

**立法會**  
**Legislative Council**

LC Paper No. CB(2)2043/16-17  
(These minutes have been seen  
by the Administration)

Ref : CB2/PS/1/16

**Panel on Welfare Services and Panel on Health Services**

**Joint Subcommittee on Long-term Care Policy**

**Minutes of the sixth meeting**  
**held on Monday, 29 May 2017, at 4:00 pm**  
**in Conference Room 2 of the Legislative Council Complex**

**Members present** : Dr Hon Fernando CHEUNG Chiu-hung (Chairman)  
Hon SHIU Ka-chun (Deputy Chairman)  
Hon LEUNG Yiu-chung  
Prof Hon Joseph LEE Kok-long, SBS, JP  
Hon LEUNG Kwok-hung  
Hon Alvin YEUNG  
Dr Hon Pierre CHAN

**Members absent** : Hon CHAN Han-pan, JP  
Hon KWONG Chun-yu  
Dr Hon LAU Siu-lai

**Member attending** : Hon CHU Hoi-dick

[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 I

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

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

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

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

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

**Attendance by invitation** : Item I

DAB

Mr TSOI Shing-hin  
Deputy spokesperson

Miss KWAN Kit-man

Mr Billy CHAN Shiu-yeung

New People's Party / Civil Force

Mr Stanley TAM  
Representative

Miss Dana LAU

Baptist Oi Kwan Social Service

Ms POON Fung-oi  
服務協調主任

Ms LAU Shau-king

Alliance of Ex-mentally Ill of Hong Kong

Mr WONG Man-lip  
Vice Chairman

家屬關注精神健康聯席

Ms Lily CHAN  
召集人

Ms LEE Po-chun

Hong Kong Association Of Relatives For Mental Health

---

Mr LAW Kam-chuen  
Chairman

林倩雯小姐

Mental Health Rights Concern Group

Miss PANG Ching-lam  
Member

Society for Community Organization

Miss YUEN Shuk-yan  
Community Organizer

Hong Kong Social Workers' General Union

曾健超先生  
外務副會長

Hong Kong Council of Social Service

Ms LAI Dik-chee  
Officer (Service Development, Rehabilitation Service)

Mr WHY

Richmond Fellowship Community Network

Miss Be Be TAM Yuk-yee  
Chairperson

陳淑芬女士

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

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

Miss Meisy KWOK  
Legislative Assistant (2) 6

---

Action

**I. Community support services for mentally ill and ex-mentally ill persons**

[LC Paper Nos. CB(2)1482/16-17(01) to (05), CB(2)1509/16-17(01) to (02), CB(2)1541/16-17(02) to (03) and CB(2)1598/16-17(01)]

The Joint Subcommittee deliberated (index of proceedings attached at **Annex**).

2. The Joint Subcommittee received views from 19 deputations/individuals attending the meeting, and noted two written submissions from individuals who did not attend the meeting.

3. The Joint Subcommittee noted the following major views expressed and suggestions made by the deputations/individuals attending the meeting:

Community support services

(a) the Administration should allocate more resources to enhance the provision of community care services ("CCS") and rehabilitation services for mentally ill and ex-mentally persons, in particular those who had once suffered from severe mental illness and/or were singletons. The Administration should also take steps to address the needs arising from the ageing of mentally ill and ex-mentally persons as well as their family members and carers.

Action

At the same time, the Administration should examine the needs of children and adolescents aged under 18, who were the major carers of their family members with mental health problems;

- (b) some suggestions made included introducing CCS vouchers for persons with disabilities (including persons with mental health problems) to cover, among others, medical expenditure, stepping up the promotion of the 24-hour psychiatric advisory hotline, increasing the provision of short-term residential care services for discharged mental patients in need of the services, expanding the scope of the Pilot Project on Peer Support Service in Community Psychiatric Service Units, launching a peer support programme for family members and carers of persons with mental health problems, lowering the thresholds for Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities to benefit more carers, establishing a database on carers of persons with mental health problems and an emergency hotline to facilitate the Police and the public healthcare facilities to provide rapid response for emergency calls from these carers, providing more subsidies for self-help groups, and facilitating the provision of support services by the non-governmental organizations concerned;
  
