

立法會
Legislative Council

LC Paper No. CB(2)216/18-19

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Ref : CB2/PL/HS+CB4/PL/ED+CB2/PL/WS

**Panel on Health Services, Panel on Education
and Panel on Welfare Services**

**Minutes of joint meeting
held on Monday, 23 April 2018, at 4:45 pm
in Conference Room 2 of the Legislative Council Complex**

**Members
present**

: Panel on Health Services

- Prof Hon Joseph LEE Kok-long, SBS, JP (Chairman)
- * Hon Tommy CHEUNG Yu-yan, GBS, JP
- Hon WONG Ting-kwong, GBS, JP
- * Hon Starry LEE Wai-king, SBS, JP
- Hon CHAN Kin-por, GBS, JP
- Hon Paul TSE Wai-chun, JP
- Hon YIU Si-wing, BBS
- * Hon Charles Peter MOK, JP
- *# Hon CHAN Chi-chuen
- Hon Alice MAK Mei-kuen, BBS, JP
- # Dr Hon KWOK Ka-ki
- *# Dr Hon Fernando CHEUNG Chiu-hung
- *# Dr Hon Helena WONG Pik-wan
- * Dr Hon Elizabeth QUAT, BBS, JP
- # Hon POON Siu-ping, BBS, MH
- *# Hon CHU Hoi-dick
- Hon SHIU Ka-fai

Panel on Education

- Hon IP Kin-yuen (Deputy Chairman)
- # Hon LEUNG Yiu-chung
- Hon Abraham SHEK Lai-him, GBS, JP
- Hon Claudia MO
- # Hon Michael TIEN Puk-sun, BBS, JP

Hon MA Fung-kwok, SBS, JP
Hon Dennis KWOK Wing-hang
Ir Dr Hon LO Wai-kwok, SBS, MH, JP
Hon HO Kai-ming
Hon Holden CHOW Ho-ding
Hon Wilson OR Chong-shing, MH
Hon Tanya CHAN
Hon CHEUNG Kwok-kwan, JP
Hon LAU Kwok-fan, MH
Dr Hon CHENG Chung-tai
Hon AU Nok-hin
Hon Vincent CHENG Wing-shun, MH

Panel on Welfare Services

^* Hon SHIU Ka-chun (Chairman)
^ Hon KWONG Chun-yu (Deputy Chairman)
Hon KWOK Wai-keung, JP
Hon Alvin YEUNG
Hon Andrew WAN Siu-kin
Hon YUNG Hoi-yan
Hon LUK Chung-hung

**Members
absent**

: Panel on Health Services

Dr Hon Pierre CHAN (Deputy Chairman)
*# Hon Mrs Regina IP LAU Suk-ye, GBS, JP
* Hon CHAN Han-pan, JP
*# Dr Hon Junius HO Kwan-yiu, JP

Panel on Education

^ Dr Hon CHIANG Lai-wan, JP (Chairman)
Dr Hon Priscilla LEUNG Mei-fun, SBS, JP
Hon LEUNG Che-cheung, SBS, MH, JP
Hon HUI Chi-fung

(^ Also members of the Panel on Health Services)
(* Also members of the Panel on Education)
(# Also members of the Panel on Welfare Services)

Public Officers : Dr CHUI Tak-yi, JP
attending Under Secretary for Food and Health

Mr FONG Ngai
Deputy Secretary for Food and Health (Health) Special
Tasks
Food and Health Bureau

Mr Chris FUNG Pan-chung
Principal Assistant Secretary for Food and Health
(Health) 3
Food and Health Bureau

Mr Godwin LAI Kam-tong
Principal Assistant Secretary for Education (Special
Education)
Education Bureau

Dr Thomas CHUNG Wai-hung
Consultant Community Medicine (Student Health
Service)
Department of Health

Mr KOK Che-leung
Assistant Director of Social Welfare (Rehabilitation
and Medical Social Services)
Social Welfare Department

Mrs Helen KWOK LI Mung-yee
Assistant Director of Social Welfare (Youth and
Corrections)
Social Welfare Department

Dr Tony KO Pat-sing
Director (Cluster Services)
Hospital Authority

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

**Clerk in
attendance** : Ms Maisie LAM
Chief Council Secretary (2) 5

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

Ms Priscilla LAU
Council Secretary (2) 5

Miss Maggie CHIU
Legislative Assistant (2) 5

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I. Election of Chairman

Prof Joseph LEE, Chairman of the Panel on Health Services ("the HS Panel"), advised that as agreed with Dr CHIANG Lai-wan, Chairman of the Panel on Education ("the ED Panel"), and Mr SHIU Ka-chun, Chairman of the Panel on Welfare Services ("the WS Panel"), he should chair the joint meeting. In accordance with the rule 22(k) of the House Rules, members agreed that Prof LEE would chair the joint meeting.

