

立法會
Legislative Council

LC Paper No. CB(2)1734/12-13
(These minutes have been seen
by the Administration)

Ref : CB2/PL/HS

Panel on Health Services

Minutes of special meeting
held on Monday, 25 February 2013, at 2:30 pm
in Conference Room 2 of the Legislative Council Complex

- Members present** : Dr Hon LEUNG Ka-lau (Chairman)
Hon Albert HO Chun-yan
Hon Vincent FANG Kang, SBS, JP
Hon WONG Ting-kwong, SBS, JP
Hon CHAN Kin-por, BBS, JP
Dr Hon Priscilla LEUNG Mei-fun, JP
Hon CHEUNG Kwok-che
Hon Mrs Regina IP LAU Suk-ye, GBS, JP
Hon Albert CHAN Wai-yip
Hon Charles Peter MOK
Hon CHAN Han-pan
Hon Alice MAK Mei-kuen, JP
Dr Hon KWOK Ka-ki
Dr Hon Fernando CHEUNG Chiu-hung
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon POON Siu-ping, BBS, MH
Dr Hon CHIANG Lai-wan, JP
- Member absent** : Dr Hon Joseph LEE Kok-long, SBS, JP (Deputy Chairman)
- Members attending** : Hon Frankie YICK Chi-ming
Hon WU Chi-wai, MH
Hon CHAN Yuen-han, SBS, JP

Public Officers : Item I
Attending

Dr KO Wing-man, BBS, JP
Secretary for Food and Health

Mr Richard YUEN Ming-fai, JP
Permanent Secretary for Food and Health (Health)

Mr Chris SUN Yuk-han, JP
Head, Healthcare Planning and Development Office
Food and Health Bureau

Mr Stephen SUI Wai-Keung
Commissioner for Rehabilitation
Labour and Welfare Bureau

Mr LAM Ka-tai
Assistant Director (Rehabilitation and Medical Social
Services)
Social Welfare Department

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

Dr Eva DUNN
Chairperson of Co-ordinating Committee in
Psychiatry
Hospital Authority

Dr K L CHUNG
Chief Manager, Integrated Care Programs
Hospital Authority

Attendance : Christian Oi Hip Fellowship Limited
by invitation

Mr LEUNG Mung-hung
Executive Officer

Alliance of Ex-mentally Ill of Hong Kong

Mr Philip WONG Man-lip
Executive Member

Caritas Hong Kong

Mr Stephen WONG
Social Work Supervisor

Hong Kong Chinese Civil Servants' Association,
Social Work Officer Grade Branch

Mr Sam LEUNG Kin-hung
Chairman

Baptist Oi Kwan Social Service

Ms CHAN Sau-kam
Senior Service Coordinator

Democratic Alliance for the Betterment and Progress
of Hong Kong

Mr YIP Man-pan
Deputy Spokesperson of Health Services

The Hong Kong College of Mental Health Nursing

Mr Michael MAK Kwok-fung
President

Equal Opportunities Commission

Dr Ferrick CHU Chung-man
Head, Policy & Research

Hong Kong FamilyLink Mental Health Advocacy
Association

Mr Mico CHOW
Chairman of Executive Committee

The Democratic Party

Ms CHAN Shu-ying
Spokesperson

精神病康復者同路人小組

Mr CHAN Kwok-shing
Member

Concord Mutual-Aid Club Alliance

Mr Johnny LI Chi-on
Executive Committee Member

Alliance on Advocating Mental Health Policy

Mr HUI Wai-chun
Representative

Ms Shirley YEUNG Sui-ling

People with Mental Illness Rights Concern Group

Miss PANG Ching-nam
Representative

Society for Community Organization

Mr Tim PANG hung-cheong
Community Organizer

Richmond Fellowship of Hong Kong

Dr FUNG Cheung-tim
Director

Amity Mutual-Support Society

Ms CHUNG Siu-Wa
Executive Committee Member (External Affairs)

New Life Psychiatric Rehabilitation Association

Mr HO Ka-chun
Officer-in-charge

Clerk in attendance : Ms Elyssa WONG
Chief Council Secretary (2) 5

Staff in attendance : Ms Maisie LAM
Senior Council Secretary (2) 5

Ms Priscilla LAU
Council Secretary (2) 5

Ms Michelle LEE
Legislative Assistant (2) 5

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I. Mental health policy and service programmes

