For discussion
on 10 January 2020

Legislative Council Panel on Health Services

Enhancement of Mental Health Services

PURPOSE

This paper briefs Members on –

(a) Work of the Advisory Committee on Mental Health ("the Advisory Committee");
(b) Mental Health Prevalence Surveys;
(c) Child and Adolescent Psychiatric Services of the Hospital Authority ("HA"); and
(d) Dementia Community Support Scheme.

PROGRESS UPDATES

(A) Work of the Advisory Committee

2. Following the publication of the Mental Health Review Report ("the Review Report") in April 2017 and as one of the major recommendations of the Review Report, the Secretary for Food and Health decided to set up a standing Advisory Committee in December 2017 to serve as a platform to follow up on the implementation of recommendations in the Review Report and monitor the development of mental health services. The Advisory Committee is chaired by Mr WONG Yan-lung, S.C. and comprises 23 non-official mental health experts; members from the healthcare, social service and education sectors and patient and carer advocacy groups, and other lay persons with interest in mental health. Representatives from relevant bureaux/departments were also included.

3. Since December 2017, the Advisory Committee has met 16 times. Various groups of Members met over 20 times in between Committee meetings to discuss various issues relating to the mental health needs of persons of different age groups. The work progress of the Advisory Committee is detailed in the attached report.

(B) Mental Health Prevalence Surveys

4. Statistical data is an important tool in policy making and there was a lack of data on the prevalence of mental health issues among children and adolescents and the elderly population in Hong Kong. In this connection, the Food and Health Bureau ("FHB"), based on the recommendation of the Advisory Committee, commissioned two local universities to conduct the three prevalence surveys, covering children, adolescents and elderly persons, with the following objectives –

(a) gather information on the prevalence of mental health problems among different target groups of the population;
(b) identify potential risk factors associated with various mental health problems;
(c) identify the important factors supporting the successful recovery and/or functional optimisation of patients with mental health problems;
(d) gather information on the disease burden and economic cost (both direct and indirect cost) incurred for various mental health problems; and
(e) identify the important factors supporting vocational rehabilitation of patients from the employers' perspectives.

5. The timeframe of the three surveys is tabulated below –

Target group	Commencement Date	Project Duration
School-based children and adolescents aged 6 to 17	February 2019	About 30 months
Youth aged 15 to 24	May 2019	About 36 months
Elderly aged 60 or above	February 2019	About 30 months

6. The research teams are now collecting relevant data through various channels including face-to-face interviews, medical examinations and questionnaires. The research teams will conduct scientific analysis based on the data collected after data collection.

(C) Child and Adolescent Psychiatric Services under HA

7. The Child and Adolescent Psychiatric Services of HA comprise healthcare professionals in various disciplines and provide early identification, assessment and treatment services for children and adolescents in need. The multi-disciplinary professional team, involving doctors, clinical psychologists, nurses, speech therapists, occupational therapists and medical social workers, provides a range of appropriate treatment and follow-ups for children and adolescents, including in-patient service, specialist out-patient service, day rehabilitation training and community support services, according to the severity of their clinical conditions, with a view to enhancing their speech and communication, sociability, emotion management, problem solving, learning and life skills.

8. In the past two years, HA had continued to strengthen the manpower of its multi-disciplinary teams, including psychiatric doctors, in all five clusters providing child and adolescent psychiatric services with a view to providing more support for children and adolescents in need. HA is currently exploring ways to further strengthen the multi-disciplinary service model under which paediatric doctors, psychiatric nurses and allied health professionals (including clinical psychologists and occupational therapists) would assist psychiatric doctors in handling relatively mild and stable child and adolescent psychiatric cases, thereby relieving the pressure of the child and adolescent psychiatric service of HA.

(D) Dementia Community Support Scheme ("DCSS")

9. Given the ageing population in Hong Kong, more elderly persons are found to encounter cognitive, mood, psychological, behavioural or social skills problems, and the number of the elderly persons suffering from dementia is on the rise. To meet the increasing public expectation and demand for dementia community support services, FHB, in collaboration with HA and the Social Welfare Department launched a two-year pilot scheme named DCSS from February 2017 to January 2019 to provide support services to elderly persons with mild or moderate dementia and their carers in the community based on a medical-social collaboration model.

10. With the participation of 20 district elderly community centres ("DECCs") and four HA clusters, the services of the pilot scheme included the formulation of integrated care plans based on individual needs of the participants, the provision of training and support services to participants

and their carers, the conduct of regular case conferences to review the progress of individual cases, etc. The capacity of service providers was also enhanced through training and service delivery under the DCSS.

11. As the DCSS was well received by both service providers and service users, the Government, with the support of the Advisory Committee, had decided to continue with the DCSS. The Government regularised the DCSS in February 2019 after the end of the pilot period and extended the DCSS services to all 41 DECCs in the territory as well as all seven HA clusters in May 2019.

ADVICE SOUGHT

12. Members are invited to note the content of the paper.

Food and Health Bureau
January 2020

WORK REPORT OF THE ADVISORY COMMITTEE ON MENTAL HEALTH

(1 December 2017 – 30 November 2019)

Advisory Committee on Mental Health
January 2020

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MESSAGE FROM THE CHAIRMAN

What shocked me into agreeing to chair the Advisory Committee were the sheer size, multiplicity and severity of the mental health problems in Hong Kong, and the urgency to address them in more holistic and practical ways.

2. We are short on up-to-date statistics. But even according to the dated Hong Kong Mental Morbidity Survey conducted between 2010 and 2013, prevalence of common mental disorders (such as depression and anxiety disorder) among Chinese adults aged between 16 and 75 was 13.3%, or roughly one in seven.

3. The stress is not just on the persons suffering but also on the family members. The adverse impact on productivity and economic costs are huge. Worse still, we have witnessed tragic consequences and wastage of lives. Over the years, emphasis on treatment and recovery has moved from hospital-based to community-based, which inevitably increases the burden on families, carers and the community at large.

4. Shortage of manpower is a perennial and universal problem. Like the rest of the world, we are very short on psychiatrists and psychiatric nurses especially in the public health sector. Long waiting time at the government clinics is a constant complaint. Apart from the continuing efforts to increase and broaden manpower supply in the short and long terms, there is an urgent need to try new service models to diversify treatments and treatment providers.

5. Greater emphasis has to be placed on “prevention” and “early intervention”. Many of us have taken mental well-being for granted. If common mental health disorders are undiscovered or allowed to develop beyond certain point, recovery is far more difficult. Timely attention is crucial particularly among young people, as early and appropriate response when the first signs emerge would substantially reduce severity and long-term impact. As a community, we need to learn more about mental health and its symptoms. Greater understanding would reduce stigma and increase openness. To this end, we need the entire community to pitch in.

6. With the publication of the Mental Health Review Report in April 2017, the Government is showing great commitment to improve the mental health situation. The establishment of the Advisory Committee on Mental Health, comprising the relevant bureaux and departments, the

Hospital Authority, experts, non-governmental organisations, patient groups, and representatives from different sectors, has provided an unprecedented opportunity for all stakeholders to work together in a more coherent and collaborative manner to address the pressing issues.

7. The size of the problems means we must prioritise. The urgency to meet the needs means that we have to act rather than just talk. I am very grateful to fellow members of the Advisory Committee and our government colleagues who have all worked hard in the past two years. As detailed in this report, a number of recommendations made in the Review Report are either at an advanced stage of implementation or are underway. New initiatives have been made by the Advisory Committee which are being followed up.

8. The Advisory Committee's work is still at the inception stage. We have identified numerous gaps and have been striving to find solutions. We have to constantly remind ourselves to hurry up. We owe it to many in Hong Kong who are needy, vulnerable and suffering because of different kinds of mental health issues. Even just 1% real improvement will translate into concrete help to a significant number.

Mr WONG Yan-lung, GBM, SC
Chairman
Advisory Committee on Mental Health

MAJOR DEVELOPMENTS ON MENTAL HEALTH
(December 2017 – November 2019)

Research and Study

1. Commissioning and commencement of three territory-wide mental health prevalence surveys.

Promotion and Education

2. Engaging a public relations company to act as the communications agent for the ongoing Mental Health Promotion and Public Education Initiative, which is scheduled to be launched in early 2020.
3. Launching the Mental Health Workplace Charter.
4. Producing a dedicated Mental Health Website.

Capacity Building

5. Allocating additional resources and manpower for both the psychiatric specialty of the Hospital Authority and the Child Assessment Service of the Department of Health.
6. Exploring ways and means to further strengthen the multi-disciplinary service model of child and adolescent psychiatric service including, but not limited to, leveraging on paediatricians and allied health professionals to handle the relatively milder cases.
7. Launching a pilot project on gatekeeper training for secondary 2 to 4 students.
8. Increasing the number of Parents/Relatives Resource Centres from 6 to 19.
9. Increasing the number of Support Centres for Persons with Autism from 3 to 5.

Child and Adolescent Mental Health Services

10. Further enhancing the Student Mental Health Support Scheme to facilitate early identification and expansion of coverage from 17 to 90 schools.
11. Strengthening manpower of education psychologists and improving the "education psychologist to school" ratio at schools with more students with special education needs (including those with mental health issues).
12. Establishing Special Education Needs Coordinators in all public sector ordinary primary and secondary schools.

13. Enhancing the referral mechanism for children with special needs from pre-school rehabilitation services to school support services.
14. Increasing the number of pre-school rehabilitation service places under "On-site Pre-school Rehabilitation Services" from 3 000 to 7 000.
15. Expanding the coverage of Integrated Community Centres for Mental Wellness to secondary school students with mental health needs.
16. Developing a new service protocol for child and adolescent mental health services.

Adult Mental Health Services

17. Strengthening manpower of Case Management Programme of the Hospital Authority with a view to improving the "case manager to patient" ratio.
18. Reviewing the Early Assessment Service for Young People with Early Psychosis Programme.

Elderly Mental Health Services

19. Regularising and expanding the Dementia Community Support Scheme to all District Elderly Community Centres in Hong Kong.
20. Launching the Dementia Friendly Community Campaign.

CHAPTER 1 – THE ADVISORY COMMITTEE ON MENTAL HEALTH

1.1 Mental Health Policy

1.1.1 As the motto of the World Health Organization states, there is "no health without mental health"[1]. Like its counterparts in overseas developed economies, the Government of the Hong Kong Special Administration Region ("the Government") attaches great importance to promote the mental health and mental well-being of the community. It adopts an integrated approach in the promotion of mental health through a service delivery model that covers prevention, early identification, timely intervention and treatment, and rehabilitation for persons in need. From promoting self-care, primary care and community support to offering specialist care and institutionalised services, the Government seeks to provide comprehensive, multi-disciplinary and cross-sectoral services to persons with mental health needs through collaboration and cooperation among the Food and Health Bureau ("FHB"), the Labour and Welfare Bureau ("LWB"), the Education Bureau ("EDB"), the Department of Health ("DH"), the Social Welfare Department ("SWD"), the Hospital Authority ("HA"), non-governmental organisations ("NGOs") and other stakeholders in the community.

1.1.2 The Government published the Mental Health Review Report ("the Review Report")[2] in April 2017. The Review Report put forward a total of 40 recommendations for the enhancement of the overall mental health services in Hong Kong, covering 20 different areas, including promotion and education, research and studies, capacity building and support services for persons of different age groups. A life-course approach was adopted in the Review Report so that the mental health needs of persons at different stages of life would be taken care of.

1.1.3 One of the 40 recommendations is to provide a collaborative platform for stakeholders, patient groups, professionals, academics, representatives from relevant organisations and bureaux/departments, etc. to monitor the implementation of the recommendations of the Review Report, and to give advice on further service enhancement to address the evolving mental health needs in the society. Against this backdrop, the Secretary for Food and Health decided to set up a standing Advisory Committee in December 2017.

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[1] World Health Organization. Mental health: strengthening our response. Fact sheet No. 220.

[2] https://www.fhb.gov.hk/download/press_and_publications/otherinfo/180500_mhr/e_mhr_full_report.pdf

1.2 Membership

1.2.1 Appointed by the Secretary for Food and Health, the Advisory Committee is chaired by Mr WONG Yan-lung, S.C. and comprises 23 non-official and eight official Members, including –

(a) professionals from the healthcare sector (psychiatrist, geriatrician, clinical psychologist and psychiatric nurse);
(b) professionals from the social service and education sectors (social worker, school headmaster and university professor);
(c) lay persons with interest in mental health (recovered person/peer support worker, employer for persons with mental health needs, representative from carer support organisation/patient advocacy group, academic with ethnic minority background and representative from the Equal Opportunities Commission); and
(d) government officials (Permanent Secretary of three bureaux (i.e. FHB, LWB and EDB), Director of two departments (i.e. DH and SWD) and senior executives of HA.

1.2.2 The full Membership list of the Advisory Committee for its first term between 1 December 2017 and 30 November 2019 is at **Annex A**.

1.3 Terms of Reference

1.3.1 The terms of reference of the Advisory Committee are –

(a) 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;
(b) To assist the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong;
(c) To follow up on and monitor the implementation of the recommendations of the Review Report;
(d) Building on the foundation of the Review Report, to assist the Government to further enhance the work in the following areas:

    (i) Promotion and Education – to raise awareness, reduce stigmatisation and step up prevention and early identification of mental health problems;
    (ii) Capacity Building – to increase supply of services, and to strengthen professional training, patient

empowerment and support for family and carers;

(iii) Support to Children and Adolescents – to strengthen mental health services support to children and adolescents, from prevention, awareness to early identification, school and parental empowerment, timely interventions and treatments, through to rehabilitation;

(iv) Mental Health Services for Adults – to enhance services for adult patients with common mental disorders and severe mental illnesses, including treatment, rehabilitation and reintegration into the community;

(v) Support for the Elderly with Dementia – to facilitate diagnosis and management of dementia, develop a dementia-friendly neighbourhood with more support services, and enhance medical-social collaboration;

(vi) Research and Studies – to commission studies on the state of mental health of the population in Hong Kong and the local prevalence of mental health problems with a view to facilitating service planning and on effective overseas experiences and models; and

(vii) Other related work – to identify, study, advise, and strengthen such other matters which would be conducive to improving mental health services in Hong Kong.

