

**立法會**  
**Legislative Council**

LC Paper No. CB(2)398/17-18

(These minutes have been  
seen by the Administration)

Ref : CB2/PL/HS

**Panel on Health Services**

**Minutes of special meeting  
held on Monday, 22 May 2017, at 10:30 am  
in Conference Room 3 of the Legislative Council Complex**

- Members present** : Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)  
Dr Hon Pierre CHAN (Deputy Chairman)  
Hon Tommy CHEUNG Yu-yan, GBS, JP  
Hon WONG Ting-kwong, SBS, JP  
Hon CHAN Kin-por, BBS, JP  
Hon Mrs Regina IP LAU Suk-ye, GBS, JP  
Hon Paul TSE Wai-chun, JP  
Hon LEUNG Kwok-hung  
Hon YIU Si-wing, BBS  
Hon Charles Peter MOK, JP  
Hon CHAN Chi-chuen  
Hon CHAN Han-pan, JP  
Hon Alice MAK Mei-kuen, BBS, JP  
Dr Hon KWOK Ka-ki  
Dr Hon Fernando CHEUNG Chiu-hung  
Hon POON Siu-ping, BBS, MH  
Hon SHIU Ka-fai  
Hon SHIU Ka-chun  
Hon YUNG Hoi-yan  
Hon Jeremy TAM Man-ho
- Members absent** : Dr Hon Helena WONG Pik-wan  
Dr Hon Elizabeth QUAT, JP  
Hon CHU Hoi-dick  
Dr Hon Junius HO Kwan-yiu, JP

[According to the Judgment of the Court of First Instance of the High Court on 14 July 2017, LEUNG Kwok-hung, Nathan LAW Kwun-chung, YIU Chung-yim and LAU Siu-lai have been disqualified from assuming the office of a member of the Legislative Council, and have vacated the same since 12 October 2016, and are not entitled to act as a member of the Legislative Council.]

**Public Officers :** Prof Sophia CHAN Siu-chee, JP  
**attending** Under Secretary for Food and Health

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

Mr FONG Ngai  
Principal Assistant Secretary for Food and Health  
(Health) 3  
Food and Health Bureau

Dr Florence LEE Mun-yau  
Consultant Paediatrician (Child Assessment Service)

Mr FONG Kai-leung  
Assistant Director of Social Welfare (Rehabilitation &  
Medical Social Services)  
Social Welfare Department

Ms PANG Kit-ling  
Assistant Director of Social Welfare (Elderly)  
Social Welfare Department

Dr Linda YU Wai-ling  
Chief Manager (Integrated Care Programs)  
Hospital Authority

Dr Eva DUNN Lai-wah  
Chairperson, Coordinating Committee (Psychiatry)  
Hospital Authority

**Attendance :** The Civic Party  
**by invitation**

Mr LEE Ka-ho  
District Developer of the New Territories West

Division of Nursing and Health Studies, The Open  
University of Hong Kong

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Dr WONG Ka-fai  
Associate Professor

Miss KWAN Kit-man

Pak Tin People's Livelihood Concern Group

Miss Felicia FU Yau  
Member

Captain O

Mr LAI Wai-tong  
Spokeperson

Hong Kong Patients' Voices

Mr LAM Chi-yau  
Chairman

New People's Party

Dr Isaac YIP  
Vice Chair (Policy) to Youth Commission

Association of Hong Kong Nursing Staff

Mr David CHENG  
Chief Executive Officer

Mr WONG Shiu-yuen

Mr LAW Kam-chuen

Ms Lily CHAN

Ms LEE Po-chun

Miss LEE Tsz-ying

Hong Kong Association for AD/HD

Ms Marcia NG  
Chairperson

Baptist Oi Kwan Social Service

Ms POON Fung-oi  
Service Co-ordinator

Ms LAM Sin-man

Kin Kwan Club, Baptist Oi Kwan Social Service

Mr SI Wai-san  
Representative

Society for Community Organization

Miss YUEN Shuk-yan  
Community Organizer

Christian Oi Hip Fellowship Ltd.

