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**Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 14 March 2011**

**Mental health services provided by the Hospital Authority**

**Purpose**

This paper gives an account of the past discussions by the Panel on Health Services ("the Panel") on the mental health services provided by the Hospital Authority ("HA").

**Background**

2. The Government promotes mental health through various measures and initiatives on early identification, medical treatment and community support. The Food and Health Bureau ("FHB") assumes the overall responsibility of coordinating mental health policies and service programmes by working closely with the Labour and Welfare Bureau ("LWB"), HA, the Department of Health, the Social Welfare Department ("SWD") and other relevant parties.

3. HA is currently providing a spectrum of medical services, including in-patient, out-patient, medical rehabilitation and community support services, for mental patients through a multi-disciplinary approach that involves professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers and occupational therapists. Patients receiving psychiatric services at HA are being broadly categorized into "ordinary patients" (patients without propensity to violence or record of criminal violence); "target group" (patients with propensity to violence or record of criminal violence); and "sub-target group" (patients with greater propensity to violence or record of severe criminal violence and assessed to have higher risk). As at 30 September 2010, HA provides psychiatric services to more than 160 000 patients and the number of patients put under the category of

"sub-target group", "target group" and "ordinary patients" is 500, 5 000 and 155 000 respectively.

### **Deliberations of the Panel**

4. The Panel discussed on four occasions between 2007 and 2010, including one joint meeting with the Panel on Welfare Services, issues relating to the mental health services provided by HA and received the views of deputations on the subject. The deliberations and concerns of members are summarized below.

#### Long-term development on mental health services

5. 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 the lack of a comprehensive policy on mental health. At the meeting on 22 November 2007, a motion was passed urging the Administration to expeditiously come up with a comprehensive long-term mental health policy to address patients' needs and guide the development of mental health services in a coordinated, cost-effective and sustainable manner. In the development and implementation of the policy, the Administration should closely consult and actively involve service users.

6. The Administration advised that the Working Group on Mental Health Services, chaired by the Secretary for Food and Health and comprising relevant professionals and service providers, academics, representatives of LWB, HA and SWD, would assist the Government in reviewing the existing mental health services. The Working Group had set up a Subgroup to conduct an in-depth study on the demand for mental health services and relevant policy measures. The Subgroup was supported by three expert groups to study the service needs of three different age groups (children and adolescents; adults; and elders). Regarding the long-term development of mental health services, the Administration advised that it would be examined and planned under the overall framework of healthcare reform and the Working Group would deliberate on it on an ongoing basis.

7. Members suggested that the Working Group on Mental Health Services should solicit views from relevant parties to map out the long-term development of mental health services. Issues that needed to be studied included the appropriate mode of service delivery, workload of psychiatrists and medical social workers in the public sector, the need to review the Mental Health Ordinance (Cap. 136) and the need to introduce a community treatment order. The Administration should, after taking into account the recommendations of the Working Group, issue a white paper to consult the

public on the policy on treatment and rehabilitation for people with mental illness, as the issue was of great concern to the society.

8. Members were advised that to enhance the mental health services in response to the needs of the community in a more systematic manner, a mental health service plan for adults for 2010-2015 would be developed. This included setting out the goals, objectives and action priorities. The views of relevant experts, service providers, patients, carers and other stakeholders would be taken into account when formulating the service plan.

#### Funding for mental health services

9. Questions were raised as to whether there was a benchmark on the Government's expenditure on mental health as a percentage of the Gross Domestic Product ("GDP"), and how it compared with those of other countries.

10. The Administration pointed out that when comparing Government's expenditure on mental health as a percentage of GDP among different economies, it was necessary to take into account differences among these economies in the total health expenditure as a share of GDP. While Hong Kong's Government's expenditure on mental health as a percentage of GDP was lower than that of other advanced economies, it should be noted that the total health expenditure as a share of GDP of Hong Kong and these economies was different. Members were advised that the proportion of public expenditure on mental health to total health expenditure in Hong Kong was indeed comparable with other advanced economies.