1.4 Meetings

1.4.1 During the first two-year term, the Advisory Committee met 16 times, and various groups of Members met over 20 times in between Committee meetings to discuss various issues relating to the mental health needs of persons of different age groups. This report summarises the deliberation of the Advisory Committee according to each aspect of mental health services and gives a brief account of the work done by the Advisory Committee.

CHAPTER 2 – THE ADVISORY COMMITTEE'S PRIORITIES IN THE FIRST TWO-YEAR TERM

2.1 The Advisory Committee's Priorities in the First Two-Year Term

2.1.1 The Advisory Committee appreciated that the Government was committed on mental health and a lot had been done on this front in recent years. Nonetheless, the Advisory Committee considered that better coordination among various bureaux/departments was crucial in avoiding duplication of resources and managing service impact.

2.1.2 The Advisory Committee saw the compelling need to gather information regarding the mental health status of the population to facilitate the consideration of new and improved measures that would address the needs of our community. On the advice of the Advisory Committee, FHB embarked on three mental health prevalence surveys in 2019, covering children, adolescents and elderly persons.

2.1.3 Reckoning that prevention is better than cure, the Advisory Committee recommended that the Government should leverage on the implementation of an on-going Mental Health Promotion and Public Education Initiative to help prevent mental health problems and promote mental well-being.

2.1.4 In addition, ways to promote help-seeking should be strengthened. On this front, a dedicated mental health website was being developed as part of the on-going Mental Health Promotion and Public Education Initiative. The website would provide, amongst others, one-stop service navigation so as to facilitate persons with mental health needs and their carers to search for appropriate services.

2.1.5 The Advisory Committee considered that mental health services for children and adolescents were of paramount importance as they were the future of the society. In this connection, the Advisory Committee had decided to focus on strengthening mental health services for children and adolescents in its first two-year term.

CHAPTER 3 – MONITORING IMPLEMENTATION OF RECOMMENDATIONS OF THE REVIEW REPORT

3.1 Progress Report

3.1.1 In accordance with its terms of reference, one of the tasks for the Advisory Committee is to follow up on and monitor the implementation of the recommendations of the Review Report. To facilitate its monitoring of the implementation progress of the recommendations, the Advisory Committee endorsed the decision to invite bureaux/departments to provide progress reports on a regular basis. As of November 2019, the Secretariat submitted five progress update reports to the Advisory Committee.

3.2 Highlight of the Work Done

3.2.1 As at end November 2019, out of the 40 recommendations, 14 were at advanced stage of implementation, 15 were underway and 11 were subject to further deliberation. Those at advanced stage of implementation with significant progress are highlighted below –

Promotion and Education

(a) The first phase of an on-going mental health promotion and public education initiative would commence in early 2020.

Research and Study

(b) Three mental health prevalence surveys, covering children, adolescents and elderly persons, have already commenced in the first half of 2019.

Capacity Building

(c) The number of parents/relatives resource centres would be increased from 6 in 2017-18 to 19 in 2019-20 to step up support for parents and relatives/carers.

Child and Adolescent Mental Health Services

(d) The Student Mental Health Support Scheme has been enhanced with the provision of clinical psychologist services to facilitate early identification since the 2018/19 school year

and the Scheme has been expanded from 17 schools in the 2017/18 school year to 90 schools in the 2019/20 school year.

(e) The support to students with special educational needs ("SEN") has been strengthened through the enhanced arrangements in establishing the Special Educational Needs Coordinator ("SENCO"). Since the 2019/20 school year, each public sector ordinary primary and secondary school is provided with an additional teaching post for SENCO. Concurrently, for schools with comparatively large number of students with SEN, the rank of their SENCO will be upgraded to a promotion rank.

(f) Collaborative mechanism has been established among bureaux/departments and HA starting from July 2018 to facilitate transition of children with special needs from pre-school rehabilitation services to school support services.

Adult Mental Health Services

(g) Peer support services have been strengthened and the number of case managers have been increased to improve the "case manager to patient" ratio (from 1:50 in 2016/17 to 1:44 as at November 2019).

(h) The waitlist of patients with learning disability for admission to Siu Lam Hospital has been cleared.

Elderly Mental Health Services

(i) The two-year Dementia Community Support Scheme has been regularised and expanded from 20 District Elderly Community Centres ("DECCs") in four hospital clusters of HA during the pilot stage in 2017 to all 41 DECCs territory-wide and all seven HA hospital clusters since 2019.

(j) Additional resources have been allocated to enhance staff training on dementia, public education and support services on dementia in the community to strengthen the social care infrastructure.

(k) The three-year territory-wide "Dementia Friendly Community Campaign" has been launched since September 2018 to enhance public education on dementia.

3.2.2 For details of the progress of the 40 recommendations, please refer to **Annex B**.

CHAPTER 4 – RESEARCH AND STUDY

4.1 Need for Prevalence Surveys

4.1.1 Statistical data is an important tool in policy making and the Government, acting on the prudent principle of using public money properly and effectively, often requires evidence before allocating resources to a certain initiative. On mental health, the Government had been relying on the Hong Kong Mental Morbidity Survey ("HKMMS")[3], which was conducted between 2010 and 2013, to gather information regarding the mental health status of the young adult and adult population. As the HKMMS focused on adults, there was a lack of data on the prevalence of mental health issues among children and adolescents and the elderly population in Hong Kong.

4.1.2 To gather the information relating to the mental health status of the Hong Kong population, the Advisory Committee found a compelling need to conduct comprehensive prevalence surveys, covering persons from all age groups in the population (in particular children and adolescents and the elderly), to collect data for consideration of new mental health-related measures having regard to the needs of our community. After deliberation, the Advisory Committee advised the Government to conduct territory-wide mental health surveys to study the prevalence of mental health of all age groups in Hong Kong in two phases. Focus of Phase I would be on children to early adulthood as well as elderly while focus of Phase II would be on adults.

4.2 Objectives of the Surveys

4.2.1 The objectives of the surveys are –

(a) to gather information on the prevalence of mental health problems among different target groups of the population;
(b) to identify potential risk factors associated with various mental health problems;
(c) to identify the important factors supporting the successful recovery and/or functional optimisation of patients with mental health problems;
(d) to gather information on the disease burden and economic cost (both direct and indirect cost) incurred for various mental health problems; and

[3] http://hub.hku.hk/bitstream/10722/196573/1/Content.pdf?accept=1

(e) to identify the important factors supporting vocational rehabilitation of patients from the employers' perspectives.

4.3 Survey for Children and Adolescents

4.3.1 The survey for children and adolescents (aged 6 to 17) would be a school-based survey. With the assistance of EDB, primary and secondary schools are invited to participate.

4.3.2 Common mental problems of children and adolescents including, but not limited to, anxiety disorders, attention deficit/hyperactivity disorder ("AD/HD"), autism spectrum disorders ("ASD"), conduct disorder, depressive disorders, eating disorders, obsessive-compulsive disorders ("OCD"), psychosis, self-harm, sleep disorders, substance use disorders and suicide would be surveyed.

4.3.3 Apart from estimating the age-specific disease prevalence in the target group, the survey would reveal any associated risk factors such as socio-demographics, personal and family reasons, peer influence and social and environmental factors for various mental health problems.

4.3.4 The survey also aims to identify important factors supporting the successful recovery and/or functional optimisation of patients with mental health problems from the patients' and general public's perspectives. Interviews with parents and teachers would be conducted.

4.4 Survey for Adolescents to Early Adulthood

4.4.1 The survey for adolescents to early adulthood (aged 15 to 24) would be a community-based survey, targeting adolescents to early adulthood in particular school dropouts. Participants would be required to fill in questionnaires and take part in interviews. The overlapping target audience (i.e. aged 15 to 17) with the survey for children and adolescents mentioned above would support cross-validation of findings in the two surveys.

4.4.2 Common mental problems of children to early adulthood including, but not limited to, anxiety disorders, AD/HD, ASD, conduct disorder, depressive disorders, eating disorders, OCD, psychosis, self-harm, sleep disorders, substance use disorders and suicide would be surveyed. Addiction to computer and/or online games could also be studied.

4.4.3 Similar to the survey for children and adolescents, this survey would estimate the age-specific disease prevalence in the target groups, any

associated risk factors for various mental health problems and identify important factors supporting the successful recovery and/or functional optimisation of patients with mental health problems from the patients' and general public's perspectives.

4.5 Survey for the Elderly

4.5.1 Both community-dwelling and institutional-based elderly persons would be surveyed. Elderly aged 60 or above would be interviewed. Carers would also be invited to participate in the survey in appropriate cases.

4.5.2 Mental health problems of elderly including, but not limited to, dementia, depression, anxiety disorders, psychosis and suicide would be investigated. The prevalence of dementia would be mapped out by district and the corresponding service needs by looking at the demographic and socio-economic profiles of residents in the district. Data on the severity and age of persons with dementia would be collected to account for the changes in service needs of different cohorts of patients over time as a result of progression of disease and changing demographic structure.

4.5.3 Similar to the two abovementioned surveys, this survey would estimate the age-specific disease prevalence, reveal any associated risk factors for various mental health problems, identify important factors supporting functional optimisation and ageing-in-place of older persons with mental health problems from the patients' and general public's perspectives.

4.5.4 For all three surveys, the disease burden including carers' burden and state of mental health as well as economic cost (both direct and indirect cost) incurred for various mental health problems would be identified. Elements supporting tracing of participants would also be incorporated.

4.6 Timeframe

4.6.1 On the Advisory Committee's recommendation, FHB commissioned two local universities (i.e. The Chinese University of Hong Kong and The University of Hong Kong) to conduct the three surveys (in Phase I). The timeframe of the three surveys is tabulated in Table 1 below –

Table 1 Timeframe of the Three Surveys

Target group	Commencement Date	Project Duration
School-based children and adolescents aged 6 to 17	February 2019	About 30 months
Youth aged 15 to 24	May 2019	About 36 months
Elderly aged 60 or above	February 2019	About 30 months

4.6.2 The surveys commenced in 2019 and the preliminary results are expected to be available in 2021 the earliest. Phase II Survey, which would cover adults (aged 16 to 75) with mental health needs, would be commissioned at a later stage as the relevant statistical data is relatively updated.

CHAPTER 5 – PROMOTION AND EDUCATION

5.1 Promoting Mental Well-being

5.1.1 As the saying goes, "prevention is better than cure", the Advisory Committee fully appreciates the importance of and thus places emphasis on mental health promotion and education. While it is essential to have post-diagnosis services to facilitate recovery of patients, it is equally important to implement measures to prevent or minimise the risk of onset of mental disorders in the first place. As a preventive measure, mental health promotion could help increase public awareness and understanding of mental health, promote mental well-being, reduce stigma and encourage people in need to seek help timely.

5.1.2 In Hong Kong, the DH undertakes the role in health promotion and has been promoting mental well-being by enhancing public awareness through education and publicity using a life-course and setting-based approach. In January 2016, the DH launched a three-year territory-wide campaign named "Joyful@HK"[4]. The Campaign, targeting at general public of all age groups, aimed to increase public engagement in promoting mental well-being as well as public knowledge and understanding of mental health. The Campaign promoted mental health through mass media and the organisation of various publicity activities in the community. Public engagements were promoted under three main themes, namely "Sharing", "Mind" and "Enjoyment" (collectively known as "SME").

5.2 New On-going Initiative

5.2.1 Building on the experience of the "Joyful@HK" Campaign, the Advisory Committee devised a new, on-going mental health promotion and public education initiative with a view to amplifying its impact.

Objectives

5.2.2 The Advisory Committee considered that there should be four levels of objectives in the promotion and public education campaign, namely –

(a) Promoting mental well-being;
(b) Enhancing knowledge;
(c) Promoting destigmatisation; and

[4] https://www.joyfulathk.hk/en/index.asp

(d) Creating an inclusive and mental health-friendly society.

5.2.3 Acknowledging that the "Joyful@HK" Campaign was designed to promote mental well-being and enhance mental health knowledge, the Advisory Committee suggested that the new initiative could move to the next level of "promoting destigmatisation".

Target Audience

5.2.4 The Advisory Committee considered that the promotion and public education initiative should cover all age groups, with particular focus on adolescents aged 12 to 17. Members also deliberated on target-specific strategies for that particular group. Mental health elements, including social emotional training, should be incorporated in the school curriculum; while online platforms (e.g. Instagram, Youtube) should be deployed with short videos, fewer words through the engagement of key opinion leaders ("KOLs").

References

5.2.5 The Advisory Committee noted the following initiatives, among others, –

(a) the annual "Mental Health Month" co-organised by relevant bureaux/departments, public bodies and NGOs to promote public knowledge of mental health;
(b) the three-year "Dementia Friendly Community Campaign" launched by SWD in September 2018 to promote public awareness of dementia;
(c) "Dementia Friends" information sessions conducted by an NGO commissioned by SWD to build a dementia-friendly community for persons with dementia and their carers;
(d) Promotion and Education on ASD and AD/HD by EDB to teachers and parents; and
(e) Community promotion work by New Life Psychiatric Rehabilitation Association and Mental Health Association of Hong Kong.

5.2.6 The Advisory Committee also studied the strategies and approaches of mental health promotion in other countries, including "Time to Change" in the United Kingdom, "Beyond Blue" in Australia and "Like Minds, Like Mine" in New Zealand. Summarising the evidence, those programmes with mass media and social marketing interventions were

shown to make a significant impact on public knowledge, attitudes and behavioural intentions and were considered cost-effective. The Advisory Committee noted and agreed to adopt such approach.

Communications Agent

5.2.7 The Advisory Committee considered that the proposed promotion and public education initiative required systematic and careful planning. Against such, the DH commissioned a public relations company to act as the communications agent for the Initiative in late 2018 to leverage on the expertise of publicity professionals in order to better disseminate the messages to the various socio-demographic groups in the community.