II. Mental health of children and adolescents

[LC Paper Nos. CB(2)1217/17-18(01) to (02), CB(2)1243/17-18(01) to (02) and CB(2)1255/17-18(01)]

2. Deputy Secretary for Food and Health (Health) Special Tasks ("DS(H)ST") apologized on behalf of Under Secretary for Food and Health ("USFH") for having to attend the meeting later due to other urgent commitments. Dr KWOK Ka-ki expressed disappointment with the non-attendance of the Secretaries of the Education Bureau ("EDB") and Labour and Welfare Bureau ("LWB") at the meeting. He suggested that the HS Panel, the ED Panel and the WS Panel should hold another joint meeting to invite interested parties to give views on mental health of children and adolescents. Dr Fernando CHEUNG expressed discontent that neither principal officials nor public officers from LWB had attended the meeting to receive views and answer questions from members on the subject.

3. At the invitation of the Chairman, DS(H)ST briefed members on the Administration's mental health services for children and adolescents, details of which were set out in the Administration's paper (LC Paper No. CB(2)1217/17-18(01)).

4. Members noted the background brief entitled "Mental health of children and adolescents" prepared by the Legislative Council Secretariat (LC Paper No. CB(2)1217/17-18(02)).

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Assessment for children with mental health needs

5. Ms Alice MAK was concerned that under the current capacity of the Child Assessment Service of the Department of Health ("DH"), only 55% of the new cases in respect of children who were 12 years old or below and suspected to have developmental problems could complete the assessment within six months. The unduly long waiting time for assessment and the fragmented service delivery model by DH, the Hospital Authority ("HA"), the Social Welfare Department ("SWD") and EDB might result in delay of timely intervention of children in need. Mr KWOK Wai-keung expressed concern that the capacity of DH's Child Assessment Service was far from adequate to cope with the demand. Dr Fernando CHEUNG asked about the measures to be put in place by the Food and Health Bureau ("FHB") to address the increasingly long waiting time for Child Assessment Services.

6. DS(H)ST advised that noting the continuous increase in demand for the service provided by the Child Assessment Service, DH had been preparing for the establishment of a new Child Assessment Centre ("CAC") for the commencement of operation in around 2023. As an interim measure, a temporary CAC in Ngau Tau Kok had commenced operation since January 2018. Separately, to cope with the high turnover rate and difficulties in recruiting doctors to the service, more nurses and allied health professionals would be recruited to strengthen the manpower support in CACs.

7. Stressing the importance of early intervention for children with Attention Deficit/Hyperactivity Disorders ("AD/HD"), Mr Holden CHOW asked about the role of DH's Maternal and Child Health Centres in this regard. Consultant Community Medicine (Student Health Service), DH ("CCM(SHS), DH") advised that the range of health promotion and disease prevention services provided by DH's Maternal and Child Health Centres for children from birth to five years of age included immunization services, health education for parents and growth and developmental surveillance. Children suspected to have developmental problems would be referred to the appropriate healthcare units for further follow-up. Mr Holden CHOW requested the Administration and HA to advise the average waiting time for the services provided by DH and HA for assessing the developmental conditions of children, including AD/HD and Autism Spectrum Disorder ("ASD").