[LC Paper Nos. CB(2)653/12-13(01) to (04), CB(2)679/12-13(01) to (08), and CB(2)693/12-13(01) to (02) and CB(2)700/12-13(01) to (07)]

Members noted the following papers on the subject under discussion -

- (a) the Administration's paper entitled "Mental health services" (LC Paper No. CB(2)653/12-13(01)); and
- (b) the background brief entitled "Mental health policy and service programmes" prepared by the Legislative Council ("LegCo") Secretariat (LC Paper No. CB(2)653/12-13(02)).

Views of deputations

2. At the invitation of the Chairman, the following 19 deputations presented their views on mental health policy and service programmes -

- (a) Christian Oi Hip Fellowship Limited;
- (b) Alliance of Ex-mentally Ill of Hong Kong;
- (c) Caritas Hong Kong;
- (d) Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch;
- (e) Baptist Oi Kwan Social Service;

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- (f) Democratic Alliance for the Betterment and Progress of Hong Kong;
 - (g) The Hong Kong College of Mental Health Nursing;
 - (h) Equal Opportunities Commission;
 - (i) Hong Kong FamilyLink Mental Health Advocacy Association;
 - (j) The Democratic Party;
 - (k) 精神病康復者同路人小組;
 - (l) Concord Mutual-Aid Club Alliance;
 - (m) Alliance on Advocating Mental Health Policy;
 - (n) Ms Shirley YEUNG Sui-ling;
 - (o) People with Mental Illness Rights Concern Group;
 - (p) Society for Community Organization;
 - (q) Richmond Fellowship of Hong Kong;
 - (r) Amity Mutual-Support Society; and
 - (s) New Life Psychiatric Rehabilitation Association.
3. Members also noted the written submissions from the following organizations -
- (a) Concern Group on Mental Rehabilitation Services of the Hong Kong Social Workers' General Union;
 - (b) Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service; and
 - (c) Hong Kong Human Rights Monitor.
4. A summary of the views of depositions is in the **Appendix**.

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The Administration's responses to the views expressed by deputations

5. Responding to the views expressed by the deputations, Secretary for Food and Health ("SFH") made the following points -

- (a) the policy-coordinating responsibility on mental health should continue to rest with the Food and Health Bureau ("FHB") rather than a new policy bureau as proposed by some deputations, as the mental well-being of the public inevitably involved a health dimension. At present, the provision of mental health services involved FHB, Labour and Welfare Bureau, Department of Health, Hospital Authority ("HA"), Social Welfare Department ("SWD") and other relevant Government departments, such as the Police and the Housing Department. FHB would continue to work closely with the relevant policy bureaux and government departments to ensure that the various service programmes were delivered in a co-ordinated manner;
- (b) while acknowledging the concern of some deputations that the living environment of Hong Kong was cramped and might not be conducive to the rehabilitation of mental patients, this should not be a reason for denying or prolonging the discharge of mental patients when their conditions were stabilized and suitable for treatment in the community. For these patients, various initiatives had been introduced to enhance community support for them with a view to facilitating their recovery and re-integration into the community. A case in point was the Case Management Programme of HA which provided intensive, continuous and personalized support to patients suffering from severe mental illness but with stabilized conditions. HA planned to further extend the Programme to cover all districts in Hong Kong in about two years. More resources would also be allocated to strengthen the manpower of the Programme where possible so as to improve the caseload of case managers;
- (c) HA had taken measures to increase the use of second generation anti-psychotic drugs over the years. The percentage of new cases of psychotic patients prescribed with second generation anti-psychotic drugs was currently more than 60%. However, it should be noted that while second generation anti-psychotic drugs generally had fewer side effects, it would not be appropriate to presume that conventional anti-psychotic drugs were less effective than the second generation drugs.

