

立法會

Legislative Council

LC Paper No. CB(2)89/17-18

(These minutes have been
seen by the Administration)

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Panel on Welfare Services and Panel on Health Services

Minutes of joint meeting held on Friday, 24 February 2017, at 8:30 am in Conference Room 3 of the Legislative Council Complex

Members present : Members of the Panel on Welfare Services

- * Hon SHIU Ka-chun (Chairman)
- Hon KWONG Chun-yu (Deputy Chairman)
- Hon LEUNG Yiu-chung
- Hon CHAN Hak-kan, BBS, JP
- * Hon LEUNG Kwok-hung
- Hon Michael TIEN Puk-sun, BBS, JP
- * Hon CHAN Chi-chuen
- Hon LEUNG Che-cheung, BBS, MH, JP
- * Dr Hon KWOK Ka-ki
- Hon KWOK Wai-keung
- * Dr Hon Fernando CHEUNG Chiu-hung
- * Hon POON Siu-ping, BBS, MH
- * Hon CHU Hoi-dick
- * Dr Hon Junius HO Kwan-yiu, JP
- * Hon YUNG Hoi-yan
- Hon HUI Chi-fung
- Hon Nathan LAW Kwun-chung
- Dr Hon LAU Siu-lai

Members of the Panel on Health Services

- 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 Paul TSE Wai-chun, JP

Hon YIU Si-wing, BBS
Hon Charles Peter MOK, JP
Hon CHAN Han-pan, JP
Hon Alice MAK Mei-kuen, BBS, JP
Dr Hon Helena WONG Pik-wan
Dr Hon Elizabeth QUAT, JP
Hon SHIU Ka-fai
Hon Jeremy TAM Man-ho

Members absent : Members of the Panel on Welfare Services

Hon Alvin YEUNG
Hon Andrew WAN Siu-kin

Member of the Panel on Health Services

Hon CHAN Kin-por, BBS, JP

* Also members of the Panel on Health Services

Also a member of the Panel on Welfare Services

[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 attending Item II

Mr David LEUNG, JP
Commissioner for Rehabilitation
Labour and Welfare Bureau

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

Ms Nancy KWAN
Chief Social Work Officer (Rehabilitation and Medical
Social Services)²

Social Welfare Department

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

Dr W L CHEUNG
Director (Cluster Services)
Hospital Authority

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

Dr Eva DUNN
Chairman of Coordinating Committee in Psychiatry
Hospital Authority

Clerk in attendance : Mr Colin CHUI
Chief Council Secretary (2) 4

Staff in attendance : Ms Catherina YU
Senior Council Secretary (2) 4

Miss Alison HUI
Legislative Assistant (2) 4

Miss Maggie CHIU
Legislative Assistant (2)5

Miss LEE Wai-yan
Clerical Assistant (2) 4

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I. Election of Chairman

Mr SHIU Ka-chun, Chairman of the Panel on Welfare Services ("the WS Panel"), said that Prof Joseph LEE, Chairman of the Panel on Health Services, suggested that Mr SHIU, the Chairman of the WS Panel,

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should chair the joint Panel meeting. In accordance with rule 22(k) of the House Rules, members agreed that Mr SHIU should do so.

II. Looking into mental health services and relevant welfare issues in light of the MTR arson attack

[LC Paper Nos. CB(2)884/16-17(01) to (02)]

2. At the invitation of the Chairman, Commissioner for Rehabilitation ("C for R"), Principal Assistant Secretary for Food and Health (Health)3 ("PAS(H)3") and Assistant Director (Rehabilitation and Medical Social Services) ("AD(R&MSS)") briefed members on the healthcare support services and community mental health support services provided by the Administration for patients with mental illness and ex-mentally ill persons residing in the community, as well as related welfare issues. In addition, Director (Cluster Services) of the Hospital Authority ("D(CS), HA") briefed members on the enhanced collaboration and communication between the medical and social sectors in the Service Framework of Personalized Care for Adults with Severe Mental Illness in Hong Kong ("the Service Framework").

