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

**Background brief prepared by the Legislative Council Secretariat  
for the joint meeting on 23 April 2018**

**Mental health of children and adolescents**

**Purpose**

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the HS Panel"), the Panel on Education ("the ED Panel"), the Panel on Welfare Services ("the WS Panel") and the Joint Subcommittee on Long-term Care Policy ("the Joint Subcommittee") appointed by the HS Panel and the WS Panel on issues relating to mental health of children and adolescents<sup>1</sup>.

**Background**

Prevalence of mental disorders in children and adolescents

2. According to the World Health Organization, 10%-20% of children and adolescents worldwide experience mental disorders. Half of all lifetime mental illnesses appear to start by the age of 14 and three-quarters by mid-20s. Poor mental health can have important effects on the wider health and development of adolescents. It is among the leading risk factors for death, including suicides, and causes of disability-adjusted life years. Locally, there has been a growth in the number of children and adolescents diagnosed with mental health problems.

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<sup>1</sup> In the Mental Health Review Report released by the Review Committee on Mental Health in April 2017, children and adolescents refer to persons aged between 0-11 years and 12-17 years respectively.

The caseload of the child and adolescent psychiatric teams of the Hospital Authority ("HA")<sup>2</sup> rose from 18 900 in 2011-2012 to 28 800 in 2015-2016. Among the 2 900 cases of children from birth to the age of five, the 15 200 cases of children or adolescents aged between six to 11 years and the 10 800 cases of adolescents aged between 12 to 17 years, the prevalence of Autism Spectrum Disorders ("ASD") and Attention Deficit/Hyperactivity Disorders ("AD/HD") were 60.2% and 7%, 32.1% and 44%, and 24.7% and 39.5% respectively.<sup>3</sup> The caseload of the child and adolescent psychiatric teams of HA further increased to 33 900 in 2017-2018 (projection as of 31 December 2017).

Assessment, treatment, rehabilitation and community support services for children and adolescents with mental health needs

3. Under the Developmental Surveillance Scheme which targets at children from birth to five years of age, Developmental Surveillance Questionnaires are administered when a child visits the Maternal and Child Health Centres ("MCHCs") of the Department of Health ("DH") for immunization at the ages of six months, 12 months and 18 months. Children who require closer monitoring are further surveyed at other age intervals as appropriate. The above apart, a referral and feedback mechanism among pre-school institutions, Integrated Family Service Centres, Integrated Service Centres and MCHCs is in place for pre-primary children with suspected health, developmental or behavioural problems identified at child care centres or kindergartens and in the community to be referred to MCHCs for initial assessment. Where necessary, children with developmental problems will be referred to the seven Child Assessment Centres under DH or the Child Assessment Centre of the Ducheess of Kent Children's Hospital under HA for further assessment.<sup>4</sup>

4. The Social Welfare Department ("SWD") provides subvented pre-school rehabilitation services, mainly through Early Education and Training Centres, Integrated Programme in Kindergarten-cum-Child Care Centres and Special Child Care Centres,<sup>5</sup> for children (from birth to six years of age) in need of early professional intervention. On-site service places are provided by 16

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<sup>2</sup> The child and adolescent psychiatric teams of HA serve patients aged below 18.

<sup>3</sup> According to HA, some patients were categorized into more than one disease group.

<sup>4</sup> In 2015-2016, a total of 6 997 referrals of children with suspected developmental problems were made by MCHCs.

<sup>5</sup> Early Education and Training Centres provide early intervention programmes for children from birth to two years of age assessed to have mild to moderate disabilities with emphasis on the caring and training role of children's families. Integrated Programme in Kindergarten-cum-Child Care Centres provide training for children aged from two to six years assessed to have mild disabilities with emphasis on facilitating their integration into mainstream education. Special Child Care Centres provide special training and care for children aged from two to six years assessed to have moderate to severe disabilities to facilitate their growth and development.

non-governmental organizations ("NGOs") under the Pilot Scheme on On-site Pre-school Rehabilitation Services since late 2015 for children on the waiting list for subvented pre-school rehabilitation services. The Pilot Scheme will be converted into a regular government subsidy programme from 2018-2019 school year, with an increase in the number of service places from about 3 000 at present to 7 000 in two years.<sup>6</sup>