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Drug prescription would be based on the clinical conditions of individual patients to meet their treatment needs;

- (d) the Administration had all along attached great importance to promoting mental health. There had been greater awareness of mental problems and less discrimination against mental patients among the public in recent years as a result of the promotional efforts. The relevant government departments would continue to promote mental health so as to reduce misunderstanding of mental illness and facilitate full re-integration of rehabilitated persons into the community;
- (e) FHB planned to set up a committee to review the existing mental health policy with a view to mapping out the future direction for the development of mental health services in Hong Kong covering the areas of prevention, treatment and rehabilitation. The review committee would consider means and measures to strengthen the provision of mental health services. In addition, it would consider any necessary changes to the Mental Health Ordinance (Cap. 136), including the need and feasibility, or otherwise, of introducing community treatment order in Hong Kong having regard to overseas experiences and local circumstances; and
- (f) the Administration was preparing for the establishment of the review committee and aimed to convene the first meeting in the second quarter of 2013. In appointing members to the review committee, the Administration would strike a proper balance between the extent of representation and membership size in order to enable meaningful and effective discussion. An initial thought was that the Equal Opportunities Commission would be invited to join the review committee. Efforts would also be made to gauge the views of all relevant stakeholders, including those not appointed to the review committee, through various platforms. Subject to the deliberations of the review committee, the tentative schedule was to have an initial conclusion of the review in around a year's time.

Timetable and scope of the review

6. Mr CHEUNG Kwok-che sought clarification as to whether the Working Group on Mental Health Services ("the Working Group") set up by FHB in August 2006 had completed its work. SFH replied in the

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affirmative. Dr Fernando CHEUNG sought information about the outcome of the work of the Working Group. He considered that the first and foremost task of the review committee was to develop a comprehensive mental health policy addressing issues such as fragmentation of the services provided by the health and welfare sectors, and manpower and land use planning for the delivery of community mental health support services. Concrete measures should then be implemented to support the policy. Dr KWOK Ka-ki held a similar view, adding that mental health policies were developed in many other places, such as Australia, the European Union and Singapore, to guide the development of mental health measures. Holding the view that the Working Group had made little progress despite the passing of the motion on conducting a comprehensive review on mental health policy, which was moved by himself, at the Council meeting of 31 January 2007, he asked whether the current Administration would formulate a comprehensive mental health policy.

7. SFH said that building on the work of the Working Group, the coming review would cover both the mental health policy and the whole range of mental health services including those for the demented elderly. The tentative schedule was to have an initial conclusion of the review in around a year's time. Mr CHEUNG Kwok-che opined that there was a need to step up public education on mental health in order to foster a positive attitude in the community towards mental patients, which, in his view, was essential for the effective implementation of the relevant service programmes. Mr CHAN Kin-por raised a similar view. Mr Frankie YICK urged the Administration to allocate additional resources for schools having admitted students with special education needs (including students with psychosis) to strengthen their support services for these students, say, by procuring more hours of professional services of the clinical psychologists. Noting members' views, SFH said that the review committee would look into all relevant matters.

8. In response to Mr CHEUNG Kwok-che and Mr Albert HO's enquiries on whether improvement measures would be introduced during the review period to address areas that required immediate attention, SFH replied in the positive. Mr CHEUNG Kwok-che urged the Administration to revert to the Panel on the work of the review committee by stages before the completion of the whole review. SFH agreed.

9. Dr KWOK Ka-ki considered that the Administration should set up a mental health service council comprising all stakeholders, including mentally ill persons and their carers. While agreeing that the membership size of the review committee should be manageable to enable effective discussion, Dr Fernando CHEUNG was of the view that patient groups and

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carers of mental patients should be represented in the review committee. SFH took note of the views.

Manpower requirements and resources for mental health services

10. Mr CHEUNG Kwok-che urged the Administration not to drag its feet on addressing the shortage of psychiatric manpower. SFH advised that the subject of manpower requirements would be high on the agenda of the review committee. The Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development was also conducting a strategic review on healthcare manpower planning and professional development in Hong Kong. Pointing out that manpower resources could not be made available overnight, Mr CHEUNG Kwok-che maintained the view that the Administration should immediately work out the medical, nursing and social work manpower requirements for psychiatric services for the next five to 10 years, rather than waiting for the outcome of the review. Pointing out that many healthcare and welfare professionals working in the psychiatric stream in HA had been working very hard under the current manpower constraint, Dr Elizabeth QUAT shared the view that it was necessary for the Administration to expeditiously address the shortage of psychiatric manpower.