Policy and long-term development on mental health services

3. Dr KWOK Ka-ki said that a motion was passed by the Council in 2007 urging the Administration to expeditiously come up with a comprehensive long-term mental health policy. He expressed dissatisfaction at the Administration's slow progress in reviewing the mental health policy. Dr KWOK and Dr Fernando CHEUNG asked whether the Administration would formulate a comprehensive mental health policy to address patients' needs and guide the development of mental health services.

4. PAS(H)3 advised that to ensure that the mental health regime could rise up to the challenges of a growing and ageing population, the Administration embarked on a review of the mental health policy and services through the setting up of the Review Committee on Mental Health ("the Review Committee"). In the course of the review, relevant bureaux/departments and the Hospital Authority ("HA") had been working on various initiatives in parallel based on the preliminary recommendations of the Review Committee. While some of the enhanced services and measures had already been implemented and incorporated into existing services, there were also pilot schemes formulated with a view to strengthening the existing mental health services. The Review Committee would publish the Mental Health

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Review Report in the second quarter of 2017. In response to Dr Pierre CHAN's enquiry, PAS(H)3 advised that the membership and terms of reference could be found on the Review Committee's website.

(Post-meeting note: According to the Administration, the Mental Health Review Report was published in April 2017.)

5. Mr LEUNG Yiu-chung held the view that although the Administration had strengthened the provision of mental health services through various means and measures, the needs of patients with mental illness still could not be met. Mr LEUNG and Dr Helena WONG urged the Administration to make performance pledges on mental health support services so as to facilitate monitoring of the performance of such services and allocation of resources.

6. PAS(H)3 responded that making performance pledges on individual mental health support services was not recommended by the Review Committee at the moment. D(CS), HA advised that HA had developed appropriate performance management tools to measure service performance and provide reference for service planning and improvement as well as resource allocation. The tools provided important management information that shed light on HA's performance in key service areas by facilitating self and cross-cluster comparison. This helped identify areas that warranted deliberation and formulation of enhancement and improvement plans by the HA management. At the request of the Chairman, D(CS), HA undertook to provide information on the HA's performance pledges, key performance indicators and other indicators, if any, on medical services provided for patients with mental health needs.

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7. Dr KWOK Ka-ki enquired whether the Administration would introduce community treatment order ("CTO") in order to safeguard the health and safety of persons with mental illness. PAS(H)3 advised that the Review Committee had thoroughly discussed the relevant issue and recommended that instead of introduction of CTO, community support should be further enhanced at this stage by strengthening the support for patients with severe mental illness in the community under the Case Management Programme ("CMP"). The applicability of CTO in Hong Kong would be further studied when needs arose.

8. In response to the Chairman's enquiry about the Administration's new initiatives in the light of the MTR arson attack, PAS(H)3 advised that the Review Committee recommended that the Administration should continue to enhance the existing initiatives. For example, the Service Framework could promote closer collaboration between medical

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institutions and social service organizations so as to provide better care for patients with different needs and risks. A comprehensive review of the staffing arrangements for case managers of CMP would be conducted to enhance support for people with mental health needs. The Administration would monitor the existing service quality and ensure that adequate services could be provided for patients with mental illness. D(CS), HA supplemented that despite the support services provided by healthcare professionals and social workers, community support was also vital for ex-mentally ill persons' successful re-integration into society.

Mental health support services provided by Hospital Authority

Psychiatric specialist outpatient services of Hospital Authority

9. Taking the view that there were increasing numbers of patients with mental illness and patients with mental health needs, Mr POON Siu-ping and Dr Elizabeth QUAT expressed concern over the long waiting time for first appointment for public psychiatric specialist outpatient services. As the waiting time for the New Territories East Cluster and the Hong Kong West Cluster was as long as 159 weeks and 135 weeks respectively, Dr QUAT urged the Administration to shorten the waiting time for first appointment in order to encourage persons with mental illness to seek assistance. Noting that the recommendations in the Service Framework were aimed to be implemented in two years' time, Mr POON enquired about the relevant training arrangements provided for social workers and healthcare professionals.