5. The Student Health Services of DH provides health assessment services to primary and secondary students. Psychosocial health is assessed with the use of questionnaires completed by students and/or their parents as appropriate. Students with suspected psychosocial problems<sup>7</sup> will be provided counselling services and where necessary, referred to clinical psychologists or psychiatric specialists of HA, schools, SWD or NGOs for further assessments and follow-up. The Adolescent Health Programme under Student Health Services also provides outreach programmes in school setting, targeting secondary school students, their parents and teachers. Through interactive programmes and health talks, the Programme aims to promote the psychosocial health of adolescents and enhance their resilience.

6. The multi-disciplinary professional teams of HA provide a spectrum of mental health services, including inpatient, outpatient and ambulatory services to children and adolescents with mental health problems. There are currently five hospitals<sup>8</sup> providing child and adolescent psychiatric services. The Early Assessment Service for Young People with Early Psychosis ("EASY") Programme of HA provides one-stop support for people suffered from early psychosis during the first three years after their first episode of illness. This apart, the Child and Adolescent Mental Health Community Support Project under HA provides community support services to facilitate early identification and intervention for children and adolescents with anxiety and mood problems.

7. SWD has set up Integrated Community Centres for Mental Wellness ("ICCMWs") providing one-stop and district-based community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems who were at the age of 15 years or above, their family members and carers and residents living in the districts concerned. There are currently 24 ICCMWs across the territory operated by 11 subvented NGOs.

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<sup>6</sup> The first phase will take place in October 2018, with the number of service places increased to 5 000. The second phase will take place in October 2019, with the service places increased to 7 000.

<sup>7</sup> Psychosocial problems include self-esteem problems and/or behavioural problems.

<sup>8</sup> These hospitals are Queen Mary Hospital, United Christian Hospital, Kwai Chung Hospital, Alice Ho Miu Ling Nethersole Hospital and Castle Peak Hospital.

## Mental health promotion and intervention in school setting

8. At present, elements of psychological health are covered in various Key Learning Areas ("KLA") or subjects, such as the subject General Studies at primary level, and the Personal, Social and Humanities Education KLA, the Science Education KLA and the subject Liberal Studies at secondary level. In addition, learning elements including psychological health, mental disorders and services for mental patients are included in the Health Management and Social Care curriculum implemented in schools at S4-S6 level. Each school has a team consisting of a student guidance teacher or personnel and a school social worker supported by an educational psychologist who pays regular visit to school to discuss learning, social and behavioural issues of students in need collaboratively. Under the integrated education policy, schools are encouraged to adopt the Three-tier Intervention Model to identify and provide support for students with special educational needs ("SEN"), including those with learning or behavior adjustment difficulties and/or mental health needs.<sup>9</sup> Starting from the 2017-2018 school year, the Learning Support Grant for public sector ordinary primary and secondary schools to cater for students with SEN also covers students with mental illness.<sup>10</sup> The Education Bureau ("EDB") also works in collaboration with other government departments, HA and NGOs in developing screening or assessment tools to support students with mental health needs.

## Review on policy and services relating to mental health

9. The Food and Health Bureau ("FHB") set up a Review Committee on Mental Health ("the Review Committee") in May 2013 to study the existing policy on mental health services and consider means and measures to strengthen the provision of mental health services having regard to changing needs of the community. An Expert Group on Child and Adolescent Mental Health Services ("the Expert Group") was formed under the Review Committee to

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<sup>9</sup> Under the three-tier intervention model, Tier 1 targets at students who are vulnerable and requiring additional support through teaching, guidance and support activities mainly from teachers. Tier 2 targets at a smaller group of at-risk students referred to school social workers or school guidance teachers or personnel for risk assessment and add-on support services. Tier 3 focuses on the high-risk cases requiring in-depth assessment and intensive individualized support from specialized helping professionals.

<sup>10</sup> Apart from mental illness, the other eight types of SEN are Specific Learning Difficulties, Intellectual Disability, ASD, AD/HD, Physical Disability, Visual Impairment, Hearing Impairment and Speech and Language Impairment. The provision of the Learning Support Grant for each school is based on the number of students with SEN and academic low achievers (applicable to primary schools) enrolled at the school and the tier of support they require.

review the existing mental health services for children and adolescents and make recommendations to the Review Committee on how to enhance the relevant services.