11. Mr POON Siu-ping was particularly concerned about the heavy workload of the medical social workers ("MSWs") working in the psychiatric stream in HA as pointed out by the Social Work Officer Grade Branch of the Hong Kong Chinese Civil Servants' Association at the earlier part of the meeting and detailed in its submission (LC Paper No. CB(2)679/12-13(02)). He asked whether immediate measures could be put in place to relieve the psychiatric MSWs from routine documentation work, such as processing applications for medical fee waiver.

12. Assistant Director (Rehabilitation and Medical Social Services), SWD advised that the number of MSWs working in the psychiatric stream in HA had increased from 174 in 2006-2007 to 243 as at 31 December 2012. The number of cases under the care of individual MSWs had decreased from 91 to 62 cases for the same period. HA had also deployed some clerical assistants to assist MSWs in processing applications for medical fee waiver. In addition, with the enhancement of the medical fee waiving system (e.g. the valid period of a medical fee waiver could be extended up to 12 months; and the waiver issued was not only applicable to the institution the patient obtained the waiver, but was also applicable to other institutions that provided the same service), there had been a reduction in the number of applications in recent years. Mr Sam LEUNG of the Social Work Officer Grade Branch of the Hong

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Kong Chinese Civil Servants' Association opined that the Administration should also deploy social service assistants to assist MSWs in handling the documentation work for referrals for welfare benefits, community resources and rehabilitation services, so that MSWs could better focus on the provision of counselling and outreach services to mental patients.

13. Miss Alice MAK considered that the public expenditure on mental health services, which at present accounted for only 0.2% of the Gross Domestic Product of Hong Kong and was far less than that of overseas countries which stood on average at 0.5% to 1%, was inadequate to meet the needs of patients. She urged the Administration to increase the funding allocation on mental health services to improve treatment outcome by, say, including more new anti-psychotic drugs with proven effectiveness and fewer side effects as standard drugs in the HA Drug Formulary. Declaring interest as the Chairman of the Hospital Governing Committee of Kwai Chung & Princess Margaret Hospitals, Mr Vincent FANG shared the view that the crux of the problem lay in the inadequacy of financial resources.

14. SFH responded that the Administration would continue to earmark additional resources for mental health services as and when necessary. While pointing out that the Government had allocated additional funding for HA to increase the use of second generation anti-psychotic drugs in recent years, Chairperson of Co-ordinating Committee in Psychiatry, HA ("C/CCP, HA") stressed that the experience of HA and other places revealed that both second generation and conventional anti-psychotic drugs were efficacious and had side effects. It was more important to make available different medication options for patients to choose in order to meet their treatment needs and enhance communication between frontline doctors and patients in this regard. Mr WU Chi-wai sought clarification as to whether there would be a variation on drug provision between hospitals and psychiatric specialist outpatient clinics ("SOPCs") under HA. C/CCP, HA replied in the negative, pointing out that drug utilization in all HA hospitals and clinics had been standardized with the introduction of the Drug Formulary. The drugs provided by hospitals and SOPCs in the same hospital cluster should be the same.

Post-discharge community support for mental patients

15. Mr Albert HO shared some deputations' view that the inadequacy in community support for mental patients had rendered the arrangement to allow these patients to receive treatment in the community ineffective. In case there were any tragic incidents of death or injury due to the violent behaviours of some mental patients, discrimination against mental patients

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living in the community would intensify. He called on the Administration to immediately put in place improvement measures to address the housing needs of discharged mental patients; arrange longer follow-up consultation sessions at public psychiatric SOPCs; enhance patients' access to psychiatric drugs with fewer side effects at standard fees and charges; enhance the monitoring of medication intake of discharged mental patients; and enhance the support services for carers. Dr Elizabeth QUAT shared her experience in handling cases involving nuisance caused by discharged mental patients to their neighbours. She doubted the appropriateness to focus community and ambulatory services in the treatment of mental illness when there was inadequate community support for mental patients living in the community.

16. SFH responded that the review committee would consider the issue of how to enhance community support for mental patients with a view to facilitating their recovery in the community.