10. D(CS), HA advised that HA's target was to keep the median waiting time for first appointment at psychiatric specialist outpatient clinics ("SOPCs") for urgent cases and semi-urgent cases to within two weeks and eight weeks respectively. The median waiting time for those new psychiatric cases triaged as stable cases had been reduced to around one year, while such waiting time could be longer than a year in individual clusters, such as the New Territories East Cluster. As the majority of persons queuing up at psychiatric SOPCs were cases of common mental disorders, HA would seek to enhance the capacity of the common mental disorder clinics set up at the psychiatric SOPCs. It also planned to enhance the multi-disciplinary element in the service delivery model by engaging more psychiatric nurses, clinical psychologists and allied health professionals to provide active intervention for patients with common mental disorders, such that doctors could devote more time to managing new cases. In addition, HA was exploring the possibility of piloting projects in individual clusters to further shorten the waiting time to less than a year. It was hoped that with these measures in place, the

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existing bottleneck in psychiatric services could be eased and waiting time at SOPCs shortened as a result.

11. Noting that doctors at psychiatric SOPCs could only spend an average of five minutes on each patient during follow-up consultations, Prof Joseph LEE considered that HA should explore the feasibility of introducing a public-private partnership arrangement such that patients with mental disorders seeking treatment at psychiatric SOPCs could be treated by private medical practitioners. D(CS), HA advised that HA was exploring the possibility of referring suitable and stable patients with common mental disorders to the private sector for continual medical follow-ups under the HA Public-Private Partnership Endowment Fund.

Case Management Programme

12. Prof Joseph LEE expressed concern about the heavy workload of psychiatric nurses as case managers of CMP since it was not uncommon that each case manager had to take care about 90 patients at any one time. In providing support for patients with mental illness residing in the community, case managers without healthcare background had operational difficulty handling patients' needs for medication adjustment and hospitalization, thus increasing the workload of community psychiatric nurses. He enquired whether the relevant legislation would be reviewed to facilitate the work of case managers in this regard. Dr Helena WONG urged the Administration to review the case manager to patient ratio under CMP in order to facilitate re-integration of patients with mental illness into the community.

13. D(CS), HA advised that each case manager of CMP took care of about 40 to 60 patients with severe mental illness at any one time, maintaining a ratio at about 1:46 on average as compared to the initial planning of 1:50. HA would review the ratio of case manager to patients with severe mental illness and recruit additional psychiatric nurses so that case managers could provide better support for those patients residing in the community. HA had also piloted nurse clinic service to provide extended nursing care for psychiatric patients after they received treatment from doctors. The nursing care services covered, among others, medication adjustment.

14. Noting that about 48 000 patients had been diagnosed as having severe mental illness while only 17 000 of them were being taken care under CMP, Dr Helena WONG expressed concern about the support and follow-up services provided for patients with mental illness residing in the community. D(CS), HA advised that HA provided a spectrum of

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medical services for patients with mental health needs in accordance with their conditions, including CMP, outpatient and community outreach services. He reiterated that high-risk patients with severe mental illness residing in the community were covered by CMP. Dr WONG sought information on a breakdown of the number of the HA patients who had been diagnosed as suffering from severe mental illness by their existing mental conditions and by the HA's medical services (e.g. community support under CMP) they currently received.

Early identification of persons with mental health problems

15. Ms YUNG Hoi-yan expressed concern about the effectiveness of the measures being put in place for early identification of and timely intervention for persons suspected to have mental health problems living in the community. Mr KWOK Wai-keung called on the Administration to consider regarding mental disorders as occupational diseases in order to enhance the protection of employees. Taking the view that emotional illness was common in Hong Kong, he requested the Administration to take initiatives to understand the mental health conditions of members of the public, with a view to facilitating prevention and early identification.

16. D(CS), HA responded that given the wide spectrum of mental disorders and psychological distress, it was not an easy task to assess a person's mental condition. Chairman of Coordinating Committee in Psychiatry of HA ("C/CCP, HA") further advised that HA had followed international standards to assess symptoms and behavioural indicators in identifying patients with mental illness. Besides, the Early Assessment Service for Young People with Early Psychosis Programme implemented educational programmes on mental health and conducted seminars and workshops for members of the public, with a view to enhancing their awareness of early psychosis. HA also established a 24-hour psychiatric advisory hotline, namely Mental Health Direct. Psychiatric nurses would answer calls from members of the public, provide professional advice on mental health issues and arrange timely referrals for them. In addition, "Mental Health Month" was organized annually to raise public awareness and knowledge about mental health.

