

**立法會**  
**Legislative Council**

LC Paper No. CB(2)1482/16-17(02)

Ref : CB2/PS/1/16

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

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

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 29 May 2017**

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

**Purpose**

This paper gives a brief account of the past discussions at the Council and its relevant committees on issues relating to community support services for mentally ill and ex-mentally ill persons.

**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 coordinating 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 and occupational therapists. 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, 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"). 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.

## **Deliberations by Members**

### Medical-social collaboration

5. 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.

6. 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 eliminating service gaps and enabling 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.

#### Case Management Programme of Hospital Authority

7. Members noted that about 17 000 patients with severe mental illness were being taken care of by the 300-odd case managers under CMP of HA. It was aimed that case managers 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, each case manager had to take care of about 40 to 60 patients on average. They urged HA to review the case manager to patient ratio under CMP 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.

8. HA advised that the number of cases handled by each case manager varied from time to time and the caseload was determined by a number of factors including the needs, risks and strengths of each patient and the experience of case managers. The average ratio of case manager to patients with severe mental illness was about 1:47, comparing to the initial planning of 1:50. Separately, HA had introduced a peer support element into CMP 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 to patients under CMP through recruiting five additional peer support workers and reviewing the service model of the community psychiatric services and the manpower of case managers.

### Services of Integrated Community Centres for Mental Wellness

#### *Identification of permanent sites*

9. 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 15 of the 24 subvented ICCMWs were providing services in permanent sites. Suitable sites for permanent accommodation had been identified for five other ICCMWs, where fitting-out/building works or district consultation were being/would be carried out. For the four remaining ICCMWs, while space had been preliminarily reserved in new development or redevelopment projects under planning, the projects had yet to be confirmed at this stage. These four ICCMWs were currently renting commercial premises for service provision or office use with subsidy from the Administration.

#### *Problem of manpower shortage*

10. Noting the view of many social workers that the manpower of ICCMWs was inadequate, some Members asked the Administration to provide information on the staffing establishment in each ICCMW and the expected caseload for each social worker therein. The Administration advised that notional staffing establishment ("NSE") was used by SWD for calculating the recurrent subventions for subvented services. Under the Lump Sum Grant Subvention System, service operators had the flexibility to deploy the subventions and arrange suitable staffing to meet the requirements as set out in FSA of ICCMWs. NSE for an ICCMW was set out in **Appendix I**. The staffing and number of cases handled by individual ICCMWs might vary with the size of the service teams and the needs of the community served by the teams. SWD did not have information on the average caseload of each worker in each ICCMW.

11. Some Members held the view that the Administration should allocate additional resources to individual ICCMWs if there was an increase in their caseload, so that these ICCMWs could recruit more social workers to meet the growing demand in the community. The Administration advised that SWD's

expenditure on ICCMWs had increased from \$199.0 million in 2012-2013 (Actual) to \$313.9 million in 2017-2018 (Estimate). In 2017-2018, SWD would allocate an additional full-year funding of about \$32 million for increasing the numbers of social workers and welfare workers by 24 and 72 respectively. The allocation to each ICCMW would vary subject to its team size and the population it served. SWD would keep under review the existing services and resources from time to time and make appropriate deployment or seek new resources having regard to community needs, the development of mental health service under HA, etc.

*Inadequacies in operation of Integrated Community Centres for Mental Wellness*

12. Some Members called on the Administration to consider setting up additional ICCMWs to cope with the service demand. According to the Administration, individual ICCMWs had set up additional service points in their respective service boundary to provide more accessible service and support for service users. SWD would continue to monitor the operation of ICCMWs and take appropriate measures, which included assisting individual ICCMWs in setting up additional service points when necessary to meet service need.

13. Some Members noted with concern that SWD did not have information on cases handled by ICCMWs in respect of patients with severe mental illness or general mental illness. These Members called on SWD to expeditiously collect such information to facilitate follow-up actions. The Administration advised that the caseworkers at ICCMWs would collect information on service users' diagnosis in handling cases, seek information from HA on their medical conditions to facilitate assessment, and formulate appropriate care and follow-up plans according to the background and needs of the service users. ICCMWs would continue to collect such information for caseworkers to follow up individual cases. As ICCMWs could, on the basis of the aforesaid information collected and with reference to the number of psychiatric cases in Hong Kong (including figures on both general and severe mental illness cases) provided by HA, follow up individual cases and service planning, SWD did not plan to separately collect information on cases in respect of patients with severe mental illness or general mental illness handled by ICCMWs.

14. Members noted that the target groups of ICCMWs were those living in the community, including, among others, discharged mental patients and persons with suspected mental health problems aged 15 or above. Some Members asked if the Administration would set an upper age limit for these ICCMWs users, so that ICCMWs could provide more suitable services for them, and had a clearer division of labour and collaboration with other types of social services. The Administration advised that since ICCMWs mainly provided community psychiatric rehabilitation and mental health service for service users in need,

SWD did not set an upper age limit for service users. ICCMWs might collaborate with other service units, such as Integrated Children and Youth Services Centres, Integrated Family Service Centres and District Elderly Community Centres, to provide comprehensive and appropriate support to meet other welfare needs of these ICCMW users.