17. Mr WU Chi-wai enquired about the qualification requirement to become a case manager under the Case Management Programme to provide intensive, continuous and personalized support to patients suffering from severe mental illness but with stabilized conditions. Mr CHAN Kin-por cast doubt on whether it was reasonable and effective to require each case manager to provide personalized and intensive community support to about 57 patients with severe mental illness at any one time.

18. Director (Cluster Services), HA ("D(CS), HA") responded that the case managers were usually community psychiatric nurses, occupational therapists and registered social workers with experience in mental health services. They were all provided with structured training on case management through intensive classroom teaching, workshops and practicum with supervision. On the caseload of case managers, it had been improved from the past 70-odd cases to the current 50-odd cases. It was expected that additional case managers could be recruited to fill vacancies in two years' time to enhance support for patients. HA had also commissioned a local university to conduct an evaluative study on the effectiveness of the Case Management Programme.

Psychiatric specialist outpatient services

19. Mr CHAN Han-pan relayed the request of some patient groups for introducing evening services at public psychiatric SOPCs in individual districts so as to enable mental patients who had to work during daytime to schedule their follow-up consultations in the evening. While noting that HA had introduced psychiatric specialist evening outpatient service in

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Kwai Chung Hospital ("KCH") on a trial basis in 2001 but had terminated the service at a later time due to the low utilization rate, he drew HA's attention that the number of mental patients had increased by about 70 000 persons when compared to that of 2001.

20. D(CS), HA responded that it was not an opportune time to introduce psychiatric specialist evening outpatient service, as its introduction would unduly affect the relevant daytime services given the current manpower constraint in HA. This notwithstanding, HA would examine whether there was a need to re-introduce the service in the future when there was an improvement in the manpower situation. The Chairman did not subscribe to HA's explanation. Pointing out that some patients could seek consultation in both daytime and evening, he suggested HA to give consideration to scheduling more of its daytime psychiatric outpatient consultation sessions as evening consultation sessions. In so doing, the total number of psychiatric outpatient attendances per day could be maintained at the same level on the one hand, and on the other hand the low utilization rate of evening service could be addressed.

21. The Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed time to allow more time for discussion.

Environment of psychiatric wards and hospitals

22. Citing a recent tragedy whereby the failure of visual checking above the bed level of KCH to locate a left behind patient had resulted in the patient committing suicide in the inpatient ward as an example, Miss Alice MAK considered the existing psychiatric wards neither supportive nor friendly for mental patients. Noting that the redevelopment of KCH would only complete in early 2023, Mr Vincent FANG urged the Administration to expeditiously carry out improvement works to improve the physical conditions of psychiatric hospitals. SFH took note of the views.

23. Dr Helena WONG noted with concern that according to HA's record, there were only 13 reported cases of patients being sexually assaulted in public hospitals between 2007-2008 and 2011-2012, among which seven occurred in psychiatric wards. She considered that the number of cases was likely to be under-reported, as the reporting of sexual assaults under the Advanced Incident Reporting System of HA was voluntary. She urged HA to review the reporting mechanism of sexual assault cases and provide extra protection for mental patients in strait jackets. D(CS), HA responded that sexual assault was a serious matter involving criminality. HA had all

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along been handling such incidents in all seriousness. When there were cases involving sexual assault, HA would report them to the Police.

Way forward

24. The Chairman referred members to the letter dated 8 February 2013 from Dr KWOK Ka-ki proposing the setting up of a joint subcommittee on mental health services under the Panel on Health Services and the Panel on Welfare Services (LC Paper No. CB(2)653/12-13(03)). Dr KWOK Ka-ki remarked that the proposed joint subcommittee would follow up the subject of mental health services, particularly the work of the review committee, with the Administration. The proposed terms of reference, work plan and time frame of the joint subcommittee were set out in his letter. The Chairman sought members' views on Dr KWOK's proposal.

25. Mr WONG Ting-kwong considered that there was no need to set up the proposed joint subcommittee, as the Panel could further discuss the subject with the Administration when necessary. He further pointed out that even if members of the two Panels agreed to set up the proposed joint subcommittee, since more than eight subcommittees on policy issues were already in operation, the joint subcommittee could only be put on the waiting list and could not commence work. Mr CHAN Kin-por was of the view that the Panel was an appropriate avenue to follow up the subject with the Administration. Mr Vincent FANG maintained the view that the crux of the problem was the lack of resources. In his view, a more effective way to address the problem was to request the Financial Secretary to earmark more resources in the coming financial year to strengthen the mental health services on various fronts.

