

**Motion on “Support for people with mental illness and  
people recovering from mental illness” at the Legislative Council meeting  
on 25 November 2009**

**Progress Report**

**Background**

At the meeting of Legislative Council on 25 November 2009, the following motion moved by Dr Hon PAN Pey-chyou, as amended by Dr Hon Joseph LEE and Dr Hon LEUNG Ka-lau, was carried:

“That, in view of the increasing number of people receiving psychiatric diagnosis and treatment in Hong Kong, as well as the rising trend of incidents and tragedies involving people with severe mental illness in recent years, which reflect that the services currently provided to people with mental illness and people recovering from mental illness are insufficient and must be improved, this Council urges the Government to:

- (a) formulate a comprehensive and long-term policy on mental health, so as to set a clear direction for the prevention, early detection, treatment, rehabilitation, long-term care and public education of mental illness;
- (b) review the psychiatric services under the Hospital Authority and those provided by non-profit-making organisations at present so as to ensure an effective allocation of resources between them, with a view to enhancing the quality and efficiency of psychiatric services;
- (c) allocate more resources to train and recruit psychiatric healthcare and rehabilitation professionals and ancillary personnel, including doctors, social workers, nurses (including psychiatric nurses and community psychiatric nurses), occupational therapists, clinical psychologists and physiotherapists, etc, to provide comprehensive services to people with mental illness and people recovering from mental illness;
- (d) clearly position psychiatric services in the public sector so that resources are effectively utilised to treat people whose mental illness is more severe, provide the grassroots with appropriate treatment and

train medical and nursing staff at all levels to serve the community, and resolve the problems in the distribution of resources and facilities among the clusters so as to enhance effectiveness of the services;

- (e) suspend the reduction of psychiatric beds and re-introduce evening consultation services in order to provide appropriate services to people recovering from mental illness who have to work in the daytime;
- (f) strengthen training on professional knowledge on psychiatry for healthcare personnel in family medicine and enhance the collaboration between family medicine and psychiatric services, so that family doctors can diagnose and treat various types of mental illness at an early stage and make timely referral of people with severe mental illness to psychiatric units for follow-up;
- (g) allocate more resources for pharmacological and non-pharmacological treatments so that people with mental illness can receive the most suitable treatment for their illness;
- (h) further develop the community medical and rehabilitation services to cater for the needs of people with mental illness and people recovering from mental illness, reinforce the collaboration of these two types of services, and consolidate the existing services, with a view to strengthening the support for people recovering from mental illness and their families;
- (i) assign case managers on a long term basis to closely follow up cases, so that patients can receive appropriate services and support during various stages of rehabilitation;
- (j) establish additional mental health centres in the community to provide integrated services to people with mental illness and people recovering from mental illness;
- (k) increase subvented places to accommodate the needy people with mental illness who are discharged from hospitals, and strengthen the regulation of the quality of self-financing hostels;

- (l) encourage the private and public sectors to employ people with disabilities, including people recovering from mental illness, and encourage the participation of the private sector by means of tax concession etc;
- (m) pro-actively promote public education and volunteer work on mental health, eliminate discrimination against people with mental illness and people recovering from mental illness in the community, so that people with mental illness will be more active in receiving medical treatment and people recovering from mental illness can reintegrate into the society more smoothly;
- (n) allocate more resources to fully develop the Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone ('EXITERS') programme in various clusters to provide intensive rehabilitation training to long-stay patients with mental illness, so as to facilitate their early discharge and return to the community;
- (o) provide relevant talks or training to family members of people recovering from mental illness who will soon be discharged, so as to assist the family members in adapting to and understanding the essential elements and techniques of dealing with people recovering from mental illness to avoid provoking them, and to enhance the family members' knowledge about early detection of their relapse;
- (p) devise a full-coverage medical insurance scheme to provide adequate coverage for mental illness treatment and rehabilitation services to people with mental illness and people recovering from mental illness, and provide tax concessions to encourage people with mental illness and people recovering from mental illness to take out medical insurance; and
- (q) set up an independent 'Mental Health Research Fund' to encourage, promote and finance research on the prevention, treatment and control of mental illness, as well as the development of healthcare policy."

