



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. 5

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**

Regarding your letter dated 24 April 2018 relaying Dr Hon Pierre CHAN's written questions, according to information provided by the Labour and Welfare Bureau, the Education Bureau ("EDB"), the Department of Health ("DH"), the Social Welfare Department ("SWD") and the Hospital Authority ("HA"), I have been authorised to give the following consolidated reply –

- (a) Under the policy of Integrated Education, EDB has been providing schools with additional resources on top of the regular subvention for schools, professional support and teacher training in order to help schools to cater for students with special educational needs ("SEN") through the Whole School Approach and three-tier Intervention Model. Of the additional resources for public sector ordinary schools provided by EDB, the Learning Support Grant ("LSG") is the major one. LSG covered eight types of students with SEN before the 2017/18 school year. Starting from the 2017/18 school year, LSG

covers students with mental illness (“MI”) (including psychotic disorders, anxiety disorders, depressive disorders, etc.) so that schools will have additional resources to enhance their support to cater for those students’ learning, social, emotional and behavioural needs. We encourage schools to adopt the above-mentioned three-tier Intervention Model and utilise LSG to support students with MI. For example, schools can recruit additional staff such as teaching assistants to assist teachers in designing learning activities and materials as well as supporting students in classroom learning activities, hire professional support or guidance services (e.g. providing behavioural or emotional guidance at schools), implement school-based teacher training, etc. In addition, schools will arrange multi-disciplinary case conferences when necessary for psychiatrists, medical social workers, educational psychologists and school personnel (including school social workers and guidance personnel) to jointly discuss appropriate support measures for helping the students with MI.

From the 2017/18 school year onwards, EDB also conducts the “Professional Development Programme for Mental Health” (“the Programme”) for teachers to raise their awareness of mental health and enhance their professional knowledge and skills to identify and support students with mental health needs. The Programme includes elementary training for teachers at large and in-depth training for designated teachers. In each school year, EDB also organises seminars, workshops, experience sharing sessions, etc., on supporting students with mental health needs for primary and secondary teachers to equip more of them with the knowledge and capacity to support students with mental health needs.

To cater for the needs of teachers to support students, EDB has also developed different resources to help teachers early detect and support students with mental health needs (including students with suicidal risk), including “A Resource Handbook for Schools: Detecting, Supporting and Making Referral for Students with Suicidal Behaviours” and the webpage on Prevention of Student Suicides promulgated in March 2017 as well as the “Teacher’s Resource Handbook on Understanding and Supporting Students with Mental Illness” published in August 2017 which was co-developed by EDB and HA for teachers’ reference.

Moreover, the Food and Health Bureau, in collaboration with EDB, HA and SWD, launched the “Student Mental Health Support Scheme” (“SMHSS”) since the 2016/17 school year to provide appropriate support services for students with mental health needs via the platform at schools. SMHSS has been expanded to around 40 schools from the 2018/19 school year onwards, incorporating elements of the Child and Adolescent Mental Health Community Project of HA to assist in the early identification of students with mental health needs.

- (b) Students found to have mental health problem(s) would usually be referred to the Child Assessment Service (“CAS”) under DH for preliminary assessment, followed by referral to the child and adolescent psychiatric service under HA for further assessment and treatment. The Student Health Service under DH provides health promotion and disease prevention services for primary and secondary school students. Eligible students enrolled for the service will receive free annual health assessment service designed to cater for their health needs at various stages of development, including screening for mental health problem(s). Students found to have mental health problem(s) will be referred to Special Assessment Centres under DH, specialist clinics under HA or other appropriate institutions for further assessment and follow-up.

CAS under DH provides comprehensive assessment and diagnosis, and formulates rehabilitation plan for children who are under 12 years of age and suspected to have developmental problems; provides these children and their families with interim support and reviews evaluation; and conducts public health education activities. After assessment, follow-up plans will be formulated according to the needs of individual children, who will be referred to other appropriate service providers for training and education support.

Under the current arrangement, DH is providing prevention, screening as well as assessment services for children. Prompt and appropriate referrals to specialists including psychiatric service of HA are being arranged for further management of children and adolescents with mental health problems. HA would also formulate management plan for these children.