5.2.8 DH and the communications agent conducted a total of 16 focus group discussions to consolidate views and suggestions from representatives of medical, social and education sectors. Views from healthcare professionals, students, teachers, peer support workers, recovered persons, persons receiving mental health services, carers and employers were collected and analysed with a view to finalising the promotion plan and initiatives/activities therein.

Mental Health Workplace Charter

5.2.9 With a labour force of some four million, the Advisory Committee considered that enhancing mental wellness in workplaces would be an effective way to create a positive impact on the mental wellness of more than half of the population in Hong Kong. On this front, the Advisory Committee and DH, with the support of all five key chambers of commerce[5] and Employers' Federation of Hong Kong, launched the Mental Health Workplace Charter in November 2019 to foster the adoption of measures by employers to promote mental well-being, encourage active listening and communication and create an inclusive and mental health-friendly workplace environment. This is the first promotion measure implemented. Please refer to **Annex C** for the full set of Charter.

5.2.10 As at end 2019, 190 organisations had already pledged to become signatories to the Charter, covering 270 000 employees.

[5] The five key chambers of commerce are the Hong Kong General Chamber of Commerce, The Chinese General Chamber of Commerce, Federation of Hong Kong Industries, The Chinese Manufacturers' Association of Hong Kong, and The Hong Kong Chinese Importers' and Exporters' Association.

Planned Activities

5.2.11 With the help of the communications agent and having incorporated the views of Advisory Committee, the DH devised a publicity plan for the new on-going initiative, which would make use of both traditional channels and new social media platforms in order to reach out all walks of life in the society. Planned activities include –

(a) **Mental Health Summit** – a conference-style summit featuring a TED-talk on mental health situation in Hong Kong, as well as sharing of good practices in various sectors, would be conducted in the first half of 2020 as the official opening of the promotion initiative;
(b) **Promotion through KOLs** – KOLs would be engaged to disseminate positive messages about mental health to the younger generations through social media from January 2020 onwards;
(c) **Mental Health Website** – a dedicated mental health website providing one-stop services to facilitate service navigation;
(d) **Production of Documentaries** – documentaries, featuring the Mental Health Ambassador, as well as several other celebrities in various sectors, would be produced and broadcast on TV and other channels to raise public awareness and understanding on mental health from Q2, 2020; and
(e) **Schools Engagement Activities** – details to be worked out.

CHAPTER 6 – CAPACITY BUILDING

6.1 Healthcare Manpower Situation

6.1.1 The Advisory Committee considered that the manpower shortage of professionals in mental health services in the public healthcare system, in particular psychiatrists and paediatricians (for children with developmental problems), was a major obstacle to strengthen mental health services.

6.1.2 Healthcare professionals in the public sector are the backbone to the mental health services in Hong Kong. To relieve the shortage of doctor manpower in Hong Kong, the Government substantially increased University Grants Committee ("UGC")-funded medical training places over the past decade. The number of places is 530 in the 2019/20 to 2021/22 academic years, representing an increase of 112% when compared with 250 in the 2005/06 academic year. The Government expected that further increasing the number of medical training places would help alleviate the manpower shortage of doctors in the medium to long term.

6.1.3 As for healthcare professionals in other disciplines, the Government also increased the number of UGC-funded training places in the 2019/20 to 2021/22 UGC triennium. Moreover, more than 1 000 students are subsidised to pursue self-financing bachelor degree programmes in healthcare disciplines under the Study Subsidy Scheme for Designated Professions/Sectors in the 2019/20 academic year. Such measures would be able to strengthen the capacity of the services provided.

6.1.4 In addition, HA would continue to proactively implement various human resources measures to retain healthcare professionals and alleviate the shortage of manpower. For instance, HA would actively recruit non-locally trained doctors under limited registration, part-time and temporary healthcare staff, as well as agency nurses and supporting staff. HA also implemented the Special Retired and Rehire Scheme to hire retiring doctors, nurses and supporting staff to continue to perform clinical duties.

6.1.5 The Advisory Committee acknowledged the Government's continued commitment in strengthening the manpower of doctors and other healthcare professionals (in particular those of the psychiatric stream). However, the impact of the above mentioned measures would only be felt by phases. The Advisory Committee would suggest adopting the following measures in the interim.

6.2 Additional Staff for Child Assessment Service ("CAS") of the Department of Health ("DH")

6.2.1 The 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. The CAS also 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. While the children are awaiting assessment and rehabilitation services, the CAS will provide interim support for their parents, such as organising seminars, workshops and practical training, with a view to enhancing the parents' understanding of their children's conditions and giving them information on community resources, so that they can provide home-based training effectively to help the development and growth of their children.

6.2.2 In the past three years, nearly all new cases of the CAS were seen within three weeks after registration. That notwithstanding, due to continuous increase in the demand for services provided by the CAS and the high turnover rate and difficulties in recruiting doctors to the CAS, the rate for completion of assessment for new cases within six months has dropped far below the target rate of 90%. Noting the continuous increase in demand for the services provided by the CAS, DH had started preparing for the establishment of a new Child Assessment Centre ("CAC") with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. As an interim measure, a temporary CAC at Ngau Tau Kok commenced operation in January 2018.

6.2.3 Besides, the Government had allocated a recurrent provision of $18.4 million from 2019-20 onwards for the creation of 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, to cope with the growing demand of the CAS. The majority of the new staff reported duty in Q3, 2019 and as at end November 2019, 18 of the 22 new posts had been filled.

6.3 Leveraging on Paediatric Stream and Other Healthcare Professionals of HA

6.3.1 HA provides a spectrum of mental health services, including inpatient, outpatient and ambulatory services to people with mental health issues. The multi-disciplinary professional team, involving doctors, clinical psychologists, nurses, speech therapists, occupational therapists and medical social workers, provides a range of appropriate treatment and follow-ups for people in need, according to the severity of their clinical conditions, with a view to enhancing their speech and communication, sociability, emotion management, problem solving, learning and life skills.

6.3.2 HA had been allocating additional resources to strengthen the manpower of its multi-disciplinary teams, including psychiatric doctors, in clusters providing child and adolescent psychiatric services. The Advisory Committee welcomed HA's plan to explore ways and means to further strengthen the multi-disciplinary service model under which paediatric doctors, psychiatric nurses and allied health professionals (including clinical psychologists and occupational therapists) would assist psychiatric doctors in handling relatively mild and stable child and adolescent psychiatric cases, thereby relieving the pressure of the child and adolescent psychiatric service of HA.

6.4 Strengthening Support at Schools

6.4.1 The Advisory Committee acknowledged EDB's allocation of additional resources to schools in tackling mental health problems.

6.4.2 EDB had been encouraging schools to adopt the Whole School Approach to promote mental health amongst students. Other than organising diversified development programmes on a regular basis to enhance students' resilience and ability to cope with adversities, EDB and DH jointly held the Joyful@School Campaign from the 2016/17 to 2018/19 school years to enhance students' awareness and understanding of mental health and strengthen their ability to cope with environmental changes. Schools in general have continued the spirit of the Joyful@School Campaign and integrated the three key elements of "Sharing", "Positive Thinking" and "Enjoyment of Life" into their school plans to promote students' mental health through the curriculum, guidance and discipline work as well as school-based developmental programmes. In addition, schools could deploy their social workers and use other funding to organise various guidance or counselling activities to enhance students' resilience and perseverance, etc. based on the needs of their students.

6.4.3 In addition to the implementation of campaign and programmes, EDB provided professional support to schools to cater for the social, emotional, and behavioural needs of students. Recently, the support services were enhanced with provision of additional resources to the schools. Starting from the 2018/19 school year, EDB had provided public sector primary schools with additional resources through a new funding mode to enable them to implement the policy of "one school social worker for each school" according to school-based circumstances. The Government also implemented the measure of "two school social workers for each school" in more than 460 secondary schools in Hong Kong from the 2019/20 school year onwards, and increased supervisory manpower accordingly. School-based Educational Psychology Service ("SBEPS") had covered all public sector ordinary primary and secondary schools since the 2016/17 school year. EDB had also enhanced the SBEPS by progressively improving the EP to school ratio to 1:4 ("Enhanced SBEPS") at public sector ordinary schools with comparatively large number of students with SEN. The Enhanced SBEPS would be further extended with the target of covering about 60% of public sector ordinary primary and secondary schools by the 2023/24 school year.

6.4.4 EDB also encouraged cross-sectoral collaboration in the promotion of mental health and had been supporting the Department of Psychiatry of The University of Hong Kong to conduct the Mindshift Educational Programme since the 2014/15 school year. The Programme aimed to promote mental health awareness and positive mental health culture in secondary schools, enhance teachers' understanding of mental health and knowledge in handling stress-induced challenges faced by students, enhance students' understanding of mental wellness and illness as well as skills to cope with emotion. In the 2019/20 school year, the Programme had been re-positioned to a Quality Education Fund Thematic Network, so that the good practices and knowledge generated from the Programme could be further disseminated.

6.4.5 To raise teachers' awareness of mental health and enhance their professional knowledge and skills to identify and support students with mental health needs, EDB conducted the "Professional Development Programme for Mental Health" for primary and secondary teachers, which included an Elementary Course for teachers at large and an in-depth course for designated teachers. In the three-year period as from the 2017/18 school year, at least one teacher of every public sector school should have completed the Elementary Course and at least one designated teacher should have completed the in-depth course.

6.4.6 Besides, EDB organised seminars, workshops and experience sharing sessions on supporting students with mental health needs for school personnel every school year. EDB had also published resources such as "A Resource Handbook for Schools: Detecting, Supporting and Making Referral for Students with Suicidal Behaviours" and "Teacher's Resource Handbook on Understanding and Supporting Students with Mental Illness" which was developed in collaboration with HA for school personnel's reference.

6.4.7 Starting from the 2017/18 school year, the Learning Support Grant that EDB provided for public sector ordinary primary and secondary schools to support students with SEN had covered those with mental illness so that schools had additional resources to enhance their support to cater for the learning, social, emotional and behavioural needs of students with mental illness.

6.4.8 Nonetheless, the Advisory Committee considered that EDB needed to continue monitoring schools' good use of the resources for promoting mental health and support those students in need in an effective manner.

6.5 "Gatekeeper" Training

6.5.1 The Advisory Committee in general considered that more support and training should be provided to "gatekeepers", who were persons who had first-hand contact with persons with mental health needs, to better equip them so that they could help identify individuals susceptible to mental illnesses, make referrals and/or offer support to them at an early stage. These "gatekeepers" may include, but not limited to, teachers, school social workers and general practitioners.

6.5.2 Apart from the gatekeeper training for teachers as mentioned in Sections 6.4.5 and 6.4.6, EDB launched a pilot project named "Peer Power – Student Gatekeeper Training Programme" for Secondary Two to Four students in the 2019/20 school year. The objectives of the Programme were to enhance students' knowledge on mental health problems (including suicidal behaviours), empower students to identify and respond to peers in need, and promote positive coping and help-seeking culture at schools. EDB would monitor the Programme's implementation, collect feedback from stakeholders and consolidate the experiences as well as good practices for planning of future development of the Programme so that more students would be equipped with the knowledge and skills to perform the gatekeeper role.

6.6 Services Provided by NGOs

6.6.1 Noting that there were numerous mental health-related programmes, services and promotion initiatives from various NGOs in the community, the Advisory Committee saw the need to collate these information and provide one-stop service so as to facilitate service navigation by those in need. To this end, the Secretariat was collating information which would be made available on a dedicated website on the mental health promotion initiative to be launched in the first half of 2020 (c.f. Section 5.2.11(c)).

6.6.2 The Advisory Committee also considered creating a "tapestry" in providing mental health services by establishing partnership across various sectors. In particular, partnership with private charitable foundations was of particular importance as they could assist in filling gaps in the public healthcare system temporarily, and they could also provide the necessary resources required to test new service models before recurrent resources could be allocated by the Government. To this end, the Chairman of the Advisory Committee and FHB met with a number of private charitable foundations who had interest in supporting mental health services to explore the possibility of cooperation.

CHAPTER 7 – CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

7.1 Focus on Children and Adolescents

7.1.1 The Advisory Committee deliberated on age group-specific measures on handling cases with mental health needs. The details of the deliberation are set out in Chapters 7 to 9.

7.1.2 By having a good start in life, children and adolescent could fulfil their potential, develop lifelong resilience to adversity and improve future life chances. As children are the future of our society, the Advisory Committee considered that mental health among children and adolescents particularly important and put focus in this area in its first term.

7.2 Waiting Time at CAS of DH and the Child and Adolescent Psychiatric Service ("C&A Psy Service") of HA

7.2.1 Currently, the assessment of suspected cases of children developmental problems (including those with mental health needs) in the public healthcare system is primarily handled by CAS of DH, while treatment and intervention for those with mental health needs are handled by C&A Psy Service of HA.

7.2.2 The Advisory Committee reckoned that the long waiting time at both CAS and C&A Psy Service was among the top concern of the children and adolescents in need, their families as well as the public at large. The Advisory Committee noted that while additional manpower and resources had been allocated to both services in the past few years, the waiting time of these services, on the contrary, had risen, due to growing demand arisen from increased awareness by concerned parents and difficulties faced by DH and HA in recruiting professional staff.

7.2.3 Besides the strengthening of manpower of DH and HA as stated in Sections 6.2 and 6.3 above, the Government had strengthened its allocation of recurrent resources to the following services –

(a) increasing the number of education psychologists ("EPs") and improving the "EPs to school" ratio at those schools with more students with SEN;
(b) increasing the number of pre-school rehabilitation service places under "On-site Pre-school Rehabilitation Services" from 3 000 at the introduction of the services in November

2015 to 7 000 in October 2019, which would be further raised by 1 000 each year over the 2020/21 to 2022/23 school years to bring the total number to 10 000; and

(c) expanding the coverage of Integrated Community Centres for Mental Wellness ("ICCMWs") to secondary school students with mental health needs.