*Review of services provided by Integrated Community Centres for Mental Wellness*

15. Noting that some social workers considered the positioning of ICCMWs unclear and the staffing establishment inflexible, 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. The Administration was also requested to conduct a detailed study on the demand for ICCMW services in various districts and increase resources for and manpower of ICCMWs in light of the results of the study. Some other Members called on the Administration to carry out long-term service and manpower planning for ICCMWs for the next five years, with additional resources to be deployed on a yearly basis to address the deteriorating mental health problem.

16. According to the Administration, SWD was currently working with representatives from NGOs operating ICCMWs, the Hong Kong Council of Social Service and service users to review ICCMW services as a whole, including the indicators for service planning, scope of services, manpower of service teams, etc., and to advise on the future development and planning of ICCMWs. The review was expected to be completed in 2017.

Community support services for ex-mentally ill persons

17. 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. As at end-December 2016, 50 full-time or part-time peer supporters were employed by ICCMWs, half-way houses or vocational rehabilitation units to provide peer support services. SWD would evaluate the effectiveness of the Pilot Project with a view to regularizing the peer support service. This apart, SWD had implemented an Enhancing Employment of People with Disabilities through Small Enterprise Project to help persons with disabilities to 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.

### Mental health services for specific population groups

#### *Services for children and adolescents with mental health needs*

18. 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 operating subvented pre-school rehabilitation services 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. 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. 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.

19. At its meeting on 18 January 2016 when the Panel on Health Services ("the HS Panel") was 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 on Mental Health, a two-year Student Mental Health Support Pilot Scheme had 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 would be set up to coordinate and provide support for children and adolescents with mental health needs in the school setting. It was estimated that this Pilot Scheme would benefit about 100 to 200 students.

#### *Mental health services for adults*

20. 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.

21. 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 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*

22. 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 Legislative Council 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 Needs Assessment for Elderly Services should be enhanced to provide for assessment of mental and cognitive conditions of elderly persons with dementia.

23. 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.



### Public education

24. 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. 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

25. At a joint meeting of the HS Panel and the Panel on Welfare Services on 24 February 2017, the two Panels 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 II**.

### **Relevant papers**

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

**Notional staffing establishment for  
Integrated Community Centre for Mental Wellness**

<b>Integrated Community Centre for Mental Wellness Scale: 1 notional team (as at March 2017)</b>	
<b>Rank/Post</b>	<b>Number of staff</b>
Social Work Officer	1
Assistant Social Work Officer	7.827
Social Work Assistant	8.2
Registered Nurse (Psychiatric)	2
Occupational Therapist II	1
Occupational Therapist Assistant	2
Welfare Worker	2
Clerical Assistant	1
Workman II	1

Source: Extract from the Administration's replies to Members' initial written questions in examining the 2017-2018 Estimates of Expenditure (Reply Serial No. LWB(WW)0787)

**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 express 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

**Relevant papers on community support services  
for mentally ill and ex-mentally ill persons**

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Panel on Health Services and Panel on Welfare Services	30.9.2009 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1495/09-10(01)</a>
Panel on Health Services	11.5.2010 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1736/09-10(01)</a>
	14.3.2011 (Item VII)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services and Panel on Welfare Services	24.5.2011 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	31.3.2012 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2698/11-12(01)</a>
Panel on Health Services	25.2.2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	28.4.2014 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	16.6.2014 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)44/14-15(01)</a>
Joint Subcommittee on Long-term Care Policy	30.7.2014*	<a href="#">Report of the Joint Subcommittee to the Panel on Welfare Services and Panel on Health Services</a>
Legislative Council	7.1.2015	<a href="#">Official Record of Proceedings</a> <a href="#">Pages 4345-4349</a>
Panel on Welfare Services	9.11.2015 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Legislative Council	25.11.2015	<a href="#">Official Record of Proceedings Pages 2059-2063</a>
Panel on Health Services	18.1.2016 (Item IV)	<a href="#">Agenda Minutes</a>
Finance Committee	8.4.2016	<a href="#">Administration's replies to members' written questions in examining the Estimates of Expenditure 2016-2017 Pages 401 and 1362-1363</a>
Legislative Council	14.12.2016	<a href="#">Official Record of Proceedings Pages 2529-2537</a>
Panel on Health Services and Panel on Welfare Services	24.2.2017 (Item II)	<a href="#">Agenda</a>
Joint Subcommittee on Long-term Care Policy	28.3.2017 (Item I)	<a href="#">Agenda</a>
Finance Committee	7.4.2017	<a href="#">Administration's replies to members' written questions in examining the Estimates of Expenditure 2017-2018 Pages 127-128, 212-213, 1086-1087 and 1715-1716</a>
Panel on Health Services	25.4.2017 (Item VI)	<a href="#">Agenda</a>
	22.5.2017 (Item I)	<a href="#">Agenda</a>

\* Issue date