10. The Review Committee released the Mental Health Review Report ("the Review Report") on 18 April 2017<sup>11</sup>, in which a total of 40 recommendations were put forth for enhancing the overall mental health services in Hong Kong in various areas. Recommendations made under the area of support to children and adolescents and their families are broadly grouped into four categories: (a) strengthening services and manpower and provide more targeted support; (b) enhancing cross-sectoral and multi-disciplinary coordination; (c) adopting multi-disciplinary intervention approach to strengthen support at school; and (d) providing smooth service transition at different stages. In particular, the Expert Group recommended the adoption of a three-tier stepped care model to facilitate cross-sectoral and multi-disciplinary collaboration in the delivery of child and adolescent mental health services, with emphasis placed on the promotion of mental health, as well as prevention, early detection and effective intervention of problems.<sup>12</sup>

11. Based on the recommendations of the Review Report, the standing Advisory Committee on Mental Health ("Advisory Committee") was established on 28 November 2017, with the first term of the Advisory Committee runs for a period of two years from 1 December 2017 to 30 November 2019. The Advisory Committee, chaired by Mr WONG Yan-lung and comprised representatives from the healthcare, social service and education sectors as well as lay persons, is tasked to (a) advise the Administration on mental health policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong; (b) assist the Administration in developing policies, strategies and measures to enhance mental health services; and (c) follow up on and monitor the implementation of the recommendations of the Review Report. According to the Terms of Reference of the Advisory Committee, it will build on the foundation of the Review Report, assist the Administration to further enhance the work in, among others, support to children and adolescents, which includes strengthening mental health services support to children and adolescents, from prevention, awareness

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<sup>11</sup> The Review Report can be accessed at the website of FHB ([http://www.hpdo.gov.hk/doc/e\\_mhr\\_full\\_report.pdf](http://www.hpdo.gov.hk/doc/e_mhr_full_report.pdf)).

<sup>12</sup> Under the three-tier stepped care model, Tier 1 services refer to universal prevention, early detection and intervention as well as mental health maintenance that are accessible by children, adolescents and their families in their everyday life through public education, parenting programmes, promotional activities in the community or at schools, etc. Tier 2 is to serve as a bridge between Tier 1 and Tier 3 to provide more structured and targeted assessment and intervention to children and adolescents in need. Tier 3 provides specialist intervention to moderate to severe mental health cases.

to early identification, school and parental empowerment, timely intervention and treatments, through to rehabilitation.

12. Separately, the Administration has tasked the Rehabilitation Advisory Committee to formulate a new Hong Kong Rehabilitation Programme Plan ("RPP").<sup>13</sup> The scope of the review will cover macro and specialized topics related to persons with disabilities. For the latter, the review scope will cover, among others, rehabilitation services for pre-school children; services to enhance the living, social and employable skills of youths with autism; and community support for ex-mentally ill persons, including services provided at ICCMWs and peer support services. The Rehabilitation Advisory Committee has set up a Review Working Group to conduct public engagement exercises for the formulation of the new RPP. It aims to submit a report to the Administration in end-2019.

### **Deliberations by members**

13. The HS Panel, the ED Panel, the WS Panel and the Joint Subcommittee discussed issues relating to mental health of children and adolescents at a number of meetings between 2013 and 2018 in the context of discussing mental health and related community support services, and integrated education policy, as well as measures, services and support for students at risk of suicidal behaviour. The deliberations and concerns of members are summarized in the following paragraphs.

#### Review of mental health policy

14. Members were of the view that the existing mental health services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to lack of a comprehensive policy on mental health. At the joint meeting of the HS Panel and the WS Panel on 24 February 2017, members passed two motions urging the Administration to, among others, formulate a mental health policy; allocate more resources to improve the psychiatric services; enhance medical-social collaboration and set up a mental health council to coordinate mental health policies.