Due to the growing demand for child and adolescent psychiatric services, the number of patients at the child and adolescent psychiatric service under HA has increased from 21 900 in 2012-13 to 33 900 in 2017-18 (projection as of 31 December 2017), representing an increase by around 55%. HA has strengthened the manpower in all clusters providing child and adolescent psychiatric services to further enhance the support provided by child and adolescent psychiatric services in the past few years.

The Mental Health Review Report (“the Review Report”) published in April 2017 recommended the adoption of a three-tier stepped care model for supporting children and adolescents with mental health issues. The Advisory Committee on Mental Health is working closely with Government bureaux and departments as well as relevant stakeholders to follow up on the recommendations of the Review Report. Relevant bureaux/departments would continue to review and monitor its service provision and allocate additional manpower and resources as and when appropriate to ensure that its service can meet the needs of the children and adolescents with mental health needs.

- (c) The clinical staff working in the Mental Health Direct (“MHD”) hotline includes four psychiatric Advance Practice Nurses and 34 registered psychiatric nurses. In order to support 24-hour mental health advisory service, the shift arrangement for all registered psychiatric nurses in MHD is in line with other registered nurses’ shift pattern of in-patient wards in the Kwai Chung Hospital, i.e. not under five-day work scheme. The working hours of the registered nurses in MHD are same as the registered nurses (full-time equivalent) working in other departments of HA, i.e. 44 hours per week. MHD will deploy appropriate manpower to meet service needs and will conduct regular review to explore improvement strategies as necessary.
- (d) As operated by non-governmental organisations (“NGOs”), SWD sets up Integrated Community Centres for Mental Wellness (“ICCMWs”) to provide one-stop and district-based community mental health support services ranging from prevention to risk management for ex-mentally ill persons aged 15 or above, persons with suspected mental health problems

aged 15 or above, their families and carers as well as residents living in the serving district. The services include casework counselling, outreaching services, occupational therapy services, day training, therapeutic and supportive groups, social and recreational activities, case referrals and public education programmes, etc.

The Government had repeatedly allocated additional resources in the past years. In 2018-19, the Government will set up clinical psychological posts and enhance the manpower of social workers in ICCMW, with a view to strengthening professional support for ex-mentally ill persons and their families/carers, particularly their children, and to deploy mobile publicity vans for stepping up community education for early prevention of mental illness. In 2019-20, the Government will expand the target groups of ICCMWs to secondary school students with mental health needs to strengthen professional support for them and to assist the needy ones transiting to appropriate adult support services.

- (e) SWD will regularly keep in view the number of manpower of its medical social workers (“MSWs”) and the cases served by each medical social services unit. As for the existing services and resources, SWD will make suitable deployment or seek new resources to meet changing service needs, taking into account the community needs, the development of HA’s health care services, etc. Considering the continual growth of cases, SWD will add some 20 MSWs to child assessment centres of DH and the general and psychiatric hospitals of HA in 2018-19.

The average caseload per MSW in the past 3 years is as follows –

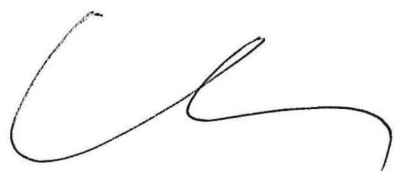
Year	Average caseload per MSW
2015-16	62
2016-17	62
2017-18	66

SWD does not maintain information on the number of new cases and old cases handled by each MSW as well as the average time to handle a case.

- (f) The Government implemented the Pilot Scheme on On-site Pre-school Rehabilitation Services (“the Pilot Scheme”) from November 2015. Under the Pilot Scheme, NGOs, with experience in implementing subvented pre-school rehabilitation services, coordinate and arrange multi-disciplinary service teams comprising occupational therapists, physiotherapists, speech therapists, clinical/educational psychologists, social workers, and special child care workers to offer on-site rehabilitation services (“OPRS”) to children with special needs in participating kindergartens and kindergarten-cum-child care centres. The Government has earmarked an annual recurrent expenditure of \$460 million to regularise the Pilot Scheme in the 2018/19 school year. SWD has commissioned a consulting team to carry out an evaluative study on the Pilot Scheme with a view to recommending the service modes and standards of services upon regularisation of OPRS. SWD will, in consideration of the recommendations made in the evaluative study, review the manpower required for the service.

SWD and NGOs would draw up the Funding and Service Agreement which defines the welfare services to be provided and the required performance standards upon regularisation of OPRS. SWD would monitor the service performance of subvented NGOs through the Service Performance Monitoring System.

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)