11. Members noted that an annual expenditure of over \$3 billion was allocated by the Government on mental health services. Some members suggested that a comprehensive data collection system for medical illness and an accurate set of population mental health profile should be developed in order to ascertain the adequacy of resources in meeting the demand for mental health services.

#### Manpower of HA for mental health services

12. There was concern about the lack of sufficient manpower of HA for mental health services.

13. The Administration advised that in recent years HA had employed more psychiatric staff to strengthen the support for various mental health services. The number of psychiatrists in HA had increased from 212 in 2000-2001 to 310 in 2009-2010. The number of psychiatric nurses had also increased from 1 797 to 1 904 (including 136 community psychiatric nurses) during the same period.

14. Concern was raised about the supply of such manpower in Hong Kong. The Administration advised that from 2010-2011 to 2012-2013, there would be additional supply of some 14 to 16 psychiatrists, 30 clinical psychologists and 40 occupational therapists. With an increase in enrolled nurses training places in the two local universities, there would be supply of around 60-70 and 160 additional psychiatric nurses from 2010-2011 to 2011-2012 and in 2012-2013 respectively.

#### Psychiatric specialist out-patient services of HA

15. Members expressed concern over the long waiting time for patients to receive the first appointment at the psychiatric specialist out-patient clinics ("SOPCs").

16. The Administration advised that to shorten the waiting time at psychiatric SOPCs, HA had set up triage clinics at the psychiatric SOPCs in five clusters in 2009-2010 to provide timely assessment and consultation for patients with common mental disorders and other relatively mild conditions who were triaged as routine cases. With the set up of the triage clinics, the median waiting time for the first appointment of routine cases had been reduced from 17 weeks in 2008-2009 to eight weeks in 2009-2010.

17. Members were subsequently advised that the triage clinics at the psychiatric SOPCs were integrated with the newly set up Common Mental Disorder Clinics ("CMDCs"). Depending on their conditions and needs, patients with common mental disorders waiting for appointment at psychiatric SOPCs might receive pharmacological treatment and allied health services, such as psychological therapy, at CMDCs. The seven CMDCs (with one in each of the seven clusters) would altogether provide 23 000 consultations and 8 400 allied health service attendances a year.

18. There was concern that the follow-up consultation for patients at the psychiatric SOPCs could take as short as five minutes, as opposed to around 30 to 60 minutes at private psychiatric clinics.

19. The Administration advised that the consultation time for patients attending follow-up consultations at psychiatric SOPCs would be flexibly adjusted depending on their individual conditions. However, consultation time at the psychiatric SOPCs of HA could not be directly compared with that at private psychiatric clinics. Unlike the private sector where treatment was mainly provided by psychiatrists, the delivery of mental health services at HA adopted an integrated and multi-disciplinary team approach involving psychiatrists, clinical psychologists, occupational therapists, psychiatric nurses, community psychiatric nurses and medical social workers.

20. On the suggestion of HA providing evening service at its psychiatric SOPCs, HA advised that it had introduced evening service at the Kwai Chung Hospital in 2001. Taking into account the low utilization rate and that patients could receive day patient services and more comprehensive supporting services provided by allied health professionals and social workers if seeking consultation in daytime, HA had ceased to provide the evening service in 2006.

21. Question was raised on the feasibility to engage the primary care services in supporting patients with minor mental health problems so as to relieve the demand for specialist services, as patients with depression and anxiety disorders could be handled by family doctors with additional training.

