



中華人民共和國香港特別行政區政府總部食物及衛生局
Food and Health Bureau, Government Secretariat
The Government of the Hong Kong Special Administrative Region
The People's Republic of China

Our Ref. : FH CR 3/581/17 Pt. 4

Tel : 3509 8917

Fax : 2840 0467

6 December 2018

Ms Maisie LAM
Clerk to Panel
Legislative Council Panel on Health Services
Legislative Council Complex
1 Legislative Council Road
Central, Hong Kong

Dear Ms LAM,

**Legislative Council Panel on Health Services, Panel on Education and
Panel on Welfare Services
Mental Health of Children and Adolescents**

At the Joint-meeting of the Legislative Council Panel on Health Services, Panel on Education and Panel on Welfare Services meeting held on 23 April 2018, Members requested the Government and the Hospital Authority (“HA”) to provide the following information for Members’ reference –

- (a) advise the annual expenditure for and the respective numbers of psychiatric doctors, psychiatric nurses, clinical psychologists, speech therapists, occupational therapists and medical social workers involved in the provision of child and adolescent psychiatric service at HA in the past three years;
- (b) advise the average waiting time for the services provided by the Department of Health (“DH”) and HA for assessing the developmental conditions of children, including attention deficit/ hyperactivity disorder and autism spectrum disorder;

- (c) advise the respective numbers of Early Education and Training Centres, Special Child Care Centres and Integrated Programme in Kindergarten-cum-Child Care Centres in Hong Kong;
- (d) advise the number of cases whereby the parents concerned did not give consent for passing the assessment or progress information of their pre-school children, who had undergone assessment under the Child Assessment Centres of DH or were under the subvented rehabilitation services or On-site Pre-school Rehabilitation Services of the Social Welfare Department (“SWD”) and would proceed to primary schooling, to the Education Bureau (“EDB”) for onward transmission to the recipient public sector primary schools;
- (e) advise, with the support of relevant statistics, whether the promulgation of guidelines on school-based homework policy in October 2015 had helped alleviate the pressure from homework on students and improved their mental well-being; and
- (f) in respect of the 34 and 10 children who were found to have borderline raised blood lead levels during the follow-up work on the 2016 lead in drinking water incidents and were respectively assessed by DH as having mild developmental problems and signs of developmental delay (as at end-March 2017), advise the actions taken by the Government to facilitate appropriate follow-up and the latest development status of these children.

According to information provided by the Labour and Welfare Bureau, EDB, DH, SWD and HA, I have been authorised to give the following consolidated reply –

- (a) HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, occupational therapists and speech therapists, etc. to provide various types of mental health services including in-patient, out-patient specialist, day care and community outreach services. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As psychiatric teams in HA provides support for psychiatric patients of different ages and diseases groups, the annual expenditure and

manpower for supporting the child and adolescent psychiatric service cannot be separately quantified.

The table below sets out the expenditure for providing mental health services by HA from 2015-16 to 2017-18 –

	2015-16	2016-17	2017-18 (Revised Estimate)
Expenditure for Providing Mental Health Services by HA (\$ million)	4,368	4,579	4,870

The expenditure includes direct staff costs (such as doctors, nurses and allied health staff) for providing services to patients; expenditure incurred for various clinical support services (such as pharmacy); and other operating costs (such as meals for patients, utility expenses and repair and maintenance of medical equipment).

The table below sets out the number of doctors, nurses and the core allied health professionals working in the psychiatric stream in HA from 2015-16 to 2017-18 –

Year	Psychiatric Doctors ^{1,2}	Psychiatric Nurses ^{1,3}	Allied Health Professionals		
			CP ¹	MSW ⁴	OT ¹
2015-16	344	2 472	82	243	245
2016-17	349	2 493	90	243	257
2017-18 (As at 31 December 2017)	351	2 541	92	243	267

Legend:

CP – Clinical Psychologists

MSW – Medical Social Workers

OT – Occupational Therapists

Note:

1. The manpower figures above are calculated on full-time equivalent basis including permanent, contract and temporary staff, but exclude those in HA Head Office.
2. Psychiatric Doctors refer to all doctors working for the specialty of Psychiatry except Interns. Starting from 2016-17, the figure on psychiatric doctors also include doctors working in Siu Lam Hospital.

