

# 立法會

## *Legislative Council*

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### **Panel on Health Services**

**Updated background brief prepared by the Legislative Council Secretariat  
for the meeting on 10 January 2020**

### **Mental health policy and services**

#### **Purpose**

This paper gives a brief account and summarizes the concerns of members of the Panel on Health Services ("the HS Panel"), the Panel on Education ("the ED Panel"), the Panel on Welfare Services ("the WS Panel") and the Joint Subcommittees on Long-term Care Policy appointed by the HS Panel and WS Panel in the Fifth and Sixth Legislative Council ("LegCo") respectively on issues relating to mental health policy and services.

#### **Background**

2. The Government aims to promote mental health through a service delivery model that covers prevention, early identification, timely intervention and treatment and rehabilitation services. The Food and Health Bureau ("FHB") assumes the overall responsibility for co-ordinating the various multi-disciplinary and cross-sectoral services to persons with mental health needs through working closely with the Labour and Welfare Bureau ("LWB"), Hospital Authority ("HA"), Department of Health ("DH"), Social Welfare Department ("SWD") and other relevant government departments.

3. HA currently provides patients with mental health needs with a spectrum of mental health services, including inpatient, outpatient, day rehabilitation training and community support services, through a multi-disciplinary approach that involves professionals such as psychiatrists, psychiatric nurses, clinical psychologists, medical social workers ("MSWs") and occupational therapists. In 2018-2019 (as at 31 December 2018), the total number of psychiatric patients treated in HA was around 258 600. A breakdown of the psychiatric patients by

age groups and types of mental disorder from 2014-2015 to 2018-2019 is in **Appendix I**. The doctor-to-patient and nurse-to-patient ratios per 1 000 inpatient and day patient discharges and deaths in psychiatry were 19.4 and 138.6 in 2018-2019 (as at 31 December 2018). As at 31 March 2019, HA had 3 647 beds for psychiatric care and 680 beds for mentally handicapped care. Rolled out in 2010 and currently covers all 18 districts across the territory, HA's Case Management Programme provided intensive and personalized support for around 16 400 patients with severe mental illness as at 31 December 2018.

4. Since October 2010, SWD has set up Integrated Community Centres for Mental Wellness ("ICCMWs") providing one-stop and district-based community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems, their family members and carers and residents living in the districts concerned. According to the Funding and Service Agreements ("FSA") of ICCMWs, the essential staffing requirements of ICCMWs include occupational therapists, qualified nurses (psychiatry) and at least two registered social workers having at least three years of experience in mental health services. There are currently 24 ICCMWs across the territory operated by 11 subvented non-governmental organizations ("NGOs"). The number of service users of ICCMWs in 2018-2019 (as at 31 December 2018) included 25 836 members (i.e. ex-mentally ill persons and persons with suspected mental health problems aged 15 or above) and 4 011 families or carers. This apart, the Parents/Relatives Resource Centres operated by NGOs under the subvention of SWD provide families and relatives of ex-mentally ill persons with emotional support and advice, in order to enhance their acceptance of their relatives with mental illness, and strengthen their resources and ability to take care of the ex-mentally ill persons at home.

5. Building on the work of the Working Group on Mental Health Services which was set up in 2006, the Government set up a Review Committee on Mental Health ("the Review Committee") in May 2013 to conduct a review of the existing mental health policy ("the Review") with a view to mapping out the future direction for development of mental health services in Hong Kong. In addition, the Review Committee is tasked to consider means and measures to strengthen the provision of mental health services in Hong Kong having regard to changing needs of the community and resource availability. On 18 April 2017, the Administration released the report on the Review ("the Report"),<sup>1</sup> in which 40 recommendations for the enhancement of the overall mental health services in Hong Kong were put forward. A standing Advisory Committee on Mental Health ("the Advisory Committee") was established in November 2017 to provide advice on the development of mental health policies and enhancement of mental health services, and follow up on and monitor the implementation of the recommendations of the Report. In order to gather

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<sup>1</sup> The report of the Review can be accessed at the website of Healthcare Planning and Development Office of FHB ([http://www.hpdo.gov.hk/doc/e\\_mhr\\_full\\_report.pdf](http://www.hpdo.gov.hk/doc/e_mhr_full_report.pdf)).

more comprehensive information on the mental health status of Hong Kong, the Administration has, based on the Advisory Committee's recommendations, commissioned two universities in 2019 to conduct three territory-wide mental prevalence surveys covering school-based children and adolescents aged six to 17, youths aged 15 to 24, and elders aged 60 or above.

### **Deliberations by members**

6. The HS Panel and the WS Panel discussed issues relating to mental health policy and services at a number of meetings between 2007 and 2017. Specifically, the HS Panel, the ED Panel and the WS Panel discussed mental health of children and adolescents at two joint meetings in 2017 and 2018. The two Joint Subcommittees on Long term-care Policy have discussed issues relating to care services for people with dementia and mental health case management. These committees have received views from deputations on various issues of concern. The deliberations and concerns of members are summarized below.

