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Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the special meeting on 22 May 2017

Mental health policy and services

Purpose

This paper gives a brief account and summarizes the concerns of members of the Panel on Health Services ("the HS Panel"), the Panel on Welfare Services ("the WS Panel") and the former and current Joint Subcommittees on Long-term Care Policy appointed by the two Panels in the Fifth and Sixth Legislative Council ("LegCo") respectively on issues relating to mental health policy and services.

Background

2. The Government aims to promote mental health through a service delivery model that covers prevention, early identification, timely intervention and treatment and rehabilitation services. The Food and Health Bureau ("FHB") assumes the overall responsibility for co-ordinating the various multi-disciplinary and cross-sectoral services to persons with mental health needs through working closely with the Labour and Welfare Bureau ("LWB"), Hospital Authority ("HA"), Department of Health ("DH"), Social Welfare Department ("SWD") and other relevant government departments.

3. HA is currently providing around 230 000 patients with mental health needs each year with a spectrum of mental health services, including inpatient, outpatient, ambulatory and community outreach services, through a multi-disciplinary approach that involves professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers ("MSWs") and

occupational therapists. As at 31 December 2016, HA has 3 607 beds for psychiatric care and 680 beds for mentally handicapped care. In line with the international trend to focus on community and ambulatory services in the treatment of mental illness, HA has rolled out the Case Management Programme for patients with severe mental illness since April 2010. Case Management Programme currently covers all 18 districts across the territory, under which case managers (including psychiatric nurses, occupational therapists and registered social workers, etc.) work closely with other service providers in providing intensive, continuous and personalized support for patients with severe mental illness. To strengthen the intensive support and long-term care for high-risk mentally ill patients residing in the community, HA has set up Intensive Care Teams in all seven hospital clusters since 2011-2012 in order to provide rapid response for emergency referrals in the community. This apart, a 24-hour psychiatric advisory hotline, namely Mental Health Direct, has been established since January 2012 to strengthen support for ex-mentally ill patients and carers. The hotline is operated by psychiatric nurses for the provision of professional advice on mental health issues, arrangement of timely referrals, and following up the conditions of rehabilitated ex-mentally ill patients as well as those patients with mental illness who failed to show up for scheduled consultations.

4. Since October 2010, SWD has set up Integrated Community Centres for Mental Wellness ("ICCMWs") providing one-stop and district-based community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems, their family members and carers and residents living in the districts concerned. According to the Funding and Service Agreements ("FSA") of ICCMWs, the essential staffing requirements of ICCMWs include occupational therapists, qualified nurses (psychiatry) and at least two registered social workers having at least three years of experience in mental health services. There are currently 24 ICCMWs across the territory operated by 11 subvented non-governmental organizations ("NGOs"). This apart, the Parents/Relatives Resource Centres for Ex-mentally Ill Persons operated by NGOs under the subvention of SWD provide families and relatives of ex-mentally ill persons with emotional support and advice, in order to enhance their acceptance of their relatives with mental illness, and strengthen their resources and ability to take care of the ex-mentally ill persons at home.

5. Building on the work of the Working Group on Mental Health Services which was set up in 2006, the current term Government set up a Review Committee on Mental Health ("the Review Committee") in May 2013 to conduct a review of the existing mental health policy ("the Review") with a view to mapping out the future direction for development of mental health services in

Hong Kong. In addition, the Review Committee is tasked to consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community and resource availability. On 18 April 2017, the Administration released the report on the Review ("the Report"),[1] in which 40 recommendations for the enhancement of the overall mental health services in Hong Kong have been put forward. According to the Administration, preparation for the setting up of a standing Advisory Committee on Mental Health ("the Advisory Committee") to monitor the implementation of the recommendations and to follow up mental health development in Hong Kong is currently underway.

Deliberations by members

6. The HS Panel and the WS Panel discussed issues relating to mental health policy and services at a number of meetings between 2007 and 2017. The former and current Joint Subcommittees on Long term-care Policy have also discussed issues relating to care services for people with dementia and mental health case management. The two Panels and the two Joint Subcommittees have received views from deputations on various issues of concern. The deliberations and concerns of members are summarized below.