3. Psychiatry Nurses include all nurses working in psychiatric hospitals (i.e. Kwai Chung Hospital, Castle Peak Hospital & Siu Lam Hospital), nurses working in psychiatry department of other non-psychiatric hospitals as well as all nurses in psychiatric stream.
4. Information on the number of Medical Social Workers supporting psychiatric services in HA is provided by SWD.

As speech therapists under HA also provide services to patients of other specialties, the number of speech therapists providing services for psychiatric services cannot be separately quantified.

- (b) In the past few years, the number of new referrals to the Child Assessment Service (“CAS”) of DH has been on an increasing trend. Nearly all new cases in CAS were seen within three weeks after registration. Due to the continuous increase in the demand for assessment service and the high turnover rate and difficulties in recruiting doctors, the target for completion of assessment for 90% of the new cases in CAS within six months in 2017 was unable to be met. DH does not have the average waiting time for CAS.

HA does not maintain separate statistics on the average waiting time for children receiving assessment for development disorders. The table below sets out the median waiting time of child and adolescent psychiatric specialist outpatient new cases triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases in 2017-18

	Priority 1	Priority 2	Routine
Median Waiting Time for Child and Adolescent Psychiatric Service in 2017-18 <i>(Provisional Figures)</i>	1	5	85

- (c) As at May 2018, there are 29 Early Education and Training Centres (“EETCs”), 20 Special Child Care Centres (“SCCCs”), 19 SCCC-cum-EETCs and 216 Kindergarten-cum-Child Care Centres providing Integrated Programme in Hong Kong.
- (d) The Government does not maintain the required information. EDB and SWD are working out a data transfer arrangement between subvented pre-school rehabilitation service units and

public sector primary schools, so that children with special needs will be provided with appropriate services when they proceed to primary education.

- (e) The purpose of EDB's issuing of the "Guidelines on Homework and Tests in Schools" is mainly for schools' reference and application. Students have diversified learning needs and abilities and the factors behind whether a student would find homework stressful are multi-faceted and complicated. EDB gains an understanding of schools' implementation of homework policy through different qualitative means, such as external school reviews, focus inspections, school visits, daily contacts, etc. At present, many primary schools have progressively adopted different measures such as addition of / extension of the lesson time allocated to "homework tutorial lessons", adopted diversified modes of homework and reduce written homework to lessen homework pressure on students, etc. EDB will continue to urge schools to refine their school-based homework policy and timetable as well as to maintain close contact and communication with parents to ensure that students have sufficient time for rest and leisure activities and hence have healthy growth and development.
- (f) DH has been conducting developmental surveillance for the children with borderline raised blood lead level. As at November 2018, seven children found to have signs of developmental delay had been referred to age-appropriate rehabilitation services. Children with or without development problems are followed up in CAS, the Maternal and Child Health Centres or the Student Health Service of the DH for enhanced developmental surveillance. Child development is a continuous process which may change as the child grows and develops. DH will conduct continuous monitoring on the development of these children until they leave secondary school.

Yours sincerely,



(Chris FUNG)

for Secretary for Food and Health

c.c.

Clerk to Panel on Education (Attn: Ms Angel WONG)

Clerk to Panel on Welfare Services (Attn: Mr Colin CHUI)

Secretary for Labour and Welfare (Attn: Ms Victoria TSE)

Secretary for Education (Attn: Dr Verena LAU)

Director of Health (Attn: Dr Thomas CHUNG)

Chief Executive, Hospital Authority (Attn: Ms Dorothy LAM)