Admin/
HA

Child and adolescent psychiatric service of HA

8. Mr SHIU Ka-chun remarked that the percentage of Hong Kong's public expenditure on mental health to Gross Domestic Product, which

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stood at about 0.24%, was much lowered than that of Australia and the United Kingdom which stood at about 0.88% and 0.58% respectively. He called on the Administration to allocate additional resources for mental health and formulate a long-term mental health policy to guide the service planning and delivery in this regard. DS(H)ST advised that the Mental Health Review Report released by the Administration in April 2017 had set out a mental health policy statement in the preamble and put forth a total of 40 recommendations for the enhancement of the overall mental health services in Hong Kong. The standing Advisory Committee on Mental Health ("the Advisory Committee") established in December 2017 would, among others, follow up on and monitor the implementation of these recommendations. It should be noted that there was an increase in the government expenditure on mental health services every year. Specifically, HA's expenditure on mental health services, which accounted for about 9% of its overall expenditure, had an average yearly increase of about 4%. It was expected that the public psychiatric services would improve gradually with the increase in the number of local medical graduates in the coming years. Mr SHIU Ka-chun requested HA to advise in writing its annual expenditure for HA's child and adolescent psychiatric service in the past three years.

Admin/
HA

9. Dr KWOK Ka-ki was concerned about the inadequate capacity of HA's child and adolescent psychiatric service that the median waiting time of new cases triaged as routine (i.e. stable) cases of individual hospital clusters was 74 weeks the shortest. He urged the current term Government not to wait until the available of the findings of the large-scale mental health survey to be conducted by the Advisory Committee but to take immediate actions, such as pursuing public-private partnership ("PPP"), to address the long waiting time problem. Stressing the importance of early intervention for children with mental health needs, Mr Dennis KWOK considered it unacceptable that the waiting time for HA's child and adolescent psychiatric service would be over a year. Dr Fernando CHEUNG held the view that the inadequacy in the mode of support provided by public sector ordinary primary and secondary schools under the Learning Support Grant ("LSG") for students with special educational needs ("SEN"), coupled with the long waiting time for HA's child and adolescent psychiatric service, had rendered these students unable to receive appropriate intervention at an early stage. Mr KWONG Chun-yu expressed concern over the long waiting time of new cases triaged as routine cases for HA's child and adolescent psychiatric service in individual hospital clusters which was in the range of 74 weeks to 119 weeks.

10. USFH advised that HA had put in place a triage system for first appointment at psychiatric specialist outpatient clinics to ensure that the

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more urgent and severe cases were followed up promptly. DS(H)ST advised that shortening the waiting time of new cases for HA's child and adolescent psychiatric service was one of the foci of the recommendations put forth in the Mental Health Review Report. The situation was expected to improve when more than 2 000 local medical graduates became qualified doctors in the next five years. In the meantime, the Administration was working with HA to explore the feasibility of PPP to manage patients downloaded from the psychiatric specialist service of HA. Separately, the Student Mental Health Support Scheme which was launched in the 2016-2017 school year to provide school-based cross-sectoral support with the collaboration of the medical, education and social sectors for students with mental health needs from 17 participating schools would be enhanced and expanded in the 2018-2019 school year to cover a total of around 40 schools to facilitate the early identification of suspected cases of children and adolescents with mental health needs. Additional recurrent provision would be allocated to HA for the implementation of the enhanced Scheme with the recruitment of additional psychiatric nurses and clinical psychologists. Director (Cluster Services), HA ("D(CS), HA") supplemented that the medical-educational-social collaboration model adopted by the Student Mental Health Support Scheme would facilitate the provision of school-based support services to students with mental health needs. Ir Dr LO Wai-kwok remarked that it was of equally importance to ensure that teachers and school social workers would have the knowledge to identify students who required treatment under HA's child and adolescent psychiatric service.

11. Mr POON Siu-ping sought information on the caseload of HA's child and adolescent psychiatric teams in 2017-2018 and the estimated number of new cases in 2018-2019. D(CS), HA advised that the annual number of new cases was about 10 000 on average. In view of the upsurge in demand for HA's child and adolescent psychiatric service, Mr KWONG Chun-yu expressed concern about the healthcare manpower support for the service, which, to his understanding, had a high turnover rate.

12. USFH advised that HA would continue to implement various measures to attract and retain its healthcare staff. It was expected that HA's medical manpower shortage would improve with the increased supply of local medical graduates in the coming five years. This apart, efforts would be made to examine how the service delivery model of HA's child and adolescent psychiatric service could be enhanced to address the long waiting time problem. D(CS), HA advised that since HA would flexibly deploy its staff in the specialty of psychiatry to cope with service needs and operational requirements, healthcare professionals providing child and adolescent psychiatric service in HA also supported other psychiatric services. As at end-December 2017, there were 351 psychiatric doctors,

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2 541 psychiatric nurses and 137 community psychiatric nurses working in the psychiatric stream in HA. It should be noted that while there was an increase in the establishment of psychiatric doctors in HA in the past few years, the net increase was not high due to the relatively high turnover rate of psychiatric doctors.