Mr LEUNG Mung-hung  
Executive Officer

Mr LO Tak-keung

Hong Kong Social Workers' General Union

Mr LUN Chi-wai  
理事

**Clerk in attendance** : Ms Maisie LAM  
Chief Council Secretary (2) 5

**Staff in attendance** : Miss Kay CHU  
Senior Council Secretary (2) 5

Ms Priscilla LAU  
Council Secretary (2) 5

Miss Maggie CHIU  
Legislative Assistant (2) 5

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**I. Review on mental health**

[LC Paper Nos. CB(2)1220/16-17(01) and CB(2)1416/16-17(01)]

*[In the temporary absence of the Chairman, Dr Pierre CHAN, the Deputy Chairman, took the chair to start the meeting.]*

Presentation of views by deputations

Members noted the paper provided by the Administration and the updated background brief prepared by the Legislative Council Secretariat for the subject under discussion (LC Paper Nos. CB(2)1220/16-17(01) and CB(2)1416/16-17(01)).

2. The Deputy Chariman reminded the organizations and individuals attending the meeting that they were not covered by the protection and immunity provided under the Legislative Council (Powers and Privileges) Ordinance (Cap. 382) when addressing the Panel.

*[The Chairman took the chair at this juncture.]*

3. At the invitation of the Chairman, a total of 21 organizations and individuals presented their views on the review on mental health. A summary of their views is in the **Appendix**. Members also noted five written submissions from organizations and individuals not attending the meeting.

Discussion

*The Administration's response to the views expressed by deputations*

4. Responding to the views expressed by the deputations, Under Secretary for Food and Health ("USFH"), Assistant Director of Social Welfare (Rehabilitation & Medical Social Services) ("ADSW(RMSS))" and Chief Manager (Integrated Care Programs), Hospital Authority ("CM(ICP), HA") made the following points:

- (a) a standing advisory committee on mental health ("the advisory committee") comprising members with wide representation, including healthcare professionals, service providers, ex-mentally ill persons and caregivers, would be set up to monitor

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the implementation of the 40 recommendations put forth by the Review Committee on Mental Health ("the Review Committee") which covered areas such as mental health services for children and adolescents, adults and elderly persons and mental health promotion, and to follow up on mental health development in Hong Kong. It should be noted that some enhanced services and measures had already been implemented and incorporated into existing services. In addition, a number of pilot schemes had been formulated with a view to strengthening the existing mental health services. It was hoped that with the launch of the three-year territory-wide promotional campaign on mental health in January 2016, stigma against patients with mental illness could be reduced;

- (b) efforts would be made to strengthen the manpower for psychiatric services, including tapping on the capacity of trained general practitioners such as family doctors to enable treatment of patients with common mental disorders in the primary care setting through public-private partnership ("PPP"). This apart, medical-social collaboration and community mental health services would be enhanced with a view to providing more patient-oriented support and facilitating integration of patients into the community. As regards the use of drugs, the Hospital Authority ("HA") had taken steps to increase the use of newer psychiatric drugs over the years. The Administration also took note of the views from deputations on the provision of public psychiatric specialist evening outpatient service;
- (c) since the implementation of the Integrated Community Centres for Mental Wellness ("ICCMWs") in 2010 to provide timely district-based one-stop community mental health support services, a total of 15 out of the 24 ICCMWs were currently operating in permanent accommodation. Suitable sites for permanent accommodation had been identified for five other ICCMWs, where fitting-out or building works were being carried out. For the four remaining ICCMWs, space had been preliminarily reserved in new development or redevelopment projects under planning. These nine ICCMWs were currently renting commercial premises for service provision or office use with Government subsidy. The Social Welfare Department ("SWD") would follow up the case referred to by a deputation that an ICCMW had to operate in a halfway house;

