

**WORK REPORT OF THE
ADVISORY COMMITTEE
ON MENTAL HEALTH**

(1 December 2021 - 30 November 2023)

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Message from the Chairman

The Advisory Committee on Mental Health (“ACMH”) was established in December 2017. Over the past six years, Hong Kong has faced social unrest and the COVID-19 pandemic, giving rise to complex mental health issues that continue to emerge. As the Chairman of the ACMH, on one hand, I am grateful for the dedication of the ACMH members and colleagues in the Government for working side by side tirelessly. On the other hand, I am also deeply concerned about the diverse and severe mental health needs.

Today, the focus of issues, concerns and services related to mental health has witnessed a shift or extension, including from “treatment” to “prevention” and “early intervention”, from “severe mental illness” to “common mental illness” (especially depression and anxiety disorders), from “inpatient model” to “community rehabilitation”, from focusing on “persons in recovery” to “carers”, from “physical services” to “online services”, etc.

All policy formulation must be evidence-based. Despite the challenges and delays brought about by the pandemic, the team has successfully overcome all obstacles. Three territory-wide mental health surveys covering children, adolescents and the elderly has been completed to collect data on the prevalence rate and potential risk factors, with a view to assisting relevant authorities in formulating targeted policies and measures. The reports have confirmed the seriousness of mental health problems in Hong Kong, and stressed the urgent need to address service gaps and mobilise community and healthcare resources to achieve the objectives of early identification and intervention.

Prevention is better than cure. In addition to formulating measures to strengthen mental health services in Hong Kong, it is more important to start at the primary level of prevention by promoting healthy lifestyles through promotion, consultation, and education activities. The “Shall We Talk” initiative has garnered considerable recognition in society, and it is hoped that the initiative can be further developed strategically to effectively disseminate mental health information through

online and offline promotional activities, to encourage the public in need to seek early assistance and intervention, and to reduce the public misconceptions and stigma against patients with mental illness (including appealing to the public to refrain from labelling persons with mental illness based on isolated tragic event). We also hope that the “Mental Health Support Hotline” to be launched will fulfill its important role.

Prevention, early identification and intervention are even more important in the case of child and adolescent population, as the condition can be more effectively managed, in addition to having a chance of being cured. Relevant survey reports further affirm the ACMH’s decision to prioritise child and adolescent mental health services. The “Student Mental Health Support Scheme” has witnessed an increase in the number of participating schools from 17 in the 2017/18 school year to 210 in the 2021/22 school year, covering five Hospital Authority (“HA”) clusters. One of the scheme’s core and long-term objectives is to enhance schools’ capacity in addressing students’ mental health issues with the support of healthcare professionals and social workers. As the project’s development reaches a critical juncture, the ACMH has conducted a review of its effectiveness and provided comprehensive recommendations, with a view to making the scheme a primary avenue for supporting children and adolescents with mental health needs through the concerted efforts of all parties involved.

The shortage of professional manpower remains an unchangeable fact, at least in the short to medium term. Apart from continued efforts to increase manpower, it is also crucial to explore new service models to shorten the waiting time for services. I am pleased to see that the psychiatric public-private partnership programme launched by the HA as a significant step in this direction, but it still depends on the determination of various stakeholders to challenge the existing norms.

Drawing reference from the experience of other countries, there is an urgent need in Hong Kong to develop other multi-disciplinary teams and diversify mental health support services outside the traditional healthcare system, including clinical psychologists, occupational therapists, medical social workers, counsellors, peer support workers and

carers, etc. based on the stepped care model, so as to leverage the strengths of different sectors in the provision of appropriate and timely services.

Apart from the “Pilot Scheme for ADHD+” in this direction, I am pleased that the Government has accepted the ACMH’s recommendation to launch a pilot scheme in District Health Centres to provide mental health assessments for those in need and provide appropriate referral services on a need basis, which include multi-disciplinary community support services that go beyond those provided by psychiatrists and nurses, or services provided by the Integrated Community Centres for Mental Wellness.

As the rehabilitation model transitions from hospitalisation to the community, the heavy pressure of taking care of people in recovery has shifted to their family members and carers. While the Government has recently introduced several support measures for carers, there is still a need to further understand the specific needs of carers of persons in mental recovery, so as to provide more adequate and targeted support. On the other hand, there is a need to strengthen the communication and co-ordination between the HA and the Social Welfare Department (“SWD”) or non-governmental organisations, in order to consolidate the protection net of our community.