Medications

17. Prof Joseph LEE said that psychiatric drugs with less side effects should be provided for discharged mental patients with a view to facilitating their re-integration into society. He sought information from the Administration on HA's expenditure on psychiatric drugs. D(CS), HA responded that HA had repositioned all second generation oral

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anti-psychotic drugs (save for Clozapine due to its side effects) from Special to General drug category in the HA Drug Formulary so that all these drugs could be prescribed as first-line drugs. Apart from oral anti-psychotic drugs, HA had provided depot injection treatment to patients in need. HA's annual expenditure on injection treatment amounted to around \$70 million. D(CS), HA reiterated that HA doctors would provide appropriate medications for patients with mental illness according to their clinical conditions.

Resources and manpower for mental health services

18. Dr KWOK Ka-ki noted with concern that the public expenditure on mental health services, which at present represented around 0.25% of the Gross Domestic Product ("GDP") of Hong Kong and was far less than that of other developed countries such as the United Kingdom and Australia, was inadequate to meet the demand for mental health services. In response to Dr KWOK's enquiry, PAS(H)3 advised that the Administration did not have a specific benchmark on the public expenditure on mental health services as a percentage of GDP. The Administration's budget on mental health services provided for HA currently accounted for about 8.5%-9.0% of its recurrent provision for HA.

19. Mr LEUNG Kwok-hung expressed dissatisfaction with the Administration's failure to provide a comprehensive policy for the long-term development of mental health services. Taking the view that the public expenditure on mental health services was far from adequate to meet the needs of the community, he enquired whether the Administration would allocate additional resources to this area.

20. C for R responded that to enhance the support for ex-mentally ill persons, the Administration would allocate an additional recurrent provision to further increase the number of social workers and supporting staff at the Integrated Community Centres for Mental Wellness ("ICCMWs") and regularize the Pilot Project on Peer Support Service in Community Psychiatric Service Units ("the Pilot Project"). The Chairman, Dr KWOK Ka-ki and Mr LEUNG Kwok-hung held the view that the staff establishment of each ICCMW should include doctors and clinical psychologists to provide primary care services for service users and support for other frontline staff members therein.

21. Noting that the ratio of clinical psychologists to population was 1:3 417 in the United States, Dr LAU Siu-lai expressed concern that the ratio of clinical psychologists in HA to Hong Kong's population was

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around 1:18 000 in 2015. She held the view that the Administration should increase the manpower of and training for healthcare professionals, including clinical psychologists, psychiatric nurses and social workers. Dr Elizabeth QUAT took the view that the Administration should review the manpower for ICCMWs and psychiatric services at HA as the current provision was far from adequate to meet the needs of the community.

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22. D(CS), HA responded that consideration would be given to working out an appropriate manpower of multi-disciplinary healthcare professionals in relation to the provision of services in HA. PAS(H)3 advised that the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development was conducting a strategic review of healthcare manpower and professional development in Hong Kong. The review report was expected to be issued in the second quarter of 2017. At the request of the Chairman, D(CS), HA undertook to provide information on the latest ratio of clinical psychologists in HA to Hong Kong's population.

23. Ms YUNG Hoi-yan and Mr KWONG Chun-yu expressed concern about the heavy caseload for social workers handling mental health cases. Ms YUNG urged the Administration to improve the manpower supply of and strengthen the support for such social workers. Mr KWONG opined that the Administration should comprehensively review the mental health services and improve the remuneration for frontline social workers.

