

Legislative Council
Panel on Welfare Services and Panel on Health Services
Meeting of Joint Subcommittee on Long-term Care Policy
on 29 May 2017

**Community Support Services for Mentally Ill and Ex-mentally Ill
Persons**

Supplementary Information

At the meeting of the Joint Subcommittee on Long-term Care Policy on 29 May 2017, community support services for mentally ill and ex-mentally ill persons were discussed. The Chairman and Hon LEUNG Yiu-chung requested the Labour and Welfare Bureau (LWB), the Food and Health Bureau (FHB), the Social Welfare Department (SWD) and the Hospital Authority (HA) to provide a written reply in response to the major views and recommendations expressed by the deputations/individuals (at Annex). This note provides our response as requested.

(A) Community Support Services

Integrated Community Centres for Mental Wellness

2. On strengthening the services provided by Integrated Community Centre for Mental Wellness (ICCMW), the Government will, in 2018-19, set up clinical psychologist posts in ICCMWs for stepping up professional support for ex-mentally ill persons and persons with suspected mental health problems; and enhance the manpower of social workers to provide counselling and therapeutic groups and activities for children of ex-mentally ill persons.

Residential Respite Service

3. Currently, SWD provides designated places as well as casual vacancy places for ex-mentally ill persons in subvented residential care homes (e.g. halfway houses and supported hostels). SWD will keep in view the demand for residential respite service when reviewing its service planning.

Pilot Project on Peer Support Service in Community Psychiatric Service Units

4. SWD has implemented the two-year “Pilot Project on Peer

Support Service in Community Psychiatric Service Units” since March 2016. In view of the positive outcomes of the Pilot Project, SWD has regularised peer support service upon completion of the Pilot Project in March 2018.

Pilot Scheme on Living Allowance for Low-income Carers of Persons with Disabilities

5. Through the Community Care Fund, the Government has, since October 2016, launched a Pilot Scheme on Living Allowance for Carers of Persons with Disabilities to provide each eligible carer of person with disabilities with a monthly living allowance of \$2,000. SWD has commissioned the Sau Po Centre on Ageing of the University of Hong Kong to conduct an evaluation on the Pilot Scheme, with a view to assisting the Government in considering the way forward for the Pilot Scheme. The evaluation study is expected to be completed in the third quarter of 2018.

Strengthening Support for Self-help Organisations

6. SWD has launched the Financial Support Scheme for Self-help Organisations for Persons with Disabilities/ Chronic Illnesses since 2001 to provide funding support for self-help organisations for persons with disabilities/ chronic illnesses, including those formed by ex-mentally ill persons and their families. At present, the total amount of annual funding allocated to the Scheme is about \$15 million. The Government plans to allocate an additional annual provision of about \$6 million from 2018-19 onwards to provide additional financial support for self-help organisations.

Case Management Programme with Peer Support Element

7. Since 2010-11, HA has launched the Case Management Programme (the Programme) by phases to provide intensive, continuous and personalised support for patients with severe mental illness. By 2014-15, the Programme had been extended to cover all the 18 districts.

8. As announced by the Chief Executive in her Policy Address in October 2017, the case manager to patient ratio under the Case Management Programme will be improved. Starting from 2018-19, an additional resources have been allocated to HA to further improve the case manager to patient ratio to 1 to 40 by phases, with an addition of 20 case managers in 2018-19.

9. In 2015-16, HA introduced a peer support element into the Programme to enhance community support for patients. Since then, 15 peer support workers were recruited by phases. In 2018-19, HA will further enhance the Programme by recruiting five additional peer support workers.

Interface between the Provision of Respective Case Management Services under the HA and the SWD

10. To further enhance collaboration and communication between the medical and social sectors, HA and SWD set up a task group in collaboration with the non-governmental organisations (NGOs) operating ICCMWs to revisit the existing service model for adults with severe mental illness (SMI). The Service Framework of Personalised Care for Adults with SMI in Hong Kong (the Service Framework) developed by the task group was published in mid-2016. Based on the recommendations in the Service Framework, a standardised needs-risks-strength assessment framework, an operation guideline and a mechanism for timely patient information sharing has been established to promote closer collaboration between medical institutions and social service organisations, so as to provide better care for patients with different needs and risks. The collaboration has been implemented with effect from late December 2017. Besides, SWD has drawn up guidelines for ICCMWs to collaborate with other service units. The guidelines lay down the principles of division of work and case referral for reference by ICCMWs and other stakeholders (including Community Psychiatric Services of the HA).