Policies relating to mental health are intertwined across different bureaux and departments. Effective policy formulation and implementation must be comprehensive and transcend different policy areas and the service scope and resources utilisation of individual bureaux or departments. Summing up the six years of experience, I believe that Hong Kong needs a cross-bureaux and interdepartmental leadership mechanism with executive power, that is responsible for the overall co-ordination of the direction and implementation of mental health policies.

Furthermore, safeguarding the mental health of society involves changing the ingrained attitudes and even prejudices in society, and it is totally insufficient to rely solely on the Government’s efforts. It is necessary to mobilise the capabilities of all societal sectors and foster mutual assistance, so that we can have the opportunity to enhance the

community support system and build a mentally healthy and friendly society.

Lastly, I would like to take this opportunity to thank the members of the past three terms of the ACMH for their efforts in enhancing the services for persons with mental health needs, for their enthusiasm in putting forward valuable insights to the Government, and for actively following up the implementation work of the ACMH. I would also like to thank relevant Government bureaux and departments for their efforts in supporting the work of the ACMH in the face of various challenges, including the three years of pandemic, competing work priorities and resources constraints.

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

November 2023

Chapter 1 The Advisory Committee on Mental Health

Mental Health Policy

The Government attaches great importance to the mental health of the public and understands that mental health goes beyond medical care. The Government adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation for persons in need. Apart from promotion of self-care, primary care and community support, the Government provides specialist and institutionalised services, and also multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and co-operation among the Department of Health (“DH”), Education Bureau (“EDB”), HA, Health Bureau (“HKB”)¹, Labour and Welfare Bureau (“LWB”), SWD, non-governmental organisations (“NGOs”) and other stakeholders in the community.

2. The Government published the Mental Health Review Report (“the Review Report”) in April 2017, which put forward a total of 40 recommendations on enhancing the overall mental health services covering 20 different areas, including promotion and education, research and studies, service capacity building and support services for persons of different age groups.

Terms of Reference

3. The ACMH was formed in December 2017, its terms of reference 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;

¹ Formerly the Food and Health Bureau (“FHB”).

- (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; and
- (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 public awareness of mental health needs, reduce stigmatisation and step up prevention and early identification of mental health problems;
 - (ii) capacity building - to increase supply of service and to strengthen professional training, patient empowerment and support for families and carers;
 - (iii) support to children and adolescents - to strengthen mental health service support to children and adolescents, covering all aspects 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 to 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 other issues that are conducive to the improvement of mental health services in Hong Kong, and to conduct research and offer views to enhance the services.

Membership

4. Appointed by the former Secretary for Food and Health, the third term of the ACMH was chaired by Mr WONG Yan-lung, SC and comprised 25 non-official and eight ex-officio Members, including—

- (a) professionals from the healthcare sector (including psychiatrists, geriatricians, paediatricians, clinical psychologists and psychiatric nurses);
- (b) professionals from the social service and education sectors (including leaders of NGOs, social workers, school principals and university professors);
- (c) lay persons with interest in mental health (including persons in mental recovery/peer support workers, employers of persons with mental health needs, representatives from carer support organisations/patient advocacy groups, academics of ethnic minority background, representatives from the Equal Opportunities Commission and youth members appointed under the Member Self-recommendation Scheme for Youth); and
- (d) Government officials (including Permanent Secretaries of the HHB, EDB and LWB, Directors of DH and SWD as well as

senior executives of HA).

The membership list of the ACMH for its third term from 1 December 2021 to 30 November 2023 is at **Appendix A**.

Chapter 2 Capacity Building and Service Delivery Model

5. The third term of ACMH continued to explore sustainable service models for the provision of mental health services to enhance service delivery capacities within limited resources. The service models explored by ACMH primarily involve multi-disciplinary and cross-sectoral collaboration services and public-private-partnership programmes. Details are as follows.

Multi-disciplinary and Cross-sectoral Collaboration Services

6. As pointed out in the Review Report, mental health goes beyond medical care and requires multi-disciplinary and cross-sectoral collaboration to meet the growing public demand for mental health services. Given the wastage of professionals in the public healthcare system over recent years, ACMH considers that there is limited room for significant improvement in the service capacity of the public healthcare system in the short to medium term. Some studies also suggested that most of the people with mental health needs seeking treatment from specialists are suffering from common mental disorders. Therefore, ACMH recommends that the Government should explore the implementation of alternative service models to strengthen the provision of mental health services, so that family doctors and other fully trained and accredited practitioners can provide mild to moderate mental health support to people suffering from depression and anxiety disorders outside the specialist service. The ACMH has been proactively following up on the implementation of service based on the above model.