13. Ir Dr LO Wai-kwok declared that he was a member of a Hospital Governing Committee under HA. He asked whether the Hong Kong Children's Hospital would have a role to play in the treatment of child and adolescent psychiatric patients when it commenced operation. D(CS), HA explained that the Hong Kong Children's Hospital would serve as a tertiary referral centre for complex, serious and uncommon paediatric cases, whereas the family medicine, paediatric and psychiatric departments in regional public hospitals would continue to carry the role of providing treatment for children and adolescents with mental health needs.

Admin/
HA

14. The Chairman requested HA to advise in writing 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. In his view, consideration could be given to engaging the trained allied health professionals to make use of the common assessment instruments in the market to conduct preliminary assessments to identify those children aged 12 years or below who had special need. Timely support could then be provided for these children while they were awaiting follow-up and treatment from the family medicine, paediatric and psychiatric departments of public hospitals.

15. Ms Alice MAK relayed the concern of some parents of children with AD/HD that the drug prescribed by HA for treatment of the disorder had recently been changed from methylphenidate (or commonly known as "Ritalin") to another drug, bringing about more side effects to their children. Mr KWOK Wai-keung relayed a same concern. D(CS), HA advised that since the patent of methylphenidate had expired, HA had procured a generic drug which produced the same therapeutic effect from a supplier identified through tendering procedures. HA would continue to follow-up with the supplier on views received from patients on the generic drug.

16. Mr Michael TIEN was concerned that the number of requests for assistance concerning youths' addiction to digital or video gaming activities received by the two non-governmental organizations providing support service in this regard had doubled in the past three years, with an average waiting time for the service stood at eight months. Referring to the plan of the World Health Organization to include Gaming Disorder in the new

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version of International Classification of Diseases and the allocation of \$100 million to promote the local development of e-sports as announced in the 2018-2019 Budget, he asked about the measures to be put in place by FHB, LWB and EDB to prevent adolescents from being addicted to digital or video gaming activities to dovetail with the implementation of the e-sports initiative which, in some Members' view, involved not only the Innovation and Technology Bureau but also the Commerce and Economic Development Bureau and the Home Affairs Bureau.

17. CCM(SHS), DH advised that efforts had been and would continuously be made by DH to keep in view the development in this regard through participation in the relevant discussions of the World Health Organization to address the problems arising from excessive use of Internet, including Internet-based games. DS(H)ST added that e-sports competitions were conducted mostly on a team basis, which was different from the recreational pastime of video gaming that centred around the player only. Adolescents with mental health problems due to addiction to video gaming could seek consultation under the psychiatric service provided by HA.

Admin

18. 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), Dr Helena WONG requested the Administration to advise in writing the actions it had taken to facilitate appropriate follow-up and the latest development status of these children.

Rehabilitation services for children with special needs

19. Mr KWOK Wai-keung suggested that the Administration should provide a one-stop shop for the various support services for children with special needs to obviate their parents' need to find the services on their own in the market after diagnosis. Mr Holden CHOW sought elaboration about the support provided by the Pilot Scheme on On-site Pre-school Rehabilitation Services ("the Pilot Scheme on OPRS") under SWD to pre-school children with special needs.

20. Assistant Director of Social Welfare (Rehabilitation and Medical Social Services) ("ADSW(R&MSS)") advised that children from birth to six years old with special needs were currently provided with treatment and training through subvented pre-school rehabilitation services including early education and training centres, integrated programmes in kindergarten-cum-child care centres and special child care centres. Children on the waiting list of the services could receive the necessary

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rehabilitation training under either the Training Subsidy Programme for Children on the Waiting List of Subvented Pre-school Rehabilitation Services or the Pilot Scheme on OPRS which was launched in the 2015-2016 school year. Under the former programme, eligible children could receive pre-school rehabilitation services operated on a self-financing basis by recognized service providers. Under the latter scheme, multi-disciplinary teams operated by 16 non-governmental organizations would provide on-site pre-school rehabilitation services for the children in need at the participating kindergartens or kindergarten-cum-child care centres and provide support for teachers or child care workers and parents. The Pilot Scheme on OPRS would be converted into a regular government subsidy programme in the 2018-2019 school year with an increase in service places from the current 3 000 to 5 000 in the 2018-2019 school year and further to 7 000 in the 2019-2020 school year.