#### Policy and long-term development on mental health services

7. Members were of the view that the existing mental health services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to the lack of a comprehensive policy on mental health. At the joint meeting of the HS Panel and the WS Panel on 24 February 2017, members passed two motions urging the Administration to, among others, formulate a mental health policy; allocate more resources to improve the psychiatric services; enhance medical-social collaboration and set up a mental health council to coordinate mental health policies. At its meeting on 25 April 2017, the HS Panel was briefed on the findings of the Review, including a mental health policy statement ("the Policy Statement") as a preamble to the Report. Some members expressed disappointment that the Policy Statement provided neither a vision nor any concrete measures with timetables and resources required to address the future service needs.

8. The Administration advised that the Policy Statement had been drawn up to outline the approach and directions of mental health services in Hong Kong. The Advisory Committee would monitor the implementation of the recommendations of the Review, and give advice on further service enhancement to address the changing needs of the society, including the need to review the Policy Statement as and when appropriate.

9. Some members expressed concern about the level of the Advisory Committee in view of its responsibility to, among others, facilitate the collaboration among relevant bureaux and departments for enhancing planning

and provision of mental health services. Some other members called for the setting up of a dedicated mental health council or commission. The Administration advised that as compared to a dedicated council or commission, the setting up of the Advisory Committee which would comprise representatives from the bureaux and departments concerned and stakeholders was considered as a more effective mechanism under the local healthcare system. With the announcement of the composition of the Advisory Committee on 28 November 2017, members requested at the joint meeting of the HS Panel, the ED Panel and the WS Panel on 20 December 2017 that representatives from relevant self-help patient organizations should be appointed to the Advisory Committee. They also called on the Administration to make public the work plan of the Advisory Committee and to provide the three Panels with quarterly reports on the work progress of the Advisory Committee.

10. Some members noted with concern that the Review Committee considered it not appropriate to introduce community treatment order ("CTO") in Hong Kong at this moment to mandate a person with mental illness who met a specified criteria to follow a prescribed course of treatment while living in the community, non-compliance of which might cause the person to be recalled to a hospital for treatment. Some members urged the Administration to consider afresh the issue, having regard to the need to further safeguard the health and safety of persons with mental illness and others in the community. The Administration advised that the Review Committee had thoroughly discussed the issue. It was noted that service users had reservation on introducing CTO in Hong Kong as it might give rise to concerns such as curtailment on civil liberties. The Review Committee recommended that alternatively, the existing conditional discharge mechanism<sup>2</sup> should be reviewed and the Case Management Programme of HA should be enhanced. The Advisory Committee should re-visit the issue when needs arose.

### Medical-social collaboration

11. Members expressed concern about measures taken by HA to forge closer collaboration with various bureaux and departments and other service providers in providing seamless support services for persons with mental health problems. The Administration advised that HA and SWD had instituted a three-tier collaboration platform in 2010 to facilitate cross-sectoral communication at the central, district and service delivery levels. At the central level, the HA Head

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<sup>2</sup> Under section 42B of the Mental Health Ordinance (Cap. 136), a patient compulsorily detained under the Ordinance who has a medical history of criminal violence or a disposition to commit such violence may be discharged subject to conditions, such as to reside at a specified place, to attend outpatient treatment and to take medication as prescribed. The patient may be recalled to a mental hospital when he/she fails to comply with any discharge condition and the recall is necessary in the interest of his/her health or safety or for the protection of other persons.

Office and SWD Headquarters as well as NGOs would regularly discuss the interface of their service strategies through established channels. At the district level, HA's chiefs of psychiatry services and SWD's District Social Welfare Officers liaised regularly with service providers in the district and relevant government agencies to coordinate community support services. At the service delivery level, HA's case managers maintained close contact with other service providers, including ICCMWs, for discussion and coordination on matters such as case referral and arrangements for rehabilitation services.

12. The Administration further advised that HA, SWD and major NGOs operating community mental health services had set up a task group in 2014 to review the existing service model. The Service Framework of Personalised Care for Adults with Severe Mental Illness in Hong Kong developed by the task group was published in July 2016. The Service Framework sought to articulate a clear delineation of roles of different service providers so as to help eliminate service gaps and enable service providers to better respond to the needs of patients and families. As a next step, the task group was drawing up a standardized needs-risks-strength assessment framework and exploring the establishment of a mechanism for timely patient information sharing among HA, SWD and NGOs.

### Mental health case management

#### *Case Management Programme of HA*

13. Expressing concern about the caseload of each case manager under the Case Management Programme of HA, some members urged HA to review the case manager to patient ratio under the Case Management Programme in order to strengthen the personalized and intensive support provided for patients with severe mental illness residing in the community. They also called on HA to improve the manpower supply of case managers, social workers and paramedical staff to meet future service needs.