Policy and long-term development on mental health services

7. Members were of the view that the existing mental health services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to the lack of a comprehensive policy on mental health. At the meeting of the HS Panel on 22 November 2007, a motion was passed urging the Administration to expeditiously come up with a comprehensive long-term mental health policy to address patients' needs and guide the development of mental health services in a co-ordinated, cost-effective and sustainable manner. At its meeting on 25 April 2017, the HS Panel was briefed on the findings of the Review, including a mental health policy statement ("the Policy Statement") as a preamble to the Report. Some members expressed disappointment that the Policy Statement provided neither a vision nor any concrete measures with timetables and resources required to address the future service needs.

8. The Administration advised that the Policy Statement had been drawn up to outline the approach and directions of mental health services in Hong Kong. The Advisory Committee to be set up in due course would monitor the

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[1] The report of the Review can be accessed at the website of Healthcare Planning and Development Office of FHB (http://www.hpdo.gov.hk/doc/e_mhr_full_report.pdf).

implementation of the recommendations of the Review, and give advice on further service enhancement to address the changing needs of the society, including the need to review the Policy Statement as and when appropriate.

9. Some members expressed concern about the level of the Advisory Committee in view of its responsibility to, among others, facilitate the collaboration among relevant bureaux and departments for enhancing planning and provision of mental health services. Some other members called for the setting up of a dedicated mental health council or commission. The Administration advised that as compared to a dedicated council or commission, the setting up of the Advisory Committee which would comprise representatives from the bureaux and departments concerned and stakeholders was considered as a more effective mechanism under the local healthcare system. Consideration would be given to appointing a person of high standing in the community as the Chairman of the Advisory Committee.

10. Some members noted with concern that the Review Committee considered it not appropriate to introduce community treatment order ("CTO") in Hong Kong at this moment to mandate a person with mental illness who met a specified criteria to follow a prescribed course of treatment while living in the community, non-compliance of which might cause the person to be recalled to a hospital for treatment. Some members urged the Administration to consider afresh the issue, having regard to the need to further safeguard the health and safety of persons with mental illness and others in the community. The Administration advised that the Review Committee had thoroughly discussed the issue. It was noted that service users had reservation on introducing CTO in Hong Kong as it might give rise to concerns such as curtailment on civil liberties. The Review Committee recommended that alternatively, the existing conditional discharge mechanism [2] should be reviewed and the Case Management Programme of HA should be enhanced. The Advisory Committee should re-visit the issue when needs arose.

<u>Medical-social collaboration</u>

11. Members expressed concern about measures taken by HA to forge closer collaboration with various bureaux and departments and other service providers

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[2] Under section 42B of the Mental Health Ordinance (Cap. 136), a patient compulsorily detained under the Ordinance who has a medical history of criminal violence or a disposition to commit such violence may be discharged subject to conditions, such as to reside at a specified place, to attend outpatient treatment and to take medication as prescribed. The patient may be recalled to a mental hospital when he/she fails to comply with any discharge condition and the recall is necessary in the interest of his/her health or safety or for the protection of other persons.

in providing seamless support services for persons with mental health problems. The Administration advised that HA and SWD had instituted a three-tier collaboration platform in 2010 to facilitate cross-sectoral communication at the central, district and service delivery levels. At the central level, the HA Head Office and SWD Headquarters as well as NGOs would regularly discuss the interface of their service strategies through established channels. At the district level, HA's chiefs of psychiatry services and SWD's District Social Welfare Officers liaised regularly with service providers in the district and relevant government agencies to coordinate community support services. At the service delivery level, HA's case managers maintained close contact with other service providers, including ICCMWs, for discussion and coordination on matters such as case referral and arrangements for rehabilitation services.

12. The Administration further advised that HA, SWD and major NGOs operating community mental health services had set up a task group in 2014 to review the existing service model. The Service Framework of Personalised Care for Adults with Severe Mental Illness in Hong Kong developed by the task group was published in July 2016. The Service Framework sought to articulate a clear delineation of roles of different service providers so as to help eliminate service gaps and enable service providers to better respond to the needs of patients and families. As a next step, the task group was drawing up a standardized needs-risks-strength assessment framework and exploring the establishment of a mechanism for timely patient information sharing among HA, SWD and NGOs.

