

**立法會**  
**Legislative Council**

LC Paper No. CB(3) 175/09-10

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From : Clerk to the Legislative Council  
To : All Members of the Legislative Council

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**Council meeting of 25 November 2009**

**Proposed amendments to motion on  
“Support for people with mental illness and people recovering  
from mental illness”**

Further to LC Paper No. CB(3) 153/09-10 issued on 13 November 2009, three Members (Hon WONG Sing-chi, Dr Hon Joseph LEE Kok-long and Dr Hon LEUNG Ka-lau) have respectively given notice of their intention to move separate amendments to Dr Hon PAN Pey-chyou’s motion on “Support for people with mental illness and people recovering from mental illness” scheduled for the Council meeting of 25 November 2009. As directed by the President, the respective proposed amendments will be printed in the terms in which they were handed in on the Agenda of the Council.

2. To assist Members in debating the above motion and amendments, I set out below the procedure to be followed during the debate:

- (a) Dr Hon PAN Pey-chyou moves his motion;
- (b) the President proposes the question on Dr Hon PAN Pey-chyou’s motion, and orders a joint debate;
- (c) the President calls on the three Members, who intend to move amendments, to speak in the following order, but no amendment is to be moved at this stage:
  - (i) Hon WONG Sing-chi;
  - (ii) Dr Hon Joseph LEE; and
  - (iii) Dr Hon LEUNG Ka-lau;

- (d) the President calls upon the designated public officer(s) to speak;
- (e) joint debate on the motion and the amendments follows thereafter;
- (f) the President gives leave to Dr Hon PAN Pey-chyou to speak for the second time on the amendments;
- (g) the President calls upon the designated public officer(s) again to speak;
- (h) in accordance with Rule 34(5) of the Rules of Procedure, the President has decided that he will call upon the three Members to move their respective amendments in the order set out in paragraph (c) above. The President invites Hon WONG Sing-chi to move his amendment to the motion, and forthwith proposes and puts to vote the question on Hon WONG Sing-chi's amendment;
- (i) after Hon WONG Sing-chi's amendment has been voted upon, the President deals with the other two amendments; and
- (j) after all amendments have been dealt with, the President calls upon Dr Hon PAN Pey-chyou to reply. Thereafter, the President puts to vote the question on Dr Hon PAN Pey-chyou's motion, or his motion as amended, as the case may be.

3. For Members' ease of reference, the terms of the original motion and of the motion, if amended, are set out in the **Appendix**.

( Mrs Justina LAM )  
for Clerk to the Legislative Council

Encl.

(Translation)

**Motion debate on  
“Support for people with mental illness and people recovering  
from mental illness”  
to be held at the Legislative Council meeting  
of Wednesday, 25 November 2009**

**1. Dr Hon PAN Pey-chyou’s original motion**

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) allocate more resources to train and recruit psychiatric healthcare and rehabilitation professionals and ancillary personnel, including doctors, social workers, nurses, occupational therapists, clinical psychologists and physiotherapists, etc, to provide comprehensive services to people with mental illness and people recovering from mental illness;
- (c) clearly position psychiatric services in the public sector so that resources are effectively utilized 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;
- (d) 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;
- (e) 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;

- (f) allocate more resources for pharmacological and non-pharmacological treatments so that people with mental illness can receive the most suitable treatment for their illness;
- (g) 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;
- (h) 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;
- (i) establish additional mental health centres in the community to provide integrated services to people with mental illness and people recovering from mental illness;
- (j) 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;
- (k) 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; and
- (l) 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.