7.2.4 While welcoming and acknowledging the Government's swift response to the Advisory Committee's recommendations, the Advisory Committee considered that in the long run, there was a need to revamp the service provision model so as to provide more adequate and personalised services to children and adolescents in need. In this connection, the Expert Group on New Service Protocol for Child and Adolescent Mental Health Services ("the Expert Group") was set up under the Advisory Committee.

7.3 Expert Group on New Service Protocol for Child and Adolescent Mental Health Services

7.3.1 According to the statistical data from HA, over 70% of patients under the age of 18 receiving its psychiatric services are either ASD or AD/HD cases. While HA was currently dealing with all cases through its specialist services regardless of their severity, it was advisable if the relatively milder cases could be dealt with by providing early intervention at the community level, with a view to saving the limited medical manpower for more severe cases. This could help reduce the long waiting time at HA's specialist outpatient clinics. The Expert Group was tasked to look into the suggestion.

7.3.2 The Expert Group, led by Advisory Committee Member Professor Linda LAM, comprises volunteer Members from the Advisory Committee, well-experienced social workers, paediatricians, scholars from the Department of Psychiatry of The Chinese University of Hong Kong, clinical psychologists as well as representatives from the EDB, SWD, DH and HA. The Expert Group aimed to explore and develop a new service protocol that could provide timely assessment with a view to providing the most suitable support and treatment to children and adolescents with mental health needs via utilising cross-sectorial multi-disciplinary professionals at the community level. Children and adolescents with AD/HD were chosen as the starting point.

7.3.3 To facilitate the development and to test the new service protocol, a pilot scheme would be implemented. The Expert Group was finalising the draft service protocol for children and adolescents with

AD/HD as well as the corresponding guiding parameters, with the aim to launching the pilot scheme within 2020.

7.4 Student Mental Health Support Scheme ("SMHSS")

7.4.1 FHB, in collaboration with EDB, HA and SWD, had launched the SMHSS since the 2016/17 school year based on a medical-educational-social collaboration model. Under the SMHSS, a multi-disciplinary team, comprising psychiatric nurse of the HA, designated teacher and school social worker, was formed in each participating school. The team worked closely with the psychiatric team of the HA, the school-based educational psychologist, relevant teachers and social workers from relevant social service units to provide support to students with mental health needs in the school setting.

7.4.2 The multi-disciplinary team convened regular case conferences to discuss the latest development of the cases and provided support for students according to the integrated care plans which are formulated to address their individual needs. If necessary, social service units would also send social workers to join the case conferences to provide professional advice and appropriate interventions on the students' family issues for their known cases.

7.4.3 Since the 2018/19 school year, the SMHSS had been further enhanced with the provision of clinical psychologists' support and integration of service elements of HA's existing Child and Adolescent Mental Health Community Support Project ("CAMcom") that facilitated early identification and intervention for students with mental health needs. In the 2019/20 school year, there were 90 participating schools (in all five HA clusters with child and adolescent mental health services) in the SMHSS. The Government intended to further expand the SMHSS to a total of 150 schools in the 2020/21 school year, and would consider the next step forward on the SMHSS subject to the outcome of the evaluation of the SHMSS as conducted by a research team of The Chinese University of Hong Kong.

7.4.4 Through the SMHSS, the communication and collaboration among professionals from the healthcare, educational and social service sectors had been further enhanced, and their capability of identifying and managing cases with mental health needs in the school setting strengthened.

CHAPTER 8 – ADULT MENTAL HEALTH SERVICES

8.1 Adults with Mental Health Needs

8.1.1 HA is the major specialist service provider for adults with mental health issues in Hong Kong. It provides a spectrum of services ranging from inpatient facilities, day hospitals, and specialist out-patient clinics to community outreach services. Most of the patients are suffering from severe mental illness and common mental disorders ("CMD"). Patients with severe or complex mental health needs are provided with multi-disciplinary and intensive specialist care in appropriate hospital settings, whereas those less so including persons with CMD would receive specialist-supported care in the community.

8.1.2 The Advisory Committee acknowledged that the difficulties faced by adults with mental health needs often straddled beyond healthcare services. Employment, living places, community support and support for carers were issues that need to be addressed, to name a few. In particular, there was a strong need to support potential employers so as to encourage them to hire persons in recovery.

8.2 Employment

8.2.1 The Government's employment services for job seekers with disabilities (including persons with mental health needs) who are fit for open employment include employment counselling, job matching and referral service, post-employment support, as well as subsidy schemes. The Advisory Committee considered that employment was crucial in the patients' recovery and re-integration into community. In this connection, the Advisory Committee noted that to encourage more employers to employ persons with disabilities and to provide them with coaching and support, the Labour Department enhanced the Work Orientation and Placement Scheme in September 2018, under which the maximum amount of allowance payable to employers for employing a job seeker with disabilities was increased by $16,000 to a total of $51,000. Besides, as mentioned under section 5.2.9 above, the Advisory Committee and DH launched the Mental Health Workplace Charter to foster the adoption of measures by employers to promote mental well-being, encourage active listening and communication and create an inclusive and mental health-friendly workplace environment.

8.3 Carer Support

8.3.1 Recognising the importance of relieving the heavy burden of carers/families, the Advisory Committee welcomed LWB/SWD's initiatives to strengthen existing services concerned, including increasing the number of Parents / Relatives Resource Centres, District Support Centres for Persons with Disabilities, Support Centres for Persons with Autism and home care service places, purchasing residential respite places from private services, setting up an enquiry system for vacant residential respite places and exploring the feasibility of developing pre-registration arrangement. The Advisory Committee decided that carer support would be one of the key items to be discussed and further deliberated in 2020.

8.4 Early Assessment Service for Young People with Early Psychosis ("E.A.S.Y. Programme")

8.4.1 To facilitate early detection and intervention of psychotic cases, HA had launched the E.A.S.Y. programme since 2001 and further enhanced it in 2011-12 under which multi-disciplinary medical teams at cluster service centres provide referral, assessment and treatment services for patient aged between 15 and 64 in the first three critical years of illness. Public education and promotion effort were also organised under the programme to enhance awareness of mental health on the community.

8.4.2 The Advisory Committee acknowledged the proven effectiveness of the E.A.S.Y. Programme in helping young persons with early psychosis and welcomed the planned review of the service model and resources by HA. The Advisory Committee invited HA to engage the Advisory Committee during the review process so that the expertise and experience of its Members could contribute to the review.

CHAPTER 9 – ELDERLY MENTAL HEALTH SERVICES

9.1 Dementia Community Support Scheme ("DCSS")

9.1.1 FHB, joining forces with SWD and HA, launched the DCSS as a two-year pilot scheme from February 2017 to January 2019 to provide support services to elderly persons with mild or moderate dementia and their carers in the community through the participation of 20 DECCs and four HA clusters. As the DCSS was well received by both service providers and service users, the Advisory Committee supported the continued implementation of the DCSS, which was regularised in February 2019 after the completion of the pilot period and expanded to all 41 DECCs in the territory as well as all seven HA clusters in May 2019.

9.1.2 The Advisory Committee noted the concerns expressed by both service providers and carers about the service continuity after the elderly persons with dementia had completed the time-limited support programmes of the DCSS (which generally lasted for around five to nine months). In response to the concerns on service continuity, DECCs were encouraged to (a) provide post-DCSS maintenance service to suitable DECC members who had completed the DCSS programmes; and (b) approach the concerned Neighbourhood Elderly Centres ("NEC"), with the consent of the DCSS graduates and the carers, to provide appropriate support to them.

9.2 Collaboration with the Elderly Commission ("EC")

9.2.1 As elderly persons with dementia fell under the service scope of both the Advisory Committee and the EC, the two Committees agreed to make a clear delineation of work for better efficiency. To this end, both Committees agreed that support services for elderly patients with dementia would be coordinated by the EC, with advice of the Advisory Committee be sought on health-related issues (e.g. DCSS service items related to patient's cognitive and physical functions) so that the views of Advisory Committee Members would continue to be heard.

CHAPTER 10 – VISITS AND OTHER ENGAGEMENTS

10.1 Places Visited

10.1.1 During the past two years, the Chairman and Members of the Advisory Committee visited the following places in order to enhance their understanding on provision of mental health services –

Chairman

(a) Kwai Chung Hospital (December 2017);
(b) A District Elderly Community Centre participating in DCSS (January 2018);
(c) A secondary school participating in SMHSS (January 2018);
(d) two ICCMWs (June 2018); and
(e) A kindergarten participating in the Whole Inclusive School Empowerment Project (November 2018).

Advisory Committee on Mental Health

(a) Castle Peak Hospital (July 2018).

10.2 Engagement with Stakeholders

10.2.1 The Advisory Committee engaged the following stakeholders with a view to tapping their views on how mental health services in Hong Kong could be enhanced –

(a) The Rehabilitation Advisory Committee;
(b) The Commission on Children;
(c) The Youth Development Commission;
(d) The EC;
(e) The Family Council;
(f) The Hong Kong Council of Social Service;
(g) The Hong Kong College of Psychiatrists;
(h) The Mental Health Network under the Hong Kong Council of Social Service;
(i) The New Life Psychiatric Rehabilitation Association;
(j) The Mental Health Association of Hong Kong;
(k) The Hong Kong Mental Health Council;
(l) The Hong Kong Foundations Exchange;
(m) Child Councillors under the Children's Council Programme;
(n) Ms Sue BAKER, Founder and Global Director of Time to Change, a mental health promotion programme in the United

Kingdom;

(o) Legislative Councillors; and

(p) the media.

WAY FORWARD

The Advisory Committee would like to thank all stakeholders, including bureaux/departments, NGOs, professionals and members of the community for their contributions to the work of the Advisory Committee in the past two years. It will continue to work hand-in-hand with bureaux/departments, NGOs, the private sector and other stakeholders to build a mental health-friendly community in Hong Kong, one brick at a time.

Advisory Committee on Mental Health
January 2020

Annex A

Membership of Advisory Committee on Mental Health
(1 December 2017 – 30 November 2019)

Chairman
Mr WONG Yan-lung, GBM, SC

Non-Official Members
Healthcare Sector
Dr Felix CHAN Hon-wai, JP
Prof Eric CHEN Yu-hai
Dr HUNG Se-fong, BBS
Ms Glendy IP Suk-han
Prof Linda LAM Chiu-wa
Dr David LAU Ying-kit
Dr Eugenie LEUNG Yeuk-sin
Dr Josephine Grace WONG Wing-san

Social Service and Education Sectors
Mr CHUA Hoi-wai, JP
Ms Kimmy HO Wai-kuen
Mr Frederick LAI Wing-hoi, JP
Mr Dicky LAM Ka-hong
Mr James LAM Yat-fung
Prof Samson TSE Shu-ki
Ms Anita WONG Yiu-ming, MH
Prof Loretta YAM Yin-chun, BBS

Lay Persons
Ms Lily CHAN Lei-hung
Miss Twiggy CHAN Cheuk-ki
Mr William CHOY
Mr Stephen LEUNG Mung-hung
Prof Naubahar SHARIF
Ms YUEN Shuk-yan
Ms Shirley Marie Therese LOO, MH, JP *(Representative of Equal Opportunities Commission)*

Ex-officio Members
Permanent Secretary for Food and Health (Health) or representative
Permanent Secretary for Labour and Welfare or representative
Permanent Secretary for Education or representative

Director of Health or representative
Director of Social Welfare or representative
Director (Cluster Services), Hospital Authority
Chairman, Coordinating Committee in Psychiatry, Hospital Authority
Principal Assistant Secretary (Health)3 *(Secretary)*

40 Recommendations of the Mental Health Review

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	**Update (as at 30 November 2019)**	
	Present Position	**Next Steps**
(I) Chapter 1 – Mental Health Promotion (1 recommendation)		
*1. **Long-term strategy of mental health promotion** should be developed with reference to the evaluation outcome on the three-year mental health promotion campaign (i.e. Joyful@HK Campaign) and targeted public education on different mental health problems should be launched for respective age groups to promote mental well-being and foster a caring environment for people with mental illness.*	• The Joyful@HK campaign was completed in April 2018. (DH)	• The first phase of the new Mental Health Promotion and Public Education Initiative will commence in 2020. It aims to enhance public understanding and awareness of their mental health and well-being, with a view to building a mental-health friendly society in the long run.
(II) Chapter 2 – Mental Health Services for Children and Adolescents (20 recommendations)		
*2. **Epidemiological studies** should be conducted on a regular basis to understand the state of mental health of the population, and local prevalence of child and adolescent mental health problems in particular. This will help inform the formulation of appropriate prevention strategies and the planning of suitable intervention programmes for those with mental health issues.*	• The Research Office of the Food and Health Bureau (FHB) has commissioned The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK) to conduct three mental health prevalence studies, covering children, adolescents and elderly persons. The studies have already commenced.	• Timing of the prevalence study for adults is to be confirmed.
*3. **Research and development** of various **intervention programmes** (e.g. parent training and support programmes, rehabilitation and social support programmes, nurse-family partnership programme, infant mental health service, etc.) as well as conduct of **efficacy studies** on these programmes should be encouraged and facilitated so as to enable service providers to apply applicable and evidence-based intervention programmes locally.*	• Two Community Partnership Programmes (CPP) were launched under the "Joyful@HK" Campaign in early 2017 with a view to developing evidence-based interventions and training materials that could be further adopted by community partners in longer term.	• The Final Reports and the Dissemination Reports had been uploaded to Research Fund Secretariat's website for public access.
*4. **Territory-wide and targeted public education campaigns** should be launched and efforts sustained to enhance the awareness and understanding of the general public and the targeted groups on mental well-being and illness, the importance of self-help*	• Please refer to updates in Recommendation No. 1.	• Please refer to updates in Recommendation No. 1.