Mental health case management

Case Management Programme of HA

13. Members noted that as at 31 December 2016, around 15 000 patients with severe mental illness in the community were supported under the Case Management Programme of HA, maintaining a ratio of case manager to patients with severe mental illness at about 1:47. Expressing concern that each case manager had to take care of about 40 to 60 patients on average, some members urged HA to review the case manager to patient ratio under the Case Management Programme in order to strengthen the personalized and intensive support provided for patients with severe mental illness residing in the community. They also called on HA to improve the manpower supply of case managers, social workers and paramedical staff to meet future service needs.

14. According to the Administration, the Review Committee agreed that in the short and medium run, HA should review the ratio of case manager to patients with severe mental illness with a view to improving it to around 1:40 in

three to five years' time so that case managers could provide better support for patients with severe mental illness residing in the community. The setting of a higher target ratio could be considered having regard to the progress of HA in recruitment and training of case managers. The Advisory Committee would follow up this issue. Separately, HA had introduced a peer support element into the Case Management Programme since 2015-2016 to enhance community support for patients through the recruitment of 10 peer support workers who had rehabilitated from past mental illness to assist case managers in supporting patients in the recovery process through experience sharing. In 2017-2018, the Administration would allocate additional resources to HA to provide better support for patients under the Case Management Programme through recruiting five additional peer support workers and reviewing the service model of the community psychiatric services and the manpower of case managers.

ICCMWs subvented by SWD

15. Noting that some ICCMWs did not have permanent sites, some members asked how the Administration could help these ICCMWs find sites which could meet the standards of SWD to facilitate their provision of full-fledged service. The Administration advised that as at January 2015, 13 out of the 24 ICCMWs were providing services in permanent sites. Suitable sites had been identified or reserved as premises for six other ICCMWs, and fitting-out/building works or district consultation were in progress. In the meantime, ICCMWs without permanent sites were renting commercial premises for service provision or office use with subsidy from the Administration. SWD would continue to keep in close contact with relevant bureaux and departments in order to reserve premises for ICCMW purpose at the planning stage of new development or redevelopment projects. Besides, SWD would closely monitor the availability of government property and school premises which would become vacant as a result of service re-engineering, and actively identify vacant public housing units that could be converted or renovated for providing ICCMW services.

16. Members were concerned about the caseload for each social worker in each ICCMW. Some members held the view that the Administration should allocate additional resources to individual ICCMWs if there was an increase in their caseload. There was also a view that certain output requirements stipulated in FSA for ICCMWs, such as conducting 9 000 outreaching visits per year, was not in line with the person-centred principle of mental health services. The Administration advised that since the manpower, posts and quantity as arranged by each ICCMW to handle casework vary, SWD did not specify the caseload for each caseworker (including social worker). SWD's expenditure on ICCMWs had increased over the years. The allocation to each ICCMW would vary subject to its team size and the population it served. In 2017-2018, the

Administration would enhance the manpower for ICCMWs with an addition of 24 social workers and 72 welfare workers. There was a view that the establishment of each ICCMW should include medical officers and clinical psychologists to provide primary care services for service users and support for other frontline staff members therein. Some members called on the Administration to conduct a comprehensive review of the operation and service effectiveness of ICCMWs with a view to improving their services.

Psychiatric specialist outpatient services of HA

17. Members expressed grave concern over the long waiting time for public psychiatric specialist outpatient services. They urged HA to shorten the waiting time for first appointment for urgent, semi-urgent and stable cases. There was a view that HA should explore the feasibility of introducing a public-private partnership arrangement such that stable patients with common mental disorders could be managed by private medical practitioners.

18. HA advised that its 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. However, the median waiting time for those new psychiatric cases triaged as stable cases could be as long as more than one 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, it 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, it was exploring the possibility of referring suitable and stable patients with common mental disorders to the private sector for continual medial follow-ups under the HA Public-Private Partnership Endowment Fund. It was hoped that with these measures in place, the existing bottleneck in psychiatric services could be eased and waiting time at SOPCs shortened as a result.

19. Members noted that while HA had once introduced psychiatric specialist evening outpatient service in Kwai Chung Hospital ("KCH") in 2001, it had terminated the service in 2006 because of its low utilization rate. Some members were of the view that there was a need for HA to re-consider the provision of psychiatric specialist evening outpatient service to enable mental patients who had to work during daytime to schedule their consultations in the evening. HA explained that given the current manpower constraint of HA, the

introduction of psychiatric specialist evening outpatient service would unduly affect the relevant daytime services. It would review the service need in future when there was an improvement in the manpower situation. There was a suggestion that HA should 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 would be maintained at the same level on the one hand, and on the other hand the problem of low utilization of evening service could be addressed.