26. Noting members' views, the Chairman concluded that members had not expressed support for the appointment of a joint subcommittee on mental health services.

27. There being no other business, the meeting ended at 4:43 pm.

Panel on Health Services

**Special meeting on Monday, 25 February 2013
on mental health policy and service programmes**

Summary of views and concerns expressed by deputations/individuals

Organization / Individual	Major views and concerns
Mental health policy	
<ul style="list-style-type: none">• Democratic Alliance for the Betterment and Progress of Hong Kong	<ol style="list-style-type: none">1. While supporting the international trend to gradually focus on community and ambulatory services in the treatment of mental illness, the deputation considers it important to have a timely review on the provision of mental health services so as to improve the services.
<ul style="list-style-type: none">• Alliance on Advocating Mental Health Policy• Christian Oi Hip Fellowship Limited• Civic Party• The Democratic Party• Equal Opportunities Commission• The Hong Kong College of Mental Health Nursing• Hong Kong Human Rights Monitor• Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service• Richmond Fellowship of Hong Kong	<ol style="list-style-type: none">1. Pointing out the increasing number of people with mental health problems, the deputations urge the Administration to formulate a comprehensive long-term policy on mental health services, with a view to improving the existing services, meeting the increasing service needs and strengthening the prevention of mental health problems.2. Some deputations suggest the setting up of a dedicated body, such as mental health bureau or mental health committee, to develop a long-term strategy on mental health services and co-ordinate the provision of mental health services by different Government departments.3. There is also a view that the Administration should allocate more

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Society for Community Organization • 香港社會工作者總工會 - 精神健康服務關注組 	<p>resources to provide mental health services.</p> <p>4. Noting that the Administration will set up a committee to review the existing mental health service provision, some deputations are of the view that apart from reviewing the service provision, the committee should also study the need to set up a dedicated body to develop the mental health policy and oversee its implementation. The deputations also propose that the committee should comprise representatives from patient groups, service providers and non-governmental organizations ("NGOs") such as Equal Opportunities Commission.</p>
<ul style="list-style-type: none"> • Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch 	<p>1. The deputation is of the view that given the extremely crowded living environment in Hong Kong, the focus on community and ambulatory services in the treatment of mental illness is not suitable for Hong Kong. Pointing out the insufficient in-patient mental health services, the deputation urges the Administration to increase the number of psychiatric beds at public hospitals. The deputation also considers that the Administration should increase the number of places in halfway houses.</p>
<ul style="list-style-type: none"> • Baptist Oi Kwan Social Service 	<p>1. The deputation proposes the establishment of an inter-department task force to formulate a long-term policy on the provision of mental health services for the adolescents, with foci on education and employment, in order to help the adolescents re-integrate into the community.</p>