15. At the meeting on 25 April 2017, the HS Panel was briefed on the findings of the review on mental health, including a mental health policy

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<sup>13</sup> RPP sets out the strategic directions as well as short, medium and long-term measures to address various service needs of persons with disabilities, which cover areas such as healthcare, education, residential and day care, community support, employment, etc. RPP currently covers 10 types of disabilities, including AD/HD, ASD, mental illness, hearing impairment, intellectual disability, physical disability, Specific Learning Difficulties, speech impairment, visceral disability and visual impairment.

statement ("the Policy Statement") as a preamble to the Review Report. Some members expressed disappointment that the Policy Statement provided neither a vision nor any concrete measures with timetables and resources required to address the future service needs. Concern was raised over the implementation of the recommendations put forth in the Review Report as it lacked concrete implementation plan. The Administration advised that the Policy Statement had been drawn up to outline the approach and directions of mental health services in Hong Kong, and the Review Report served as a blueprint for enhancing the overall mental health services. On the suggestion of setting up a mental health council, the Administration advised that the setting up of an advisory committee which would comprise representatives from the bureaux and departments concerned and stakeholders was considered as a more effective mechanism under the local healthcare system.

16. Members were concerned about the composition of the advisory committee. At the special meeting of the HS Panel on 22 May 2017, members passed two motions urging the Administration to, among others, invite families and carers of ex-mentally ill persons to sit on the advisory committee. With the announcement of the membership list of the Advisory Committee on 28 November 2017, members requested at the joint meeting of the HS Panel, the ED Panel and the WS Panel held on 20 December 2017 that representatives from relevant self-help patient organizations should be appointed to the Advisory Committee. There was also a call for the Administration to make public the work plan of the Advisory Committee and to provide the three Panels with quarterly reports on the work progress of the Advisory Committee.

#### Treatment, rehabilitation and community support services for children and adolescents with mental health needs

17. Members expressed grave concern about the long waiting time for various subvented pre-school rehabilitation services which ranged from 13.5 to 18.2 months in 2016-2017. Noting that there were more than 8 000 children on the waiting list for these services as at 31 December 2017, some members were of the view that the phased increase in the on-site pre-school rehabilitation service places to 7 000 in two years starting from the 2018-2019 school year for children on the above waiting list would still be inadequate to meet the service demand.

18. The Administration advised that about 500 and 900 additional service places would be provided by Early Education and Training Centres and special child care centres respectively in the next five years. The number of on-site pre-school rehabilitation service places would be further increased as and when necessary subject to availability of resources and manpower supply of allied health professionals such as occupational therapists, physiotherapists and speech

therapists. It should also be noted that the review of RPP would cover, among others, the rehabilitation services for pre-school children.

19. Members noted that a low percentage of adolescents suffering from common mental disorders would seek mental health services. Given that early detection of mental health issues and timely intervention could reduce the severity of mental illness and its associated social problems, they urged the Administration to provide early intervention services for adolescents by making reference to the overseas experience. Members were also concerned about the long waiting time for child and adolescent psychiatric services at HA, in particular that of routine cases which stood at 69 weeks on average. There was a view that the Administration should take steps to clear up the waiting list through public-private partnership and strengthening its healthcare manpower.

20. According to the Administration, the Review Committee considered that while services at Tier 1 and Tier 3 under the three-tier stepped care model were relatively well established, there was a need to enhance the services in Tier 2. In this regard, a two-year Student Mental Health Support Pilot Scheme which was steered by FHB in collaboration with HA, EDB and SWD was launched in the 2016-2017 and the 2017-2018 school years in two phases. Under the Pilot Scheme, a school-based multidisciplinary communication platform involving healthcare, education and social care professionals was set up in each participating primary and secondary school in the Kowloon East Cluster and the Kowloon West Cluster to coordinate and provide support for students with mental health needs in the school settings. The Administration would map out the future direction in providing appropriate support services for students with mental health needs with reference to the results of the evaluation of the Pilot Scheme, which was expected to be completed in the fourth quarter of 2018. This apart, HA would continue to strengthen its manpower for child and adolescent psychiatric services. However, it might not be feasible to implement public-private partnership in the area of child and adolescent psychiatric services given the current limited supply of psychiatrists in this area.