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- (d) SWD had been attaching great importance to the needs of the families and carers of persons with mental illness. A total of 25 additional posts in the Assistant Social Work Officer rank had been provided for ICCMWs and Parents/Relatives Resource Centre in 2015-2016 to bolster support for them. In addition, SWD would review the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities ("the Pilot Scheme on Carer Allowance") under the Community Care Fund and the Financial Support Scheme for Self-help Organizations of People with Disabilities/Chronic Illness ("the Financial Support Scheme") to consider the way forward;
- (e) there were currently around 3 000 subsidized residential care places for patients of mental illness, including places of halfway houses and long stay care homes ("LSCH") which provided ex-mentally ill persons with transitional community rehabilitation service and chronic mental patients with long-term residential care and active maintenance services respectively. A total of 480-odd planned subsidized residential care places would be provided in the coming four years to meet the increasing demand in this regard. In addition, the Special Scheme on Privately Owned Sites for Welfare Uses would provide over 400 additional places. This apart, with the 150 additional places purchased under the Enhanced Bought Place Scheme in 2016-2017, more than 600 places were offered under the Scheme for applicants on the waiting lists for LSCH or Hostel for Moderately Mentally Handicapped Persons. Separately, SWD had set up a new Licensing and Regulation Branch to strengthen the monitoring and inspections of subsidized and private residential care homes ("RCH"). Efforts had been and would continuous be made to help private RCHs upgrade their service standards;
- (f) the number of patients with attention-deficit hyperactivity disorder being treated by the child and adolescent psychiatric specialist outpatient ("SOP") clinics of HA had significantly increased in recent years. These patients would be transferred to adult psychiatric SOP clinics for management and follow-up when they reached the age of 18 years old. Case conferences and appropriate training would be conducted where necessary to facilitate transition; and
- (g) patients with mental illness who were in their old age were supported by the psychogeriatric SOP and psychogeriatric

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outreach services of HA. For those under the care of case managers in their adulthood, referral would be made to the psychogeriatric outreach teams for management and follow-up as and when appropriate. HA would strengthen the manpower for its psychogeriatric outreach service in view of the increasing service demand.

*Setting up of the advisory committee*

5. In view that the taking care of the mental health of students required collaboration of the education, health and welfare sectors, Dr Fernando CHEUNG was disappointed that there were no representatives from the Education Bureau ("EDB") to attend the discussion. Expressing concern that many long-standing issues such as stigma against persons with mental illness, provision of evening public psychiatric SOP services, identification of permanent accommodation for ICCMWs and long waiting time at public child and adolescent SOP clinics had remained unaddressed, Dr Fernando CHENG sought information about the timetable, composition and terms of reference ("TOR") of the advisory committee. Holding the view that the views of service users and caregivers had not been fully taken into account of in the review, Ms Alice MAK urged the Administration to engage service users and caregivers in the advisory committee.

6. Expressing concern about the non-attendance of representatives from EDB at the meeting, Dr Pierre CHAN added that he observed that the Permanent Secretary for Food and Health (Health), USFH and Permanent Secretary for Labour and Welfare were ex-officio members of the Review Committee. However, the representative of EDB sitting on the Review Committee was the Deputy Secretary for Education. He enquired about which bureau would take the lead for those initiatives on mental health that required collaboration of EDB, the Food and Health Bureau ("FHB") and the Labour and Welfare Bureau ("LWB"). Mr POON Siu-ping raised a similar question. He sought the view from the Administration on the suggestion of some deputations that a high-level commission on mental health should be set up to steer the relevant bureaux and departments' work in this regard. Dr KWOK Ka-ki called on the Administration to set up a statutory commission on mental health.

7. USFH assured members that views gauged at the meeting would be relayed to the relevant bureaux and departments, including EDB, for consideration as appropriate. She further advised that the advisory committee, which was expected to be set up in the second half of 2017 to follow up on mental health development in Hong Kong, would comprise professionals, academics, representatives from service users, caregivers and



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service providers, and representatives from relevant government bureaux and departments, including, among others, EDB. The Administration was open to any suggestions on the composition of the advisory committee. Against the above, the Administration did not see the need to set up a commission on mental health. As regards various mental health initiatives, the respective roles of EDB, FHB and LWB under each initiative would depend on the nature of the initiative concerned. For instance, the Student Mental Health Support Scheme and the Dementia Community Support Scheme were led by FHB in collaboration with other relevant bureaux/departments. Dr Fernando CHEUNG requested the Administration to provide, within the current term of the Government, the proposed TOR of the advisory committee for members' reference.