(B) Employment Support Services

11. The Selective Placement Division (SPD) of the Labour Department (LD) provides personalised employment services for job seekers with disabilities (including ex-mentally ill persons) fit for open employment. The employment consultants of SPD provide job seekers with disabilities with employment counselling and actively canvass suitable job vacancies for them, having regard to their academic qualifications, work capabilities and market demands. Upon placement of a job seeker with disabilities into employment, the employment consultant will provide follow-up service for at least six months to keep in contact with the employer and the employee with disabilities and render appropriate assistance.

Providing Professional Psychological and Emotional Counselling Service for Job Seekers with Disabilities in Need

12. To strengthen the employment support for job seekers with disabilities (including ex-mentally ill persons), LD launched a two-year pilot scheme in September 2016 to engage a non-governmental welfare organisation to provide professional psychological and emotional counselling service by registered social workers for needy job seekers with disabilities registered with SPD. The pilot scheme serves to help job seekers with disabilities alleviate their emotional problems so that they can concentrate on job search and settle down in their new jobs as soon as possible. LD will review the pilot scheme and assess its effectiveness, with a view to mapping out the way forward in light of the review findings.

(C) Mental Health Services Provided by Public Healthcare Sector

13. The Maternal and Child Health Centres (MCHCs) of the Department of Health (DH) provide a range of health promotion and disease prevention services (the child health service) to children from birth to 5 years. The components of the child health service include immunisation, health and developmental surveillance, and parenting.

14. The Comprehensive Child Development Service (CCDS), jointly implemented by the LWB, EDB, DH, HA and SWD, aims to identify at an early stage various health and social needs of children (aged 0 to 5) and those of their families and to provide the necessary services to foster the healthy development of children. Through MCHCs, hospitals of HA and other relevant service units, such as Integrated Family Service Centres, Integrated Services Centres and pre-primary institutions, CCDS identifies at-risk pregnant women (including teenage mothers, mothers with substance misuse and mental health problems), mothers with postnatal depression, families with psychosocial needs, and preprimary children with health, developmental and behavioural problems. Needy children and families identified in MCHCs are referred to relevant service units for appropriate healthcare and/or social services for management.

15. HA adopts a multi-disciplinary approach in its provision of psychiatric specialist services. Medical teams comprising psychiatric doctors, psychiatric nurses, clinical psychologists, occupational therapists and peer support workers provide patients, depending on their conditions and clinical needs, with the appropriate treatment and follow-up care, including in-patient, specialist out-patient (SOP), daytime rehabilitative

training and community support services.

16. HA has put in place an established triage system for new cases at its psychiatric specialist out-patient clinics (SOPCs) (including child and adolescent psychiatric SOPCs) to ensure that patients with urgent medical needs are given appropriate support within a reasonable time. New cases will be assigned an appointment date according to their severity and urgency taking into consideration of their clinical history and present symptoms. New referrals at the psychiatric SOPCs will usually be triaged by a triage nurse, and reviewed by a psychiatrist, into priority 1 (urgent), Priority 2 (semi-urgent) and routine (stable) cases. HA's targets are to maintain the median waiting time for cases in priority 1 and 2 categories within two weeks and eight weeks respectively. This performance pledge has been fulfilled.

17. HA will continue to review and monitor its service provision to ensure that its service can meet the needs of the patients. With the passage of the Medical Registration (Amendment) Bill 2017, the validity period and renewal period of limited registration is extended from not exceeding one year to not exceeding three years. HA will proactively recruit qualified non-locally trained doctors through limited registration to alleviate the imminent manpower shortage.

18. Regarding the proposal to provide subsidy to patients for them to receive assessment services in the private sector, we notice that the assessment services currently provided by the private sector are relatively pricey with variable quality. Moreover, the cross-sectoral (including healthcare, social service and education) and multi-disciplinary support in the private sector are still being developed. As such, we are of the view that the proposal to provide subsidy to children and adolescents with mental health needs for them to use private assessment and treatment services should not be considered at this stage.

19. Regarding the proposal to provide evening services at HA's psychiatric SOPCs, as the routine day time SOPCs can provide comprehensive multi-disciplinary support (including support from allied health professionals and social workers) and the establishment of evening clinics will inevitably deploy resources from daytime SOPCs thus affecting services to psychiatric patients as a whole. In view of the current long waiting time at the psychiatric SOPCs and stringent manpower situation, HA at present has no plan to provide psychiatric SOP services at evening or on public holidays. HA has nevertheless set up designated depot clinics in all the seven clusters to provide depot

injection treatment for patients in need during non-office hours.

20. HA will continue to closely monitor the latest development of the treatment options (including Chinese medicine), taking into account factors like scientific evidences, clinical risks and treatment efficacy, so as to provide appropriate treatment and referral for needy patients.