Psychiatric inpatient services of HA

20. Some members considered that the existing psychiatric wards of public hospitals were neither supportive nor user-friendly for mental patients. During the discussion of the redevelopment of KCH at the HS Panel meeting on 21 July 2014, members were advised that KCH would be redeveloped to provide a more integrated patient-centred service with a balance of inpatient service, ambulatory care, community outreach services and in-reach of partner organizations. Mental health services would be delivered through a hybrid model of hospital campus and district-level Community Mental Health Centres. The redevelopment of KCH would be carried out in phases from early 2016 for completion of the whole project in 2023.

21. At the meeting on 19 January 2015 when members of the HS Panel were briefed on the health policy initiatives featured in the Chief Executive's 2015 policy address, members were advised that given the intensive care needs of patients with severe intellectual disability, HA would increase the number of psychiatric beds in the Siu Lam Hospital, with a view to clearing up cases of severe intellectual disability on the waiting list in phases in the coming three years. Members were subsequently advised that an additional 20 beds had been opened in Siu Lam Hospital in December 2016. It was expected that the waiting list would start to be cleared up upon the enhancement of manpower, including nursing staff and allied health professionals.

Medications

22. Members were of the view that medication played an important part in controlling symptoms of mental illness. Noting that some patients would stop medication by themselves due to the side effects of the psychiatric drugs, they urged HA to increase the use of those psychiatric drugs with less disabling side effects to ensure better clinical outcomes and improve patients' quality of life.

23. HA advised that in 2014-2015, HA had repositioned all second generation oral 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. In 2016-2017, HA's expenditure on drugs for psychiatric inpatients and outpatients amounted to $76 million and $296 million respectively as of 31 December 2016. 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.

Community support services to mentally ill and ex-mentally ill persons

24. In response to some members' call for strengthening community support to help ex-mentally ill persons re-integrate into society, the Administration advised that SWD commenced a two-year Pilot Project on Peer Support Service in Community Psychiatric Service Units in March 2016 with funding from the Lotteries Fund. Under the Pilot Project, 11 NGOs operating ICCMWs would provide training services to equip suitable ex-mentally ill persons to serve as peer supporters, who would then offer emotional and recovery support for ex-mentally ill persons in need. Currently, 32 full-time and 18 part-time peer supporters were employed by ICCMWs, half-way houses or vocational rehabilitation units to provide peer support services. The Administration would regularize the Pilot Project after its conclusion, and had earmarked a provision of about $8 million from 2017-2018 onwards to cover the expenditure on 40 full-time peer supporter positions. This apart, SWD had implemented an 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.

25. Some members called on the Administration to consider establishing a database on carers of mentally ill and ex-mentally ill persons, which could be accessed by relevant bureaux, departments and community organizations with a view to facilitating their provision of rapid response for emergency calls from these carers. In addition, a card setting out the contact numbers of relevant bureaux, departments and community organizations should be provided to enhance the support for these carers. The Administration undertook to relay the suggestions to the Advisory Committee for consideration.

Mental health services for specific population groups

Services for children and adolescents with mental health needs

26. Members were concerned about the long waiting time of the assessed cases for child and adolescent psychiatric services at HA for assessment and treatment. The Administration advised that SWD had launched a Pilot Scheme on On-site Pre-School Rehabilitation Services through the Lotteries Fund in late 2015. Multi-disciplinary service teams from NGOs operating subvented pre-school rehabilitation services would offer outreaching services to participating kindergartens and kindergarten-cum-child care centres to provide early intervention for children who were on the waiting list for SWD-subvented pre-school rehabilitation services. As announced by the Chief Executive in the 2017 Policy Address, the Pilot Scheme would be converted into a regular government subsidy programme after its conclusion to provide 7 000 service places in phases. This apart, HA would strengthen its collaboration with the welfare and the education sectors with a view to enhancing the support to parents and schools concerned. Separately, HA would continue to strengthen its manpower for child and adolescent psychiatric services. It was also exploring whether more paediatricians could be involved in the provision of secondary care services for children in need. In addition, the implementation of the Student Mental Health Support Pilot Scheme would, among others, provide training for designated teachers and school social workers for handling students with common mental disorders at school level.[3]

Mental health services for adults

27. Members noted that there were increasing number of adults suffering from severe mental illness (such as schizophrenia) and common mental disorders (such as mood disorders and stress-related disorders). They were concerned 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.