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8. Mr SHIU Ka-chun expressed disappointment that the review conducted by the Review Committee was at the service level concerning the treatment and support measures for patients with mental illness, but not at the policy level with the adoption of a whole-person care perspective. For instance, there was a need to examine how some structural problems of the society, such as long working hours, had affected the mental well-being of the population. Mr LEUNG Kwok-hung was concerned about the pressure exerted by the education and housing problems on the mental well-being of the population in recent years. Mr SHIU Ka-chun remarked that many recommendations put forth in the review report were without concrete implementation plans. Ms Alice MAK expressed concern about how the Administration planned to take forward the recommendations.

9. USFH advised that the review report served as a blueprint for enhancing the overall mental health services. As a next step forward, the relevant bureaux and departments would develop the implementation plans to take forward the various recommendations put forth in the review report. The advisory committee would, among others, monitor the implementation of these recommendations. She undertook to revert to the Panel on the concrete proposals for the implementation of the recommendations.

*Psychiatric hospital and specialist outpatient services*

10. While welcoming the Administration's efforts to conduct a review of mental health, Mr CHAN Han-pan was concerned that the report of the review was silent on increasing the number of acute inpatient beds in public hospitals to meet the service needs of patients with mental illness. He surmised that at present, some patients were discharged due to inadequacy in psychiatric beds. In addition, he considered that there was a need to increase the ratio of public hospital nurse to patients during the night shift,

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and the ratio of case manager to patients with severe mental illness residing in the community under the Case Management Programme.

11. USFH assured members that any decision to discharge patients from the hospital setting would be based on the clinical conditions of the patients concerned. The international trend was to focus on community and ambulatory services in the treatment of mental illness. In the 2017-2018 financial year, HA had earmarked an additional amount of around \$73 million to augment its mental health services, which included, among others, recruitment of additional healthcare professionals for enhancing the services. It was expected that the ratio of case manager to patients with severe mental illness would be improved to 1:40 gradually.

12. Mr POON Siu-ping sought elaboration of the measures and timetable to strengthen HA's manpower for psychiatric services. He was particularly concerned about the difference in the waiting time of routine new cases for public psychiatric SOP services, which stood at 40 weeks in the Hong Kong East Cluster and 160 weeks in the New Territories East Cluster.

13. CM(ICP), HA advised that to address the long waiting time for psychiatric SOP services, HA had put in place nurse clinic services to provide nursing care support, such as mental health education and medication management, for patients at psychiatric SOP clinics. It had set up dedicated common mental disorder clinics at its psychiatric SOP clinics since 2010 to enable early diagnosis and treatment of patients with common mental disorder. It had strengthened the manpower for services for patients with common mental disorder and child and adolescent mental health services in recent years. The above apart, HA would explore the feasibility of inviting trained general practitioners to provide primary care support to stable patients through the PPP arrangement.

14. At the invitation of the Chairman and Dr Pierre CHAN, Dr Isaac YIP said that the average number of consultations provided by a psychiatric doctor in public SOP clinics was about 30 follow-up consultations and one first consultation in the morning service session, and about 20 follow-up consultations and one first consultation in the afternoon service session. Depending on the clinical conditions of the patients concerned, each consultation would on average last for a few minutes. Dr KWOK Ka-ki expressed concern about the short duration of consultation for both the first and follow-up consultations at HA's psychiatric SOP clinics. Chairperson, Coordinating Committee (Psychiatry), HA ("C/CC(P), HA") advised that the duration of consultation for each patient depended on the clinical conditions of the patient concerned. On average, the duration of a first

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consultation and a follow-up consultation was about one hour and eight minutes respectively.

15. Mr CHAN Han-pan was concerned that about half of the 150 000-odd patients with mental health illness under the care of HA were not prescribed with new antipsychotic drugs which had less disabling side-effects. Given that it was not uncommon that patients would not take the medication according to schedule for various reasons, he called on HA to introduce new antipsychotic depot injection which would be administered at an interval of three months to minimize the risk of relapse and treatment resistance.