14. According to the Administration, the Review Committee agreed that in the short and medium run, HA should review the ratio of case manager to patients with severe mental illness with a view to improving it to around 1:40 in three to five years' time so that case managers could provide better support for patients with severe mental illness residing in the community. The setting of a higher target ratio could be considered having regard to the progress of HA in recruitment and training of case managers. The Advisory Committee would follow up this issue. Separately, HA had introduced a peer support element into the Case Management Programme since 2015-2016 to enhance community support for patients through the recruitment of 10 peer support workers who had rehabilitated from past mental illness to assist case managers in supporting patients in the recovery process through experience sharing. In 2017-2018, the

Administration would allocate additional resources to HA to provide better support for patients under the Case Management Programme through recruiting five additional peer support workers and reviewing the service model of the community psychiatric services and the manpower of case managers.

#### *ICCMWs subvented by SWD*

15. Noting that some ICCMWs did not have permanent sites, some members asked how the Administration could help these ICCMWs find sites which could meet the standards of SWD to facilitate their provision of full-fledged service. According to the Administration, as at March 2019, 22 of the 24 ICCMWs either obtained permanent accommodation or reserved suitable places in development/redevelopment projects as permanent accommodation. SWD had initially earmarked places as permanent accommodation for the remaining two ICCMWs to strengthen community support for persons with mental health needs and their carers. In response to the call for setting up additional ICCMWs to cope with service demand, the Administration advised that individual ICCMWs had set up additional service points in their respective service boundary to provide more accessible service and support for service users. SWD would continue to monitor the operation of ICCMWs and take appropriate measures to meet service need, including assisting individual ICCMWs in setting up additional service points.

16. Members were concerned about the caseload for each social worker in each ICCMW. Some members held the view that the Administration should allocate additional resources to individual ICCMWs if there was an increase in their caseload. There was also a view that certain output requirements stipulated in FSA for ICCMWs, such as conducting 9 000 outreaching visits per year, was not in line with the person-centred principle of mental health services. The Administration advised that since the manpower, posts and quantity as arranged by each ICCMW to handle casework varied, SWD did not specify the caseload for each caseworker (including social worker). SWD's expenditure on ICCMWs had increased over the years. The allocation to each ICCMW would vary subject to its team size and the population it served. There was a view that the establishment of each ICCMW should include medical officers and clinical psychologists to provide primary care services for service users and support for other frontline staff members therein. Some members called on the Administration to conduct a comprehensive review of the operation and service effectiveness of ICCMWs with a view to improving their services.

#### Psychiatric specialist outpatient services of HA

17. Members expressed grave concern over the long waiting time for public psychiatric specialist outpatient services. They urged HA to shorten the waiting time for first appointment for urgent, semi-urgent and stable cases.

There was a view that HA should explore the feasibility of introducing a public-private partnership arrangement such that stable patients with common mental disorders could be managed by private medical practitioners.

18. HA advised that its target was to keep the median waiting time for first appointment at psychiatric specialist outpatient clinics ("SOPCs") for urgent cases and semi-urgent cases to within two weeks and eight weeks respectively. However, the median waiting time for those new psychiatric cases triaged as stable cases could be as long as more than one year in individual clusters, such as the New Territories East Cluster. As the majority of persons queuing up at psychiatric SOPCs were cases of common mental disorders, it would seek to enhance the capacity of the common mental disorder clinics set up at the psychiatric SOPCs. HA had put in place nurse clinic services to provide nursing care support, such as mental health education and medication management, for patients at psychiatric SOPCs. It also planned to enhance the multi-disciplinary element in the service delivery model by engaging more psychiatric nurses, clinical psychologists and allied health professionals to provide active intervention for patients with common mental disorders, such that doctors could devote more time to managing new cases. In addition, it was exploring the possibility of referring suitable and stable patients with common mental disorders to the private sector for continual medical follow-ups under the HA Public-Private Partnership Endowment Fund. HA would also explore the feasibility of inviting trained general practitioners to provide primary care support to stable patients through public-private partnership arrangement. It was hoped that with these measures in place, the existing bottleneck in psychiatric services could be eased and waiting time at SOPCs shortened as a result.

19. Members noted that while HA had once introduced psychiatric specialist evening outpatient service in Kwai Chung Hospital ("KCH") in 2001, it had terminated the service in 2006 because of its low utilization rate. Some members were of the view that there was a need for HA to re-consider the provision of psychiatric specialist evening outpatient service to enable mental patients who had to work during daytime to schedule their consultations in the evening. HA explained that given the current manpower constraint of HA, the introduction of psychiatric specialist evening outpatient service would unduly affect the relevant daytime services. It would review the service need in future when there was an improvement in the manpower situation. HA had taken interim measures to address the needs of mental patients who had to work during daytime, including allowing them to receive antipsychotic depot injections at SOPCs on weekends, not showing the names of clinics on printed attendance certificates issued by SOPCs, and arranging stable patients for attending follow-up appointments at an interval of 12 to 16 weeks. In response to the suggestion of designating some doctors to provide psychiatric specialist evening outpatient service, HA advised that the suggestion was not feasible as

these doctors might be responsible for carrying out other duties in addition to the SOPC services during daytime, and the provision of evening services would involve additional manpower of other healthcare professionals and supporting staff apart from doctors.