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
(e.g. stress management) skills, availability of help-seeking avenues and community resources, as well as to promote a caring and accommodating environment for people with mental illness.		
5. *Noting the importance of parent-child relationship to a child's mental well-being, the practice of positive parenting should be promulgated to all parents with a view to enhancing the emotional and social competence of children. To fill a current gap,* ***parenting programmes for parents with pre-adolescents and adolescents*** *should be developed and provided to parents through schools, community centres and the Internet.*	• A series of parenting programmes on raising happy kids, nurturing positive kids, learning and developmental needs of children at kindergarten level were organised in October and November 2019 for parents. (EDB) • Task Force on Home-school Co-operation and Parent Education was set up under the Education Commission in December 2017 with the objective of, among others, avoiding excessive competition. The Task Force has completed the review and submitted the report to the Education Bureau (EDB) in April 2019. The Government has fully accepted the recommendations and relevant measures are implemented progressively to benefit parents and students with different needs. Additional resources have been provided to Federations of Parent-Teacher Associations and Parent-Teacher Associations of schools starting from the 2019/20 school year. The slogan competition "Calls for Slogans: Growing Up Together - Be a Good Parent" to promote positive parent education was organised in September 2019 and the results was announced in November 2019. (EDB) • The parent education website "Smart Parent Net" was launched in February 2018 to enable parents	• The same series of parenting programmes will continue to be conducted in December 2019 and January 2020. • Another series of parenting programmes on the learning and developmental needs of children at primary level will be conducted from February to May 2020. • A parent talk on promoting happy kids, children's mental health, etc. will be organized in June/ July 2020. • EDB is preparing for the launch of a territory-wide "Positive Parent Campaign" to enable the public to understand the importance of happy and healthy development of children and enhance parents' awareness of positive parenting through a series of publicity activities in the 2019/20 school year. • More articles and videos on promoting positive parent education will be produced for uploading to the Smart Parent Net in the 2019/20 school year.

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
	with children from kindergarten to primary and secondary school levels to access easily useful information, viz. video clips, articles and activities, on issues of their concern including parent-child relationship and parenting skills. Contents of the website are updated regularly. (EDB)	
6. *Evidence-based and targeted programmes, which can be adopted locally, should be made easily accessible by parents of children and adolescents in need (for example, those encounter difficulties in parenting or managing child behaviours). These programmes would aim to enhance child mental well-being through appropriate management of child behaviours. Consideration should be given to* ***strengthening Parents/Relatives Resource Centres*** *with a view to providing more targeted support and effective training to parents through which they can be equipped to take care of their children with special needs.*	• It was announced in the 2018-19 Budget that the number of parents/relatives resource centres (PRCs) will be increased progressively from 6 to 19 to step up support for parents and relatives/carers of persons with disabilities. In March 2019, Social Welfare Department (SWD) has increased the number of PRCs from 6 to 12. (SWD)	• SWD will further increase the number of PRCs to 19 in Q1 2020.
7. *Primary prevention and early intervention programmes targeting at at-risk groups such as at-risk pregnant women, teenage parents, mothers with postnatal depression, families with psychosocial needs, and pre-primary children with health, developmental and behavioural problems who are identified through* ***the Comprehensive Child Development Service (CCDS) should be strengthened*** *in order that the physical and mental health outcomes of both parents and children can be improved. Instead of adopting a family-based intervention approach, current services for teenage parents, those on illicit drugs or with severe mental disorders tend to focus more on the well-being of the mother. While protocol on assessing parenting capacity is being developed under CCDS for children under six, more measures to identify needs for facilitating early intervention for strengthening quality of care to children in accordance with their developmental needs are being developed. Consideration should be given to explore ways of strengthening the CCDS in terms of resources and programme effectiveness.*	• A task group formed under DH, Hospital Authority (HA) and SWD has been developing assessment frameworks on parenting capacity to assess the child care capacity of parents/carers (including the risk factors and related follow-up service plans). (DH, HA, SWD) <u>For Children of Age 0-1</u> • A user manual for social workers on the use of the assessment framework targeting at children aged 0 to 1 was issued in May 2015. (DH, HA, SWD) • SWD developed the parenting capacity observation form to help the family aides to observe the care and parenting condition during the individual family aide home-based training. The	

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
	observation information would be relayed to the social worker for appropriate follow up if needed. After trial use, the users' guidance note was issued to the related service units, including integrated family service centres / integrated services centres and family and child protective service units in September 2018. Related training was conducted in November 2018. (SWD) <u>For Children of Age 1-3</u> • The task group has developed the assessment framework targeting at children aged 1 to 3 for use by social workers. The compiled manual of the assessment frameworks for children aged 0 to 3 have been issued to the related service units in March 2019. Related training was conducted in May 2019. (DH, HA, SWD)	
8. *A safe and nurturing social environment along with optimal nutrition during early years have strong and long-term impact on the mental and physical health of the children. For families (for example, parents with psychosis, those on illicit drugs, etc.) that cannot provide optimal and responsive care to their infants and children, overseas studies show that centre-based and high-quality* ***education-cum-care service*** *is effective in facilitating better mental health development.* ***Research and study of the applicability of similar programmes locally*** *should be considered.*		• Subject to further deliberation.
9. *It was important to provide timely intervention on site in the school setting once special needs (e.g. relating to developmental, educational, physical and behavioural concerns) in pre-school children were identified. To enable early identification and intervention, support provided to kindergarten teachers with a view to enhancing their knowledge and skills in catering for the diversity of needs of pre-school children and identifying those at risk should be strengthened. Consideration should be*	• Family Health Service of DH delivers talks on identification of children with developmental problems to in-service and pre-service kindergarten teachers organised by EDB and training institutes. (DH, EDB)	• EDB will continue to provide PDP on catering for the diversity of students with developmental and learning needs for KG teachers. EDB will also further develop and refine the content and mode of delivery of the PDP as well as teaching resources on catering for learner diversity for KG teachers.

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*given to **enhancing the capacity of professionals** (e.g. educational psychologists) to organise **more structured training activities and develop more teaching resources for kindergarten teachers** so that the kindergartens are better equipped to cater for the diverse needs of pre-school children with psycho-social and/or behavioural problems and those at risks of developmental problems. Apart from capacity building, kindergarten teachers should be supported by professionals in identification and intervention of pre-school children with special needs.*	• EDB has developed for kindergarten (KG) teachers a professional development framework, under which structured Professional Development Programme (PDP) comprising basic and advanced levels of training on catering for learner diversity has been delivered. (EDB) • To enhance KG teachers' application of positive behavioral management principles and strategies in the classroom, EDB has launched the "School-based Teacher Development Scheme in Supporting Students with Developmental Needs in Kindergartens: A Positive Classroom" in collaboration with an NGO. A total of 40 KGs participated in the Scheme since its launching in the 2018/19 school year. (EDB)	• Family Health Service of DH will continue to deliver talks on identification of children with developmental problems to in-service and pre-service kindergarten teachers organised by EDB and training institutes.
10. *While the pre-school rehabilitation services have been substantially strengthened, the **existing child assessment service under DH and medical services of the HA should also be reinforced** in terms of manpower and capacity in order to facilitate early assessment and timely intervention of children in need. In particular, manpower and resources in the assessment and specialist services require immediate enhancement with a view to reducing the waiting time for these services.*	Child Assessment Service (CAS) under DH • DH will set up an additional Child Assessment Centre (CAC) in Siu Sai Wan to handle the increasing caseloads. Target commencement date is 2024. As an interim measure before the additional CAC is set up, DH has set up a temporary CAC in Ngau Tau Kok in January 2018. (DH) • An additional 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, have been allocated to CAS of DH to cope with the growing demand of CAS. As at 30 November 2019, 18 posts (ten nursing, four allied health	• In 2019-20, HA will further enhance the multi-disciplinary teams, including psychiatric doctors, for the Child and Adolescent Psychiatric Service teams in all five service clusters providing child and adolescent psychiatric services. • HA will continue to review and monitor the service demand and capacity of the Child & Adolescent Psychiatric Services and enhance capacity by exploring options to further strengthen the multi-disciplinary service model under which paediatric doctors, psychiatric nurses and allied health professionals would assist psychiatric doctors in handling relatively mild and stable child and adolescent psychiatric patients.

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	professional posts and four administrative and general support posts) have been filled. (DH) Hospital Authority (HA) • The manpower of Child and Adolescent Psychiatric Service teams of HA was strengthened by adding one additional team comprising doctors, psychiatric nurses, occupational therapists and clinical psychologists each in all clusters in the past few years. (HA) • In 2018-19, HA recruited an additional five clinical psychologists to reinforce the Child and Adolescent psychiatric teams. (HA)	
11. *Schools are ideal settings for promoting and supporting mental, emotional and social well-being of school-aged children/adolescents and should be well supported to enable their meaningful participation in school programmes. Universal promotion of mental well-being targeting at all school-aged children/adolescents could be further enhanced through health promotion programmes and school curriculum on physical and mental health education that aim to facilitate the adoption of healthy lifestyles (for example, more physical activities and healthy nutrition) and the learning of life skills, with a view to building resilience against adversities in life, enhancing their understanding of mental health issues, increasing their awareness of mental illness, encouraging help-seeking and promoting de-stigmatisation. DH, in collaboration with the EDB and tertiary institutes, should* ***explore the feasibility of extending the health promoting school model*** *promulgated by the World Health Organization to all schools in Hong Kong, with a view to building a more caring and supportive environment where school-aged children /adolescents can learn, grow and flourish.*	• EDB has been promoting diversified development programmes to enhance students' resilience and introduced student guidance projects based on positive psychology concepts to help students develop a positive self-image. (EDB) • For instance, the Understanding Adolescent Project (UAP) is a comprehensive support programme for personal growth to facilitate early identification and intervention of upper primary students at-risk to enhance their resilience. (EDB) • Learning elements related to mental health and well-being are included in relevant curriculum. (EDB)	• Starting from the 2019/20 school year, the arrangement of the UAP has been enhanced with a view to providing better support to the at-risk students. Group activities for students and training for parents under the Intensive Programme of UAP have been further enhanced and the group size has been reduced. • The "Caring Schools Award Scheme" (Scheme) jointly organised with Hong Kong Christian Service and Hong Kong Association of Careers Masters and Guidance Masters, has been launched since 2005 in primary and secondary schools for promoting a caring school culture through public recognition of the award schools on their positive policies and caring school measures adopted. Starting from the 2018/19 school year, the Scheme

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	• Two MVPA60 [1] networks continue to support participating/network schools for developing the school policy and action plans, in order to encourage student participation in daily physical activities in the 2019/20 school year. (EDB) • DH launched a two-year Health Promoting School (HPS) Pilot Programme in 30 schools, including 18 primary, 11 secondary, 1 secondary-cum-primary special school in the 2019/20 school year. (DH) • Starting from the 2018/19 school year, elements of Child and Adolescent Mental Health Community Support Project (CAMcom) services have been incorporated into the Student Mental Health Support Scheme (SMHSS) to facilitate early identification under SMHSS. SMHSS has been expanded to 90 schools in all five HA clusters providing child and adolescent psychiatric services. (*) (FHB, EDB, HA, SWD)	has extended to include kindergartens. The number of participating schools is increasing. In the 2019/20 school year, over 400 schools have joined the Scheme. • EDB will continue to review and consolidate existing resources with the school sector, and to facilitate schools to optimise the use of these resources and maximise students' learning opportunities. • EDB will continue to review and update the curriculum as appropriate and provide diversified learning experiences to help students broaden their horizons and develop positive values and attitudes. • EDB will continue the two MVPA60 networks to support schools in the 2020/21 school year • Student Health Service of DH will continue to help participating schools to attain their goal of building a healthy campus through regular self-assessment and providing support. • The Government will evaluate the pilot programme to assess the feasibility to extend the HPS model in Hong Kong. • FHB, EDB, SWD and HA will further extend SMHSS to cover more schools in the 2020-21

[1] MVPA60 is a recommendation of the World Health Organization to encourage children and youths aged 5-17 to accumulate at least 60 minutes of moderate-to-vigorous intensity physical activities daily.

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		school year. FHB will consider the way forward of SMHSS in reference to the evaluation results. (*)
12. ***More targeted support*** *should be provided to school-aged children/adolescents with special needs, such as those with special educational needs (SEN), behavioural issues and mental illness.* ***More structured training, seminars and talks*** *involving multi-disciplinary professionals from medical, social, and education sectors for teachers should be provided to enhance their knowledge and skills in detecting and handling vulnerable cases with mental health concerns (including cases of mood disorder). Considerations should be given to* ***enhance the capacity of primary care doctors and paediatricians*** *who can work with other stakeholders in Tier 1 for the prevention, early detection and intervention, and mental health maintenance of children and adolescents with mental health needs. Considerations should also be given to* ***enhance the capacity of multi-disciplinary professional teams in Tier 2 and Tier 3*** *which can work closely with Tier 1 to ensure continuity of care being provided to children and adolescents in need.*	• Starting from the 2017/18 school year, the EDB arranges "Professional Development Programme (PDP) for Mental Health" including elementary training for teachers at large and in-depth training for designated teachers in primary and secondary schools with a view to raising their awareness of mental health and enhance their professional knowledge and skills to identify and support students with mental health needs. In the 2019/20 school year, about 1 000 training places of the PDP for Mental Health have been provided for serving teachers. (EDB) • The Learning Support Grant (LSG) that the EDB provides for public sector ordinary secondary and primary schools covers students with mental illness. Schools with such students are allocated with the grant to help them cater for the learning, social, emotional and behavioural needs of such students. (EDB) • Starting from the 2019/20 school year, the LSG is extended to all public sector ordinary schools and the grant rate for the tier-3 support is increased multifold. Under the enhanced measure, schools have a more stable teaching force and additional resources for flexible deployment to support their students with SEN (including students with mental illness).	• The structure and mode of delivery of the PDP for Mental Health is being reviewed and will be refined in the 2020/21 school year. • The EDB will continue to monitor the utilisation of enhanced LSG to ensure the effective provision of SEN support in school (including the support for students with mental illness).