24. AD(R&MSS) responded that through additional allocations of resources to strengthen the manpower of ICCMWs in the past years, the staff establishment of a notional team of an ICCMW had been improved from 17.5 in 2010 to 30 in 2017, thereby alleviating the workload of their frontline staff. From 2008-2009 to 2011-2012, a total of 46 medical social workers were added to the psychiatric units of public hospitals and clinics. The Administration would continue to review and monitor the service provision and manpower with a view to further strengthening support for patients with mental illness. AD(R&MSS) supplemented that the Administration adopted a multi-disciplinary approach in delivering mental health support services and different professionals worked together to address the needs of persons with mental illness. Besides, social workers were supported through training and supervision so that they were equipped with the necessary skills and knowledge. Regarding the remuneration for frontline social workers, AD(R&MSS) advised that the Lump Sum Grant Steering Committee would discuss issues relevant to the implementation of the subvention system.

Public education

25. Dr Fernando CHEUNG, Mr KWONG Chun-yu and Dr Elizabeth QUAT considered that the Administration's explanation for the cause of the arson attack might create a labelling effect and project a negative image on patients with mental illness. Dr CHEUNG urged the Administration to disseminate a correct message about mental illness with regard to the incident so as to foster in society a positive attitude instead of discrimination towards persons with mental illness. Dr QUAT suggested that the Administration should draw up guidelines on dissemination of a correct message about persons with mental illness and their carers if similar incidents took place in future. Ms YUNG Hoi-yan called on the Administration to educate the public about mental disorders and how to seek help if someone was suspected to have mental health problems.

26. PAS(H)3 responded that the majority of patients with mental illness were without propensity to violence. D(CS), HA added that societal understanding and response might determine the prognosis of severe mental illness. The public should be conveyed the message that recovery of severe mental illness required social inclusion, and discrimination against patients with such illness was one of the major obstacles to their recovery. C/CCP, HA advised that public education was important in enhancing public knowledge and awareness on mental health issues. Healthcare professionals, non-governmental organizations and service users could collaborate in promoting public understanding of mental health and eradicating discrimination against mentally ill and ex-mentally ill persons. C for R supplemented that under the Pilot Project, around 50 ex-mentally ill persons were equipped to serve as peer supporters and assist in organizing group activities and educational programmes on mental health to enhance public understanding and acceptance of ex-mentally ill persons in a positive way.

27. Mr KWONG Chun-yu suggested that public education should be strengthened to promote a positive image of persons with mental disorders and enhance their status and role in society through television drama and Announcements in the Public Interests. C for R undertook to relay the suggestions to the Subcommittee on Public Education on Rehabilitation of the Rehabilitation Advisory Committee for consideration in preparing its promotion plan for 2017-2018.

Services of Integrated Community Centres for Mental Wellness

28. In response to the concerns of Dr KWOK Ka-ki and Dr Fernando CHEUNG on identification of permanent sites for ICCMWs, C for R responded that 15 of the 24 subvented ICCMWs were providing services in permanent sites. Suitable sites for permanent accommodation had been identified for five other ICCMWs, where fitting-out/building works or district consultation were being/would be carried out. For the four remaining ICCMWs, while space had been preliminarily reserved in new development or redevelopment projects under planning, the projects had yet to be confirmed at this stage. These four ICCMWs were currently renting commercial premises for service provision or office use with subsidy from the Administration.

29. Dr Pierre CHAN declared that he was a medical doctor serving in a public hospital. He recognized the HA's efforts in providing immediate response to the arson attack. Dr CHAN noted that oppositions from local residents were often received for the proposed premises for ICCMWs. He enquired whether the Administration would review the impact of the Lump Sum Grant Subvention System on the continuity of ICCMWs' services and the heavy caseload of social workers at ICCMWs.

30. C for R advised that the recurrent provision for ICCMWs had increased from \$135 million upon commencement of service in 2010 to over \$286 million in 2016-2017. The Administration would further increase the number of social workers and supporting staff at ICCMWs in 2017-2018, including 24 social workers and 72 welfare workers, so that more in-depth support could be given to ICCMWs, in order to facilitate ex-mentally ill persons to re-integrate into the community.

(Post-meeting note: According to the Administration, the revised estimate of the recurrent provision for ICCMWs in 2016-2017 was \$303 million.)