#### Psychiatric inpatient services of HA

20. Some members considered that the existing psychiatric wards of public hospitals were neither supportive nor user-friendly for mental patients. During the discussion of the redevelopment of KCH at the HS Panel meeting on 21 July 2014, members were advised that KCH would be redeveloped to provide a more integrated patient-centred service with a balance of inpatient service, ambulatory care, community outreach services and in-reach of partner organizations. Mental health services would be delivered through a hybrid model of hospital campus and district-level Community Mental Health Centres. The redevelopment of KCH would be carried out in phases from early 2016 for completion of the whole project in 2023. Separately, members were advised in March 2018 that the Kowloon Psychiatric Observation Unit for the detention, custody, treatment and care of mentally disordered persons residing in the catchment areas of the Kowloon Central and Kowloon East Clusters would be extended by increasing the number of gazette beds from 180 to 220 (i.e. an increase of 22%) by October 2018 to meet the growing service demand.

21. At the meeting on 19 January 2015 when members of the HS Panel were briefed on the health policy initiatives featured in the Chief Executive's 2015 policy address, members were advised that given the intensive care needs of patients with severe intellectual disability, HA would increase the number of psychiatric beds in Siu Lam Hospital, with a view to clearing up cases of severe intellectual disability on the waiting list in phases in the coming three years. Members were subsequently advised that an additional 20 beds had been opened in Siu Lam Hospital in December 2016. It was expected that the waiting list would start to be cleared up upon the enhancement of manpower, including nursing staff and allied health professionals.

22. Some members were concerned that the Report was silent on increasing the number of acute inpatient beds in public hospitals. They surmised that some patients were discharged due to inadequacy in psychiatric beds. The Administration assured members that any decision to discharge patients from the hospital setting would be based on the clinical conditions of the patients concerned. The international trend was to focus on community and ambulatory services in the treatment of mental illness.



## Medications

23. Members were of the view that medication played an important part in controlling symptoms of mental illness. Noting that some patients would stop medication by themselves due to the side effects of the psychiatric drugs, they urged HA to increase the use of those psychiatric drugs with less disabling side effects to ensure better clinical outcomes and improve patients' quality of life.

24. The Administration stressed that the type of antipsychotic drugs to be prescribed was a clinical decision judgment based on the conditions of individual patients and in accordance with the clinical treatment protocol. HA had increased the use of newer psychiatric drugs with less disabling side-effects over the years, repositioned all new generation oral antipsychotic drugs from the special drug to general drug category in the Drug Formulary of HA so that all these drugs could be prescribed as first-line drugs, and set up designated depot clinics in all seven hospital clusters.

## Community support services to mentally ill and ex-mentally ill persons

25. In response to some members' call for strengthening community support to help ex-mentally ill persons re-integrate into society, the Administration advised that SWD commenced a two-year Pilot Project on Peer Support Service in Community Psychiatric Service Units in March 2016 with funding from the Lotteries Fund. Under the Pilot Project, 11 NGOs operating ICCMWs would provide training services to equip suitable ex-mentally ill persons to serve as peer supporters, who would then offer emotional and recovery support for ex-mentally ill persons in need. Currently, 32 full-time and 18 part-time peer supporters were employed by ICCMWs, half-way houses or vocational rehabilitation units to provide peer support services. The Administration would consider recruiting more peer supporters as appropriate after the Pilot Project had been regularized in the 2017-2018 financial year. This apart, SWD had implemented an Enhancing Employment of People with Disabilities through Small Enterprise Project to help persons with disabilities secure employment, which was vital for their successful integration into society. As at December 2018, the Project had created more than 1 200 job opportunities for persons with disabilities, among which nearly half were taken up by ex-mentally ill persons.

26. Some members called on the Administration to consider establishing a database on carers of mentally ill and ex-mentally ill persons, which could be accessed by relevant bureaux, departments and community organizations with a view to facilitating their provision of rapid response for emergency calls from these carers. In addition, a card setting out the contact numbers of relevant bureaux, departments and community organizations should be provided to enhance the support for these carers. The Administration undertook to relay the suggestions to the Advisory Committee for consideration. There was also a

suggestion of developing mobile applications to provide caregivers with handy information on skills for caring of patients with mental illness.

27. Members were also advised that HA would continue to meet with user groups which comprised representatives from service users and carer groups twice a year to collect their feedback and opinions to enhance the provision of mental health services under HA. Patient Resource Centres had been set up in all seven hospital clusters to provide, among others, support for patients with mental health problems and their family members and carers. Support to patients and their carers would also be provided through case managers and community psychiatric nurses.

28. Some members were concerned that frontline staff of the Housing Department seldom referred tenants of public housing estates with suspected mental health problems to SWD for follow-up. The Administration advised that ICCMWs had been working closely with the Housing Department to facilitate identification and intervention of cases with suspected mental health problems. This apart, a referral mechanism between the Police and SWD was in place.