16. USFH stressed that the type of antipsychotics drugs to be prescribed was a clinical decision judgment based on the conditions of individual patients and in accordance with the clinical treatment protocol. C/CC(P), HA supplemented that HA had taken steps to increase the use of newer psychiatric drugs with less disabling side-effects over the years, repositioned all new generation oral antipsychotic drugs from the Special Drug to General Drug category in the Drug Formulary of HA so that all these drugs could be prescribed as first-line drugs, and set up designated depot clinics in all seven hospital clusters. On the antipsychotic depot injection referred to by Mr CHAN Han-pan, which was introduced into HA in 2017, HA would review its effectiveness in due course. In response to Mr CHAN Han-pan's call for HA to revert to the Panel on the outcome of the review, the Chairman requested the Administration and HA to provide a written response in this regard when available.

Admin/  
HA

17. Dr Pierre CHAN invited Dr Isaac YIP's view on the need to provide public psychiatric SOP evening services. Dr Isaac YIP said that while the availability of such services would facilitate patients who had to work during daytime to seek consultation in the evening, it would require deployment of not only psychiatric doctors but also nurses, pharmacists and other supporting staff.

*Support to persons with mental illness living in the community*

18. Mr LEUNG Kwok-hung held the view that since it took time to increase the psychiatric manpower supply, the Administration should provide appropriate training, allowance and support to family members and carers of patients with mental illness to help manage these patients in the community setting. He suggested that the Administration could develop mobile applications to provide caregivers with handy information on skills for caring of patients with mental illness. Stressing the importance of support and care given by families and carers to the rehabilitation of

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patients with mental illness, Ms Alice MAK urged the Administration to further strengthen the support provided to families and carers to help relieve their pressure.

19. CM(ICP), HA supplemented that HA would continue to meet with user groups which comprised representatives from service users and carer groups twice a year to collect their feedback and opinions to enhance the provision of mental health services under HA. Patient Resource Centres had been set up in all seven hospital clusters to provide, among others, support for patients with mental health problems and their family members and carers. Support to patients and their carers would also be provided through case managers and community psychiatric nurses.

*[At this juncture, the Chairman informed members of his decision to extend the meeting for 15 minutes beyond its appointed ending time to allow more time for discussion. At the suggestion of the Chairman, members agreed that the two motions proposed by Dr Fernando CHEUNG and Mr SHIU Ka-chun respectively, which were directly related to the agenda item under discussion and the wording of which had been tabled at the meeting, be dealt with towards the end of discussion of this agenda item.]*

20. Ms Alice MAK noted that efforts would continue be made by the District Task Groups, which comprised, among others, representatives of relevant government departments, to hold regular meetings with a view to enhancing cross-sectoral and cross-service collaboration to address mental health issues at district level. However, to her understanding, frontline staff of the Housing Department seldom referred tenants of public housing estates with suspected mental health problems to SWD for follow up. In most cases, they would just report cases of nuisance caused by such tenants to the Police or allot points of the tenants concerned under the Marking Scheme for Estate Management Enforcement in Public Housing Estates. ADSW(RMS) advised that ICCMWs had been working closely with the Housing Department to facilitate identification and intervention of cases with suspected mental health problems. This apart, a referral mechanism between the Police and SWD was in place.

21. Dr Pierre CHAN invited views from Dr Isaac YIP on the relationship between suicide and mental health and whether suicide was preventable. Dr Isaac YIP said that international studies revealed that about 90% of persons who committed suicide had a mental illness. That said, not all persons considering suicide would have warning signs for identification by psychiatric doctors.

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*Healthcare manpower planning*

22. Mr SHIU Ka-chun criticized that the long-standing problem of manpower shortage of psychiatrists could hardly be resolved if the Administration did not conduct any manpower planning in this regard. In his view, a target psychiatrist-to-population ratio, say, 1:10 000, should be set to facilitate planning. Mrs Regina IP noted that there were only some 400 clinical psychologists practising in Hong Kong. Given the increasing demand for mental health services, in particular in the child and adolescent area, she asked whether the Administration would increase the number of training places for programmes in clinical psychology. She added that she was in support of the motion to be moved by Dr Fernando CHEUNG.

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23. USFH advised that the Review Committee had looked into issues relating to the manpower supply of clinical psychologists. Head, Healthcare Planning and Development Office, FHB ("H(HPDO), FHB") supplemented that the Government would continue to assess and monitor the relevant manpower demand when determining the number of University Grants Committee-funded training places for each triennial planning cycle. At the Chairman's request, H(HPDO), FHB undertook to provide in writing information on the number of annual training places in the field of clinical psychology offered by local tertiary institutions.