## **Progress**

## Mental health policy

2. The Government is committed to promoting mental health. We seek to ensure that a comprehensive range of mental health services, including prevention, early identification, medical treatment and rehabilitation services, are accessible by people in need on a continuous basis. We also actively promote public awareness and proper understanding of mental health problems through public education and publicity. The Food and Health Bureau (FHB) assumes the overall responsibility in coordinating policies and programmes on mental health services and works closely with the Labour and Welfare Bureau (LWB), the Hospital Authority (HA), the Department of Health (DH), the Social Welfare Department (SWD) and other relevant parties in this regard. We will continue to adopt a multi-disciplinary and cross-sectoral team approach in delivering mental health services with a view to catering for the needs of mental patients at various stages of treatment and rehabilitation in a holistic manner.

## Resources for mental health services

3. In the past few years, the resources allocated by the Government on mental health services each year has been increasing and the annual expenditure is over \$3 billion. The expenditure in 2008-09 amounted to \$3.6 billion. From 2001-02 to 2009-10, the Government has provided additional recurrent funding of \$283 million and \$87.04 million to HA and SWD respectively to support the implementation of a number of new initiatives to improve the treatment and rehabilitation services for mental health problems. In 2010-11, the Government plans to further increase the recurrent funding to HA for launching two new initiatives to provide support to two categories of mental patients. With regard to persons with severe mental illness, HA will pilot a case management programme in individual districts to provide continuous and personalised intensive support to these patients in the community settings. For persons with common mental disorders, HA will foster closer collaboration between its psychiatric specialist out-patient (SOP) service and the family medicine and primary care services in order to provide these patients with appropriate assessment and treatment services.

## Psychiatric treatment services

### *SOP services*

4. To address patients' concerns about the waiting time of psychiatric SOP services, HA has set up triage clinics at the psychiatric SOP clinics in Hong Kong East, Kowloon East, Kowloon West, New Territories East and New Territories West Clusters in 2009. The triage clinics provide consultation services to patients classified as routine cases so as to shorten the waiting time. We expect that the triage clinics can provide services to 3,500 patients each year. In 2010-11, we will implement a new initiative to strengthen the support for patients with common mental disorders. HA will foster closer collaboration between its psychiatric SOP service and the family medicine and primary care services in order to provide appropriate assessment and treatment services to patients with different degrees of illness. HA will strengthen the provision of assessment services for people with common mental disorders and focus on taking care of patients with complex needs at its SOP clinics. At the same time, HA will refer patients with milder conditions for further follow-up by its primary care service. HA will also provide support to the personnel in its primary care service in the delivery of integrated mental health care to these patients with a view to relieving their conditions as early as possible and enhancing their chance of recovery.

5. As for evening consultation service, HA implemented psychiatric SOP evening consultation service on a trial basis in Kwai Chung Hospital in the Kowloon West Cluster from 2001 to 2005. During that period, among the 35,000 patients receiving psychiatric SOP services in Kowloon West Cluster each year, only 0.2%, i.e. 60-80 patients, used the evening consultation service. After reviewing the effectiveness of the service and having considered that patients may receive more comprehensive support services such as day hospital, allied health and social services during daytime, HA terminated the evening consultation service in 2006. Nonetheless, to facilitate patients who need to work during daytime in attending consultation in late afternoons, HA has extended from 2007 the service hours of its psychiatric SOP clinics on Mondays to Fridays. It will continue to monitor the service utilization and make adjustments where necessary.

#### *Inpatient services*

6. As at 31 March 2009, HA provided a total of 4,000 psychiatric beds for provision of medical care to mental patients whose conditions require hospitalization.