### Mental health services for specific population groups

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

29. Members were concerned about the long waiting time of the assessed cases for child and adolescent psychiatric services at HA for assessment and treatment. In their view, HA should take steps to clear up the waiting list through public-private partnership and strengthening its healthcare manpower, and provide early intervention services for adolescents by making reference to overseas experience. The Administration advised that HA had put in place a triage system for first appointment at psychiatric specialist outpatient clinics to ensure that more urgent and severe cases were followed up promptly. The Administration was working with HA to explore the feasibility of public-private partnership to manage patients downloaded from the psychiatric specialist service of HA. The Administration also advised that SWD had launched a Pilot Scheme on On-site Pre-School Rehabilitation Services through the Lotteries Fund in late 2015. Multi-disciplinary service teams from NGOs operating subvented pre-school rehabilitation services would offer outreaching services to participating kindergartens and kindergarten-cum-child care centres to provide early intervention for children who were on the waiting list for SWD-subvented pre-school rehabilitation services. The Pilot Scheme was regularized in October 2018 with its service places increased from around 5 000 to 7 000 on 1 October 2019.

30. The Administration further advised that HA would strengthen its collaboration with the welfare and the education sectors with a view to enhancing the support to parents and schools concerned. Separately, HA would continue to strengthen its manpower for child and adolescent psychiatric services. It was also exploring whether more paediatricians could be involved in the provision of secondary care services for children in need. In addition, the implementation of the Student Mental Health Support Pilot Scheme would, among others, provide training for designated teachers and school social workers for handling students with common mental disorders at school level.<sup>3</sup> The scheme was enhanced in the 2018-2019 school year to cover a total of around 40 schools to facilitate the early identification of suspected cases of children and adolescents with mental health needs. Additional recurrent provision would be allocated to HA for the implementation of the enhanced scheme with the recruitment of additional psychiatric nurses and clinical psychologists.

31. Members sought information on the Administration's measures to address the long waiting time for DH's Child Assessment Services. The Administration advised that DH had been preparing for the establishment of a new Child Assessment Centre ("CAC") for the commencement of operation in around 2023. As an interim measure, a temporary CAC in Ngau Tau Kok had commenced operation since January 2018. To cope with the high turnover rate and difficulties in recruiting doctors to the service, more nurses and allied health professionals would be recruited to strengthen the manpower support in CACs.

#### *Mental health services for adults*

32. Members noted that there were increasing number of adults suffering from severe mental illness (such as schizophrenia) and common mental disorders (such as mood disorders and stress-related disorders). They were concerned about the effectiveness of the measures being put in place for early identification of and timely intervention for persons suspected to have mental health problems living in the community.

33. According to HA, it had provided training to social workers of SWD and schools on how to identify persons with suspected mental health problems. The Early Assessment Service for Young People with Early Psychosis programme, under which multi-disciplinary medical teams at district service centres provided referral, assessment and treatment services for patients aged

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<sup>3</sup> The two-year Student Mental Health Support Pilot Scheme has been launched in the 2016-2017 school year. A school-based multidisciplinary communication platform involving healthcare, education and social care professionals in each participating school will be set up to coordinate and provide support for children and adolescents with mental health needs in the school setting. It is estimated that this Pilot Scheme would benefit about 100 to 200 students.

between 15 and 64 for the first three critical years of illness, had reduced the time between onset of symptoms and interventions and hence, lowered the possibility of future relapse and treatment resistance. Subject to availability of resource and manpower, HA would consider extending the programme to increase the coverage of new cases with first-episode psychosis from the present level of 65% to 100% in the coming years. For persons with common mental disorders, the role of primary care in treating these patients would be further explored.

#### *Services for persons with dementia*

34. Members had long been concerned about the inadequate provision of care and support services for persons with dementia. At its meeting on 28 March 2017, the Joint Subcommittee on Long-term Care Policy set up in the Sixth LegCo passed three motions urging the Administration to set up a dedicated department to formulate and handle policies on persons with dementia and their carers; allocate additional recurrent funding to enhance subsidized community care services and home-based services for diagnosis, support and treatment for persons with dementia, and increase the manpower of and training for occupational therapists, nurses, social workers and clinical psychologists; and strengthen support for carers of persons with dementia by providing additional manpower and resources for community care services, increasing non-means-tested allowance for carers, providing psychological support and training for carers and providing additional respite services for persons with dementia. There was a view that the Standardised Care Need Assessment Mechanism for Elderly Services ("SCNAMES") should be enhanced to provide for assessment of mental and cognitive conditions of elderly persons with dementia.

35. According to the Administration, a two-year pilot scheme on dementia community support services for the elderly, namely Dementia Community Support Scheme, which was steered by FHB in collaboration with HA and SWD, was launched in February 2017. Under the pilot scheme, 20 subvented District Elderly Community Centres would base on the care plans jointly formulated with HA and SWD to provide suitable care, training and support services for elderly persons with dementia at the community level. Carers would also be provided with knowledge of care, stress management training and counseling services to help reduce their stress and burden in taking care of elderly persons with dementia. It was estimated that about 2 000 elderly persons in the community would benefit from the pilot scheme. This apart, a review of SCNAMES was in progress. It was expected that the revised SCNAMES could better assess the impairment levels of elderly persons with dementia.