24. Ms Alice MAK urged the Administration to earmark the necessary resources and take appropriate steps to address the manpower shortage problem of psychiatric doctors and case managers of HA. Dr KWOK Ka-ki expressed concern about the ratio of healthcare manpower to patients of mental illness in the psychiatric stream in HA. Pointing out that there would be an increase in the number of local medical graduates in 2018-2019 and there was an increasing supply of psychiatric nurses, he asked whether the number of psychiatric doctors and nurses in HA would be increased in the future. C/CC(P), HA advised that HA would make necessary deployment of manpower to specific pressure areas.

*Financial resources allocated for mental health services*

25. Referring to the tax and relief measures amounting to \$35.1 billion as announced in the 2017-2018 Budget, Mr LEUNG Kwok-hung was of the view that FHB should bid for additional financial resources to enhance the mental health services. USFH advised that the Government's subvention to HA on mental health services had increased from around \$3.4 billion in 2011-2012 to around \$4.7 billion in 2016-2017, representing an increase of almost 40% in five years. During the same period, the Government's expenditure on ICCMWs had increased by almost 90% to

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\$303 million. It should be noted that in 2017-2018, HA had earmarked an additional amount of \$73 million to further enhance its psychiatric services. Where necessary, the relevant bureaux would strive for more resources for putting in place measures to further enhance the mental health services.

26. Dr KWOK Ka-ki remarked that the percentage of Hong Kong's public expenditure on mental health to Gross Domestic Product ("GDP"), which stood at about 0.25%, was much lower than that of the United Kingdom and Australia which ranged from about 0.5% to 1%. Pointing out that international studies had revealed that the cost of mental health could amount to more than 5% of GDP, he asked if the Administration would set a target percentage of Hong Kong's public expenditure on mental health to GDP with a view to improving the mental well-being of the population of Hong Kong. USFH advised that the Administration had no plan to do so at this stage. The issue could be discussed by the advisory committee if and when appropriate.

27. Holding the view that the annual funding support provided for self-help organizations under the Financial Support Scheme was far from adequate to meet the operational needs of these organizations, Dr Fernando CHEUNG asked whether the Administration would bid for more resources in this regard in the next financial year.

28. ADSW(RMSS) advised that since 2014-2015, the annual funding allocated to the Financial Support Scheme had been increased from about \$10 million to about \$15 million. There was no ceiling on the number of applicant organizations for the Financial Support Scheme and the number of successful applicant organizations remained steady at about 80 organizations in the past few years. The amount of funding granted for each organization would be determined on the basis of the project plans submitted by the applicant organisations. The Chairman remarked that members could follow up the matter at the Panel on Welfare Services.

Motions

*The first motion*

29. Dr Fernando CHEUNG moved the following motion:

"鑒於精神健康缺乏規劃，服務與需求的落差越見嚴重，缺乏全面政策和理念，社會對精神病的歧視亦嚴重，本委員會促請政府將《精神健康檢討報告》建議的'常設諮詢委員會'，升格為一個政務司司長轄下的跨部門督導委員會，為本港制

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訂、推動及監察一個全面的精神健康政策和有關的服務規劃，包括人手、土地、培訓、資源、研究及發展等投入，以改善香港的精神健康。”

(Translation)

"Given the lack of planning for mental health issues, a widening gap between service provision and demand, the absence of a comprehensive policy and concept on mental health and serious discrimination against mental illness in society, this Panel urges the Government to upgrade the 'standing advisory committee', as recommended in the Mental Health Review Report, to an interdepartmental steering committee under the Chief Secretary for Administration for the purpose of improving the mental health in Hong Kong by formulating, promoting and monitoring the implementation of a comprehensive mental health policy and relevant service plans in Hong Kong, including the commitment in manpower, lands, training, resources, research and development, etc."