- (c) there was a concern about the manpower shortage and heavy workload of respective case managers under the Hospital Authority ("HA") and Social Welfare Department ("SWD"), and the frontline social workers of the Integrated Community Centres for Mental Wellness ("ICCMWs"). The Administration should review and enhance relevant case management services, and the ICCMW service, which had not yet been reviewed since its launch in 2010. The Administration should also consider providing services of clinical psychologists, family therapy and dedicated support services for children who were aged under 15 and had to take care of family members with mental health problems in ICCMWs. In addition, the medical-social collaboration and the interface between the provision of respective case management services under HA and SWD should be enhanced to ensure that mental patients would be referred to CCS upon their discharge from hospitals;

Employment support services

- (d) it was difficult for ex-mentally ill persons to secure employment, which was vital for their successful integration into society. The

Action

Selective Placement Division of the Labour Department ("LD") should provide job referrals for ex-mentally ill persons having regard to their academic qualifications. LD should also review the two-year pilot scheme, which was launched in 2016 to provide professional psychological and emotional counseling service for job seekers with disabilities in need. In addition, the Administration should consider arranging for facilitators to provide continuous support to help ex-mentally ill persons secure employment in the open market;

Mental health services provided by public healthcare sector

- (e) to alleviate the adverse impact of manpower constraint of HA on the long waiting time for the psychiatric specialist outpatient service and child and adolescent psychiatric services, the Administration and HA should consider allowing more qualified non-locally trained doctors to serve in public hospitals, hiring more part-time doctors and introducing public-private partnership arrangement such that more mental patients could be referred to private psychiatrists for treatment and follow up. In addition, HA should attach great importance to the mental well-being of its staff members;
  
- (f) to enhance mental health services, the Administration and HA should consider providing integrated Chinese-Western medicine services for mental patients, re-introducing psychiatric specialist evening outpatient service to enable mental patients who had to work during daytime to schedule their consultations in the evening, providing services of clinical psychologists and family therapy in psychiatric specialist outpatient clinics, setting up dedicated psychiatric team for adolescents with mental health needs and stepping up the promotion of Integrated Mental Health Programme under HA. In addition, Maternal and Child Health Centres under the Department of Health should regularly follow up all cases involving high-risk pregnant women and mothers (such as child abuse, mental illness and substance abuse);

Public education and publicity

- (g) the Administration should enhance the public education and publicity on mental health, in particular in schools, to raise public awareness in this regard and facilitate the integration of mentally ill and ex-mentally ill persons into society;

Action

Long-term development of mental health services

- (h) the Administration should forecast the demand for and supply of mental health services and relevant support services, and earmark adequate land, financial and manpower resources for the long-term development of these services; and
- (i) the Administration should appoint more ex-mentally ill persons and their family members as well as carers to the standing advisory committee on mental health. In addition, the advisory committee should consult service users on a regular basis to enhance their participation in the development of mental health services.

Admin

4. The Chairman and Mr LEUNG Yiu-chung requested the Labour and Welfare Bureau, the Food and Health Bureau, SWD and HA to provide a written response to the major views expressed and suggestions made by the deputations/individuals, as referred to in paragraphs 3(a) to (i) above.

Admin

5. As requested by Mr LEUNG Kwok-hung, the Administration undertook to provide information on the wastage rates of doctors in HA due to natural wastage and retirement.

**II. Any other business**

6. There being no other business, the meeting ended at 6:21 pm.

Council Business Division 2  
Legislative Council Secretariat  
25 August 2017

**Proceedings of the sixth meeting of the  
Joint Subcommittee on Long-term Care Policy  
on Monday, 29 May 2017, at 4:00 pm  
in Conference Room 2 of the Legislative Council Complex**