7. Allowing the early discharge of mental patients with stabilised conditions to receive treatment in the community can facilitate their rehabilitation and reduce the

chance of relapse. It is therefore the international trend to focus on community and ambulatory services in the treatment of mental illness. Under this direction, HA has launched various initiatives to enhance its community psychiatric services to allow more patients who are suitable for discharge to receive treatment in the community. With the provision of various community support services, the demand for inpatient services has been decreasing. Therefore, HA could gradually close down unused psychiatric beds in recent years. HA will not reduce its services or manpower with the reduction of beds in recent years. The resources originally earmarked for the relevant services will be redeployed for enhancement of mental health services. HA does not have plans to further reduce its psychiatric beds in 2010-11. At present, we are preparing to implement several projects to improve the existing psychiatric inpatient facilities. The project to relocate Siu Lam Hospital to Castle Peak Hospital is about to commence. HA is also planning for an improvement project at Kwai Chung Hospital.

#### *Medication*

8. In prescribing psychiatric drugs, the major consideration of doctors is the clinical conditions and treatment needs of patients in order to achieve optimal treatment outcome and facilitate the early recovery of patients. Healthcare staff will assess the clinical conditions of each patient and maintain close communication with them in order to understand their needs and prescribe them with suitable medication having regard to their clinical conditions.

9. In recent years, the Government has provided HA with additional recurrent allocation of a total of \$95 million to provide new psychiatric drugs, including anti-psychotics, anti-depressants and anti-dementia drugs, to more patients in need. This is to minimise the disruption to patients' daily life arising from drug taking and further optimise treatment outcome. HA will continue to review psychiatric drugs with established mechanism and consider providing new psychiatric drugs with proven effectiveness to more patients.

10. Most psychiatric services of HA are highly subsidised by the Government and the fees are affordable by the general public. The Government also has in place a medical fee waiver mechanism to provide assistance to needy patients.

#### Rehabilitation and community support services

11. In providing psychiatric rehabilitation and community support services, policy bureaux and departments as well as relevant service agencies of the medical and social welfare service sectors have been working in close collaboration to take care of the various needs of people recovering from mental illness in an effective manner through the use of a multi-disciplinary and cross-sectoral team approach. At the service planning level, given that mental health services cover both treatment and rehabilitation services, FHB will continue to work closely with LWB on matters related to the direction of service development, while the HA Head Office and SWD Headquarters will also discuss the interface of their service strategies through established channels. At the service delivery level, healthcare staff and service personnel of SWD and non-governmental organizations (NGOs) will continue to maintain close communication and collaboration with one another in providing the necessary services to patients.

*Medical rehabilitation services*

12. HA provides medical rehabilitation services to people recovering from mental illness mainly through its integrated and multi-disciplinary community psychiatric teams. The range of services available includes risk management, home visit, telephone consultation, etc. HA also arranges for community psychiatric nurses to provide outreach visits to individual high-risk patients to follow up on their progress of treatment and rehabilitation.

13. In the light of the service direction to enhance community care, HA has implemented various new service programmes with additional allocation in recent years to strengthen the community support for mental patients. HA will continue to implement the “Extending Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stones” (EXITERS) programme in the Hong Kong East, Kowloon West and New Territories West Clusters to provide intensive rehabilitation training to long stay psychiatric patients to facilitate their early discharge. The programme covers most psychiatric patients who have been hospitalised in public hospitals for more than a year. Patients who meet the relevant clinical conditions and are referred to the programme do not have to wait for the service. At present, HA also provides community support to frequently readmitted psychiatric patients in the Kowloon West and New Territories East Clusters as well as recovery support service to discharged psychiatric patients in need in all seven clusters.