30. Dr Fernando CHEUNG said that he would like to amend his motion in light of the views expressed by Mr LEUNG Kwok-hung at the earlier part of the meeting on the need to enhance support for families and carers of persons with mental illness. Dr Fernando CHEUNG then submitted his amendment in written form and moved the following amended motion:

"鑒於精神健康缺乏規劃，服務與需求的落差越見嚴重，缺乏全面政策和理念，社會對精神病的歧視亦嚴重，本委員會促請政府將《精神健康檢討報告》建議的'常設諮詢委員會'，升格為一個政務司司長轄下的跨部門督導委員會，為本港制訂、推動及監察一個全面的精神健康政策和有關的服務規劃，包括人手、土地、培訓、資源、研究及發展，**以及支援家屬及照顧者**等投入，以改善香港的精神健康。"

(Translation)

"Given the lack of planning for mental health issues, a widening gap between service provision and demand, the absence of a comprehensive policy and concept on mental health and serious discrimination against mental illness in society, this Panel urges the Government to upgrade the 'standing advisory committee', as recommended in the Mental Health Review Report, to an interdepartmental steering committee under the Chief Secretary for

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Administration for the purpose of improving the mental health in Hong Kong by formulating, promoting and monitoring the implementation of a comprehensive mental health policy and relevant service plans in Hong Kong, including the commitment in manpower, lands, training, resources, research and development, ***and support for families and carers***, etc."

(Note: The amendment is marked in ***bold and italic type***)

31. The Chairman put the motion as amended to vote. The results were: seven members voted in favour of the amended motion, and no members voted against the amended motion or abstained from voting. The Chairman declared that the motion as amended was carried.

*The second motion*

32. Mr SHIU Ka-chun moved the following motion:

"鑒於《精神健康檢討報告》中雖有建議成立'常設諮詢委員會'，但報告書沒有列明'康復者家屬及照顧者'作為該委員會成員之一，本委員會促請政府務必邀請康復者家屬及照顧者作為該委員會成員，並佔一個相當的百分比，例如 25%。"

(Translation)

"Given that while the Mental Health Review Report has recommended the establishment of a 'standing advisory committee', it has not been spelt out in clear terms that 'families and carers of ex-mentally ill persons' will serve as members on the committee, this Panel urges the Government to make it a mandatory requirement that families and carers of ex-mentally ill persons must be invited to sit on the committee, and they must take up a considerable percentage share in the membership of the committee, say 25%."

33. The Chairman put the motion to vote. The results were: six members voted in favour of the motion, and no members voted against the motion or abstained from voting. The Chairman declared that the motion was carried.

Conclusion

34. In closing, the Chairman called on the Administration to take note of the views and concerns expressed by members and deputations as well as the two motions carried at the meeting.



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**II. Any other business**

35. There being no other business, the meeting ended at 1:07 pm.

Council Business Division 2  
Legislative Council Secretariat  
28 November 2017

## Panel on Health Services

**Special meeting on Monday, 22 May 2017, at 10:30 am  
in Conference Room 3 of the Legislative Council Complex**

### Summary of views and concerns expressed by organizations/individuals on review on mental health

No.	Name of deputation/individual	Submission / Major views and concerns
1.	The Civic Party	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1475/16-17(01)</li> </ul>
2.	Division of Nursing and Health Studies, The Open University of Hong Kong	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1475/16-17(02)</li> </ul>
3.	Miss KWAN Kit-man	<ul style="list-style-type: none"> <li>• The Administration should set up a high-level commission on mental health; remove stigma and discrimination associated with mental illness by stepping up promotion and education for members of the public, in particular, primary and secondary students; and provide more funding support for self-help organizations.</li> </ul>
4.	Pak Tin People's Livelihood Concern Group	<ul style="list-style-type: none"> <li>• LC Paper No. CB(2)1554/16-17(01)</li> </ul>
5.	Captain O	<ul style="list-style-type: none"> <li>• Current service provision of the Integrated Community Centre for Mental Wellness in Tseung Kwan O district was far from adequate to meet the need of the district.</li> <li>• The Administration should enhance the provision of community care services for persons with mental health needs by strengthening the support to relevant frontline workers.</li> </ul>
6.	Hong Kong Patients' Voices	<ul style="list-style-type: none"> <li>• The Administration should not reduce the recurrent funding allocated to the Hospital Authority ("HA") when the latter required additional resources to address the inadequacies in its provision of psychiatric specialist outpatient ("SOP") services.</li> </ul>
7.	New People's Party	<ul style="list-style-type: none"> <li>• No concrete measures were put forward in the Report on the Review on Mental Health ("the Report") to address the serious shortage of healthcare manpower, including, among others, psychiatrists, clinical psychologists and case managers under the Case Management Programme of HA, and financial resources for various mental health services.</li> <li>• The Administration should enhance the training to family doctors in the private sector and increase the choice of antipsychotic drugs for prescription by public general outpatient clinics ("GOPCs") so that patients with common mental disorders in stable conditions could receive medical follow-ups from family doctors and public GOPCs, thereby alleviating the heavy workload of psychiatric SOP clinics.</li> </ul>