Organization / Individual	Major views and concerns
Psychiatric specialist in-patient services	
<ul style="list-style-type: none"> • Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch • The Hong Kong College of Mental Health Nursing 	<ol style="list-style-type: none"> 1. The deputations urge the Administration to improve the facilities and environment of psychiatric hospitals which, in their view, are now far from satisfactory.
Psychiatric specialist out-patient services	
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong • Christian Oi Hip Fellowship Limited • Democratic Alliance for the Betterment and Progress of Hong Kong • 香港社會工作者總工會 - 精神健康服務關注組 	<ol style="list-style-type: none"> 1. The deputations call on the Administration to re-consider the provision of evening services at psychiatric specialist out-patient clinics in order to facilitate the attendance of medical consultations by those working mental patients and discharged mental patients. 2. Noting the shortage of medical manpower in the Hospital Authority ("HA"), some deputations suggest the introduction of public private partnership in the delivery of mental health services to allow mental patients to receive care from private psychiatrists.
Integrated Community Centres for Mental Wellness	
<ul style="list-style-type: none"> • Alliance on Advocating Mental Health Policy • Christian Oi Hip Fellowship Limited • The Democratic Party • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • 香港社會工作者總工會 - 精神健康服務關注組 	<ol style="list-style-type: none"> 1. The deputations express grave concern that some Integrated Community Centres for Mental Wellness ("ICCMWs") still operate at temporary offices. They urge the Administration to identify suitable premises for their permanent accommodation.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong • 香港社會工作者總工會 - 精神健康服務關注組 	<ol style="list-style-type: none"> 1. The deputations request the Administration to step up its efforts in assisting mental patients in receiving services provided by ICCMWs through cross district arrangements.
<ul style="list-style-type: none"> • Caritas Hong Kong 	<ol style="list-style-type: none"> 1. Pointing out the heavy workload of some ICCMWs, the deputation considers that as ICCMWs have been in operation for three years, the Administration should review the operation and resources allocation of ICCMWs so as to provide quality one-stop support services for discharged mental patients, persons with suspected mental health problems, their families and carers, as well as neighbouring residents.
Mental health services for the different target groups	
<ul style="list-style-type: none"> • Baptist Oi Kwan Social Service • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service 	<ol style="list-style-type: none"> 1. Considering that the mental health service needs of the adolescents are different from those of the adults, the deputations urge the Administration to allocate more resources to strengthen the early identification and intervention services for the adolescents and set up mental health wards for the adolescents in public hospitals. 2. There is a suggestion of providing training to teachers, school social workers and youth social workers to enhance their awareness of mental health problems of the adolescents.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Civic Party • Concord Mutual-Aid Club Alliance • Hong Kong Human Rights Monitor 	<ol style="list-style-type: none"> 1. The deputations express concern about the services and support provided by the residential care homes subsidized by the Government. In their views, the Administration should increase the residential care places and strengthen the community support services for mental patients, so as to facilitate their early integration into the community. The deputations also call on the Administration to monitor the services of residential care homes in order to ensure that mental patients could receive quality services.
<ul style="list-style-type: none"> • New Life Psychiatric Rehabilitation Association 	<ol style="list-style-type: none"> 1. Expressing concern about the service gap for drug abusers with drug induced psychosis and elderly people with dementia, the deputation calls on the Administration to allocate more resources to ICCMWs to provide specific mental health services to those groups of people.
<ul style="list-style-type: none"> • Hong Kong FamilyLink Mental Health Advocacy Association 	<ol style="list-style-type: none"> 1. The deputation is of the view that families are the primary caretakers for mental patients. They request the Administration to provide more support services and training to families and carers of mental patients by including them as the service targets in the mental health services.
Psychiatric drugs	
<ul style="list-style-type: none"> • Democratic Alliance for the Betterment and Progress of Hong Kong • The Hong Kong College of Mental Health Nursing • Hong Kong FamilyLink Mental Health Advocacy Association • Ms Shirley YEUNG Sui-ling • 香港社會工作者總工會 - 精神健康服務關注組 	<ol style="list-style-type: none"> 1. The deputations urge HA to introduce more new drugs with proven efficacy and less disabling side effects, and to provide subsidy for the use of such drugs for the benefit of mental patients. 2. There is a view that HA should encourage doctors to share their experience on the prescription of psychiatric drugs. To safeguard patients' right to information, more information about the efficacy and side effects of psychiatric drugs should be provided.