22. Members were advised that HA would pilot an Integrated Mental Health Programme ("IMHP") at the family medicine specialist clinics ("FMSCs") and general out-patient clinics ("GOPCs") in the Hong Kong East, Hong Kong West, Kowloon East, Kowloon West and New Territories East clusters in the latter half of 2010. Under IMHP, patients with stabilized conditions from CMDCs would be provided with maintenance treatment by family medicine specialists and general practitioners working in multi-disciplinary teams. Other patients at FMSCs and GOPCs with signs of mental health problems would also be screened, assessed and treated under IMHP so as to relieve their conditions as early as possible and enhance their chance of recovery. Psychiatrists would share the clinical practices and protocols with primary care personnel to facilitate their management of the mental patients. A total of 13 800 consultations would be provided at FMSCs and GOPCs under the pilot programme in the year.

#### Community psychiatric services of HA

23. Noting that the international trend was shifting the focus of treatment of mental illness from in-patient care to community and ambulatory services so as to enhance patients' prospect of re-integration into the community after rehabilitation, members urged the allocation of more resources to HA to enhance community psychiatric services.

24. The Administration advised that a number of new programmes and initiatives had been launched to enhance community psychiatric services. For example, the Extended Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone Project and the Early Assessment and Detection of Young Persons with Psychosis ("EASY") had been launched by HA to enhance community psychiatric services for different target groups. Community psychiatric mobile support teams had been set up in the Kowloon West and New Territories East clusters in 2008-2009 to

provide round-the-clock support to the frequently re-admitted psychiatric patients. Psychiatric consultation-liaison services had been piloted at the Accident & Emergency departments in the Kowloon East and Kowloon Central clusters in 2008-2009 to provide around 3 000 assessments and consultation service for patients with acute psychiatric conditions. HA had also extended the coverage of the psychogeriatric outreach service from elders residing in subvented residential care homes for the elderly ("RCHEs") to elders in private RCHEs in 2008-2009.

25. Members were further advised that in 2010, HA had piloted the Case Management Programme for around 5 000 higher-risk patients with severe mental illness residing in Kwai Tsing, Kwun Tong and Yuen Long districts with healthcare personnel taking up the role as case managers to provide these patients with intensive, continuous and personalized support. Subject to the evaluation of the pilot programme, HA would roll it out to other districts.

26. Referring to a tragic incident which occurred on 8 May 2010 in Kwai Shing East Estate involving a mental patient, some members expressed concern on the additional measures which should be implemented by the Administration/HA to better detect signs of relapse of mental illness in discharged mentally ill persons. As reported by the media, the mental patient involved in the incident twice refused visits by community psychiatric nurse.

27. The Administration advised that apart from healthcare professionals who would be required to step up the monitoring of progress of recovery of the discharged mentally ill patients, efforts would be enhanced to encourage persons who had close/regular contact with the patients, such as families/carers, neighbours and social workers, to report to the case managers when the patients showed signs of relapse so that prompt assessment and treatment could be made, including compulsory admission to hospitals if necessary.

28. Some members proposed introducing a community treatment order to require discharged mentally ill patients who posed a threat to the community to accept medication and therapy, counselling, treatment and supervision. The Administration agreed to further consider the issue as necessary having regard to the circumstances and any consensus in the community.

29. Members passed a motion at the meeting on 11 May 2010 urging the Administration to set up an independent committee to investigate the causes of the incident in Kwai Shing East Estate which left two dead and three seriously injured, so as to prevent similar incidents from recurring. The Administration advised members on 4 June 2010 that in the light of the incident and the concerns of members and the community, HA had set up a

committee to review its management and follow-up of mental patients, including the liaison with other service providers with reference to the incident in Kwai Shing East Estate. The committee had commenced work on 1 June 2010 and would complete the review in two months.

#### Communication among HA and relevant government departments

30. Question was raised as to how HA doctors could forge closer collaboration with other service providers in the districts in providing support services for persons with mental health problems.

31. HA advised that at the cluster level, service personnel of HA hospitals and service providers in the districts maintained close communication and collaboration regarding the operation and provision of care and support services for persons with mental health problems. At the central coordination level, HA Head Office and SWD Headquarters as well as non-governmental organizations would regularly discuss the interface of their service strategies through established channels.