Community support services for ex-mentally ill persons

31. Ms Alice MAK expressed concern about the inadequate provision of care and community support services for ex-mentally ill persons. For instance, their less favourable remuneration was usually an obstacle to their re-integration into the community. She enquired whether the Administration would enhance support to set ex-mentally ill persons on a path in life that was more positive and less fraught with difficulties.

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32. C for R responded that ICCMWs provided one-stop community mental health support services for ex-mentally ill persons, including casework counselling, day training, social and recreational activities, etc. Besides, the Pilot Project would be regularized and continue to employ ex-mentally ill persons to provide peer support services. This apart, the Social Welfare Department had implemented the Enhancing Employment of People with Disabilities through Small Enterprise Project to help persons with disabilities secure employment, which was vital for their successful integration into society. So far, the Project had created more than 800 job opportunities for persons with disabilities, among which nearly half were taken up by ex-mentally ill persons.

Motions

33. Dr Fernando CHEUNG moved the following motion:

"本委員會對在今年 2 月 10 日發生的地鐵縱火案的受害人、家屬及前線救援人員深表慰問，同時促請政府就此慘劇發出有關精神病的正確信息，讓社會正視而非歧視精神病患者。

此外，本委員會促請政府制訂精神健康政策，並大幅增加資源，改善診斷及覆診輪候時間，增加個案管理服務，改善醫社合作，並加強對精神病患者及其家屬的支援。"

(Translation)

"This Panel extends its deepest condolences to the victims, their family members and frontline rescuers in the MTR arson attack that occurred on 10 February this year, and at the same time urges the Government to disseminate a correct message about mental illness with regard to this tragedy so as to foster in society positive attitudes instead of discrimination towards persons with mental illness.

In addition, this Panel urges the Government to formulate a mental health policy and substantially increase resources to improve the waiting time for diagnoses and follow-up consultations, increase the provision of case management service, enhance medical-social collaboration and strengthen support for persons with mental illness and their family members."

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34. The Chairman put the motion to vote. All members present voted for the motion. The Chairman declared that the motion was carried.

35. Dr KWOK Ka-ki moved the following motion:

"對於政府遲遲未有制訂長遠的精神健康政策，本委員會表示失望，並就社區精神健康服務要求政府：

- (1) 增加精神科服務的資源；
- (2) 增加精神科醫生、護士及社工的比例；
- (3) 盡快為所有精神健康綜合社區中心覓得永久會址，並安排每間中心有足夠的精神科醫護人手，包括心理學家；
- (4) 重設精神科的夜診服務；
- (5) 完善出院後的護理，包括增加個案經理人手；
- (6) 邀請社會各界相關人士，包括前線醫護人員、病患者及其家屬、社工、社會福利機構、學者及其他關注本港精神健康的人士，共同參與制訂及檢討整個精神健康政策，從而制訂一套全面的精神健康政策；及
- (7) 成立精神健康局，統籌精神健康政策。"

(Translation)

"This Panel expresses disappointment that the Government has procrastinated in formulating a long-term mental health policy, and requests the Government, with regard to community mental health services, to:

- (1) allocate more resources to psychiatric services;
- (2) increase the ratios of psychiatrists, nurses and social workers;
- (3) expeditiously identify permanent sites for all Integrated Community Centres for Mental Wellness ("ICCMWs") and deploy adequate psychiatric healthcare personnel, including psychologists, for each ICCMW;

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- (4) re-introduce evening psychiatric consultation services;
- (5) enhance post-discharge care, which includes increasing the manpower of case managers;
- (6) invite people concerned across the community, including frontline healthcare personnel, patients and their family members, social workers, social welfare organizations, academics and other people who are concerned about mental health in Hong Kong, to jointly take part in the formulation and review of the overall mental health policy, thereby formulating a comprehensive mental health policy; and
- (7) set up a mental health council to coordinate mental health policies."

36. The Chairman put the motion to vote. The majority of members present voted for the motion. The Chairman declared that the motion was carried.

III. Any other business

37. There being no other business, the meeting ended at 10:34 am.

Council Business Division 2
Legislative Council Secretariat
19 October 2017