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Panel on Health Services and Panel on Welfare Services

Updated background brief prepared by the Legislative Council Secretariat for the joint meeting on 24 May 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 for 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 for mental patients, including in-patient, out-patient, medical rehabilitation and community support services, 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 provided psychiatric services to more than 160 000

patients and the numbers of patients put under the category of "sub-target group", "target group" and "ordinary patients" were 500, 5 000 and 155 000 respectively.

4. The Government's expenditure on mental health services in 2010-2011 amounted to $3.92 billion. 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 to strengthen support for people with mental illness.

5. As at 31 December 2010, there were 316 psychiatrists, 1 942 psychiatric nurses (including 145 community nurses), 44 clinical psychologists and 172 occupational therapists in HA providing various services to psychiatric patients. Generally, patients whose clinical conditions require hospitalization or in-patient care would be arranged for admission to psychiatric inpatient wards for treatment without waiting time for the service. As at 31 December 2010, there were 3 607 hospital beds for mentally ill patients in HA.

Deliberations of the Panel

6. The Panel discussed issues relating to the mental health services provided by HA on five occasions between 2007 and 2011, including at one joint meeting with the Panel on Welfare Services, and received the views of deputations at one of the meetings. The deliberations and concerns of members are summarized below.

Long-term development on mental health services

7. 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.

8. 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.

9. 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.

10. 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

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

12. The Administration pointed out that when comparing Government's expenditure on mental health in terms of 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 in terms of 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. The proportion of public expenditure on mental health to total health expenditure in Hong Kong was comparable with other

advanced economies.

13. 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

14. There was concern about insufficient manpower of HA for mental health services.

15. 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.

16. 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 psychiatrics, 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

17. Members expressed concern over the long waiting time for patients to receive the first appointment at the psychiatric specialist out-patient clinics ("SOPCs"). In particular, they noted with concern over the variation in the waiting time for the first appointment of routine cases at SOPCs among different clusters.

18. 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.

19. 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.

20. As regards the average waiting time at psychiatric SOPCs among different clusters, the Administration explained that the average waiting time for first appointments at psychiatric SOPCs varied among clusters because of the differences in service demand in different clusters. Efforts had been made to shorten the waiting time and patients could seek consultation at psychiatric SOPCs in clusters other than those in their own residential districts. In 2010-2011, the median waiting time for first appointment of non-urgent cases was around nine weeks. The upper quartile (75% percentile) waiting time for these cases had also been reduced from 49 weeks in 2006-2007 to 23 weeks in 2010-2011.

21. 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.

22. 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.

23. 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.

24. Question was raised on the feasibility of engaging 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.

25. Members were advised that HA would pilot an Integrated Mental Health Programme ("IMHP") at the general out-patient clinics ("GOPCs"). Patients with stabilized conditions would be provided with maintenance treatment in primary care settings by family medicine specialists and general practitioners working in multi-disciplinary teams.

26. The Administration subsequently advised that IMHP would be expanded to cover all clusters in 2011-2012, with the target of serving around 7 000 patients each year. Around 20 doctors, nurses and allied health professionals would be involved in the expanded programme.

Community psychiatric services of HA

27. 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.

28. The Administration advised that a number of new programmes and initiatives had been launched to enhance community psychiatric services, such as the Extended Care Patients Intensive Treatment, Early Diversion and Rehabilitation Stepping Stone Project, the Early Assessment and Detection of Young Persons with Psychosis ("EASY") Programme and the Case Management Programme. More resources would be allocated by the Administration to enhance the support services for mental patients in community settings. Primary healthcare service providers might also be engaged in the future to facilitate early detection and early intervention of mental health problems.

29. Referring to a tragic incident which occurred on 8 May 2010 in Kwai Shing East Estate involving a mental patient, some members expressed concern about 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.

30. 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.

31. 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 Review Committee in June 2010 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.

32. At the meeting on 14 March 2011, members were briefed that the Review Committee had submitted a report to FHB and HA in August 2010. HA would follow up on the key recommendations made by the Review Committee including intensive follow-up on high-risk mental patients using a case management approach; enhanced education and information to family members of mental patients on skills in detecting symptoms of deterioration; and communication mechanism among relevant departments and parties.

Communication among HA and relevant government departments

33. 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.

34. 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.

35. 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.

36. 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 the district level.

37. Considering the indispensible role of psychiatric social workers in supporting mental patients in community settings, members expressed concern about the allocation of sufficient resources to SWD for enhancing the support services for mental patients in community settings. The Administration advised that an additional full year funding of about $16 million would be allocated in 2011-2012 to provide 31 additional psychiatric medical social workers to dovetail with HA's initiatives for ex-mentally ill patients and services for autistic children and their families.

Use of new psychiatric drugs

38. Many members urged the Administration to consider increasing the use of new psychiatric drugs with less disabling side effects to ensure better clinical outcomes.

39. HA advised that it had been doing so since 2001-2002 with additional allocation from the Government. HA had introduced new psychiatric drugs in its drug formulary for provision to patients at standard charges and revised the prescription guidelines to enable more mental patients to be treated with new psychiatric drugs. More than 70% of patients with severe mental illness were prescribed with new psychiatric drugs. Members were also advised that an additional recurrent expenditure of about $40 million would be provided to HA in 2011-2012 for further expanding the provision of new drugs with proven efficacy.

Introduction of statutory community treatment orders

40. Some members urged the Administration to expedite its feasibility study on statutory 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. They urged the Administration to review the Mental Health Ordinance to empower medical superintendents to detain mentally ill patients in hospital to receive treatments in respect of their mental conditions.

Latest developments

41. The HA Board endorsed the Mental Health Service Plan as a framework to guide the mental health services for adults in the years 2010-2015 at its meeting on 24 March 2011. The Plan sets a new direction for mental health services to move towards the provision of a person-centred service basing on effective treatment and recovery of the individual. The emphasis is on early intervention and assertive treatment, particularly for those at risk for relapse and hospitalization. Under the new service direction, patients with severe or complex mental health needs would be provided with co-ordinated multi-disciplinary specialists care in appropriate hospital settings. Patients with less severe or less complex needs would receive specialist-supported care in the community including primary care settings.

Relevant papers

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

Council Business Division 2
Legislative Council Secretariat
18 May 2011

Appendix

Relevant papers on
Mental health services provided by the Hospital Authority

Committee	Date of meeting	Paper
Panel on Health Services	22.11.2007 (Item I)	Agenda Minutes CB(2)/1937/07-08(04)
Panel on Health Services	19.5.2008 (Item V)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	30.9.2009 (Item II)	Agenda Minutes CB(2)1495/09-10(01)
Panel on Health Services	11.5.2010 (Item IV)	Agenda Minutes CB(2)1736/09-10(01)
Panel on Health Services	14.3.2011 (Item VII)	Agenda Minutes

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