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	• Please also refer to (*) in Recommendation No. 11.	
13. ***Multi-disciplinary intervention approach*** *involving parents, teachers, school social workers, educational psychologists and healthcare professionals should be enhanced to strengthen mental health support services at school. This could be achieved by establishing a school-based platform to bring together these professionals and stakeholders to monitor and support children with mental health needs. It is recommended* ***to pilot this school-based model through collaborations of EDB, SWD and HA*** *by bringing medical professionals to work with school and social care professionals at schools with a view to testing its effectiveness in enhancing the expertise and capacity at school and family support.*	• Please refer to (*) in Recommendation No.11.	• Please refer to (*) in Recommendation No.11.
14. ***A three-year Pilot Project on Special Educational Needs Coordinators (SENCOs)*** *funded by the Community Care Fund (CCF) from the 2015/16 school year has been launched to provide a cash grant to public sector ordinary primary and secondary schools to arrange a designated teacher to coordinate matters relating to SEN support. It is noted that EDB has appointed consultants to evaluate the effectiveness of the project and to provide training for the SENCOs. EDB should* ***consider the way forward having regard to the outcome of the project.***	• In the 2019/20 school year, public sector ordinary primary and secondary schools will each be provided with an additional teaching post for assignment of a designated teacher to take up the role of SENCO to support integrated education. (EDB) • Starting from the 2019/20 school year, the Government upgrades the SENCO post to a promotion rank in public sector ordinary schools with comparatively large number of students with SEN to facilitate SENCOs to deliver their leadership duties more effectively.	• The Government will continue to monitor the deployment of SENCOs in schools and provide them with professional training and network activities as deemed necessary.
15. *To encourage help-seeking by youths who encounter, or are at risk of, mental health problems, establishment of* ***youth-friendly platforms and provision of tailor-made services for youths in need*** *(e.g. consideration of providing temporary accommodation designated for youths) could be considered. While youth in the community such as school dropouts should be closely monitored with necessary support and outreach services, existing local platforms for youth work could be made*	• SWD subvents NGOs to operate Integrated Children and Youth Services Centres (ICYSCs), which provide services to children and youth aged 6 to 24 at neighbourhood level, including promoting mental well-being, providing support services to those with emotional and behavioural	

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use of to provide youth-friendly support in the community. The platforms could serve the functions of promoting mental well-being of youths, training practitioners in handling mental health cases, facilitating early detection of mental disorders and high risk states, providing intervention programmes to address common mental health needs, arranging referrals to mental health services, etc. Consideration could also be given to ***integrate the services provided at the youth-friendly platforms with the Early Assessment Service for Young People with Early Psychosis (EASY) programme*** *to facilitate early detection and intervention of at-risk or incipient psychotic cases.*	problems and referring the more complicated cases to specialised service units as appropriate. (SWD). • Since 1 December 2018, SWD has subvented NGOs to set up five Cyber Youth Support Teams. Social workers of these teams will proactively reach out to high-risk or hidden youths, including those with mental health problems, through online platforms commonly used by young people, as well as provide timely intervention, counselling and referral services. (SWD) • EASY programme of HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA)	
16. *To ensure a* ***smooth transition from pre-school rehabilitation services to school support services****, support should be provided to the families of children with special needs to facilitate them to access relevant services for their children during the transitional period.*	• The EDB, SWD, CAS of DH and HA have formulated a collaborative mechanism on transfer of information with effect from 2018/19 school year, under which assessment information and progress reports of pre-school children with special needs will be transferred from CAS and pre-school rehabilitation service units operated by NGOs respectively to the primary schools before those children proceed to primary schooling for the schools' early planning of learning support to those children. (EDB, SWD, DH, HA)	• The Government will keep in view of the cross-bureau/department collaboration mechanism to ensure smooth transition of children with special needs from pre-school to primary school.
17. *Special attention should be given to the mental health needs of adolescents as they enter adulthood and to ensure their* ***smooth transition*** *from child and adolescent mental health services to adult mental health and other life-support services.*	• HA provides support such as arranging orientation for patients before they attend the adult services and making referrals to suitable allied health or	• Subject to further deliberation.

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	Consideration should be given to explore whether mainstreaming adolescents reaching age 18 (in particular those with developmental disorders) to receive enhanced adult services, or assigning specialised clinics designated for these adolescents, would be effective to facilitate service transition. The feasibility of ***developing a model for service transition from adolescence to adulthood*** *could be explored.*	social services to meet individual clinical needs, with a view to facilitating transition from child and adolescent psychiatric services to adult psychiatric services.	
	18. ***When the adolescents reach the age for adulthood, a care plan with assessment of needs should be provided*** *for these adolescents so that they can get the necessary support from the respective adult services including rehabilitation training to support employment to help them face the different set of challenges in education, training and employment.* ***The long-term support for these groups of people throughout their adulthood would need to be separately looked into under another platform.***		• Subject to further deliberation.
	19. *Capacity building is the key to ensure the smooth operation of the 3-tier stepped care model for supporting children and adolescents with mental health issues.* ***Supply should be ensured*** *and* ***training strengthened*** *for care professionals at each and every tier of the model, such that they have the necessary strength and expertise to identify, treat, handle and help those in need through professional training and continuing education. The target groups to be trained include not only parents and teachers, but also healthcare practitioners (including psychiatrists, paediatricians, family doctors, etc.), social care professionals and other caregivers in the community.*	• Student Health Service of DH delivers mental health talks / seminars to parents and teachers through outreach programme as well as produces educational resources. (DH) • Child Assessment Service (CAS) and Family Health Service of DH are providing training to the Community Paediatric trainees. CAS is also the major accredited training institution for Developmental-Behavioural Paediatricians under Hong Kong College of Paediatricians and Hong Kong Academy of Medicine and is providing teaching and clinical attachment to allied health professionals. (DH)	• Student Health Service of DH will continue to deliver mental health talks / seminars to parents and teachers through outreach programme as well as produces educational resources. • CAS and Family Health Service of DH will continue to provide training to the Community Paediatric trainees. (DH)
	20. *There is a need to build the first tier of the stepped care model and strengthen the second so that effective prevention and gatekeeping at the primary care level (by*	• The module on development under the "Reference Framework for Preventive Care for Children in	• In exploring and developing new Public-Private Partnership (PPP), the Hospital Authority (HA)

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families, schools as well as health and social care professionals) are in place to prevent unnecessary escalation of cases to the upper layers. ***Strengthening of training*** *(for example, developmental behavioural paediatric subspecialty) and* ***provision of relevant module under the existing reference framework*** *could be considered to facilitate primary care physicians such as paediatricians and family doctors in the assessment and management of developmental problems in their daily practice. The* ***feasibility of using public-private partnership*** *for downloading suitable HA patients with treatment plans to the private sector could also be explored. Apart from public education, capacity building efforts and public-private partnership recommended above, consideration should be given to the* ***development and promotion of evidence-based parental training/family support programmes and rehabilitation training programmes*** *for reference by service providers outside the Government.*	Primary Care Settings" was released in September 2018. It aims to help primary care doctors in the assessment and management of children with developmental problems (including mental and psychological issues) in their daily practice. (FHB).	will carefully consider a number of factors such as service demand, case suitability, potential complexity, readiness and capacity in the private sector. The HA shall continue to communicate with the public and patient groups and work closely with relevant stakeholders to explore the feasibility of introducing new initiatives in order to meet the healthcare services demand of the people. (#)
21. *There is also a need to* ***enhance communication and interface between different layers of the 3-tier model*** *to ensure the provision of holistic and integrated child and adolescent mental health services for those in need, and that each layer is equipped with the appropriate expertise in reasonable strength to provide the right level of care and make the necessary referral.* The ***existing communication and coordination platforms*** *among the Department of Health (DH), the Hospital Authority (HA), the Education Bureau (EDB), the Social Welfare Department (SWD) and non-governmental organisations (NGOs)* ***should be strengthened*** *with a view to articulating a clear pathway and common language of care and support mechanism based on the tiered model.* ***Common monitoring tools and statistical databases should be developed*** *to enable schools and medical/social care institutions to keep track of children and adolescents with developmental or mental health issues as they migrate from childhood to adulthood, in order to provide them with the necessary support and intervention.*	• The Comprehensive Child Development Service (CCDS) has been put in place to provide a cross-sectoral collaborative platform for DH, HA, EDB, SWD and NGOs to identify and refer at-risk cases. (DH, HA, EDB, SWD) • The demand for CCDS service provision has been increasing over the past 10 years. Considering the need of reviewing the manpower and resources required, the Inter-departmental Coordinating Committee (ICC) on CCDS was held in September 2018 to discuss the way forward, including the measures to further strengthen the existing communication and coordination platforms, with a view to articulating a clear pathway and common language of care and support mechanism based on the tiered model. In the ICC meeting, proposals on "Enhancement of CCDS	• Subject to further deliberation.

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	Paediatric Service" and "Strengthen CCDS Psychiatric Service in response to the Recommendation of Mental Health Review Report" were presented to address the existing service gaps.	
(III) Chapter 3 – Mental Health Services for Adults (6 recommendations)		
22. *To further enhance the support for patients with SMI in the community, HA should conduct a review on the* ***ratio of case manager to patients with SMI*** *with a view to* ***improving the ratio from the current 1:50 to around 1:40*** *in three to five years' time. Further review should be conducted on whether the ratio could be further improved in the long run. HA should also* ***enhance the peer support services*** *by strengthening the manpower of peer support workers and expanding the coverage of the services in all districts by phases.* ***Regular review of the caseload for professional staff in Integrated Community Centres of Mental Wellness (ICCMWs)*** *is also essential to ensure the provision of quality services.*	• The review on service model and manpower of the Community Psychiatric Services (CPS) has been completed in December 2017. The enhanced service model of CPS has been implemented in all clusters. (HA) • Since 2015-16, HA has introduced the peer support element into the Case Management Programme to enhance community support for patients by phases. A total of 20 full time equivalent peer support workers have been recruited. (HA) • HA aims to further improve the case manager to patient ratio to 1:40 by phases, an addition of 20 case managers have been recruited in 2018-19 and 2019-20 respectively.(HA) • SWD has implemented the 2-year Pilot Project on Peer Support Service in Community Psychiatric Service Units since March 2016. The service has been regularised in March 2018 with the number of peer supporter positions increased. (SWD)	• HA will continue to monitor the manpower situation of CPS and recruit additional case managers as appropriate to provide better community support for people with mental health needs with a view to improving the case manager to patient ratio by phases. (HA)

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23. *To further enhance early detection and intervention of early psychosis during the first three critical years of illness, consideration should be taken to **extend the EASY programme** so that it can cover all new cases of first episode psychosis by phases.*	• EASY programme of HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA) • HA is reviewing the service model of the EASY programme. The review is expected to be completed in 2020-21. (HA)	• Subject to the review of the EASY service model.
24. *Based on the evaluation outcome of the pilot service model of Kwai Chung Hospital for patients with CMD, HA should take steps to **enhance the multi-disciplinary teams and strengthen the psychiatric SOP service** in other clusters so that the services of the enhanced CMD clinics could be rolled out to all clusters by phases.*	• The CMD clinic with enhanced multi-disciplinary support has been launched in Kowloon West, Kowloon East, New Territories (NT) East, NT West and Hong Kong East clusters since 2015-16 by phases. (HA)	• HA will continue to monitor the situation of psychiatric SOP services to provide better support for patients with CMD.
25. *To reduce the waiting time and enable more effective and efficient use of psychiatric specialist service of HA which should focus on handling more complicated cases, HA should **explore the feasibility of introducing a public-private partnership (PPP) arrangement** for downloading suitable patients with care plans to private medical practitioners for on-going management of stabilised CMD cases. HA should work out the service delivery model of pilot CMD PPP as early as possible with a view to rolling out the CMD PPP by 2018.*		• Please refer to (#) in Recommendation No.20 above.
26. *To facilitate the successful implementation of CMD PPP, the **role, capacity and expertise of primary healthcare professionals** have to be enhanced through training so as to ensure that they are equipped with relevant knowledge and skills to manage patients with stable CMD in the community or cases downloaded/discharged from the psychiatric specialist service of HA.*		• Subject to further deliberation.
27. *To **clear up the waitlist of patients with learning disability** for admission to Siu Lam Hospital, HA should enhance the manpower, including nursing staff and allied health*	• Additional 20 beds were provided in Siu Lam Hospital in December 2016 and manpower was subsequently strengthened. The waitlist has been	

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professionals following the opening of the new ward which has provided additional beds in Siu Lam Hospital.	cleared. (HA)	
(IV) ***Chapter 4 – Dementia Support Services for the Elderly (10 recommendations)***		
28. ***Public education should be strengthened*** *to promote healthy lifestyles, better understanding and awareness of dementia, encourage help-seeking behaviour and reduce stigma associated with dementia. The Expert Group recommends that public education campaigns should be developed by the Government to address a wide range of issues and audiences including early warning signs and effective strategies for obtaining diagnosis, treatment and support, along with other efforts to promote healthy lifestyles including regular physical activities. The Department of Health should adopt a proactive approach in public education to raise awareness of the disease and emphasize the importance of modifiable risk factors when promoting the adoption of healthy lifestyle practices. DH and SWD should compile and disseminate information on health education and community resources available respectively to help people living with dementia and their carers so that people know more about the disease and where to seek help and what sort of services are available.* *Effective prevention approaches in education settings are equally important. The school curriculum already supports learning about mental well-being and healthy lifestyle. Dementia as a theme can also be* ***added to the curriculum to increase the right exposure of young people to dementia.*** *To reduce stigma associated with dementia, it is necessary to promote consensus on the adoption of a common Chinese nomenclature of the disease. Among all commonly-used Chinese nomenclatures, the Expert Group recommends* ***the adoption of*** *認知障礙症, which is considered to have the least stigmatizing effect.*	• 認知障礙症, which is considered to have the least stigmatising effect, is used by the Government. • The Elderly Health Service of DH provides services to enhance the awareness of elderly persons and their carers as well as the general public about the importance of mental health, and the prevention and management of common mental health problems of elderly persons through various channels such as health talks, seminars, books, audio-visual materials, webpages and the mass media. (DH) • Please also refer to updates in Recommendation No.1. (DH) • SWD launched a three-year public education programme, titled the Dementia Friendly Community Campaign, in September 2018 to enhance public understanding of dementia and encourage members of society to support and care about elderly persons with dementia and their carers. Amongst other things, the programme includes commissioning the Hong Kong Alzheimer's Disease Association to assist in organising "Dementia Friends" Information Sessions, production of television and radio	• Please also refer to updates in Recommendation No.1.