#### Promotion of mental health among students and parent education

21. Members noted that mental disorders were one of the multiple factors contributing to students' suicidal behaviours. To address the spate of student suicides in the 2015-2016 school year, a Committee on Prevention of Student Suicides ("the Committee") had been set up in March 2016 to, among others, examine the causes of student suicides and make recommendations on appropriate preventive measures. Members were advised that the Administration had accepted the recommendations in the Final Report submitted by the Committee to the Secretary for Education in November 2016 ("the Final



Report")<sup>14</sup>. EDB and the relevant bureaux and departments would formulate measures and follow-up actions according to the four areas, including promotion of students' mental well-being and health, strengthening support for school and teachers, reviewing relevant domains in the education system, and enhancement of family life and parent educations. There was a view that the Administration and schools should make better use of new media (e.g. mobile internet) to provide guidelines and materials to facilitate parents to support the healthy mental development of their children. Concern was also raised about the implementation of the recommendation put forth in the Final Report that the Administration should implement more family friendly policies and practices, such as standard working hours and flexible working hours, so as to help foster a better parent-child relationship in order to prevent student suicides.

22. Members were subsequently advised that CE had tasked the Labour and Welfare Bureau ("LWB") in October 2017 to set up a Task Force on Prevention of Youth Suicides, with LWB coordinating EDB and relevant bureaux and departments, to look at the issue of youth suicides, in particular, to take stock of the implementation progress of the recommendations set out in the Final Report, and to consider if further policy measures and actions should be taken to strengthen the efforts to prevent youth suicides. Some members urged the Task Force to complete its work and make recommendations as early as practicable. The Administration advised that the Task Force aimed to submit its report and recommendations to CE by end-2018.

23. Some members took the view that the Administration should step up life education so as to nurture students' positive values and strengthen their adversity coping skills. According to the Administration, life education was incorporated in different subjects within the school curricula. Teaching materials were available from EDB's website and information kits were made available since April 2016. Schools were encouraged to enhance their life education through school-based activities according to their own circumstances and needs. Experiential learning activities were provided to primary and secondary students through various guidance projects. Professional development programmes would be strengthened to better equip teachers to provide appropriate support to students in facing adversity and managing stress.

#### Learning pressure on students

24. Members were gravely concerned about the pressure arising from learning and articulation under the existing education system which had adversely

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<sup>14</sup> The Final Report can be accessed at the website of EDB ([http://www.edb.gov.hk/attachment/en/student-parents/crisis-management/about-crisis-management/CPSS\\_final\\_report\\_en.pdf](http://www.edb.gov.hk/attachment/en/student-parents/crisis-management/about-crisis-management/CPSS_final_report_en.pdf)).

affected the mental well-being of students. Holding the view that the learning pressure might have contributed to student suicides, some members urged the Administration to conduct a holistic review of the education system. In particular, consideration should be given to reducing unnecessary homework, drilling and examinations across the board; providing more choices of curriculum and diversified pathways to cater for different needs of students; reviewing the New Secondary curriculum and increasing subsidized university places to relieve the competition pressure on students. At its meeting on 5 January 2018, the ED Panel passed five motions relating to school homework policy, urging the Administration to, among others, review the homework load of students and adopt measures to meet the diverse learning needs and abilities of students.

25. The Administration assured members that it had all along monitored the development of the education system and taken appropriate measures to address various concerns. In response to the Final Report, schools were encouraged to implement the suggestions made in the review of the New Academic Structure, so as to support the diverse learning needs of schools and students. These included, among others, increasing the flexibility in deploying lesson time; trimming, enhancing or updating curriculum contents and assessment arrangements; implementing School-based Assessment in fewer subjects and improving its implementation to reduce student and teacher workload; and promoting vocational and professional education and training to provide multiple study pathways for students. This apart, EDB had issued guidelines to schools in October 2015 to formulate an appropriate and transparent school-based homework policy. Many schools had subsequently set less homework. EDB had reiterated that schools should give prominence to the whole-person development of their students. In November 2017, a task force was formed to review the primary and secondary curriculum in order to further release space for students for their whole-person development.