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
<i>Agenda item I – Community support services for mentally ill and ex-mentally ill persons</i>			
000719 – 001002	Chairman	Opening remark	
001003 – 001346	DAB	Presentation of views	
001347 – 001655	Miss KWAN Kit-man	Presentation of views	
001656 – 002031	Mr Billy CHAN Shiu-yeung	Presentation of views	
002032 – 002348	New People's Party / Civil Force	Presentation of views	
002349 – 002622	Miss Dana LAU	Presentation of views	
002623 – 002944	Baptist Oi Kwan Social Service	Presentation of views [LC Paper No. CB(2)1482/16-17(03)]	
002945 – 003255	Ms LAU Shau-king	Presentation of views	
003256 – 003531	Alliance of Ex-mentally Ill of Hong Kong	Presentation of views [LC Paper No. CB(2)1598/16-17(01)]	
003532 – 003852	家屬關注精神健康 聯席	Presentation of views [LC Paper No. CB(2)1482/16-17(04)]	
003853 – 004111	Ms LEE Po-chun	Presentation of views	
004112 – 004355	Hong Kong Association Of Relatives For Mental Health	Presentation of views [LC Paper No. CB(2)1482/16-17(04)]	
004356 – 004756	林倩雯小姐	Presentation of views	
004757 – 004932	Mental Health Rights Concern Group	Presentation of views	