#### *Services for pregnant women and mothers*

36. Some members noted with concern that in 2015-2016, HA's obstetric clinics and the Maternal and Child Health Centres ("MCHCs") under DH had

identified 2 311 at-risk pregnant women and 8 086 mothers having probable antenatal or postnatal depression respectively. However, MCHCs had only made 4 985 referrals to appropriate health and/or social service units for follow-up management in the same period. These members were concerned about the handling of the remaining cases. The Administration advised that LWB, the Education Bureau, DH, HA and SWD had jointly implemented the Comprehensive Child Development Service ("CCDS"). Under CCDS, HA obstetric clinics and MCHCs would continue to identify at-risk pregnant women and mothers (i.e. teenage pregnancy, mental illness and substance abuse), of which all cases would be followed up by multi-disciplinary team of healthcare providers with the provision of necessary services, such as psychological support, development assessment for children aged 0 to 5, and referrals to relevant service units for social services if necessary.

### Resources and manpower for mental health services

37. There was a view that public expenditure on mental health was far from adequate to meet the needs of the community. Question was raised as to whether there was a benchmark on the Government's expenditure on mental health in terms of a percentage of the Gross Domestic Product, and how it compared with those of other developed economies. The Administration advised that there was an increase in the government expenditure on mental health services every year. Specifically, HA's expenditure on mental health services, which accounted for about 9% of its overall expenditure, had an average yearly increase of about 4%. Separately, SWD's recurrent provision for ICCMWs had increased from \$135 million upon commencement of service in 2010 to approximately \$427 million (estimated expenditure) in 2019-2020.

38. There were concerns about the inadequacy of manpower of HA for mental health services, the high turnover of the healthcare professionals in HA in recent years and the heavy workload of MSWs working in the psychiatric stream in HA. Members urged the Administration to work out the medical, nursing and social work manpower requirements for psychiatric services. Some other members, however, pointed out that there was a net increase in the manpower of HA for the provision of mental health services in recent years. They considered that manpower mismatch was one of the underlying factors leading to the provision of mental health services fallen short of meeting the needs of persons with mental health problems.

39. According to the Administration, with an increase in the number of MSWs working in the psychiatric stream of HA in recent years, there had been a decrease in the number of cases taken care of by each MSW at any one time. HA had also deployed some clerical assistants to assist MSWs in processing applications for medical fee waiver. On the medical and nursing manpower, the Administration advised that the Steering Committee on Strategic Review on

Healthcare Manpower Planning and Professional Development was conducting a strategic review on healthcare manpower and professional development in Hong Kong. The review report was issued in June 2017 and recommendations were put forth in relation to healthcare manpower. HA would continue to implement various measures to attract and retain its healthcare staff. It was expected that HA's medical manpower shortage would improve with the increased supply of local medical graduates.

40. Holding the view that a target psychiatrist-to-population ratio should be set to facilitate planning, some members enquired whether the Administration would increase the number of training places for programmes in clinical psychology. The Administration advised that the Review Committee had looked into issues relating to the manpower supply of clinical psychologists and the Government would continue to assess and monitor the relevant manpower demand when determining the number of University Grants Committee-funded training places for each triennial planning cycle.

#### Public education

41. Members urged the Administration to strengthen its efforts in promoting public awareness and understanding of mental health. The Administration advised that LWB had, in collaboration with over 20 bureaux and departments and other stakeholders, organized a "Mental Health Month" every year since 1995 to enhance the public's awareness and knowledge of mental health, eradicate discrimination against mentally ill and ex-mentally ill persons and encourage the integration of ex-mentally ill persons into society. In addition, a campaign "Joyful@HK" was launched by DH in late January 2016 for three years to organize community-based and setting-specific activities with a view to increasing public engagement in promoting mental well-being, and increasing public knowledge and understanding about mental health. In addition, peer supporters under the Pilot Project assisted in organizing group activities and educational programmes on mental health to enhance public understanding and acceptance of ex-mentally ill persons in a positive way.

#### **Recent developments**

42. A written question concerning mental health services was raised at the Council meeting of 27 March 2019. The question and the Administration's reply are in **Appendix II**.

43. The Financial Secretary announced in the 2019-2020 Budget Speech that to enhance teenagers' mental health and stress resilience, the Government will implement the measure of "two school social workers for each school" in more than 460 secondary schools in Hong Kong from the 2019-2020 school year, and

increase supervisory manpower accordingly. The annual recurrent expenditure involved will be around \$310 million.

44. It was announced in the Chief Executive's 2019 Policy Address that the Advisory Committee is exploring the enhancement of mental health services for children and adolescents. HA will engage allied health professionals and paediatricians to assist in the handling of attention deficit/hyperactivity disorder cases on a pilot basis for speedier processing. Besides, an ongoing mental health promotion and public education initiative will be launched to raise public understanding and concern about mental wellness and build a mental health-friendly society.

