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Panel on Welfare Services and Panel on Health Services

Updated background brief prepared by the Legislative Council Secretariat for the joint meeting on 24 February 2017

Mental health policy and services

Purpose

This paper 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 Joint Subcommittee on Long-term Care Policy appointed by the two Panels in the Fifth Legislative Council 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, medical treatment and rehabilitation services. The Food and Health Bureau ("FHB") assumes the overall responsibility for co-ordinating the various mental health service programmes 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 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 March 2016, HA has 3 607 beds for psychiatric care and 660 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 ("CMP") for patients with severe mental illness since April 2010. CMP 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 service. There are currently 24 ICCMWs across the territory operated by 11 subvented non-governmental organizations ("NGOs").

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 review the existing mental health policy 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.

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 Joint Subcommittee on Long term-care Policy has also discussed issues relating to care services for people with dementia and mental health case management. The two Panels and the Joint Subcommittee have received views from deputations on various issues of concern. The deliberations and concerns of members are summarized below.

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.

8. At subsequent meetings, members continued to express dissatisfaction with the Administration's failure to provide a blueprint for the long-term development of mental health services. They expressed deep concern about the lack of close collaboration among the various government departments for service delivery and called for the setting up of a dedicated mental health council or commission. They urged the Review Committee to develop a comprehensive mental health policy addressing issues such as fragmentation of the services provided by the health and welfare sectors, shortfall of medical and allied health professionals in the psychiatric stream in both public and private healthcare sectors, and inadequate community support for discharged mental patients and their carers. There was also a view that the public expenditure on mental health services was far from adequate to meet the needs of the community. Some members urged the Administration to expedite its feasibility study on statutory community treatment order to require discharged mental patients who posed a threat to the community to accept medication and therapy, counselling, treatment and supervision, and empower medical superintendents to detain mental patients in hospitals to receive treatments where appropriate.

9. The Administration advised that the Review Committee had adopted a life-course approach to the review and focused its initial efforts on examining adult mental health issues. Two expert groups had been formed under the Review Committee to study dementia care and mental health services for children and adolescents in parallel. The review conducted by the Review Committee would be along the directions of promoting public awareness and understanding of mental health; reducing the prevalence of mental illness through early identification of persons suspected to have mental problems and timely intervention for those at risk; and providing quality and accessible mental

health services to persons with mental illness based on an evidence-based approach and having regard to the special needs of different age groups. The Review Committee would also consider necessary changes to the Mental Health Ordinance (Cap. 136), including the need and feasibility of introducing community treatment order in Hong Kong having regard to overseas experiences and local circumstances.

10. At the meeting on 26 January 2017 when members of the HS Panel were briefed on the health policy initiatives featured in the Chief Executive's 2017 Policy Address, members were advised that the Review Committee had finished its work and was currently preparing its final report, which was expected to be published in the first half of 2017. The preparatory work for the establishment of a standing advisory committee to follow up the recommendations of the Review Committee was currently underway.

Medical-social collaboration

11. Members expressed concern about measures taken by HA to forge closer collaboration with various government departments and other service providers 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. Separately, a task group comprising HA, SWD and relevant NGOs had been established to review the existing service model. A draft Service Framework of Personalized Care for Adults with Severe Mental Illness was expected to be completed by end of 2014 for stakeholder consultation.

Mental health case management

CMP

12. Members noted that it was aimed that case managers of CMP would establish a close service relationship with the targeted patients and arrange for the delivery of appropriate services based on patients' needs, and at the same time

monitor the progress of recovery and make prompt arrangements for the patients to receive treatment when there was sign of relapse of mental illness. However, it was not uncommon that each case manager had to take care about 57 patients at any one time. They urged the Administration to review the case manager to patient ratio of CMP in order to strengthen the personalized and intensive support provided to patients with severe mental illness residing in the community. They also called on the Administration to improve the manpower supply of case managers, social workers and paramedical staff to meet future service needs.

13. According to the Administration, it was estimated that an additional 39 case managers including nurses and allied health professionals would be recruited by HA in 2014-2015 to provide support for about 1 950 more patients. Having regard to overseas experience, HA was considering the introduction of a peer support element in CMP such that peer support workers who had rehabilitated from past mental illness would be engaged to assist case managers in supporting patients in the recovery process through experience sharing.

ICCMWs

14. 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 operating in temporary offices or temporary service points which were accommodated in other suitable premises of their operators, the existing facilities and networks in their respective districts or commercial premises rented with SWD's subsidy. SWD would continue to keep in close contact with relevant government 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.

15. 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. 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.