No.	Name of deputation/individual	Submission / Major views and concerns
		<ul style="list-style-type: none"> <li>In view of the cross-sectoral nature of mental health services, the Administration should set up a high-level commission to coordinate the collaboration amongst different bureaux and departments.</li> </ul>
8.	Association of Hong Kong Nursing Staff	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(09)</li> </ul>
9.	Mr WONG Shiu-yuen	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(03)</li> </ul>
10.	Mr LAW Kam-chuen	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(03)</li> </ul>
11.	Ms Lily CHAN	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(04)</li> </ul>
12.	Ms LEE Po-chun	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(04)</li> </ul>
13.	Miss LEE Tsz-ying	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(04)</li> </ul>
14.	Hong Kong Association for AD/HD	<ul style="list-style-type: none"> <li>Welcomed the release of the Report. However, no measures relating to Attention-Deficit/Hyperactivity Disorder ("AD/HD") were put forward in the Report. There were also no concrete implementation plans for the recommendations set out therein.</li> <li>To strengthen support for students with special educational needs, the manpower of relevant schools should be increased and training to social workers should be enhanced; students with common mental disorders should be followed up by public psychiatric SOP clinics instead of by family doctors or public GOPCs; training to psychiatrists should be strengthened to enable them to have better knowledge of AD/HD; support for parents of children with AD/HD should be strengthened; and Disability Allowance and amount of allowance provided under the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities should be increased.</li> </ul>
15.	Baptist Oi Kwan Social Service	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(05)</li> </ul>
16.	Ms LAM Sin-man	<ul style="list-style-type: none"> <li>The Administration should implement small class teaching and incorporate mental health education into the curriculum with a view to alleviating the pressure of students; and step up public education to reduce discrimination against mental illness.</li> <li>HA should extend public-private partnership to Chinese medicine and acupuncture for the benefit of patients with mental illness.</li> </ul>
17.	Kin Kwan Club, Baptist Oi Kwan Social Service	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1416/16-17(06)</li> </ul>
18.	Society for Community Organization	<ul style="list-style-type: none"> <li>LC Paper No. CB(2)1600/16-17(01)</li> </ul>
19.	Christian Oi Hip Fellowship Ltd.	<ul style="list-style-type: none"> <li>Welcomed the release of the Report. The Labour and Welfare Bureau should also conduct a review on mental health from a social welfare perspective.</li> </ul>

<b>No.</b>	<b>Name of deputation/individual</b>	<b>Submission / Major views and concerns</b>
		<ul style="list-style-type: none"><li>• The outcome of a telephone survey which was published in the International Journal of Social Psychiatry in 2016 revealed that stigmatization and discrimination against mental illness was common in Hong Kong. The effectiveness of public education and promotion in this regard was questionable.</li></ul>
20.	Mr LO Tak-keung	<ul style="list-style-type: none"><li>• Welcomed the release of the Report. Expressed grave concern about the long-standing problems of shortage of doctors and long waiting time of child and adolescent psychiatric service.</li><li>• The Administration should provide more resources to strengthen the provision of psychiatric service for patients with AD/HD, and enhance the support to family members and carers of children with mental health needs.</li></ul>
21.	Hong Kong Social Workers' General Union	<ul style="list-style-type: none"><li>• LC Paper No. CB(2)1554/16-17(02)</li></ul>