32. Members urged the Administration to improve communication among different government departments to enable timely intervention for patients having signs of relapse of mental illness. There were cases where the Police and the Housing Department took no follow-up actions upon receipt of reports of persons behaving in an unusual way or having symptoms of mental health problems.

33. The Administration advised that with an additional recurrent funding of \$70 million in 2010-2011, SWD would expand the service model of the Integrated Community Centres for Mental Wellness across the territory and strengthen the manpower of these centres to provide one-stop services to discharged mental patients, persons with suspected mental health problems, their families/carers and residents in the district. A district-based platform, co-chaired by the District Social Welfare Officer and the Chief of Service of Psychiatry of the hospital cluster concerned and comprising representatives of non-governmental organizations and other relevant parties, such as the Housing Department and the Police, would be set up to enhance cross-sectoral cooperation and collaboration to support the discharged mentally ill patients at district level.

#### Use of new psychiatric drugs

34. Many members urged the Administration to consider increasing the use of new psychiatric drugs with less disabling side effects to ensure better clinical outcomes. HA advised that it had been doing so since 2001-2002 with additional allocation from the Government. About 40% of HA's

psychiatric patients were prescribed with new psychiatric drugs. With additional funding from the Government in 2010-2011, HA would further expand the provision of new atypical anti-psychotics with proven effectiveness to 2 000 additional patients under suitable clinical conditions. HA would continue to review the use of psychiatric drugs under its established mechanism.

### **Latest developments**

35. The Review Committee on Management and Follow-up of Mental Patients with reference to the Mental Patient Incident in Kwai Shing East Estate submitted its report to the Chief Executive of HA and the Secretary for Food and Health on 3 August 2010. The press release issued by HA and the Food and Health Bureau on the same day in response to the report of the Review Committee are in **Appendices I** and **II** respectively.

36. On 23 February 2011, the Financial Secretary announced in his 2011-2012 Budget Speech that an additional funding of over \$210 million would be provided to HA in 2011-2012 for strengthening support for people with mental illness. This included extending the Case Management Programme to five more districts (Eastern, Sham Shui Po, Sha Tin, Tuen Mun and Wan Chai); setting up crisis intervention teams in all HA clusters to handle emergency referrals at the community level and follow up on high risk patients; extending IMHP to cover all HA clusters; expanding the EASY programme to cover adults; extending the psychogeriatric outreach services to cover about 80 additional RCHEs; and expanding the dedicated professional teams for mental health services for children and adolescents to provide services for children with autism or hyperactivity disorder.

### **Relevant papers**

37. Members are invited to access the Legislative Council website (<http://www.legco.gov.hk>) for details of the relevant papers and minutes of the meetings on 22 November 2007, 19 May 2008, 30 September 2009 and 11 May 2010.

Press Releases

HA accepts review report on management and follow-up of mental patients

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The following is issued on behalf of the Hospital Authority:

The Hospital Authority (HA) today (August 3) announced the findings and recommendations of the Report of Review Committee on Management and Follow-up of Mental Patients with reference to the mental patient incident in Kwai Shing East Estate which was submitted to the HA Chief Executive and the Secretary of Food and Health.

The HA Chief Executive, Mr Shane Solomon, said, "We welcomed and accepted the recommendations of the Committee. The recommendations to increase case management and working between different parties will help identify at-risk behaviour earlier."

Mr Solomon also thanked the members of the Review Committee for their efforts and valuable contributions in the completion of the review report.

Chaired by Professor John Leong, Chairman of Hospital Governing Committee of Castle Peak Hospital and President of the Open University of Hong Kong, the Review Committee was appointed by HA in May this year to review the management and follow-up of mental patients as well as recommending improvements to community support with reference to the Kwai Shing East Estate incident. The committee comprises a mix of experts from the medical and social welfare sectors. Over the past two months, it has interviewed the health care professionals involved as well as some patient groups, care-givers groups, and members of HA Central Coordinating Committee of Psychiatry to formulate the recommendations.