(D) Public Education and Publicity

“Joyful@HK” Campaign

21. To increase public engagement in promoting mental well-being, and to increase public knowledge and understanding about mental health, DH launched a three-year territory-wide mental health promotion campaign called “Joyful@HK” (the Campaign) in January 2016. The Campaign seeks to encourage the public to integrate three key elements, i.e. “Sharing”, “Mind” and “Enjoyment”, into their daily life. By increasing public’s knowledge and understanding of common mental health problems of different age groups such as anxiety disorders for adolescents, mixed anxiety and depressive disorder for adults, and dementia for the elderly, the campaign aims to encourage people to detect the problems and seek help earlier, as well as to reduce stigmatisation.

22. A series of mass media advertising (including electronic, printed and social media) and publicity activities for various target groups have been carried out. Moreover, community partnership programmes were launched under the Campaign in early 2017 with a view to developing evidence-based interventions and training materials that could be further adopted by community partners.

23. To target adolescents and enhance the mental well-being of students specifically, DH and EDB have joined forces in launching a mental health promotion and destigmatisation campaign called “Joyful@School” under the Campaign in the 2016/17 and 2017/18 school years to enhance students’ awareness and understanding of mental health, raise their awareness of help-seeking, reduce the stigma associated with the help-seeking behaviour and strengthen their ability to cope with adversity. Moreover, to further enhance the promotion of mental health in the working population, the Joyful@Healthy Workplace Programme, jointly organised by the DH and the Occupational Safety and Health Council (OSHC), also commenced in August 2016 to promote healthy eating, physical activity, and mental well-being among employers and employees in workplaces.

24. The Chief Executive has announced in the Policy Agenda in October 2017 that an on-going mental health educational and destigmatisation campaign will be launched in 2018-19. The new campaign aims to reduce stigma towards persons with mental health needs, so as to build a mental-health friendly society and facilitates their re-integration into the community.

Mental Health Month

25. LWB provides funding annually to support the organisation of Mental Health Month. Mental Health Month is a public education event organised by NGOs currently providing rehabilitation services for ex-mentally ill persons in Hong Kong, jointly with various public organisations (including HA, Hong Kong College of Psychiatrists, Equal Opportunities Commission and OSHC) and government departments (including LWB, EDB, LD, DH, Home Affairs Department, SWD, Radio Television Hong Kong and Information Services Department). The event aims to promote to the public the messages on mental wellness and the acceptance of ex-mentally ill persons.

Mobile Publicity Vans for ICCMWs

26. In 2018-19, SWD will deploy mobile publicity vans for ICCMWs to enhance community education for early prevention of mental illness.

(E) Long-term Development of Mental Health Services

Advisory Committee on Mental Health

27. The Advisory Committee on Mental Health (the Advisory Committee) was established in December 2017 to advise the Government on mental health policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong. It assists the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong. It follows up on and monitors the implementation of the recommendations of the Mental Health Review Report published in 2017.

28. The Advisory Committee comprises members from various sectors with a great wealth of expertise and experience including professionals from the healthcare, social service and education sectors,

representatives from patient and carer advocacy groups, and lay persons with interest in mental health. The Advisory Committee will continue to keep contact with various stakeholders so that the mental health services in Hong Kong can meet the needs of persons with mental health needs and their carers.

Labour and Welfare Bureau
Food and Health Bureau
Education Bureau
Social Welfare Department
Department of Health
Labour Department
Hospital Authority

April 2018

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**Major Views and Recommendations Expressed by the
Deputations/individuals**

At the meeting of the Joint Subcommittee on Long-term Care Policy on 29 May 2017, major views and recommendations expressed by the deputations/individuals in respect of community support services for mentally ill and ex-mentally ill persons are as follows:

(A) 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. 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 organisations concerned;

- (c) there was a concern about the manpower shortage and heavy workload of respective case managers under the Hospital Authority (HA) and the 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 the HA and the SWD should be enhanced to ensure that mental patients would be referred to CCS upon their discharge from hospitals;

(B) 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 Selective Placement Division of the Labour Department (LD) should provide job referrals for ex-mentally ill persons having regard to their academic qualifications. The LD should also review the two-year pilot scheme, which was launched in 2016 to provide professional psychological and emotional counselling 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;

(C) Mental Health Services Provided by Public Healthcare Sector

- (e) to alleviate the adverse impact of manpower constraint of the HA on the long waiting time for the psychiatric specialist outpatient service and child and adolescent psychiatric services, the Administration and the 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, the HA should attach great importance to the mental well-being of its staff members;

- (f) to enhance mental health services, the Administration and the 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 the 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);

(D) 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;

(E) 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.