

## **Work of the Advisory Committee on Mental Health**

**Mr. Chris Fung**

Secretary, Advisory Committee on Mental Health, Food and Health Bureau

Good morning. Thanks very much for inviting me as the Secretary of the Advisory Committee on Mental Health to present the work of the Committee. Some of you attended the event yesterday and met our Chairman Mr. Wong Yan-lung. He is a very kind-hearted and very sincere person, I must say. He has a lot of ambitions and a lot of work he wants to do in the mental health aspect. Right now, I want to present what we have done in the past two years. If you have any questions about our work, feel free to ask us during the Q and A session. I will divide my presentation into two parts. For the first part, I will briefly introduce the composition and the terms of reference of the Advisory Committee. For the second part, I will talk about what we have done in the past two years.

### **Advisory Committee on Mental Health**

Established two years ago in 2017, the Advisory Committee is composed of a wide representation of members from different sectors. Including Chairman, there are 24 non-official members in the Advisory Committee. Eight are from the healthcare sector including psychiatrists, geriatrician, paediatrician, clinical psychologists as well as psychiatric nurses, and eight from the Social Service and Education Sectors including primary and secondary school principals, university professors and representatives from four major non-governmental organisations (NGOs) including Ms. Kimmy Ho from this Association. As for the other seven members, they are lay persons whom I would like to introduce some of them in more details because they represent our emphasis on community care and carer support. In the Advisory Committee, there are a carer who is the

mother of a patient suffering from schizophrenia, a member from a self-help group who gives us lots of comments on how to make the community a better one and also how to enhance the capacity of the self-help groups, and a peer-support worker who gives us a different perspective of how to treat and help those recovered persons. Not to mention that we also have eight ex-officio members who form a very big team I would say, because we have people not just from my bureau (i.e. the Food and Health Bureau), but also people from the Labour and Welfare Bureau, the Education Bureau, the Department of Health, the Department of Social Welfare as well as the Hospital Authority. All of them are actually very involved in the mental health enhancement projects.

For now, let's go to the Terms of Reference of the Advisory Committee. Some of you have been in this sector for a long time, so you know the Government promulgated a Mental Health Review Report in 2017. In the Report, there are 40 recommendations covering mental health promotion, mental health services on children, adolescents and adults, as well as dementia support services for the elderly. So what should be done after receiving these 40 recommendations? We need to have an Advisory Committee to initiate and take forward the next step. Against this background, we set up the Advisory Committee which, apart from advising the Government on mental health policies, is tasked to monitor the implementation of the 40 recommendations. Of course, we also need the Advisory Committee to advise and assist the Government in developing strategies and measures for the enhancement of the mental health services.

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One of the recommendations is actually the primary recommendation of the whole mental health policy which is to enhance promotion and public education on mental health, with an aim to change the minds of the next generation, and the generation next to the next generation, about the importance of mental wellbeing, help-seeking and destigmatisation. Most importantly, if we can change the minds of individuals, we can even change the community as a whole to make it more mental-health friendly in the long run. This is one of our targets, or a key task, in the past two years.

We also need to work on capacity building. Many of you know that right now in Hong Kong, we lack doctors, nurses, and clinical psychologists, so we need to think about how to make use of the available resources in the community or allied health professionals to support the medical service. We need to enhance our support to children and adolescents, as well as to the elderly, in particular, those with dementia because we know that the elderly population with dementia has been rising in recent years. We need to face this problem and find out what we could do before the problem becomes a really big problem. We need to do researches and studies on the situation too. As you know, a major study was done on mental health in 2010. We need the latest data to facilitate our planning. So, you see we have a lot of work to do.

### Strategic directions in bettering Mental Health in Hong Kong

There are lots of issues we have already discussed through the platform of the Advisory Committee. In the first two-year term, we have had conducted 16 meetings, that means nearly one meeting per month. Moreover, Members also met over 20 times for small-group meetings in between to discuss mental health needs of persons of different age groups.

I will try to illustrate our work one by one, which includes strengthening of manpower, engagement of community resources for the support to persons with dementia or with attention deficit/hyperactivity disorder (AD/HD), enhancement of mental health promotion and the conduct of mental health prevalence surveys (Figure 1). Actually, the Advisory Committee has heard about some methods to increase and harness the manpower within the medical or outside the medical setting. We also want to do some service enhancement. For this, we particularly want to draw in the community as we are not going to just enhance the psychiatric services in the Hospital Authority or private psychiatric services, but also want to enhance community support using what the community has already had.