14. Having regard to past experience of using the case management approach in

the provision of community support services, HA plans to pilot a case management programme in individual districts in 2010-11 and train up healthcare staff as case managers to provide continuous and personalised intensive support to persons with severe mental illness in the community settings. Under the programme, the case manager will establish a long-term and close service relationship with the patients and their family members in order to better understand the needs of the patients, including treatment, rehabilitation and other daily needs. The case managers will then coordinate and arrange for the patients to receive various services. Also, the case manager will establish linkages with the mental health service providers of the social welfare sector through the Integrated Community Centres for Mental Wellness to be set up by SWD in various districts in 2010-11. The purpose is to arrange one-stop social rehabilitation services for patients in need and to further enhance the collaboration between the medical and social welfare service systems.

#### *Social rehabilitation services*

15. The objective of social rehabilitation policy is to enable persons recovering from mental illness to re-integrate into society and start a new life through provision of suitable social rehabilitation services and support. To this end, we will continue to enhance the series of community support services for persons recovering from mental illness and their families.

16. On community support services, SWD will revamp the existing community mental health support services and set up Integrated Community Centres for Mental Wellness (ICCMWs) in all 18 districts, providing one-stop, comprehensive and convenient mental health services for residents in the districts. Through the setting up of new ICCMWs and enhancement of manpower, SWD will dovetail with HA's implementation of case management programme and strengthen support for persons with severe mental illness and their family members and carers in various districts. Moreover, to provide support services for the families/carers of persons recovering from mental illness, SWD has established Parent Resources Centres to provide them with support services, such as counselling services, education activities and community network, etc. SWD will also continue to provide funding support for self-help organizations (including groups of persons recovering from mental illness) through the "Development Plan for Self-help Organisations for Persons with Disabilities" to organise activities, thereby promoting the spirit of self-help and mutual help among members and their families/carers.



17. On residential services for persons recovering from mental illness, the Government will continue to provide additional subsidised residential places for mentally ill patients in the coming three years, including the provision of 175 places of Long Stay Care Home and 40 places of Supported Hostel. To regulate the service standard of residential care homes for persons with disabilities (RCHDs), the Government is drafting the Residential Care Home (Persons with Disabilities) Bill (the Bill) and plans to introduce the Bill into the Legislative Council in the 2009-10 legislative session to implement a licensing scheme for RCHDs. We will also introduce a pilot Bought Place Scheme (BPS) and other complementary measures. Regarding the framework of the pilot BPS, the Government consulted the Rehabilitation Advisory Committee in December last year, and will consult the Legislative Council Panel on Welfare Service in February. SWD is collecting views from the rehabilitation sector, stakeholders and parents of persons with disabilities (PWDs) in order to formulate operational details of the proposed scheme.

18. On promotion of employment for PWDs (including persons recovering from mental illness), LWB and the Rehabilitation Advisory Committee (RAC) will continue to adopt “Promotion of employment for PWDs” as one of the major themes of this year’s publicity programme, and will launch a series of new initiatives to enhance understanding of different sectors on the working capabilities of PWDs, as well as the provision of support services for employment of PWDs by various Government departments and rehabilitation organisations, with a view to strengthening cross-sectoral collaboration among business sector, local communities, Government departments and non-governmental organisations in promoting the employment of PWDs, thereby supporting the self-reliance of PWDs and their full integration into the community. Indeed, having regarded to the appeal of LWB and RAC, social welfare organisations, District Councils (DCs) and the business sector have made positive responses. For instance, more and more social welfare organisations (such as Tung Wah Group of Hospitals, Yan Chai Hospital, Pok Oi Hospital, Yan Oi Tong and Po Leung Kuk, etc) have shown their support by setting up indicators for the employment of PWDs on a voluntary basis and formulating policies and procedures in this regard. Many DCs have organised promotional activities relating to the employment of PWDs. The Organising Committee of the “International Day of Disabled Persons” has also adopted “Promotion of Employment for PWDs” as the theme of the event held in December 2008 and November 2009 and collaborated with the 18 DCs to give commendations to the “caring employers” of the 18 districts who support the employment of PWDs. A number of business corporations have also responded promptly by offering jobs to PWDs with the

assistance of relevant government departments and rehabilitation agencies and by making wider use of the products and services from PWDs. This shows that our efforts have started to bear fruit.