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	Announcements in the Public Interest, setting up a thematic webpage, co-producing with the Radio Television Hong Kong a television docudrama series on dementia, organising a Highlight Event and district-based activities and screening of the film "CareNin", etc. As at end November 2019, the number of Dementia Friends was 13 924. (SWD)	
29. *To facilitate service planning**, territory-wide prevalence studies of dementia** should be conducted regularly and where possible, with details on the prevalence by district and the severity of disease by age group. It would be useful to establish common data collection tools and map out the prevalence of dementia by district and the corresponding service needs by looking at the demographic and socio-economic profiles of elders residing in the district. Planning and allocation of resources would be more cost-effective as a result. By collecting data on the severity and age of persons with dementia, the studies would enable us to account for the changes in service needs of different cohorts of patients over time as a result of progression of disease and changing demographic structure such as educational attainment levels of our future older generations.*	• The Research Office of the Food and Health Bureau has commissioned The Chinese University of Hong Kong to conduct a mental health prevalence survey on elderly persons. The survey has already commenced. (FHB) • An update of progress is included under Recommendation No.2. (FHB)	• Please also refer to updates in Recommendation No. 2. (FHB)
30. *A common reference should be developed to support primary care professionals on the diagnosis and management of dementia. The Hong Kong Reference Framework for Preventive Care for Older Adults, developed by the Task Force on Conceptual Model and Preventive Protocols under the Working Group on Primary Care, consists of a core document supplemented by a series of different modules addressing various aspects of disease management and preventive care. A **dedicated module on dementia is recommended** to promote international best practices and support decision-making by healthcare professionals in primary care on the diagnosis and management of dementia.*	• The module on cognitive impairment under the "Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings" was released in September 2017. The module elaborates on the assessment and management of older adults with cognitive impairment in primary care settings. (FHB)	

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*31. The role of primary care in the provision of dementia care should be enhanced through capacity building. Detection and diagnosis of suspected cases and management of stable cases are two important functions of primary care in the provision of dementia care. Early identification and referral of complicated cases to specialist services by primary care is to be encouraged at the stage when there is a possibility of beneficial intervention. **Systematic training** should be encouraged for general practitioners (GPs) in the private practice so that they will become important care service providers. Colleges under the Hong Kong Academy of Medicine and training institutes (such as the University of Hong Kong, the Chinese University of Hong Kong, Hong Kong Medical Association, etc.) which organise relevant courses at present could be the service providers and encouraged to provide training to GPs in future. On the other hand, HA should also **explore the possibility of public-private partnership (PPP) in the provision of dementia care** by referring stable cases of dementia to private GPs. The enhancement of the role of primary care professionals in the provision of dementia care will reduce dependence on specialist care and allow scarce resources to be used optimally. Having a strong foundation of primary care will allow the dementia care pyramid to function effectively.*		• Please refer to (#) in Recommendation No.20 above. (FHB, DH, HA)
*32. The **capacity of specialist services in HA should be strengthened** to facilitate timely intervention of dementia cases through the implementation of a refined intervention model, with a view to reducing the waiting time of specialist services. HA should strengthen the capacity of specialist services (for example, geriatric and psychogeriatric support) through enhancement of its multi-disciplinary manpower having regard to service demand (such as the management of behavioural and psychological symptoms of dementia (BPSDs) which is complex). It should also **review the caseload and profiles of patients and refer patients with mild or moderate dementia** to the primary care setting so as to spare specialists with more time for handling complicated cases. It will also reduce the waiting time of specialist services and ensure that the right level of care will be given to patients in need promptly.*		• Subject to further deliberation. (HA)

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
33. *There is also a need to* ***increase the supply of healthcare manpower and strengthen their training.*** ***Training for healthcare and social care providers*** *should be enhanced so that they are equipped with the necessary skills and knowledge in providing care to persons with dementia. Dementia care is a labour-intensive task. With increasing demand for dementia services, there is a need to ensure an adequate supply of multi-disciplinary healthcare professionals and skilled social care personnel to provide different types of care for meeting the varying needs of patients. Elderly and dementia care should be featured in the relevant* ***training programmes provided by the education sector*** *so that healthcare and social care professionals will become proficient in detecting symptoms, as well as in understanding the disease trajectory and approaches to care.* ***Regular on-the-job training*** *should be mandated for healthcare and social care professionals to ensure their continuing competence.*	• SWD, in collaboration with DH, regularly organises training for professional staff (including social work staff, nursing staff and allied health professionals, such as physiotherapists and occupational therapists) as well as non-professional staff (including care workers and health workers) of elderly service units to enhance their knowledge of dementia and to strengthen their skills in caring for elderly persons with dementia. (SWD, DH) • SWD has allocated additional resources to all subvented elderly centres and day care centres/units for the elderly (DEs/DCUs) since October 2018 for enhancing staff training on dementia. (SWD)	
34. ***Social care infrastructure should be strengthened*** *to allow persons with dementia to remain in the community for as long as possible. To allow persons with dementia to remain in the community for as long as possible, dementia-friendly neighbourhood should be encouraged. Dementia-specific services in existing long-term care facilities (and dementia-specific units in the longer run) should be encouraged where possible to cater for the specific needs of patients, especially those with BPSDs. These facilities are preferably supported by specialist services for more optimal management of BPSDs. An existing coordinating platform (e.g. District Coordinating Committee on Elderly Services convened by SWD in respective districts) involving healthcare and social work professionals and other stakeholders in the district could be made use of to enhance liaison and exchange of information on dementia, as well as to discuss effective strategies for developing a dementia-friendly neighbourhood as necessary.*	• The Visiting Health Teams (VHTs) of DH, comprising nurses, dietitians, occupational therapists, physiotherapists and clinical psychologists, reach out into the community and Residential Care Homes for the Elderly (RCHEs) to deliver on-site training for carers, provide advice on environmental improvement measures tailored to the specific situation of each RCHE, as well as provide training to staff of RCHEs on the skills relating to the management of elderly persons with dementia. VHTs also conduct talks and seminars for frontline staff of different bureaux/departments and organisations of the public sector, as well as members of the public to enhance their understanding of the needs of patients with	

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
	dementia. (DH) • SWD has allocated additional resources since October 2018 for strengthening manpower in all NECs to facilitate early detection of dementia and enhance public education as well as the support services for elderly persons with dementia and their carers; and in all DEs/DCUs and home care services teams to further enhance care for elderly persons with dementia and support for their carers. (SWD) • SWD has allocated additional programme resources since October 2018 to all DECCs and NECs to organise education activities in the district or neighbourhood level in order to raise public awareness of dementia, with carers as one of the target groups. (SWD)	
35. *There is a need to* ***enhance medical-social collaboration and further integrate the delivery of healthcare and social care interventions*** *to provide patient-centred support. The implementation of an integrated community care and intervention model for mild or moderate dementia will allow mild or moderate cases of dementia to be managed at the community level through enhanced medical-social collaboration. Appropriate level of care will be given to patients with different needs. The collaboration over the delivery of healthcare and social care interventions will ensure that patients' multiple needs will be taken care of. It is recommended that* ***a pilot scheme should be designed to test the feasibility of the care model.***	• DCSS has been regularised and expanded to all 41 DECCs in Hong Kong. (FHB, HA, SWD) • To facilitate elderly persons with dementia to remain in the community for as long as possible, DECCs are encouraged to provide post-DCSS maintenance service to suitable DECC members who have completed the DCSS programmes and, with the consent of the DCSS graduates and their carers, approach the concerned Neighbourhood Elderly Centres (NEC), to provide appropriate support . (SWD)	

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
36. *End-of-life care and palliative care in the community setting should be promoted to minimise unnecessary and repeated hospitalisation. The concept of advance care planning and advance directives should be further promoted so that elderly persons, irrespective of whether they suffer from dementia and their families know about their options, could plan ahead according to their own wishes and values if circumstances so permit.* ***End-of-life and palliative care including the option to "die in place with dignity" should be studied*** *for elderly persons, irrespective of whether they suffer from dementia, having regard to the socio-economic characteristics of our population and economy, as well as the legal and practical issues involved in the Hong Kong context.*	• To plan and further improve the quality and sustainability of HA's palliative care service as well as to cope with increasing demand, HA has developed in 2017 the "Strategic Service Framework for Palliative Care", to guide the development of palliative care service in the coming five to ten years. Strategic directions for improving palliative care were formulated. (HA)	• To allow more choices for terminally-ill patients on their own treatment and care, the Government conducted a public consultation on legislative proposals on advance directives and dying in place from September to December 2019. The Government will consolidate and analyse views received to decide the way forward after the end of the consultation period. (HA)
37. ***Support for carers should be enhanced****. This includes providing them with structured and accessible information, skills to assist in caring, respite to enable engagement in other activities so that they can continue in their role effectively. Most care for persons with dementia is provided by informal, unpaid family carers who include spouses and adult children. The support of families and informal carers plays an important part in enhancing the quality of life of persons with dementia. The responsibilities of informal carers can exact a high price on their physical and emotional health. The development and provision of a range of programmes and services (say, through NGOs) to assist family carers and reduce their strain should be encouraged. Information including understanding the characteristics and course of the disease as well as what resources are available to families, along with training in how to care for people with the disease and how to lessen and deal with behavioural symptoms, should be provided to carers and NGOs that provide elderly services. Respite care (for example, home respite service), counselling, long-term support should be encouraged and provided to carers to enable them to continue in their role effectively for as long as possible. The establishment of carer support groups should be encouraged as carers could seek advice and share the problems and challenges encountered in taking care of persons with dementia through the groups.* ***Applying innovative technology in the provision of dementia care services*** *(for example, using Apps to provide information and tools that can facilitate carers to take care of persons with dementia) should*	• Carers of elderly persons with dementia are currently supported through the provision of carer training, the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families, and the provision of respite service for elderly persons, including day respite service and residential respite service. (SWD) • The special measure to provide designated residential respite places in private RCHEs participating in EBPS to relieve the stress of carers has been regularised since October 2019. (SWD) • To enhance the capacity of foreign domestic helpers in taking care of elderly persons with dementia, two elective modules on dementia care have been incorporated into the Pilot Scheme on Training for Foreign Domestic Helpers on Elderly Care, which is a collaborative project among SWD, VHTs of DH and DECCs. (SWD, DH)	

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
also be encouraged to enhance the carer support.	• SWD has allocated additional resources to all subvented elderly centres and the home care services teams in the territory since October 2018 to enhance outreaching services for supporting needy carers living in the community and looking after frail elderly persons, including elderly persons with dementia. (SWD) • The Government launched the $1 billion Innovation and Technology Fund for Application in Elderly and Rehabilitation Care in December 2018 to subsidise eligible elderly and rehabilitation service units to try out and procure/rent technology products, so as to improve the quality of life of service users and reduce the burden and stress on care staff and carers. (SWD) • Please also refer to updates in Recommendation No.33 and 34 on measures relating to carer support. (SWD, DH)	
(V) ***Chapter 5 – Applicability and Practicability of introducing Community Treatment Order in Hong Kong (3 recommendations)***		
38. The existing "conditional discharge" mechanism and the CTO have a common objective in that both seek to protect the health and safety of the patient and others in the community by way of mandatory treatment. However, the limited scope of patients to which the "conditional discharge" mechanism is applicable, as well as the prerequisite for pre-determined condition(s) under which a patient is released from hospital, has rendered it inefficacious in some scenarios. To further safeguard the health and safety of the patient and others in the community, it is recommended that ***HA should conduct a review on the "conditional discharge" mechanism****.to strengthen the existing "conditional discharge" mechanism.*		• Subject to further deliberation.

Recommendations **Advanced stage of implementation (14)** **Underway(15)** **Subject to further deliberation (11)**	Update (as at 30 November 2019)	
	Present Position	**Next Steps**
*39. From overseas experience, the successful implementation of CTO requires adequate community mental health support in both the medical and welfare sectors. Community support services such as social rehabilitation would be necessary not only for patients themselves, but also their family members and carers. The Review Committee agrees that an adequate level of community mental health support is essential before patients with mental illness are discharged into the community so it is recommended that HA should **improve the ratio of case manager to patients** for better community support.*	• Please refer to updates in Recommendation No. 22.	• Please refer to updates in Recommendation No. 22.
*40. While the Review Committee considers that the introduction of CTO in Hong Kong is not appropriate at this moment, it suggests that the Government monitor the review of the "conditional discharge" mechanism and the enhanced Case Management Programme service, the prevalence of concrete evidence on the efficacy of CTO, as well as the public sentiment on patient management, and invite the standing advisory committee on mental health to **re-visit the applicability of CTO in Hong Kong when needs arise**.*		• Subject to further deliberation.

精神健康職場約章
Mental Health Workplace Charter

精神健康職場約章
Mental Health Workplace Charter

參加表格
Enrolment Form

精神健康諮詢委員會
Advisory Committee on Mental Health

衞生署
Department of Health

《精神健康職場約章》
Mental Health Workplace Charter

政府將推行一個持續的精神健康推廣和公眾教育計劃（「計劃」），首階段將於2020年上半年開展，旨在把「好心情@HK」計劃所得的成果傳承下去，並增加公眾對精神健康的認識，長遠達致建立一個精神健康友善社會的目標。作為計劃的一部分，政府即將推出《精神健康職場約章》（《約章》）。

The Government would embark on an on-going mental health promotion and public education initiative ("Initiative") with a view to building a mental health-friendly society in the long run. The first phase of the Initiative, to be launched in the first half of 2020, aims to sustain the efforts of the Joyful@HK Campaign, and enhance public understanding of mental health. The Mental Health Workplace Charter ("the Charter") will be introduced as part of the Initiative.

