

Initiatives for enhancement of mental health services in the Hospital Authority

Panel on Health Services and Panel on Welfare Services

Joint Meeting on 24 May 2011

– Submission from the Equal Opportunities Commission –

Purpose

1. The Equal Opportunities Commission's (EOC) is invited to provide views on the initiatives for enhancement of mental health services in the Hospital Authority (HA). This paper presents EOC's comments on the matter.

Areas of enhancement

2. It is noted in the relevant paper provided by the Administration in March 2011 that the following enhancement initiatives would be implemented in 2011-12:

- Around 100 to 120 additional psychiatric nurses and allied health professionals with experience in mental health services will be recruited as case managers to support 6,000 more patients each year.
- Additional funds will be allocated to strengthen the manpower of Integrated Community Centres for Mental Wellness (ICCMW) to handle more cases and dovetail with the Case Management Programme of HA.
- Additional manpower will be recruited to form Crisis Intervention Teams in all seven clusters to serve a total of around 1,000 patients each year.

- Common Mental Disorder Clinics programme will be expanded to tackle 3,000 more patients with mild mental illness in the community each year.
- Service target of the Early Assessment and Detection of Young Persons with Psychosis (EASY) programme will be expanded to include adults so that 600 more patients will be served each year.
- About 80 more residential care homes for the elderly will be covered by HA's outreach service.
- HA will further expand the provision of new drugs to 4,000 more patients.

Manpower planning issue

3. As transpired in the enhancement plan summarised in the preceding paragraph, one of the key factors for successful implementation of the initiatives is the availability of sufficient professionals such as psychiatrists, psychiatric nurses and allied health professionals with experience in mental health services.

4. However, the general shortage of trained professionals in this field remains endemic. In the short term, there is a genuine concern as to how realistic the initiatives can be sufficiently staffed by trained professionals in this specialized area. In the long term, there is the pressing need for the HA to enhance its manpower planning with a view to training up more professionals to prepare for the increasing demands for and the expansion in mental health services.

Inadequate mental health information system

5. The EOC noted that the revised estimate of the Government's expenditure on mental health services in 2010-11 amounted to \$3.92 billion and

that an additional funding of over \$210 million would be allocated to the HA to launch various initiatives to further enhance the support to different groups of mental patients in 2011-12. However, this subject comes under the “very difficult” category where simply putting in more money for mental health care is not necessarily a panacea.

6. In our previous submission to the joint meeting, we pointed out that mental health services should be planned on a thorough knowledge of the population health profile, including its need and demand for mental health services. The latest version of the Hong Kong Population Health Profile Series (2005-06) admitted that Hong Kong did not yet have a comprehensive data collection system for mental illness.

7. In answering a question on whether the Administration would set up a comprehensive data collection system for mental illness in the joint panels meeting held on 30 September 2009, the Administration responded that the Food and Health Bureau (FHB) had received 46 research proposals on mental health from relevant professional and academic institutions and that it was expected that the approved research studies would commence in early 2010. To date, the EOC is not aware of any research study funded by the Administration that provides an overall picture about the prevalence of the various mental health problems of our population. Without such a profile, it is difficult for the Administration, the legislature or the EOC to assess whether or not the initiatives listed in paragraph 2 above are adequate to address the actual demands of our population.

8. We must bear in mind that stigma and discrimination associated with mental illness remain the biggest barriers to treatment or help seeking. On the other hand, the service gap is now such that there must be an unknown but considerable number of patients who have waited for so long for access to the mental health service that they might have simply given up and gone untreated.

Thus, planning Hong Kong's mental health services basing on the demands of the existing users is clearly inadequate.

A comprehensive mental health policy is needed

9. The EOC would like to reiterate that mental health issues go beyond the boundaries of health and welfare. Approaching mental health issues solely from a health and welfare perspective is inadequate. A more comprehensive and community based approach is needed.

10. For example, it was reported in the news recently that between December 2009 and August 2010, five inmates of prison facilities had hanged themselves. Moreover, there were 90 suicide attempts in prisons in the year 2010 alone. Do we know how many inmates in the prison population are suffering from mental illness (e.g. depression)? Are people with mental illness overrepresented in the prison population and the criminal justice system? How many street sleepers in Hong Kong are mentally ill? Is street sleeping a personal choice, or a result of multiple causes including social exclusion (by family, friends, employers, etc.) of individuals living with a mental illness? Are employers adopting family-friendly employment policies and practices that would go a long way to help employees to achieve a better work-life-balance and thus better mental health? Are insurers aware of the fact that by excluding treatment of mental illnesses from medical plans, it may increase instead of decrease their overall compensations since treatment of physical symptoms originating from undiagnosed or untreated mental causes may be even higher? Have the relevant government bureaux and agencies initiated any dialogue with the insurance industry to address this insurance disparity issue? As long as these questions that extend beyond the health and welfare spheres remain unanswered and unaddressed, Hong Kong is not treating people suffering from mental illnesses, diagnosed or undiagnosed, in a fair and equitable manner.

11. We suggest the Government should consider inviting more representatives from other sectors (e.g. education, criminal justice, employment and service users, etc.) to participate in the policy making process so as to facilitate the formulation of a more comprehensive policy and corresponding resource input to mental illnesses.

12. Last but not least, the EOC would like to remind that with the implementation of the Race Discrimination Ordinance the Government should take into account all relevant forms of demographic diversity (e.g. language, culture and religion) when formulating its mental health policy so as to ensure appropriate access and treatment for all groups.

Equal Opportunities Commission
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