Organization / Individual	Major views and concerns
Statutory community treatment orders	
<ul style="list-style-type: none"> • Baptist Oi Kwan Social Service 	<ol style="list-style-type: none"> 1. The deputation is concerned about the formulation of community treatment order and is of the view that a working group should be formed to gauge the views of members of the public and various stakeholders. The working group should include representatives of discharged mental patients, families and carers of mental patients and NGOs providing mental health services.
Manpower	
<ul style="list-style-type: none"> • Civic Party • Equal Opportunities Commission • Democratic Alliance for the Betterment and Progress of Hong Kong • The Hong Kong College of Mental Health Nursing • Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service • 香港社會工作者總工會 - 精神健康服務關注組 	<ol style="list-style-type: none"> 1. Expressing concern about the shortage of mental healthcare professionals, the deputations are of the view that the Administration should have a long-term manpower plan to ensure adequate supply of doctors and nurses for mental health services.
<ul style="list-style-type: none"> • Caritas Hong Kong 	<ol style="list-style-type: none"> 1. The deputations express concern about the inadequate manpower of allied health professionals, and the lack of professional training relating to mental health at NGOs. They urge the Administration to formulate long-term planning for training psychiatric healthcare professionals to meet the manpower needs, as well as allocate more resources to NGOs for retaining experienced healthcare staff.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong • Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch 	<ol style="list-style-type: none"> 1. The deputations express concern about the heavy workload of social workers. There is a view that consideration should be given to recruiting social service assistants to handle the paper work and to provide administrative support to psychiatric medical social workers.
Public education	
<ul style="list-style-type: none"> • Civic Party • Equal Opportunities Commission • Richmond Fellowship of Hong Kong 	<ol style="list-style-type: none"> 1. The deputations urge the Administration, in collaboration with NGOs, to step up its efforts in enhancing public awareness of mental health and promoting public acceptance of persons with mental illness, so as to eliminate the stigma and discrimination associated with mental illness.
Others	
<ul style="list-style-type: none"> • Civic Party • People with Mental Illness Rights Concern Group 	<ol style="list-style-type: none"> 1. The deputations express concern about employers' discrimination against employees with mental illness. They are also of the view that the Administration should promote the employment of persons with mental illness in both Government and the private sector.
<ul style="list-style-type: none"> • 精神病康復者同路人小組 	<ol style="list-style-type: none"> 1. The deputation urges the Administration to review the role of case managers, so as to enhance their support to mental patients in respect of housing needs and employment.
<ul style="list-style-type: none"> • Amity Mutual-Support Society 	<ol style="list-style-type: none"> 1. The deputation considers that representatives of ex-mentally ill persons should be included in the District Task Groups on Community Mental Health Support Services, in order to enhance communication between ex-mentally ill persons and various Government departments.

Organization / Individual	Major views and concerns
<ul style="list-style-type: none"> • Alliance of Ex-mentally Ill of Hong Kong • 精神病康復者同路人小組 	<ol style="list-style-type: none"> 1. Pointing out the inadequate financial support to mental health support groups by the Social Welfare Department, the deputations urge the Administration to provide more funding to mental health support groups.
<ul style="list-style-type: none"> • Caritas Hong Kong 	<ol style="list-style-type: none"> 1. The deputation is gravely concerned about the service quality and well-being of residents of private residential care homes for the elderly as inadequate staff and poor facilities were common problems among the private residential care homes.

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
Amity Mutual-Support Society	LC Paper No. CB(2)700/12-13(04)
Caritas Hong Kong	LC Paper No. CB(2)679/12-13(01)
Civic Party	LC Paper No. CB(2)700/12-13(06)
Concord Mutual-Aid Club Alliance	LC Paper No. CB(2)700/12-13(03)
The Democratic Party	LC Paper No. CB(2)693/12-13(02)
Equal Opportunities Commission	LC Paper No. CB(2)679/12-13(03)
Hong Kong Chinese Civil Servants' Association, Social Work Officer Grade Branch	LC Paper No. CB(2)679/12-13(02)
The Hong Kong College of Mental Health Nursing	LC Paper No. CB(2)700/12-13(01)
Hong Kong FamilyLink Mental Health Advocacy Association	LC Paper No. CB(2)679/12-13(04)
Hong Kong Human Rights Monitor	LC Paper No. CB(2)700/12-13(07)
Hong Kong Joint Council for People with Disabilities and The Hong Kong Council of Social Service	LC Paper No. CB(2)679/12-13(08)
New Life Psychiatric Rehabilitation Association	LC Paper No. CB(2)700/12-13(05)
Richmond Fellowship of Hong Kong	LC Paper No. CB(2)679/12-13(07)

<u>Name of Organization / individual</u>	<u>Submission [LC Paper No.]</u>
Society for Community Organization	LC Paper No. CB(2)679/12-13(06)
香港社會工作者總工會 - 精神健康服務關注組	LC Paper No. CB(2)653/12-13(04)
精神病康復者同路人小組	LC Paper No. CB(2)700/12-13(02)
Ms Shirley YEUNG Sui-ling	LC Paper No. CB(2)679/12-13(05)

Council Business Division 2
Legislative Council Secretariat
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