## 2. Motion as amended by Hon WONG Sing-chi

That, ~~in view of~~ *in the absence of a long-term policy on mental health*, 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 *and research on* mental illness; *strengthen community nurse service in response to the deteriorating mental*

*health of the public, and put in place a clear administration structure and regularly review the effectiveness of implementation of the policy;*

- (b) establish a mental health council comprising government officials, medical professionals, social work professionals, representatives of people recovering from mental illness as well as their family members to harmonize and coordinate psychiatric services and advise on the policy on mental health;*
- ~~(b)~~(c) allocate more resources to train and recruit psychiatric healthcare and rehabilitation professionals and ancillary personnel, including doctors, social workers, nurses, occupational therapists, clinical psychologists and physiotherapists, etc, to provide comprehensive services to people with mental illness and people recovering from mental illness;
- (d) set up multi-disciplinary community psychiatric treatment teams for various professionals such as psychiatric doctors, clinical psychologists, social workers, psychiatric nurses, occupational therapists and physiotherapists etc to follow up cases through outreaching services;*
- ~~(e)~~(e) clearly position psychiatric services in the public sector so that resources are effectively utilized 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;
- ~~(d)~~(f) 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;
- ~~(e)~~(g) 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;
- ~~(f)~~(h) allocate more resources for pharmacological and non-pharmacological treatments so that people with mental illness can receive the most suitable treatment for their illness;
- ~~(g)~~(i) 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 *to improve the problem of disconnection between service referral and acceptance*, with a view to strengthening the support for people recovering from mental illness and their families;

- (h)(j) 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;
- (i)(k) establish additional mental health centres in the community to provide integrated services to people with mental illness and people recovering from mental illness;
- (i)(l) 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;
- (m) *create a database of people with mental illness to record their illness, treatment progress, service acceptance and criminal records for better understanding of their condition, so relevant professionals will more easily follow-up and render assistance;*
- (n) *provide long-term and stable support for family members of people with mental illness and the organizations concerned;*
- (k)(o) ~~encourage the private and public sectors~~ *establish an indicator for hiring people with disabilities and motivate various organizations to formulate recruitment policy on and procedures for hiring people with disabilities, for government departments, public bodies and subvented organizations to take the lead* 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; ~~and~~
- (p) *review the existing vocational rehabilitation service provided to people recovering from mental illness and enhance on-the-job training to upgrade their capabilities, so as to facilitate them to re-enter the job market; and*
- (i)(q) 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.

Note: Hon WONG Sing-chi's amendment is marked in *bold and italic type* or with deletion line.

### 3. Motion as amended by Dr Hon Joseph LEE Kok-long

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 organizations 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;***
- ~~(b)~~(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;
- ~~(c)~~(d) clearly position psychiatric services in the public sector so that resources are effectively utilized 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;
- ~~(d)~~(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;
- ~~(e)~~(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;
- ~~(f)~~(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;
- ~~(g)~~(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;

- ~~(h)~~(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;
- ~~(i)~~(j) establish additional mental health centres in the community to provide integrated services to people with mental illness and people recovering from mental illness;
- ~~(j)~~(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;
- ~~(k)~~(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; ~~and~~
- ~~(l)~~(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; and*
- (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.*

Note: Dr Hon Joseph LEE Kok-long's amendment is marked in *bold and italic type* or with deletion line.

#### **4. Motion as amended by Dr Hon LEUNG Ka-lau**

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) allocate more resources *and establish an independent funding mechanism* to train and recruit psychiatric healthcare and rehabilitation professionals and ancillary personnel, including doctors, social workers, nurses, occupational therapists, clinical psychologists and physiotherapists, etc, to provide comprehensive services to people with mental illness and people recovering from mental illness;
- (c) clearly position psychiatric services in the public sector so that resources are effectively utilized 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;
- (d) 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;
- (e) 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;
- (f) allocate more resources for pharmacological and non-pharmacological treatments so that people with mental illness can receive the most suitable treatment for their illness;
- (g) 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;
- (h) 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;
- (i) establish additional mental health centres in the community to provide integrated services to people with mental illness and people recovering from mental illness;

- (j) 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;
- (k) 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; ~~and~~
- (l) ***strengthen the cooperation of the Hospital Authority, Department of Health, Social Welfare Department and Education Bureau in education on mental health and rehabilitation***, 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;
- (m) ***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***
- (n) ***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.***

Note: Dr Hon LEUNG Ka-lau's amendment is marked in ***bold and italic type*** or with deletion line.