28. According to HA, it had provided training to social workers of SWD and schools on how to identify persons with suspected mental health problems. The Early Assessment Service for Young People with Early Psychosis

[3] The two-year Student Mental Health Support Pilot Scheme has been launched in the 2016-2017 school year. A school-based multidisciplinary communication platform involving healthcare, education and social care professionals in each participating school will be set up to coordinate and provide support for children and adolescents with mental health needs in the school setting. It is estimated that this Pilot Scheme would benefit about 100 to 200 students.

programme, under which multi-disciplinary medical teams at district service centres provided referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness, had reduced the time between onset of symptoms and interventions and hence, lowered the possibility of future relapse and treatment resistance. Subject to availability of resource and manpower, HA would consider extending the programme to increase the coverage of new cases with first-episode psychosis from the present level of 65% to 100% in the coming years. For persons with common mental disorders, the role of primary care in treating these patients would be further explored.

Services for persons with dementia

29. Members had long been concerned about the inadequate provision of care and support services for persons with dementia. At its meeting on 28 March 2017, the Joint Subcommittee on Long-term Care Policy set up in the Sixth LegCo passed three motions urging the Administration to set up a dedicated department to formulate and handle policies on persons with dementia and their carers; allocate additional recurrent funding to enhance subsidized community care services and home-based services for diagnosis, support and treatment for persons with dementia, and increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists; and strengthen support for carers of persons with dementia by providing additional manpower and resources for community care services, increasing non-means-tested allowance for carers, providing psychological support and training for carers and providing additional respite services for persons with dementia. There was a view that the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") should be enhanced to provide for assessment of mental and cognitive conditions of elderly persons with dementia.

30. According to the Administration, a two-year pilot scheme on dementia community support services for the elderly, namely Dementia Community Support Scheme, which was steered by FHB in collaboration with HA and SWD, was launched in February 2017. Under the pilot scheme, 20 subvented District Elderly Community Centres would base on the care plans jointly formulated with HA and SWD to provide suitable care, training and support services for elderly persons with dementia at the community level. Carers would also be provided with knowledge of care, stress management training and counseling services to help reduce their stress and burden in taking care of elderly persons with dementia. It was estimated that about 2 000 elderly persons in the community would benefit from the pilot scheme. This apart, a review of SCNAMES was in progress. It was expected that the revised SCNAMES could better assess the impairment levels of elderly persons with dementia.

Services for pregnant women and mothers

31. Some members noted with concern that in 2015-2016, HA's obstetric clinics and the Maternal and Child Health Centres ("MCHCs") under DH had identified 2 311 at-risk pregnant women and 8 086 mothers having probable antenatal or postnatal depression respectively. However, MCHCs had only made 4 985 referrals to appropriate health and/or social service units for follow-up management in the same period. These members were concerned about the handling of the remaining cases. The Administration advised that LWB, the Education Bureau, DH, HA and SWD had jointly implemented the Comprehensive Child Development Service ("CCDS"). Under CCDS, HA obstetric clinics and MCHCs would continue to identify at-risk pregnant women and mothers (i.e. teenage pregnancy, mental illness and substance abuse), of which all cases would be followed up by multi-disciplinary team of healthcare providers with the provision of necessary services, such as psychological support, development assessment for children aged 0 to 5, and referrals to relevant service units for social services if necessary.

Resources and manpower for mental health services

32. There was a view that public expenditure on mental health was far from adequate to meet the needs of the community. Question was raised as to whether there was a benchmark on the Government's expenditure on mental health in terms of a percentage of the Gross Domestic Product, and how it compared with those of other developed economies. The Administration advised that the Government's budget on mental health services provided for HA currently accounted for about 9% of its recurrent provision for HA. Separately, SWD's recurrent provision for ICCMWs had increased from $135 million upon commencement of service in 2010 to $303 million (estimated expenditure) in 2016-2017.

