational psychologists in the market.

17. Mr Michael TIEN was concerned about the short duration of school-based speech therapy each student with speech and language impairment received at public sector schools, which lasted for only around 30 minutes per week. To his understanding, there was adequate supply of speech therapists in the market. Against the above, he urged the Administration to consider providing students in need with means-tested subsidy to purchase speech therapy services in the private sector. PAS(SE) advised that an Enhanced Speech Therapy Grant was provided to public sector primary schools that had admitted students with speech and language impairment for employing their own school-based speech therapists or procuring school-based therapy services to support students with speech and language impairment. The Chairman relayed the concern of parents of students with

Action

speech and language impairment over the inadequate provision of speech therapy services at schools. Mr Michael TIEN maintained the view that the Administration should provide subsidy for eligible students to purchase speech therapy services in the market.

18. Dr Pierre CHAN sought explanation as to the reason why those students with normal intelligence but suffered from autism spectrum disorders ("ASD") who had difficulty to cope with mainstream schooling under the integrated education policy could not be offered special school places. Expressing a similar concern, Mr CHENG Chung-tai called on EDB to review the integrated education policy which, in his view, was the root cause of the mental health problems of these students. The Chairman said that some parents of students with SEN studying in ordinary schools had expressed concern about the insufficiency of knowledge and skills of some teachers to assist students with SEN.

Admin

19. PAS(SE) advised that to help mainstream primary and secondary schools render appropriate support to students with SEN, including those with ASD, EDB had been providing these schools with additional resources, teachers' training as well as professional support. At the request of the Chairman, PAS(SE) undertook to advise in writing whether and, if so, what additional funding support would be provided for tertiary education institutions according to the number of students with SEN admitted to individual institutions.

*Parent education*

20. Mr IP Kin-yuen considered that parent and school education were equally important to promote the healthy mental development of children and adolescents. Dr Elizabeth QUAT suggested that apart from organizing parent talks, EDB and schools should make better use of social media such as mobile internet to enable parents to easily access information about how to foster positive values and support the healthy mental development of their children.

Student Health Service under DH

21. Mr POON Siu-ping sought information on the number of eligible students who had enrolled in the Student Health Service ("SHS") of DH and the number of enrolled students who were found to have mental health needs under the annual health assessment and were referred for treatment. Prof Joseph LEE opined that the coverage of the mental health screening service under DH's SHS should be extended to cover university students, in addition to primary and secondary school students. Expressing concern

Action

Admin

about the scope and frequency of the mental health screening service under DH's SHS, Dr Helena WONG requested the Administration to provide, with a breakdown by the year of schooling, the enrolment rates of eligible students for SHS and attendance rates of these students for the annual health assessment provided under SHS to, among others, screen for mental health problem(s). In her view, each primary and secondary school student should at the very least receive one mental health assessment on a mandatory basis.

22. Consultant Community Medicine (Student Health Service), DH advised that about 600 000 primary and secondary school students enrolled in SHS in each school year (i.e. an enrolment rate of about 90%) on a voluntary basis. Enrolled students would be given an annual appointment for health assessment at a designated student health service centre, with the attendance of enrolled primary and secondary school students standing at about 80% and 50% respectively. Psychosocial health of the attending Primary 2, 4 and 6 as well as Secondary 2, 4 and 6 students was assessed with the use of questionnaires completed by students and/or their parents as appropriate. Each year, about 4 000 students were suspected to have psychosocial problems and they would be referred for further assessment and follow-up.

*[At 12:25 pm, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.]*

#### Child and adolescent psychiatric service of HA

Admin/  
HA

23. Dr Pierre CHAN asked about the annual expenditure incurred by HA for providing treatment to students with normal intelligence but suffered from ASD whose mental health conditions were adversely affected by the pressure arising from mainstream schooling under the integrated education policy. In his view, providing these students with special school places was more desirable than driving them to use medication to control their mental health conditions. Chief Manager (Integrated Care Programs), HA ("CM(ICP), HA") advised that HA did not have the information requested. Dr Pierre CHAN cast doubt as to whether child and adolescent psychiatric service was separated from the psychiatric service delivered by HA as a whole and had been provided with separate manpower and financial resources. He requested HA to advise in writing the annual expenditure involved in the provision of child and adolescent psychiatric service in the past five years. The Chairman remarked that the percentage of Hong Kong's public expenditure on mental health to Gross Domestic Product, which stood at about 0.24%, was much lower than that of Australia

Action

which stood at about 0.88%. There would be no doubt that the public expenditure on mental health of children and adolescents would be in a small amount.

24. Noting that about 12 000 out of some 32 000 service users of child and adolescent psychiatric service of HA in 2016-2017 were adolescents between the age of 12 and 17, Mr POON Siu-ping asked whether the remaining 20 000-odd cases were children aged below 12. CM(ICP), HA replied in the affirmative. Mr CHENG Chung-tai urged HA to compile statistics on the breakdown of its psychiatric patients aged below 12 by the types of mental disorders so as to facilitate the Administration to allocate resources to HA to cope with the service demand accordingly.