約章宣言
Charter Statement

「我們重視並承諾推動一個精神健康友善的工作環境。」

"We value and pledge to promote a mental health-friendly workplace environment."

簽署《約章》的機構，可選擇在12個行動項目中完成指定數量，以獲取「精神健康友善機構」或「精神健康友善卓越機構」的稱號。

Organisations signing the Charter may choose to attain either of the two titles, namely Mental Health Friendly Organisation or Mental Health Friendly Supreme Organisation, by completing a designated number of action items from a set of 12 action items.

精神健康友善機構 **Mental Health Friendly Organisation**	在行動項目清單（見第四至六頁）**目標I**完成至少**三**個行動 Completed at least **3** actions under **Objective I** of List of Action Items (see page 4 – 6)
精神健康友善卓越機構 **Mental Health Friendly Supreme Organisation**	在行動項目清單（見第四至六頁）**目標I及II各**完成至少**三**個行動 Completed at least **3** actions **each** under **Objective I and II** of List of Action Items (see page 4 – 6)

如對《約章》有任何查詢，歡迎致電2835 1268或電郵至mhcharter@dh.gov.hk與護士長（健康促進）梁小姐聯絡。

Should you have any enquiries on the Charter, please feel free to contact Ms LEUNG, Nursing Officer (Health Promotion) of the Department of Health at 2835 1268 or mhcharter@dh.gov.hk

參加表格 Enrolment Form

請將填妥的參加表格連同宣言（即第三至七頁）交回：
Please return the completed form and declaration (i.e. page 3 – 7) to:

衞生署
香港灣仔軒尼詩道130號修頓中心7樓

Department of Health
7/F Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong

傳真：
Fax: 2591 6127

電郵：
Email: mhcharter@dh.gov.hk

如對《約章》有任何查詢，歡迎致電2835 1268或電郵至mhcharter@dh.gov.hk與護士長（健康促進）梁小姐聯絡。
Should you have any enquiries on the Charter, please feel free to contact Ms LEUNG, Nursing Officer (Health Promotion) of the Department of Health at 2835 1268 or mhcharter@dh.gov.hk

機構名稱（英文）：
Name of Organisation (English): _____

機構名稱（中文）：
Name of Organisation (Chinese): _____

機構網頁：
Website of Organisation: _____

機構地址：
Address of Organisation: _____

僱員人數：
Employment Size: _____

營運年期：
Year(s) of Operation: _____ 年 year(s)

聯絡人姓名：
Name of Contact Person: _____ ☐ 女士 Ms ☐ 先生 Mr

聯絡人職銜：
Post Title of Contact Person: _____

聯絡人電話：
Tel Number of Contact Person: _____ 傳真：Fax Number: _____

聯絡人電郵：
Email of Contact Person: _____

機構有否簽署「好心情@健康工作間」計劃約章[1]？
Has organisation signed the Charter of Joyful@Healthy Workplace Programme[1]?

☐ 有 Yes ☐ 否 No

[1] 該計劃由衞生署、勞工處及職業安全健康局舉辦，具有三個行動範疇，分別為健康飲食、體能活動及心理健康。詳情請瀏覽www.joyfulhealthyworkplace.hk
The Programme, organised by the Department of Health, Labour Department and Occupational Safety and Health Council, has three action areas, namely healthy eating, physical activity and mental well-being. Details can be found at: www.joyfulhealthyworkplace.hk

行業：（請在適當方格內 ✔ 號） Industry: (Please put a ✔ in the appropriate box)	
☐ 農業、林業及漁業 Agriculture, forestry and fishing	☐ 採礦及石業 Mining and quarrying
☐ 製造業 Manufacturing	☐ 電力、燃氣及廢棄物管理 Electricity, gas and waste management
☐ 進出口貿易、批發及零售業 Import/export, wholesale and retail trades	☐ 運輸、倉庫、郵政及速遞服務 Transportation, storage, postal and courier services
☐ 住宿及膳食服務 Accommodation and food services	☐ 資訊及通訊 Information and communications
☐ 金融及保險 Financing and insurance	☐ 地產 Real estate
☐ 專業及商用服務 Professional and business services	☐ 公共行政以及社會及個人服務 Public administration, and social and personal services
☐ 政府決策局及部門 Government Bureaux and Departments	☐ 其他： Others: _____

《精神健康職場約章》行動項目清單
Mental Health Workplace Charter - List of Action Items

本機構承諾會推動一個精神健康友善的工作環境，並在十二個行動項目中完成指定數量，旨在職場推廣心理健康，包括建設一個互相尊重和正面的工作環境；推廣 積極聆聽和溝通，鼓勵求助，並促進對精神困擾的及早識別和及時處理；以及為有 精神困擾的同事創造一個包容及友善的工作環境。

My Organisation pledge to promote a mental health-friendly workplace environment, by completing a designated number of action items from a set of 12 action items to promote mental well-being at workplace including a respectful and positive environment; active listening and communication, encourage help-seeking, and facilitate early identification of mental distress and timely treatment; as well as create an inclusive and friendly workplace environment for colleagues with mental distress.

（請在適當方格內 ✔ 號）
(Please put a ✔ in the appropriate box)

本機構欲參與成為：
My organisation would like to join as:

☐ 精神健康友善機構（在**目標 I** 完成至少**三**個行動）
Mental Health Friendly Organisation (completed at least **3** actions under **Objective I**)

☐ 精神健康友善卓越機構（在**目標 I 及 II 各**完成至少**三**個行動）
Mental Health Friendly Supreme Organisation (completed at least **3** actions **each** under **Objectives I and II**)

請剔選 Tick	項目 Item	行動 Action	例子 Examples
目標 I Objective I		在職場推廣心理健康，包括建設一個互相尊重和正面的工作環境，推廣積極聆聽和溝通，鼓勵求助，並促進對精神困擾的及早識別和及時治療（A 至 H 八個項目） Promote mental well-being at workplace including a respectful and positive environment, active listening and communication, encourage help-seeking, and facilitate early identification of mental distress and timely treatment (A-H, eight items)	
☐	A	舉辦促進交流的員工家庭聚會和愉快有趣的活動 Organise family and staff gatherings to promote sharing and activities for fun and enjoyment	舉辦員工家庭同樂日和節日慶祝活動 Organise family and staff fun day, festival celebrations 舉辦興趣小組、義工服務、體育活動和其他康樂活動 Organise interest groups, voluntary services, sports, other recreation activities
☐	B	舉辦講座 / 工作坊 / 活動以加強在工作場合的正面思維和互相尊重 Organise talks / workshops /activities to strengthen positive minds and respect in workplace	安排有關正面思維、壓力管理、培養抗壓能力、聆聽、給予反饋和解決衝突的講座 / 工作坊 / 活動 Arrange talks / workshops / activities on positive thinking, stress management, resilience building, listening, giving feedback and conflict resolution
☐	C	推動有關精神健康的資訊交流 Promote information flow on mental health	提高對常見精神健康問題的意識，例如焦慮和抑鬱 Raise awareness about common mental health issues such as anxiety and depression
☐	D	提供精神健康支援服務的資訊，鼓勵尋求協助 Encourage help-seeking behaviour by providing information on mental health support services	提供熱線、輔導人員、僱員協助計劃 Provide hotline, counsellors, employee assistance programmes
☐	E	舉辦有關精神健康的講座 Organise talks on mental health	由具備專門知識或個人經驗的講者進行較深入的探討 Go a bit deeper with speakers with expertise or personal experience
☐	F	向員工提供培訓，讓他們學習解決衝突、朋輩支援以及處理精神健康緊急狀況的基本技巧 Offer training to staff to equip them with basic skills to resolve conflict, provide peer support, and handle mental health emergency	舉辦或安排員工參加關於精神健康及溝通技巧的訓練課程 Organise or send staff to training courses on mental health and communication skills 提供關於朋輩支援的指導，例如如何開展有關精神健康的對話，以及如何以尊重和非批判的態度去聆聽 Provide guidance on how to offer peer support, such as proper ways to start a conversation concerning mental health and listening with a respectful and non-judgmental attitude
☐	G	鼓勵同事互相聆聽和分享有關精神健康的經驗 Encourage colleagues to listen to each other and share mental health related experience	鼓勵同事互相聆聽並分享有關精神健康的經歷。例：同事如果願意，可談及怎樣處理壓力、焦慮或抑鬱情緒。資深員工可組織相關分享會以帶頭討論 Encourage colleagues to listen to each other and talk about mental health related experience, e.g. how they deal with stress or anxiety or depressive mood if they feel comfortable doing so. Senior members can take the lead to do so by arranging relevant sharing session(s)
☐	H	引入導師計劃，以促進有關精神健康問題的交流 Introduce mentorship scheme to facilitate sharing on mental health-related concerns	利用非正式場合去聆聽、鼓勵求助和促進康復 Use informal setting to listen, to encourage help seeking and to promote healing

請剔選 Tick	項目 Item	行動 Action	例子 Examples
目標 II Objective II		為有精神困擾的同事創造一個包容及友善的工作環境 (I 至 L 四個項目) Create an inclusive and friendly workplace environment for colleagues with mental distress. (I-L, four items)	
☐	I	指派團隊 / 統籌人員實施所承諾的措施 Assign a team / coordinator to implement committed measures	安排人員或團隊跟進機構承諾實施的行動項目和收集意見 Have a person or team that will help organise, follow up and collect feedback on actions your organisation is committed to
☐	J	制訂人力資源政策，關心有精神健康需要的僱員，並提供有利環境，促進康復 Introduce human resources policies to care for employees with mental health needs and offer supportive environment to facilitate recovery	為有精神健康需要的同事安排合適崗位 / 工作環境；創建一個鼓勵同事接受所需診治 / 出席精神健康培訓課程的環境 (例如彈性工作時間)；調整工作安排，以便有精神健康需要的僱員重返工作崗位 Arrange suitable position / work condition for colleagues with mental health needs; create an encouraging environment (e.g. flexible working hours) for colleagues to attend necessary medical consultation(s) / attend training courses on mental health; adjust work arrangements to facilitate employees with mental health needs to return to work
☐	K	實施工作與生活平衡的措施 Introduce measures to promote work-life balance	實施五天工作週；就員工個人發展 / 興趣提供獎勵或特殊假期 Implement a five-day work week; provide incentive or special holidays to employees for personal development / interests 除非屬偶爾及無可避免的情況，否則應避免在辦公時間以外的時間安排工作 Avoid generating work outside office hours unless it is occasional and strictly unavoidable 將工作排序 Prioritise work 定期與員工溝通，以加深了解他們的個人需要 Communicate regularly with employees to better understand their individual needs
☐	L	提供就業機會給予已康復和正在康復的復元人士 Offer job opportunities to persons recovered or recovering from mental health issues	機構可透過勞工處展能就業科或相關非政府機構招聘這些求職者 Recruit the concerned job seekers through the Selective Placement Division (SPD) of the Labour Department or relevant NGOs

宣言 Declaration

我謹代表本機構，
On behalf of the Organisation, I

- 聲明以上所填報的資料全屬真確無誤；
  declare that all the details given above are true and correct to the best of my knowledge;
- 承諾創造精神健康友善職場；
  pledge to create a mental health-friendly workplace;
- 同意衞生署及合辦機構對甄選《精神健康職場約章》參與機構的一切決定均為最終決定；及
  agree to abide by the decisions of the Department of Health and co-organisers, which are final on all matters relating to Mental Health Workplace Charter; and
- 同意衞生署及合辦機構使用參加表格內的資料（個人資料*除外）用作推廣《精神健康職場約章》用途。
  agree that the information provided in this enrolment form (except personal data*) to be used by the Department of Health and co-organisers for promotional purposes of Mental Health Workplace Charter.

負責人姓名：
Name of Person in Charge: _____

負責人職銜：
Post Title of Person in Charge: _____

負責人簽名：
Person in Charge Signature: _____

_____ _____

機構印章
Organisation Chop

日期
Date

* 有關《個人資料（私隱）條例》
About Personal Data (Privacy) Ordinance

1. 收集資料的目的
Purposes of Collection

i. 衞生署及合辦機構將使用申請表上的個人資料作下列用途：
The personal data provided will be used by the Department of Health (DH) and co-organisers for the following purposes:

(a) 辦理「精神健康職場約章」報名之用；
handling the enrolment application for the "Mental Health Workplace Charter";

(b) 製備統計數字，進行研究或教學；及
compiling statistics for research or teaching purpose; and

(c) 利便組織有關健康教育及社區聯絡的活動。
facilitating the organisation of activities related to health education and community liaison.

ii. 申請表上的個人資料均由申請人自願提供。如申請人提供的資料不足，可能會影響申請程序，甚至申請不獲接納。
The provision of personal data is voluntary. Failure to provide sufficient information may affect the procedures of your application or render your application unable to be processed.

2. 資料傳交的對象類別
Classes of Transferees

你所提供的個人資料，主要供衞生署及合辦機構內部使用，但亦可能於有需要時因上文第 1 段所列目的向本署所授權的機構披露。
The personal data you provide are mainly for internal use by the DH and co-organisers but may also be disclosed to authorised organisations for the purposes mentioned in paragraph 1 above, if required.

3. 查閱個人資料
Access to Personal Data

根據《個人資料（私穩）條例》第 18 條、第 22 條及附表 1 第 6 原則，申請人有權要求查閱或改正表格上的個人資料。
You have the right of access to and correction of personal data as provided for in sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance.

4. 有關所提供個人資料（包括查閱及修正資料）的查詢，請送交：
衞生署（經辦人：高級行政主任（健康促進））
地址：香港灣仔軒尼詩道 130 號修頓中心 7 樓
聯絡電話：2835 1821

Enquiries concerning the personal data provided (including access to and correction of the data) can be sent to:
Department of Health (Attention to: Senior Executive Officer (Health Promotion))
Address: 7/F Southorn Centre, 130 Hennessy Road, Wan Chai, Hong Kong
Contact Tel No.: 2835 1821