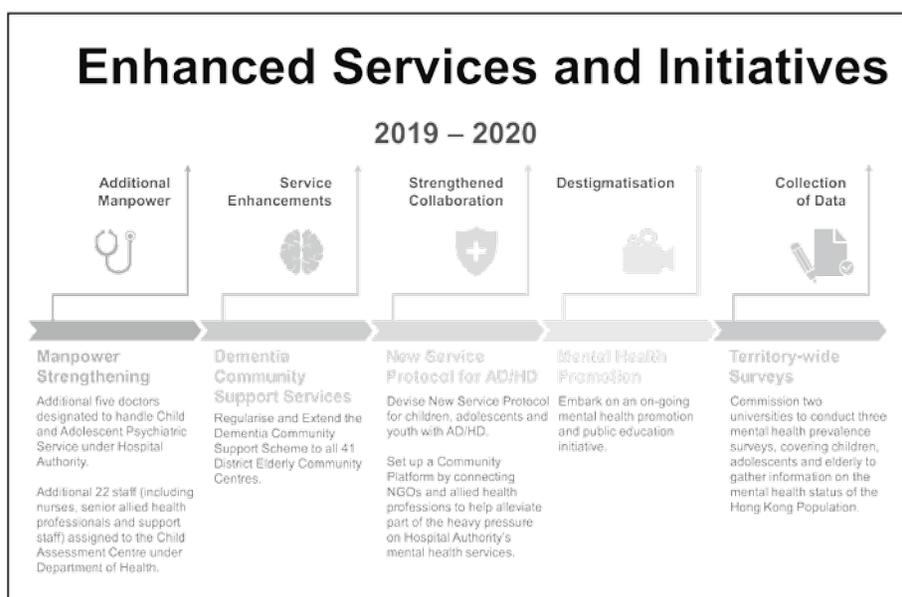


Figure 1: Enhanced Services and Initiatives

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So now, let me talk about manpower first. In 2019-20, financial provision of additional \$104.6 million was allocated to strengthen the manpower for mental health services. This not only includes the hiring of more psychiatrists in the Hospital Authority, but also includes the strengthening of manpower for the Child Assessment Service of the Department of Health. For the latter, resources are secured for the creation of additional 22 posts

including nurses, senior allied health professionals like physiotherapist, occupational therapist and speech therapists to help improve the waiting time. We have also provided resources for recruiting additional case managers for the Case Management Programme, which Dr. Yeung Wai-song will mention later. We need to enhance mental health services with the support of multi-disciplinary professionals (Figure 2).



Figure 2: Manpower Strengthening

Besides additional manpower, we need to connect the community. One example is the programme named Dementia Community Support Scheme (DCSS). Many of you know that if you ask the elderly with dementia to see a doctor, some of them are not willing to go, not even being accompanied by their carers. Therefore, we make use of another setting in the community, namely the District Elderly Community Centres (DECC). DECC is more like a ‘fun club’. I always tell others, “DECC is a fun club, a fun club for the elderly”. The elderly can join activities, chit-chat, and build friendship with staff and counterparts in the DECCs. Under the DCSS, we have established a medical-social collaboration model through which

healthcare professionals such as advanced practice nurse and occupational therapist or physiotherapist work with social workers in each DECC to design and offer programmes for the elderly with mild or moderate dementia. There are two advantages providing dementia support in the DECCs. Number one, the setting itself is elderly-friendly. Elderly persons are willing to go and enjoy programmes with their friends there. Another advantage is that engaging elderly in the DECCs can help lessen the burden of the carers. They can go out with their friends to have a cup of tea or talk with other carers on site and share their experiences. This is a good programme that has connected the support services in the community with the medical sector (Figure 3).

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Figure 3: Dementia Community Support Services

Through collaboration, we are now trying another Pilot Scheme on New Service Protocol for AD/HD. We want to provide support to children, adolescents and young persons with AD/HD through the use of multi-disciplinary

professional platforms set up in NGOs so that those with AD/HD will not have to go to the hospital but to the community platforms for timely assessment, professional care and appropriate intervention (Figure 4).



Figure 4: New Service Protocol for AD/HD

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It is important to engage the community for the promotion of mental health. Mentioning the community, most will think about NGOs, or about schools, but for the promotion of mental health, we have also engaged the commercial sector. We launched the Mental Health Workplace Charter in November 2019. We invited not only NGOs, educational institutions and public bodies, but also

private organisations to sign the charter with a pledge to achieve different objectives, including the building of a mental health friendly environment in the workplace. If you are interested in the programme, you can just type ‘Mental Health Workplace Charter Hong Kong’ and you will find the website with details (<https://mentalhealthcharter.hk/en/index.html>) (Figure 5).



Figure 5: Mental Health Promotion

Finally, apart from service enhancement and mental health promotion, we also want to address the specific service needs of different age groups. Therefore, we have commenced three mental health prevalence surveys targeting at children from 6 to 17, adolescents from 15 to 24 and the elderly aged 60 or above. We aim to obtain useful data from the survey findings, and to know more about the major factors leading to mental health problems, as well as the key factors contributing to recovery. The surveys are now in progress. After the survey projects are completed, the findings will

facilitate the Advisory Committee to deliberate the way forward for the development of mental health services (Figure 6).

The last thing I want to point out is that the Advisory Committee only plays a part in the mental health regime. We need the health sector, the community, the carers, the NGO service partners, and more importantly, all of you to join with us hand in hand for advancing the mental health development in Hong Kong. I hope you enjoyed the presentation. Thank you.



Figure 6: Mental Health Prevalence Survey