#### Training of service personnel in mental health services

19. HA and SWD conducts manpower planning for mental health services from time to time in the light of the manpower situation in mental health services and the service development needs. With regard to the training of psychiatrists, HA has been working closely with the Hong Kong College of Psychiatrists and has recruited more psychiatric Resident Trainees in the past few years so that more doctors could receive psychiatric specialist training. As for nurses, HA has strengthened the development of psychiatric nursing courses in recent years. It also actively trains up existing nurses as community psychiatric nurses to support various community psychiatric services. At present, 111 nurses are receiving training in community psychiatric nursing in HA. It is anticipated that 40 of them will complete the training and start providing services in 2010-11. HA is currently making further assessment on its demand for psychiatric healthcare personnel so as to consider the number of staff to be recruited in 2010-11.

20. Moreover, HA provides training on the treatment of mental health problems to healthcare staff in the family medicine and primary care services so as to engage them in providing treatment to mental patients. Under the new initiative to strengthen the support for patients with common mental disorders in 2010-11, HA will foster closer collaboration between its psychiatric specialist service and family medicine and primary care services. This will further enhance the exchanges between psychiatric specialists and healthcare staff of the family medicine and primary care services. Healthcare staff of the family medicine and primary care services will also have a better understanding of the skills in treating mental health problems through clinical experience under the support of the specialists.

21. Moreover, in order to ensure that psychiatric medical social workers understand the pathology and treatment of different kinds of mental illness, SWD will continue to provide a series of in-service training courses on a regular basis for both newly recruited and in-service psychiatric medical social workers to enhance their professional skills and help them grasp the most updated information and development in relation to their profession.

### Public education

22. LWB, in collaboration with various government departments, non-governmental organisations and the media, has been organising annually the “Mental Health Month” since 1995. During the event, a series of territory-wide and district-based publicity campaigns are launched to enhance the awareness of the general public on mental health, promote public acceptance of persons with mental illness and encourage social inclusion of persons recovering from mental illness. RAC also takes active steps at district level to encourage public acceptance of persons recovering from mental illness and promote public support for these people to integrate into society, including establishment of collaboration with the 18 DCs to launch publicity activities and provide subsidies to various community organisations in the districts to organise a wide range of public education programmes under the themes of “mental health” and “working towards an inclusive and barrier-free society for persons with disabilities”, so as to foster community inclusion. We will continue to launch relevant activities.

23. Medical social workers provide psychosocial educational and/or counselling services for persons recovering from mental illness and their families. These services enable them to understand the importance of receiving psychiatric treatment and help them overcome the psychological barrier arising from discrimination. Furthermore, SWD and HA promote mental health to the public through various community programme, such as Community Mental Health Link and the Child and Adolescent Mental Health Community Support Project.

### Research studies in mental health services

24. FHB has invited relevant professional and academic institutions to submit research proposals on studies in mental health and consider providing funding support to relevant organizations for conducting studies on the needs of mental health services in Hong Kong. It is expected that the approved study projects will commence in the first half of 2010.

### Review of mental health services

25. The Government reviews the utilization of mental health services from time to time and makes suitable adjustment or enhancement to the services in response to changes in social circumstances and service needs. HA also makes necessary

arrangements from time to time in its service planning and deployment of resources among clusters having regard to the operational needs and service demand of various clusters.

26. The long term development of mental health services will continue to be considered and planned under the overall framework of healthcare reform. In the meantime, we will continue to review the existing services through the Working Group on Mental Health Services chaired by the Secretary for Food and Health. In the light of the views of the Working Group, we will further strengthen the community platform for provision of mental health services, enhance the collaboration among various sectors and continue to develop and improve the community-based service model. We will also strengthen the support for healthcare personnel in primary care for provision of services to mental patients and further improve our mental health services.

**Food and Health Bureau**

**Labour and Welfare Bureau**

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