Admin

21. Dr Fernando CHEUNG expressed concern that the 4 000 additional service places to be provided by the Pilot Scheme on OPRS still fell short of meeting the service demand of the some 8 000 children on the waiting list of the subvented pre-school rehabilitation services. ADSW(R&MSS) advised that development sites had been earmarked for the provision of about 1 000 additional places under the subvented pre-school rehabilitation services from 2018-2019 to 2020-2021. In response to Mr Holden CHOW's enquiry, ADSW(R&MSS) advised that there were 3 454 early education and training centre places as at 31 March 2018. At the request of Mr Holden CHOW, he undertook to advise in writing the respective numbers of early education and training centres, integrated programme in kindergarten-cum-child care centres and special child care centres in Hong Kong.

22. Mr LUK Chung-hung asked if any mechanism was in place to ensure that those pre-school children with SEN who received rehabilitation services under SWD would be given seamless support from EDB when they proceeded to primary schooling.

23. ADSW(R&MSS), Principal Assistant Secretary for Education (Special Education) ("PAS(SE)") and CCM(SHS), DH advised that under the prevailing mechanism, CAC would, upon seeking the consent of parents, send the most up to date assessment information of the upcoming Primary One students to EDB for onward transmission to the recipient public sector schools before the commencement of the new school year. As regards pre-school children under SWD's rehabilitation services, the specialists and special child care workers concerned would provide their comments on the progress of the children in various developmental domains in a report form before the children began primary schooling.

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Subject to parental consent, the report form would be sent from the pre-school centres or kindergartens to the recipient public sector primary schools before September. The above arrangement would facilitate the primary schools concerned to plan and arrange appropriate learning support services for the respective Primary One students. Mr LUK Chung-hung sought information in writing on the number of cases whereby the parents concerned did not give consent in this regard.

Admin

[At 6:15 pm, the Chairman suggested and members agreed that the meeting be extended for 30 minutes to end at 6:45 pm.]

Education services for students with SEN

24. Mr Dennis KWOK sought elaboration about the support provided to students with SEN, in particular those with AD/HD, when they proceeded to primary schooling. PAS(SE) advised that EDB had been providing serving teachers with training courses and resource packages on supporting students with SEN to enhance their professional knowledge and ability to identify students with SEN and cater for the learning and/or adjustment needs of these students through the adoption of differentiated teaching strategies.

25. Noting that EDB had, starting from the 2017-2018 school year, expanded the scope of LSG provided for public sector ordinary primary and secondary schools to cover students with mental illness, Mr IP Kin-yuen was concerned about whether additional resources would be provided to schools to ensure that students with mental illness would be benefited from the above arrangement.

26. PAS(SE) advised that the coverage of LSG had been expanded to cover students with mental illness so that schools would have additional resources to better cater for the learning, social, emotional and behavioural needs of these students at the indicated level. The support to be provided to individual students would be based on their genuine needs. The provision of LSG for each school was based on the number of students with SEN enrolled at the school and the tier of support they required. The grant rates and ceiling of LSG for each school would be adjusted annually according to the change in the Composite Consumer Price Index. PAS(SE) added that other enhanced support in place for students with mental health needs included, among others, the implementation of the "Joyful@School" Campaign to enhance students' awareness and understanding about mental health and their competency in coping with environmental changes at the universal level; the launch of the Professional Development Programme for Mental Health to raise teachers' awareness on mental health and help them

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early detect and support students with mental health needs at the selective level in school; and the launch of the Student Mental Health Support Scheme to provide school-based support services to students with mental health needs at the indicated level through a medical-educational-social collaboration model.