Professor Leong said, "We acknowledged the work done by the Government since 1983 on improving mental health services to people of Hong Kong. However, some improvement measures can be introduced in the current system to better support patients and improve their quality of life."

"The Committee concurred that the existence of a number of factors would contribute significantly to the success of supporting high risk patients in the community. These include the collaboration and communication among HA and relevant government departments; the availability of timely information to support application of compulsory hospital admission in case of need; and active participation of family members and care givers."

"On communication of relevant information of high risk patients among different departments, the committee understands the concern on issues related to personal data privacy and stigmatisation against mental patients as expressed by patient groups."

"The Committee also made reference to the Community Treatment Order (CTO) in the UK and Australia and recommended further study on the applicability and practicability of CTO in Hong Kong," Professor Leong added.

In response to the recommendations made by the Committee, HA Chief Executive Mr Shane Solomon said, "HA will draw particular attention in the feasibility for information sharing with other government departments on a need-to-know basis without jeopardising patient privacy and rights; and tighten up collaboration with these departments in providing training to officers for early detection of high risk mental patients, and to provide education to the public for detection of potential risks and channels to seek for assistance."

"As stipulated in the HA Annual Plan 2010/11, we are launching district based Personalised Care Programme in the form of case management for patients with severe mental illnesses in Kwai Tsing, Yuen Long and Kwun Tong. We have also expanded the use of new psychiatric drugs with proven effectiveness and reduced side effects," Mr Solomon remarked on the latest plans and direction of the mental health services of the Authority.

The Review Committee Report has been posted on HA homepage [www.ha.org.hk/haho/ho/pad/ReviewCommitteeReport\\_31July2010-tc.pdf](http://www.ha.org.hk/haho/ho/pad/ReviewCommitteeReport_31July2010-tc.pdf).

Ends/Tuesday, August 3, 2010

Issued at HKT 20:42

Press Releases

FHB receives report from review committee on management and follow-up of mental patients

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The Food and Health Bureau (FHB) today (August 3) received a report submitted by the Review Committee of the Hospital Authority (HA) on the management and follow-up of mental patients with reference to the mental patient incident in Kwai Shing East Estate in May this year. In its report, the Review Committee has made a number of suggestions on improvements to community support services for such patients.

A spokesman for the FHB said: "We support the recommendations of the Review Committee to help enhance community care for mental patients.

"To this end, we have in recent years implemented various initiatives to enhance community support services for mental patients. In 2010-11, additional funding of over \$100 million is provided to the HA for launching two new programmes to strengthen the support for mental patients."

For persons with severe mental illness, the HA has piloted a Case Management Programme with healthcare personnel taking up roles as case managers to provide these patients with intensive, continuous and personalised support. For persons with common mental disorders, the HA has set up Common Mental Disorder Clinics to provide them with more timely assessment and consultation services and will introduce an Integrated Mental Health Programme later this year to engage the primary care services in supporting these patients.

Stressing that the Government is committed to promoting mental health through the provision of a comprehensive range of mental health services, the spokesman added: "We would like to thank the chairman and all members of the Review Committee for their efforts and suggestions made. We will study the recommendations of the Review Committee in conjunction with the HA and other relevant bureaux/departments, and consider service improvement measures to further enhance support services to mental patients in community settings."

After discussion by the Working Group on Mental Health Services chaired by the Secretary for Food and Health on May 26, 2010, the HA set up a committee to review its management and follow-up of mental patients, including its liaison with other service providers with reference to the incident in Kwai Shing East Estate.

The Review Committee was chaired by the Chairman of the Hospital Governing Committee of Castle Peak Hospital and President of the Open University of Hong Kong, Professor John Leong, and its members consisted of a mix of stakeholders from the medical and social welfare sectors.

Ends/Tuesday, August 3, 2010  
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