26. Some members were concerned about the learning pressure of students with mental health needs, in particular those suffering from ASD and/or AD/HD. Some of those students who were studying in mainstream schools under the integrated education policy faced difficulties in adapting their school life, thereby bringing about great pressure to not only themselves, but also their parents and teachers. There was a view that the Administration should provide more special education places to cater for these students' needs as appropriate. Question was also raised as to whether the Administration would review the integrated education policy.

27. The Administration advised that under the integrated education policy, public sector ordinary primary and secondary schools were requested to

implement the Whole School Approach to support students with special educational needs (including those with ASD, AD/HD and/or other mental health needs) at various levels through the Three-tier Intervention Model. EDB had been providing schools with additional resources on top of regular subvention, professional support and teacher training for the aforesaid purpose. EDB had reviewed the implementation of various support measures and listened to the views of different stakeholders on an on-going basis, and were prepared to introduce improvement measures when necessary and practicable.

28. Some members suggested the formulation of happiness assessment indicators for gauging students' levels of satisfaction with school life and introduce "School Retreat Day" in schools so as to create room for listening to students' voices and needs. According to the Administration, some schools were exploring the feasibility of reserving a half-day school day for such purpose.

#### Professional support in school setting and cross-sector services support

29. Members had long called for the allocation of additional resources to enhance professional support for students with mental health needs. Some members urged the Administration to subvent NGOs to provide school social work service for not only secondary schools under the policy of "one school social worker for each secondary school" which had been implemented since the 2000-2001 school year, but also primary schools in order to enhance the support for the students concerned. While members noted that the school-based educational psychology service had covered all public sector ordinary primary and secondary schools in the 2016-2017 school year, they were concerned about the educational psychologist-to-school ratio. The Administration advised that such ratio had gradually been enhanced to 1:4 for schools with a large number of students with SEN so as to enable schools to provide more comprehensive and regular intervention and follow up services to the students, and to strengthen the school's preventive and developmental work. Its target was to extend the coverage of 1:4 ratio from 30 to 80 of the schools concerned in the 2018-2019 school year.

30. Some members were concerned about the inadequacy of the time the school-based speech therapists provided services at public sector ordinary primary and secondary schools for students in needs, which might last for only 30 minutes per student per week. They called on the Administration to consider subsidizing these students to procure speech therapy services in the private sector. The Administration advised that public sector schools had been provided with grants to enhance the support for students with speech and language impairment based on their individual levels of impairment and needs. The Administration would keep in view the service demand in this regard.

31. Members were advised that from the 2017-2018 school year onwards, EDB had conducted the "Professional Development Programme for Mental Health" which included, among others, In-depth Course covering advanced knowledge and skills in identifying and supporting students with mental health needs, implementing preventive measures of student suicide, and coordinating the deployment of manpower and resources in school. Some members were wary that those teachers designated to attend the In-depth Course might be expected to become experts in their schools to handle students with mental health needs, albeit that the duration of the Course was only 30 hours. Some members called on the Administration to provide more resources to improve the student-to-teacher ratio given that heavy workload of teachers would undermine their support to students. The Administration advised that it would keep in view the implementation of the said training programme. Separately, starting from the 2016-2017 school year, secondary schools would be allowed to turn the Senior Secondary Curriculum Support Grant and the Career and Life Planning Grant into regular teaching posts. In addition, the overall student-to-teacher ratios in public sector secondary and primary schools had been improved significantly from 18.0:1 and 18.4:1 in the 2005-2006 school year to 12.4:1 and 14.1:1 in the 2015-2016 school year respectively.

32. Two relevant motions were raised at the special meeting of the ED Panel on 21 March 2016 and were passed at the meeting on 22 March 2016, urging the Administration to, among others, establish an inter-departmental coordination mechanism to enhance mental services support measures; deploy additional professional manpower to facilitate the provision of support to students; and study how to improve students' mental well-being in various areas.

33. There was a concern about collaboration between the public and private sectors in the provision of adolescent psychiatric service. The Administration advised HA had maintained close liaison with EDB and other NGOs to review and discuss for strengthening of existing notification, referral and support mechanisms to ensure the multidisciplinary collaboration and communication. Schools could directly contact the respective EASY service centres for seeking relevant professional advice and support. To ensure that students with mental health problems could receive timely and appropriate treatment and support, HA would submit the assessment report conducted by psychiatric doctors for schools' or educational psychologists' follow-up by obtaining parents' consent.