27. Dr Fernando CHEUNG was of the view that the level of grant per annum per student under LSG, which stood at \$13,986 for student with persistent learning difficulties who required tier-2 support under the 3-Tier Intervention Model, was far from adequate for schools to cater for students with SEN. In addition, the support services provided under LSG were not comparable to the training and treatment provided by inter-disciplinary teams for pre-school children under the subvented pre-school rehabilitation services and the Pilot Scheme on OPRS. Mr LUK Chung-hung suggested that in addition to the provision of LSG for public sector ordinary primary and secondary schools to cater for students with SEN, the Administration should provide a subsidy for students with SEN for purchasing support services from designated private service providers directly. PAS(SE) advised that EDB had no plan in this regard at the present stage.

28. Noting that the Administration would provide more resources for public sector primary schools starting from the 2018-2019 school year to encourage them to strengthen and enhance their social work and guidance services, Mr POON Siu-ping sought information on the amount of financial resources and social worker manpower so required, as well as the timetable for achieving the Administration's ultimate target of "one school social worker for each school". PAS(SE) advised that under the new arrangement, public sector primary schools might use the funding to create a regular school social worker post, or to employ a school-based registered social worker or hire service of a school-based registered social worker from a social work service provider. EDB would continue to discuss with the relevant stakeholders on the implementation details.

29. Ms Alice MAK was gravely concerned that some parents of students with AD/HD or/and ASD had reflected that their children were no longer granted with extra time allowance when sitting for the examination recently, thereby resulting in stress and emotional problems of these students. Mr SHIU Ka-chun considered it unreasonable that the special examination arrangements for students with AD/HD or/and ASD had to be determined on a case by case basis and under regular review.

30. PAS(SE) advised that schools would provide students with SEN with special examination arrangements according to their individual needs to ensure that they were equitably assessed. Schools would arrange

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assessment accommodations according to the support needs of the students with AD/HD and/or ASD which included, among others, extra time allowance, supervised breaks during examination and providing appropriate prompting. Schools would regularly review the effectiveness of the accommodation measures for individual students through monitoring the prevailing support needs of the students, observing the students' performance in examinations and obtaining views from parents, teachers and professionals, such as school-based educational psychologists. EDB would run annual seminars on special examination arrangements for schools concerned to familiarize them with the principles and recommended practices in the guideline on special examination arrangement for students with SEN. Ms Alice MAK called on EDB to gauge the views of medical and social welfare personnel when devising the guidelines in this regard to better suit the needs of students with SEN. Dr Fernando CHEUNG requested EDB to review the arrangement without further delay.

Admin

31. Referring to the guidelines on school-based homework policy promulgated by EDB in October 2015, Dr Helena WONG requested the Administration to advise in writing, with the support of relevant statistics, whether the policy had helped alleviate the pressure from homework on students and improve their mental well-being. She suggested that EDB and DH should jointly conduct surveys to examine the possible impact brought about by homework and the implementation of the Territory-wide System Assessment on the mental health of students.

Mental health status of the population

32. Mr SHIU Ka-chun asked if the Administration had any statistics on the mental health status of Chinese speaking and non-Chinese speaking students. Referring to the appointment of a Minister for Loneliness in the United Kingdom to tackle the social and health issues caused by social isolation, he asked about how the Administration would address the youth loneliness issue. Mr LUK Chung-hung expressed concern that while the estimated total number of children and adolescents with AD/HD could reach 40 000 according to a local study, there were only around 12 000 diagnosed cases. He asked if there was any mechanism in place to enable the Administration to identify the hidden cases.

33. DS(H)ST advised that on the recommendation of the Advisory Committee, the Administration would conduct a large-scale mental health survey to understand the mental health status of the population of Hong Kong to facilitate the formulation of mental health policies and service enhancement. Mental health-related risk factors, among others, would be

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examined under the survey. The first phase of the survey would be conducted in 2019 to cover students aged between six to 17 years, young people and school dropouts aged 15 to 24 years, and elders aged 60 years or above. The second phase of the survey which would be conducted at a later stage would cover people aged 15 to 75 years.

Conclusion

34. In closing, the Chairman remarked that where necessary, members could follow-up the various issues pertaining to mental health of children and adolescents through the platform of individual Panels.

III. Any other business

35. There being no other business, the meeting ended at 6:43 pm.

Council Business Division 2
Legislative Council Secretariat
8 November 2018