<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
004933 – 005306	Society for Community Organization	Presentation of views	
005307 – 005639	Hong Kong Social Workers' General Union	Presentation of views	
005640 – 010005	Hong Kong Council of Social Service	Presentation of views [LC Paper No. CB(2)1541/16-17(02)]	
010006 – 010335	Mr WHY	Presentation of views	
010336 – 010821	Richmond Fellowship Community Network	Presentation of views [LC Paper No. CB(2)1482/16-17(05)]	
010822 – 011142	陳淑芬女士	Presentation of views	
011143 – 013133	Chairman Admin Hospital Authority ("HA")	<p>The Chairman summarized the major views expressed and suggestions made by the deputations/individuals on the community support services for mentally ill and ex-mentally ill persons as follows:</p> <p>(a) the provision of the following was far from adequate: (i) respective case management services under HA and the Social Welfare Department ("SWD"); (ii) the support of the Pilot Project on Peer Support Service in Community Psychiatric Service Units ("the Pilot Project on Peer Supporters"); (iii) the short-term residential care services for discharged mental patients in need of the services; (iv) support for children and adolescents aged under 18, who were the major carers of their family members with mental health problems; and (v) subsidies for self-help groups;</p> <p>(b) the waiting time for child and adolescent psychiatric services at HA for assessment and treatment was unduly long;</p> <p>(c) it was difficult for ex-mentally ill persons to secure employment, which was vital for their successful integration into society. The Administration and HA should consider re-introducing psychiatric specialist evening outpatient service to enable mental patients</p>	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>who had to work during daytime to schedule their consultations in the evening;</p> <p>(d) there was a concern about the needs arising from the ageing of family members and carers of persons with mental health problems;</p> <p>(e) the Administration had not yet reviewed the services of the Integrated Community Centres for Mental Wellness ("ICCMWs") since their establishment in 2010;</p> <p>(f) the Administration should enhance the medical-social collaboration and the interface between the provision of respective case management services under HA and SWD to ensure that mental patients would be referred to community care services upon their discharge from hospitals; and</p> <p>(g) the Administration should forecast the demand for and supply of mental health services and relevant support services, and earmark adequate land, financial and manpower resources for the long-term development of these services.</p> <p>The Administration advised that:</p> <p><u>Integrated Community Centres for Mental Wellness</u></p> <p>(a) as compared with the actual expenditure of around \$160 million on ICCMW service in 2010-2011, the provision allocated to ICCMWs in the estimate for 2017-2018 was increased by about 100%, amounting to some \$310 million. In addition, the number of social workers in each ICCMW team was increased from 8.5 to 18 during the same period. Starting from 2017-2018, an additional provision would be allocated to ICCMWs to hire 24 additional social workers and 72 additional welfare workers. The Administration would continue to strive for more resources to enhance ICCMW service;</p> <p>(b) SWD was conducting a review of ICCMW service, which was expected to be completed in 2017. The review would examine, among</p>	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>others, the feasibility of including clinical psychologists in the staffing requirements of ICCMWs;</p> <p>(c) among the 24 subvented ICCMWs, 15 were currently operating in permanent accommodation and three would provide service in permanent accommodation within the next three fiscal years. Suitable sites for permanent accommodation had been identified for two other ICCMWs, where fitting-out/building works or district consultation were being carried out. Space had been preliminarily reserved for the four remaining ICCMWs, which were currently renting commercial premises for service provision or office use with a government subsidy;</p> <p>(d) SWD had implemented the Pilot Project on Peer Supporters since March 2016. As at end-April 2017, a total of 50 full-time or part-time peer supporters, who were ex-mentally ill persons, were employed by ICCMWs operators to offer emotional and recovery support for ex-mentally ill persons in need. These peer supporters would also receive training to, among others, strengthen their abilities to seek jobs in the open market. The Administration would consider recruiting more peer supporters as appropriate after the Pilot Project had been regularized in the 2017-2018 financial year;</p> <p><u>Employment support services</u></p> <p>(e) the "Enhancing Employment of People with Disabilities through Small Enterprise" Project had provided a seed funding of over \$100 million for non-governmental organizations ("NGOs") to set up businesses and create about 800 jobs for persons with disabilities, out of which about 40% were taken up by ex-mentally ill persons. With an injection of an additional \$100 million in the 2017-2018 financial year, the Project was expected to create 800 additional jobs for persons with disabilities;</p>	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>(f) about 2 400 additional places would be provided in phases under the sheltered workshops and integrated vocational rehabilitation services centres in the coming five to 10 years to shorten the waiting time for these services;</p> <p>(g) the Labour Department launched a two-year pilot scheme in 2016 to provide professional psychological and emotional counselling service for job seekers with disabilities in need. The Administration would review the pilot scheme upon its completion to examine the way forward;</p> <p><u>Support for family members and carers</u></p> <p>(h) the Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities ("the Carer Allowance Pilot Scheme") was launched in 2016 to provide a monthly living allowance of \$2,000 for eligible carers of persons with disabilities to alleviate their financial burden. Consideration would be given to possible areas of enhancement upon the completion of the Pilot Scheme;</p> <p><u>Promotion and education</u></p> <p>(i) the Rehabilitation Advisory Committee, in collaboration with the NGOs serving persons with mental health needs, would continue to organize promotional and educational activities to raise public awareness of mental health;</p> <p><u>Medical-social collaboration</u></p> <p>(j) HA and SWD had jointly drawn up the Service Framework of Personalised Care for Adults with Severe Mental Illness in Hong Kong to strengthen the communication between the medical and social service sectors at different levels of mental health services. It was expected that the implementation of the framework would further enhance the medical-social collaboration in providing these services; and</p>	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p><u>Review on mental health</u></p> <p>(k) the Review Committee on Mental Health ("the Review Committee") had thoroughly discussed most of the concerns raised by the deputations/individuals at the meeting when it reviewed the mental health policy and services over the course of review on mental health in the past few years. In spite of the shortage of doctors, the Administration would continue to strive for increasing the provision of mental health services and enhancing various modes of service delivery, such as exploring the feasibility of introducing a public-private partnership arrangement, to address the fast growing demand for these services. The standing advisory committee on mental health ("the advisory committee"), which was being established, might comprise, among others, ex-mentally ill persons and their family members. The advisory committee was expected to be set up in the second half of 2017 to monitor the implementation of the recommendations of the Mental Health Review Report ("the Report") and to follow up mental health development in Hong Kong.</p>	
013134 - 013641	Chairman Admin HA	<p>The Chairman requested the Administration to respond to some deputations' call for re-introducing psychiatric specialist evening outpatient service under HA.</p> <p>The Administration advised that due to manpower constraint of HA, in particular doctors, priority would be accorded to the provision of psychiatric specialist daytime outpatient service. To meet the manpower demand, the Administration had increased the number of publicly-funded degree places in medicine in the past few years. When there was an improvement in the manpower situation, the Administration would explore the feasibility of re-introducing the evening services.</p> <p>HA added that the issue was discussed at the HA's Coordinating Committee (Psychiatry). Sharing similar views expressed by the Administration, HA said that interim measures were taken to address the needs of mental patients who had to work during daytime. For example, mental</p>	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>patients were allowed to receive antipsychotic depot injections at the psychiatric specialist outpatient clinics ("SOPCs") on weekends, printed attendance certificates issued by SOPCs did not show the names of the clinics, and stable patients would be arranged for attending follow-up medical appointments at an interval of 12 to 16 weeks.</p> <p>In response to the Chairman's suggestion of designating some doctors to provide psychiatric specialist evening outpatient service, HA advised that the suggestion was not feasible as these doctors might be responsible for carrying out other duties in addition to the SOPC services during daytime, and the provision of evening services would involve additional manpower of other healthcare professionals and supporting staff apart from doctors. HA would explore the feasibility of re-introducing the evening services when its manpower situation was improved.</p>	
013642 – 014228	Chairman Deputy Chairman Admin	<p>The Deputy Chairman expressed appreciation for the Administration's concrete response to the major views expressed and suggestions made by the deputations/individuals. He expected that the Report should provide more detailed statistics and analysis relating to the mental health of adolescents in Hong Kong to facilitate the formulation of relevant policies and dedicated services for adolescents with mental health needs. In this regard, he called on the Administration to make reference to "headspace", which was set up in Australia to provide early intervention mental health services for youngsters aged between 12 to 25.</p> <p>The Administration advised that several experts from Australia, including one from "headspace", had been invited to Hong Kong to exchange with members of the Review Committee and relevant parties at some meetings in the course of the preparation of the Report. The advisory committee would strive for enhancing the provision of mental health services in Hong Kong and study successful experience of other countries in this regard as appropriate.</p>	
014229 – 014931	Chairman Mr LEUNG Yiu-chung Admin	Mr LEUNG Yiu-chung urged the next term Government to have a long-term planning of the provision of mental health services as the current	

Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>provision in this regard was far from adequate to meet the fast growing demand. He also requested the Administration to advise on the estimated net increase in the number of doctors and other healthcare professionals serving in the public healthcare sector in the coming years.</p> <p>The Administration advised that the report on strategic review on healthcare manpower planning and professional development in Hong Kong would be issued in June 2017. It was expected that the outcome of the aforesaid review would facilitate the long-term planning and development of healthcare manpower. Currently, various measures were taken to gradually address the manpower shortage of individual healthcare professions. For example, the Administration had increased the number of publicly-funded degree places in medicine from 420 to 470 in the 2016-2017 to 2018-2019 triennium, which was a further increase from 320 to 420 in 2013-2014 to 2015-2016 academic years, and HA had implemented a special retired and rehire scheme to rehire suitable clinical staff upon their retirement or completion of contract at normal retirement age.</p> <p>The Chairman and Mr LEUNG Yiu-chung requested the Labour and Welfare Bureau, the Food and Health Bureau, SWD and HA to provide a written response to the major views expressed and suggestions made by the deputations/individuals at the meeting.</p>	<p><b>Admin</b> (para. 4 in the minutes)</p>
014932 – 020017	Chairman Mr LEUNG Kwok-hung Admin	<p>As the shortage problem of healthcare manpower could not be completely addressed in the coming few years, Mr LEUNG Kwok-hung called on the Administration to take measures to enhance the support for persons with mental health problems and their carers, in particular those aged under 18, and to alleviate the heavy workload of doctors. For example, HA should provide psychiatric specialist evening outpatient service at one or two SOPC(s), and the Administration should allocate more resources to strengthen the manpower of social workers and welfare workers as well as enhance the Pilot Project on Peer Supporters and the Carer Allowance Pilot Scheme.</p>	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
		<p>The Administration advised that HA had taken various measures to enhance its services for mental patients, such as engaging more psychiatric nurses and clinical psychologists to provide active intervention for patients with common mental disorders in SOPCs. In addition, the Administration had implemented the Pilot Project on Peer Supporters to strengthen its support for persons with mental health needs and their carers. In view of the growing number of young patients with mental health needs, the Administration had launched a two-year pilot scheme namely "Student Mental Health Support Scheme" since the 2016-2017 school year to provide better support for students with mental health needs. The advisory committee would monitor and follow up the implementation of the recommendations in the Report, including those relating to mental health services for children and adolescents.</p> <p>At the request of Mr LEUNG Kwok-hung, the Administration undertook to provide information on the wastage rates of doctors in HA due to natural wastage and retirement.</p> <p>At 6:01 pm, the Chairman extended the meeting for 15 minutes beyond the appointed ending time.</p>	<p><b>Admin</b> (para. 5 in the minutes)</p>
020018 – 020547	Chairman Deputy Chairman Admin	<p>The Deputy Chairman called on the Administration to:</p> <p>(a) make it a mandatory requirement that family members and carers of ex-mentally ill persons must be invited to sit on the advisory committee, and they must take up a considerable percentage share in the membership of the Committee, say 25%. The request was set out in the motion passed ("the Carried Motion") at the special meeting of the Panel on Health Services on 22 May 2017 (Motion 2 of LC Paper No. CB(2)1527/16-17(01)); and</p> <p>(b) examine the situation and needs of children who were aged under 18 and had to take care of family members with mental health problems to provide better support for them. Relevant issues should be discussed by the Subcommittee on Children's Rights under the</p>	