#### Manpower requirements for psychiatric services

34. Given the increasing demand for mental health services, in particular in the child and adolescent area, there were concerns about the inadequacy of manpower for mental health services. Members urged the Administration to

work out the relevant manpower requirements for psychiatric services, and increase the number of training places for programmes in clinical psychology. The Administration advised that the Review Committee had looked into issues relating to the manpower supply of clinical psychologists. At present, the Chinese University of Hong Kong and the University of Hong Kong provided a total of 57 training places in clinical psychology every two years. With the increase in the number of local medical graduates starting from 2018-2019, HA would make necessary deployment of manpower to specific pressure areas. There had also been an increasing supply of psychiatric nurses in recent years.

### **Recent developments**

35. It is announced in the 2018-2019 Budget that:

- (a) from the 2018-2019 school year, more resources will be provided for public sector primary schools to encourage them to strengthen and enhance their social work and counselling services according to school-based circumstances, with a view to ultimately achieving the target of "one school social worker for each school". Besides, the provision of school social workers in special schools will be improved;
- (b) an additional annual provision of \$660 million will be allocated to improve the rehabilitation services through, among others, providing clinical psychological service to strengthen support for ex-mentally ill persons and step up community education for early prevention of mental illness; and
- (c) an additional annual funding of \$100 million will be provided for DH to promote a healthy lifestyle in the community, and to promote mental health and enhance public education to minimize stigmatization.

36. Separately, with the increase in the recurrent financial provision to HA as announced in the 2018-2019 Budget, HA will, among others, augment healthcare services for severe mental illness, common mental disorders and children and adolescents with mental health needs. As a measure to take forward the recommendations of the Review Report in the area of mental health services for children and adolescents, HA will extend the services of the Student Mental Health Support Scheme to the Hong Kong West Cluster, the New Territories East Cluster and the New Territories West Cluster in 2018-2019 to support a total of around 40 schools, and enhance the multi-disciplinary teams for child and adolescent psychiatric services in the five hospital clusters concerned to

provide better support for the school-based multi-disciplinary platform under the Scheme. In addition, the Advisory Committee supports the incorporation of elements of the Child and Adolescent Mental Health Community Support Project into the Scheme to assist in the early identification of suspected cases of children and adolescents with mental health needs.

37. According to media report, the Advisory Committee recommends that a large-scale mental health survey should be conducted to understand the mental illnesses status of the population in the territory with a view to helping the Administration formulate mental health policies and strengthen relevant services. The survey, which is expected to be conducted in 2019 for completion of a report in 2021, would cover students aged between six to 17 years, young people and school dropouts aged 15 to 24 years, and elders aged 60 years or above, with a sample size of 5 000 persons in each age group.

### **Relevant papers**

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

Council Business Division 2  
Legislative Council Secretariat  
20 April 2018

**Relevant papers on  
Mental health of children and adolescents**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	25.2.2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	28.4.2014 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	16.6.2014 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)44/14-15(01)</a>
Panel on Education	21.3.2016 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(4)764/15-16(01)</a> <a href="#">CB(4)979/15-16(01)</a>
Panel on Education	22.3.2016 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(4)1190/15-16(01)</a>
Panel on Education	14.11.2016 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Education	7.1.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	26.1.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services and Panel on Welfare Services	24.2.2017 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)504/17-18(01)</a>
Panel on Health Services	25.4.2017 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)30/17-18(01)</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services	22.5.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)30/17-18(01)</a>
Joint Subcommittee on Long-term Care Policy	29.5.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	11.12.2017 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services, Panel on Education and Panel on Welfare Services	20.12.2017 (Item II)	<a href="#">Agenda</a>
Panel on Education	5.1.2018 (Item III)	<a href="#">Agenda</a>
Panel on Welfare Services	12.2.2018 (Item IV)	<a href="#">Agenda</a> <a href="#">CB(2)978/17-18(01)</a>
Panel on Education	2.3.2018 (Item V)	<a href="#">Agenda</a>

Council Business Division 2  
Legislative Council Secretariat  
20 April 2018