33. There were concerns about the inadequacy of manpower of HA for mental health services, the high turnover of the healthcare professionals in HA in recent years and the heavy workload of MSWs working in the psychiatric stream in HA. Members urged the Administration to work out the medical, nursing and social work manpower requirements for psychiatric services. Some other members, however, pointed out that there was a net increase in the manpower of HA for the provision of mental health services in recent years. They considered that manpower mismatch was one of the underlying factors leading to the provision of mental health services fallen short of meeting the needs of persons with mental health problems.

34. According to the Administration, with an increase in the number of MSWs working in the psychiatric stream of HA in recent years, there had been a decrease in the number of cases taking care of by each MSW at any one time. HA had also deployed some clerical assistants to assist MSWs in processing applications for medical fee waiver. On the medical and nursing manpower, the Administration advised that the Steering Committee on Strategic Review on Healthcare Manpower Planning and Professional Development was conducting a strategic review on healthcare manpower and professional development in Hong Kong. The review report was expected to be issued in the second quarter of 2017.

Public education

35. Members urged the Administration to strengthen its efforts in promoting public awareness and understanding of mental health. The Administration advised that LWB had, in collaboration with over 20 bureaux and departments and other stakeholders, organized a "Mental Health Month" every year since 1995 to enhance the public's awareness and knowledge of mental health, eradicate discrimination against mentally ill and ex-mentally ill persons and encourage the integration of ex-mentally ill persons into society. In addition, a campaign "Joyful@HK" was launched by DH in late January 2016 for three years to organize community-based and setting-specific activities with a view to increasing public engagement in promoting mental well-being, and increasing public knowledge and understanding about mental health.

Motions

36. At a joint meeting of the HS Panel and the WS Panel on 24 February 2017, members passed two motions urging the Administration to take various measures, some of which were mentioned in the above paragraphs, to improve the provision of mental health services. The wording of the two motions was in **Appendix I**.

Relevant papers

37. A list of the relevant papers on the LegCo website is in **Appendix II**.

Council Business Division 2
Legislative Council Secretariat
19 May 2017

Appendix I

Panel on Welfare Services and Panel on Health Services

Motions passed under agenda item II
"Looking into mental health services and relevant welfare issues in light of the MTR arson attack"
at the joint meeting on 24 February 2017

Motion 1

(Translation)

The two Panels extend 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, the two Panels urge 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.

Moved by : Dr Hon Fernando CHEUNG Chiu-hung

Motion 2

(Translation)

The two Panels expresse 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;

(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.

Moved by : Dr Hon KWOK Ka-ki

Appendix II

Relevant papers on the mental health policy and services

Committee	Date of meeting	Paper
Panel on Health Services	22.11.2007 (Item I)	Agenda Minutes CB(2)1937/07-08(04)
Panel on Health Services	19.5.2008 (Item V)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	30.9.2009 (Item II)	Agenda Minutes CB(2)1495/09-10(01)
Panel on Health Services	11.5.2010 (Item IV)	Agenda Minutes CB(2)1736/09-10(01)
Panel on Health Services	14.3.2011 (Item VII)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	24.5.2011 (Item II)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	31.3.2012 (Item II)	Agenda Minutes CB(2)2698/11-12(01)
Panel on Health Services	25.2.2013 (Item I)	Agenda Minutes
Panel on Health Services	28.4.2014 (Item III)	Agenda Minutes
Panel on Health Services	16.6.2014 (Item V)	Agenda Minutes CB(2)44/14-15(01)
Panel on Health Services	21.7.2014 (Item III)	Agenda Minutes

Committee	Date of meeting	Paper
Joint Subcommittee on Long-term Care Policy	30.7.2014*	Report of the Joint Subcommittee to the Panel on Welfare Services and Panel on Health Services
Panel on Health Services	19.1.2015 (Item III)	Agenda Minutes
Panel on Welfare Services	9.11.2015 (Item VI)	Agenda Minutes
Panel on Health Services	16.11.2015 (Item V)	Agenda Minutes
Panel on Health Services	18.1.2016 (Item IV)	Agenda Minutes
Panel on Health Services	26.1.2017 (Item I)	Agenda
Panel on Welfare Services	26.1.2017 (Item I)	Agenda
Panel on Health Services and Panel on Welfare Services	24.2.2017 (Item II)	Agenda
Joint Subcommittee on Long-term Care Policy	28.3.2017 (Item I)	Agenda
Panel on Health Services	25.4.2017 (Item VI)	Agenda

* Issue date

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Legislative Council Secretariat
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