Time marker	Speaker(s)	Subject(s) / Discussion	Action required
		<p>House Committee of the Legislative Council ("LegCo").</p> <p>The Administration advised that:</p> <p>(a) the Administration would take into account the Carried Motion in setting up the advisory committee; and</p> <p>(b) the Review Committee seldom discussed the subject of young family members and carers in the course of review on mental health. The Administration would consider examining how to collect more information in this regard.</p> <p>Regarding the Administration's reply at (b) above, the Chairman suggested that the Administration should consider making reference to the findings of the relevant study jointly conducted by Baptist Oi Kwan Social Service and University of Hong Kong.</p>	
020548 – 021417	<p>Chairman Mr WHY Richmond Fellowship Community Network 林倩雯小姐 Ms LAU Shau-king Admin HA</p>	<p>At the invitation of the Chairman, some deputations/individuals gave further views and made suggestions of recruiting more non-locally trained doctors and part-time doctors to address manpower shortage, and stepping up the promotion of Integrated Mental Health Programme.</p> <p>In response, the Administration advised that:</p> <p>(a) it planned to introduce the Medical Registration (Amendment) Bill 2017 into LegCo to, among others, extend the valid period of limited registration of non-locally trained doctors to be approved by the Medical Council of Hong Kong from not exceeding one year to not exceeding three years in order to attract more qualified non-locally trained doctors to serve in public hospitals;</p> <p>(b) HA had engaged part-time doctors to improve its manpower strength of various streams, including psychiatry specialty; and</p> <p>(c) HA had implemented the Integrated Mental Health Programme at some general outpatient clinics to provide treatment for stable patients.</p>	

<b>Time marker</b>	<b>Speaker(s)</b>	<b>Subject(s) / Discussion</b>	<b>Action required</b>
021418 – 021939	Chairman	<p>Noting that the shortage problem of healthcare manpower could not be completely addressed in the coming few years, the Chairman reiterated the views expressed by some deputations/individuals, which were summarized at (a) and (c) above (time marker: 011143 – 013133) and added that:</p> <p>(a) it was necessary to enhance the support for ex-mentally ill persons, in particular those who had once suffered from severe mental illness and/or were singletons;</p> <p>(b) a high threshold was set for the Carer Allowance Pilot Scheme, which could only benefit a maximum of 2 000 eligible persons with disabilities;</p> <p>(c) it was hoped that the next term Government would provide a comprehensive planning of mental health services, and the advisory committee would take into account stakeholders' views on mental health when it made any recommendations in this regard; and</p> <p>(d) the Joint Subcommittee on Long-term Care Policy might revisit the subject later, and the situation and needs of children who were aged under 18 and had to take care of family members with mental health problems might be discussed at another meeting.</p>	