25. Citing the long waiting time of a fresh graduate of tertiary education institution who had emotional problem for HA's psychiatric service as an example, Mr CHAN Chi-chuen expressed concern about the psychiatric service available for fresh graduates of tertiary education institutions having mental health needs. Mr CHENG Chung-tai was concerned that there was little rehabilitation and employment support at tertiary education institutions for ex-mentally ill students.

26. CM(ICP), HA advised that HA's child and adolescent psychiatric service and adult psychiatric service served patients aged 18 or below and patients above the age of 18 respectively. Psychiatric specialist outpatient clinics ("SOPCs") currently arranged medical appointments for new patients based on the urgency of their clinical conditions, which was determined with regard to the patients' clinical history and presenting symptoms. Patients could return to psychiatric SOPCs for re-assessment any time should their condition deteriorated. HA had met the pledge of keeping the median waiting time for first appointment at psychiatric SOPCs for priority 1 (i.e. urgent) and priority 2 (i.e. semi-urgent) cases under two and eight weeks respectively to ensure that the more urgent and severe cases were followed up promptly. At present, the median waiting time of child and adolescent psychiatric new cases triaged as routine (i.e. stable) cases was 69 weeks, whereas the 90 percentile waiting time of adult psychiatric new routine cases was 58 weeks. In response to Mr CHAN Chi-chuen and Dr Fernando CHEUNG's follow-up enquiries, CM(ICP), HA advised that the long waiting time for HA's child and adolescent psychiatric service was due to medical manpower constraint of the child and adolescent psychiatric teams and a 50% upsurge of caseload during the period of 2011-2012 and 2016-2017. To provide timely intervention, nurse clinics had been established in the specialist outpatient setting for the psychiatric specialty in recent years.

Action

27. Dr Fernando CHEUNG was gravely concerned that the median waiting time of routine cases for HA's child and adolescent psychiatric service had been increased from about five weeks in a decade ago to the current duration of 69 weeks which, in his view, was unacceptable. Dr Elizabeth QUAT urged the Administration and HA to address squarely the long waiting time for HA's child and adolescent psychiatric service. Noting that there was an upsurge in the caseload of HA's child and adolescent psychiatric team from 18 900 in 2011-2012 to 32 000 in 2016-2017, Dr Fernando CHEUNG requested HA to advise in writing the number and rate of increase in healthcare manpower for the provision of the child and adolescent psychiatric service during the corresponding period.

Admin/  
HA

28. CM(ICP), HA advised that with additional government funding, HA had strengthened the manpower for psychiatric service, including child and adolescent psychiatric service, in 2011-2012, 2014-2015 and 2016-2017. It was envisaged that the increase in the supply of local medical graduates in the coming years would help HA better cope with the service demand of various pressure areas. USFH added that it was expected that the new arrangement to increase the recurrent funding for HA progressively on a triennium basis and the increase in the annual number of local medical graduates from 2018-2019 onwards would facilitate the manpower planning of HA. Separately, child and adolescent mental health services would be a key area of discussion for the Advisory Committee on Mental Health. It would build on the foundation of the Mental Health Review Report to, among others, further enhance the work in this regard, including ways to shorten the waiting time for HA's child and adolescent psychiatric service.

Advisory Committee on Mental Health

29. The Chairman pointed out that there were concerns from the community about the setting up of a standing Advisory Committee on Mental Health instead of a commission on mental health and the lack of representatives from parents of service users in the Advisory Committee. Against the above, he was of the view that the Advisory Committee should expedite and enhance the transparency of its work. Dr Elizabeth QUAT called on the Administration to make public the work plan of the Advisory Committee. Prof Joseph LEE requested the Administration to provide the three Panels with quarterly reports on the work progress of the Advisory Committee on Mental Health which was established on 28 November 2017. USFH agreed to report on the work of the Advisory Committee as and when appropriate.

Admin

30. The Chairman expressed condolence for the passing of Ms Sania YAU, a member of the Advisory Committee on Mental Health, in

Action

December 2017. He urged the Administration to invite more representatives from relevant self-help patient organizations to sit on the Advisory Committee and set aside a sum, say, \$0.1 billion from the \$2.9 billion earmarked in the 2018-2019 Budget for strengthening elderly services and rehabilitation services to support the development of self-help patient organizations. Dr Fernando CHEUNG expressed support for the Chairman's views. USFH advised that the Advisory Committee on Mental Health comprised, among others, representatives from Christian Oi Hip Fellowship, patient advocates and a peer support worker who was an ex-mentally ill person.

**III. Any other business**

31. There being no other business, the meeting ended at 12:45 pm.

Council Business Division 2  
Legislative Council Secretariat  
25 October 2018