### **Relevant papers**

45. A list of the relevant papers on the LegCo website is in **Appendix III**.

Council Business Division 2  
Legislative Council Secretariat  
8 January 2020

**A breakdown of the psychiatric patients treated  
in the Hospital Authority from 2014-2015 to 2018-2019<sup>1</sup>  
by age groups and types of mental disorder**

Patients aged below 18

	Number of psychiatric patients aged below 18 <sup>2,3,4</sup>	Number of patients aged below 18 diagnosed with <sup>2,3,4</sup>				
		Autism spectrum disorder	Attention-deficit hyperactivity disorder	Behavioural and emotional disorders	Schizophrenic spectrum disorder <sup>5</sup>	Depression/ Depressive disorders
2014-2015	26 500	8 400	9 400	1 500	300	400
2015-2016	28 800	9 300	11 100	1 600	400	400
2016-2017	32 300	10 400	12 700	1 700	400	600
2017-2018	34 900	11 800	14 000	1 700	400	800
2018-2019 <sup>1</sup>	36 400	12 400	14 600	1 700	300	800

Patients aged between 18 to 64

	Number of psychiatric patients aged between 18 to 64 <sup>2,3,4</sup>	Number of patients aged between 18 to 64 diagnosed with schizophrenic spectrum disorder <sup>2,3,4,5</sup>
2014-2015	143 700	39 900
2015-2016	149 200	40 100
2016-2017	153 900	40 400
2017-2018	157 500	40 500
2018-2019 <sup>1</sup>	159 700	40 000

Patients aged 65 or above

	Number of psychiatric patients aged 65 or above <sup>2,3,4</sup>	Number of patients aged 65 or above with dementia under psychiatry <sup>2,3,4,6</sup>
2014-2015	47 200	16 500 (Year 2014)
2015-2016	50 700	16 900 (Year 2015)
2016-2017	54 700	17 900 (Year 2016)
2017-2018	58 800	19 000 (Year 2017)
2018-2019 <sup>1</sup>	62 600	Not readily available (Year 2018)

Note:

1. Projection as of 31 December 2018.
2. Including inpatients, patients at specialist outpatient clinics and day hospitals.
3. Refer to age as at 30 June of the respective year.
4. Figures are rounded to the nearest hundred.
5. In the Hospital Authority, severe mental illness is generally referred to patients suffering from schizophrenic spectrum disorder. Other severely mentally ill patients suffered from other diagnosis are excluded.
6. The Hospital Authority has aligned the method to estimate the number of patients with dementia by using diagnosis coding, drug dispensing and/or laboratory results information, and therefore such figures may not be comparable to those released in the past due to the difference in methodology and data scope.



## Appendix II

**Press Releases** 27 March 2019

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LCQ4: Mental health services  
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Following is a question by the Hon Chan Han-pan and a reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (March 27):

Question:

The Mental Health Review Report, which was released in April 2017, put forward recommendations for the enhancement of the overall mental health services in Hong Kong. In December of the same year, the Government established the Advisory Committee on Mental Health to advise the Government on mental health policies. Regarding the mental health services, will the Government inform this Council:

(1) whether it will establish a Mental Health Commission for implementing mental health-related policies and measures, including carrying out the relevant education work in primary and secondary schools; if so, of the details; if not, the reasons for that;

(2) whether it has worked out a roadmap and milestones for the development of mental health services, say, the number of persons having distressing or disabling psychiatric difficulties accounting for not more than 5 per cent of the population of Hong Kong in 2030; if so, of the details; if not, the reasons for that; and

(3) whether it will allocate additional resources to improve the public mental health services, including providing evening specialist outpatient services, increasing the number of inpatient beds, recruiting more healthcare workers, providing additional halfway houses, providing permanent premises for various Integrated Community Centres for Mental Wellness, as well as strengthening the support for the family members and carers of patients with mental illness; if so, of the details; if not, the reasons for that?

Reply:

President,

The Government attaches great importance to the mental health of the public, and has all along adopted an integrated approach in the promotion of mental health through a service delivery model that covers prevention, early identification, and timely intervention, treatment and rehabilitation for persons with mental health needs. 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, the Labour and Welfare Bureau (LWB), the Education Bureau (EDB), the Social Welfare Department (SWD), the Department of Health, the Hospital Authority (HA), non-governmental organisations and other stakeholders.

My reply, prepared in consultation with the EDB and the LWB, to the various parts of the Hon Chan Han-pan's question is as

follows:

(1) and (2) The Government established the Advisory Committee on Mental Health (the Advisory Committee) in December 2017 to provide advice on mental health policies, including the adoption of a more integrated and comprehensive approach to tackle multi-faceted mental health issues in Hong Kong. It assists the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong. It also follows up on and monitors the implementation of the recommendations of the Mental Health Review Report (the Review Report) promulgated in 2017. Chaired by Mr Wong Yan-lung, SC, the Advisory Committee comprises members from various sectors with a wealth of expertise and experience, including professionals from the healthcare, social service and education sectors; representatives from patient and carer advocacy groups; and lay persons with interest in mental health.