16. Members noted that a pilot scheme on peer supporters for ex-mentally ill patients was planned to be implemented under the Lotteries Fund in early 2016. A total of 11 subvented NGOs operating ICCMWs would be invited to participate in the operation of the Pilot Scheme, under which trained ex-mentally ill persons would serve as peer supporters with a view to speeding up their own recovery, and helping other persons in rehabilitation in need. An evaluation on the effectiveness of the pilot scheme would be conducted during the pilot period, so as to facilitate the Administration to consider whether to regularize the Pilot Scheme in future and the model to be adopted in the regularization.

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 routine cases. HA advised that as the majority of persons queuing up at psychiatric specialist outpatient clinics were cases of common mental disorders, it would seek to enhance the capacity of the common mental disorders clinics. 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.

18. Members noted that while HA had once introduced psychiatric specialist evening outpatient service in Kwai Chung Hospital 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, as the number of mental patients had increased substantially by about 70 000 persons since 2001.

19. 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 Kwai Chung Hospital ("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.

Mental health services for specific population groups

Services for children and adolescents with mental health needs

22. Members were concerned about the long waiting time of the assessed cases for child and adolescent psychiatric services at HA for assessment and treatment. According to the Administration, 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 would offer outreaching services to participating kindergartens and kindergarten-cum-child care centres to provide early intervention to children who were on the waiting

list for SWD-subvented pre-school rehabilitation services. 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. While HA would continue to strengthen its manpower for child and adolescent psychiatric services, it was exploring whether more paediatricians could be involved in the provision of secondary care services for children in need.

23. At the meeting on 18 January 2016 when members of the HS Panel were briefed on the health policy initiatives featured in the Chief Executive's 2016 policy address, members noted that based on the preliminary recommendations of the Review Committee, a two-year Student Mental Health Support Pilot Scheme had been launched in the 2016-2017 school year to strengthen the support for children and adolescents with mental health needs.

Mental health services for adults

24. 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.

25. 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 and Detection of Young Persons with Psychosis 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 elderly persons with dementia

26. Members had long been concerned about the inadequate provision of care and support services for elderly persons with dementia. They considered that a long-term policy on dementia should be developed. They also urged FHB and LWB to shorten the waiting time for various services for persons with dementia,

and enhance collaboration in service planning, assessment and service referrals for demented persons. There was a view that the Standardized Care Needs Assessment for Elderly Services should be enhanced to provide for assessment of mental and cognitive conditions of persons with dementia.

27. At the HS Panel meeting on 18 January 2016 when members were briefed on the health policy initiatives featured in the Chief Executive's 2016 policy address, members were advised that on the recommendation of the expert group to study dementia care, FHB would invite the Community Care Fund ("CCF") to consider implementing a two-year pilot scheme to strengthen community support for elders with mild or moderate dementia through a medical-social collaboration model. The initial thought was that elders who were assessed suitable for joining the scheme by HA would be referred to receive care at District Elderly Community Centres operated by NGOs with the support of HA and SWD. The Administration would consider at a later stage whether it would be appropriate to regularize the pilot scheme through the HA Public-Private Partnership Endowment Fund. Members were subsequently advised that CCF would launch a two-year Dementia Community Support Pilot Scheme in February 2017.

Manpower for mental health services

28. 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.

29. 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 assistant 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.

Public education

30. 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 government 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. At the HS meeting on 18 January 2016 when members were briefed on the health policy initiatives featured in the Chief Executive's 2016 policy address, members noted that a three-year territory-wide public education and promotion campaign would soon be rolled out in the light of the initial recommendations of the Review Committee.

Recent developments

31. In late January 2016, a campaign "Joyful@HK" was launched by DH 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.

32. According to the Administration, with the introduction of the peer support element into CMP in 2015-2016, HA currently recruits 10 peer support workers who are previous service users doing well in their recovery have been recruited to support patients with severe mental illness in achieving their personal recovery goals and developing illness management skills. Separately, HA and SWD has published the Service Framework of Personalized Care for Adults with Severe Mental Illness in mid-2016. SWD is working with representatives from NGOs operating ICCMWs, the Hong Kong Council of Social Service and service users to review ICCMW service as a whole, including service planning indicators, service scope, service team size, the proportion of casework, etc., and to advise on the future development and planning of ICCMW service. The review is expected to be completed in 2016-2017.

33. The Financial Secretary announced in the 2017-2018 Budget Speech that additional funding would be allocated to strengthen the manpower of ICCMWs and regularize the Pilot Project on Peer Support Service in Community Psychiatric Service Units. According to HA, with the increase in Government subvention in 2017-2018, it will, among others, strengthen its mental health services by enhancing services for patients with common mental disorders.

Relevant papers

34. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

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Appendix

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

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