Since its establishment, the Advisory Committee has discussed various issues in detail, including ways to enhance mental health services for children and adolescents; an on-going mental health promotion, education and destigmatisation initiative; and mental health prevalence surveys. The Advisory Committee has also actively followed up on the implementation of the 40 recommendations of the Review Report with the relevant bureaux/departments, and provided views on the future direction for some of the recommendations including those concerning the Dementia Community Support Scheme and Student Mental Health Support Scheme.

In order to gather more comprehensive information on the mental health status of the Hong Kong population, the Government has also, based on the Advisory Committee's recommendations, commissioned two universities to conduct three territory-wide mental prevalence surveys covering children, adolescents and the elderly.

In primary and secondary education, learning contents related to mental health have been incorporated in the curricula of primary and secondary education for students to explore issues on healthy lifestyles, tackling stress and frustration, showing respect for people of different backgrounds, as well as the problems and needs faced by persons with mental health needs. It also aims to develop students' positive values and attitude to respect, accept and support persons with mental health needs.

(3) Like other developed areas, mental health is regarded as an important issue in Hong Kong. Over the past few years, the Government has been increasing its resource allocation on mental health so that more comprehensive services could be provided to persons with mental health needs.

On the healthcare front, the HA's expenditure on mental health services has increased from some \$3.8 billion in 2013-14 to near \$5.1 billion in the revised estimate for 2018-19, an increase of over 32 per cent, for enhancing manpower and services and for increasing 40 hospital beds in the Kowloon Psychiatric Observation Unit, etc. In 2019-20, the Government will continue to allocate more manpower and resources in respect of mental health, including an addition of five doctors and enhance child and adolescent psychiatric services.

Making reference to the recent overseas trend of using the community resources to handle mental health cases, the Government

has recently allocated more resources to mental health services in the community. Apart from improving the ratio of case managers to patients with severe mental illness under the HA's Case Management Programme from the current 1:50 to 1:40, the Government also plans to increase the number of service places for halfway houses from the current 1 509 to 1 594 in the short run and also the number of parents/relatives resource centres from the existing six to 19 in a progressive way to step up support for parents and relatives/carers of persons with disabilities, including those with mental health needs. In addition, of the existing 24 Integrated Community Centres for Mental Wellness (ICCMWs), 22 have either obtained permanent accommodation or reserved suitable places in development/redevelopment projects as permanent accommodation. The SWD has initially earmarked places as permanent accommodation for the remaining two ICCMWs to strengthen community support for persons with mental health needs and their carers.

Relevant bureaux/departments of the Government will continue to review mental health services under their policy purviews, and will allocate additional resources as required, with a view to providing more appropriate services for those with mental health needs.

Ends/Wednesday, March 27, 2019  
Issued at HKT 15:15

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## Relevant papers on the enhancement of mental health services

Committee	Date of meeting	Paper
Panel on Health Services	22.11.2007 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1937/07-08(04)</a>
	19.5.2008 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services and Panel on Welfare Services	30.9.2009 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1495/09-10(01)</a>
Panel on Health Services	11.5.2010 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1736/09-10(01)</a>
	14.3.2011 (Item VII)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services and Panel on Welfare Services	24.5.2011 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	31.3.2012 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)2698/11-12(01)</a>
Panel on Health Services	25.2.2013 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	28.4.2014 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	16.6.2014 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)44/14-15(01)</a>
	21.7.2014 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
Joint Subcommittee on Long-term Care Policy	30.7.2014*	<a href="#">Report of the Joint Subcommittee to the Panel on Welfare Services and Panel on Health Services</a>
Panel on Health Services	19.1.2015 (Item III)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	9.11.2015 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	16.11.2015 (Item V)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	18.1.2016 (Item IV)	<a href="#">Agenda</a> <a href="#">Minutes</a>
	26.1.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Welfare Services	26.1.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services and Panel on Welfare Services	24.2.2017 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)504/17-18(01)</a>
Joint Subcommittee on Long-term Care Policy	28.3.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services	25.4.2017 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)30/17-18(01)</a>
	22.5.2017 (Item VI)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)30/17-18(01)</a> <a href="#">CB(2)825/17-18(01)</a>
Joint Subcommittee on Long-term Care Policy	29.5.2017 (Item I)	<a href="#">Agenda</a> <a href="#">Minutes</a>
Panel on Health Services, Panel on Education and Panel on Welfare Services	20.12.2017 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)1255/17-18(01)</a>

<b>Committee</b>	<b>Date of meeting</b>	<b>Paper</b>
	23.4.2018 (Item II)	<a href="#">Agenda</a> <a href="#">Minutes</a> <a href="#">CB(2)416/18-19(01)</a> <a href="#">CB(2)416/18-19(02)</a>

\* Issue date

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