Pilot Scheme on New Service Protocol for Child and Adolescent with Attention Deficit Hyperactivity Disorder and Comorbidity (ADHD+)

7. The Government launched the two-year Pilot Scheme on New Service Protocol for Child and Adolescent with Attention Deficit Hyperactivity Disorder and Comorbidity in March 2021 to provide

assessment and treatment services² for children and adolescents with mild or moderate Attention Deficit Hyperactivity Disorder (ADHD) through cross-sectoral and multi-disciplinary professionals. The pilot scheme has set up multi-disciplinary community service platforms in five districts (Hong Kong Island, Kowloon Central and West, Kowloon East, New Territories East and New Territories West). A multi-disciplinary and cross-sectoral professional team (comprising a part-time clinical psychologist, a specialised nurse, an occupational therapist and an assistant social work officer) will conduct a standardised assessment for the participants and formulate individualised support services for them, including diversified group training in psychological, emotional, concentration, social and career-oriented areas, as well as provision of guidance or counselling support for individuals or parents based on their personal needs. As at July 2023, a total of 57 primary and secondary schools have participated in the pilot scheme, with about 1 000 children and adolescents receiving intervention or referral services.

8. The ACMH has commissioned the Department of Psychiatry of the University of Hong Kong to conduct a comprehensive evaluation on the effectiveness of the pilot scheme and the report is expected to be completed by early 2024. The third term of ACMH will discuss the preliminary findings of the report at its meeting in late November 2023. The HHB will consider follow-up arrangements based on the evaluation report and will consult ACMH. In the long run, HHB will consider whether the service model of the pilot scheme can be extended to treat stable cases other than ADHD, thereby alleviating the manpower strain at the HA's psychiatric outpatient clinics.

Services of District Health Centres

9. District Health Centres (“DHCs”) focuses on prevention and provide disease prevention services in the primary healthcare setting to enhance the public awareness of personal health management and disease prevention. Currently, DHCs adopt a multi-disciplinary “medical-social

² Since over 70% of patients under the age of 18 receiving the HA's psychiatric services are ADHD cases, the Expert Group decided to focus on ADHD to test out the effectiveness of the proposed new service protocol. More serious cases will be referred to the HA or other service providers in the community.

collaboration” service model, with a core team providing a wide range of health educational programmes and preventive promotion, including mental health and healthy sleep, etc.

10. Among the ten enhanced measures announced in June 2023 (see paragraph 19 below), individual DHCs are exploring the launch of a pilot scheme to provide mental health assessment for members of the public in need. Initially, the service teams of DHCs launching the pilot scheme will comprise personnel who have received mental health training as its core, providing mental health assessment services to citizens with common mild-to-moderate mental health needs who reside, work, or study in the respective districts, with a view to ensuring early identification and intervention. The relevant DHCs will also collaborate with community organisations to follow up on and make early referrals for high-risk cases to prevent deterioration of mental health problems. The ACMH has discussed the service arrangements and put forth preliminary views. In further taking forward the pilot scheme, the HHB will consult ACMH in due course.

Care Teams

11. The ten enhanced measures announced in June 2023 (see paragraph 19 below) proposed exploring the feasibility of leveraging the district network and service experience of “Care Teams” to assist in supporting relevant measures. Subsequently, the 2023 Policy Address announced strengthening the training of Care Team members by providing them with mental health support training to assist in the early referral of persons with mental health needs in the community for support. The HHB will continue to follow up on the relevant measures and consult ACMH in due course.

Public-private Partnership Programme for the Provision of Psychiatric Outpatient Service

12. The 40 recommendations of the Review Report include the exploration of the feasibility of introducing a public-private partnership by

HA to refer suitable patients with care plans to private practitioners for on-going management of stabilised common mental disorder cases, so as to reduce the waiting time for the HA's psychiatric specialist service and ensure more effective allocation of resources to handle more complex mental illness cases.

13. The ACMH has been following up with HA on the implementation of the relevant recommendations. The ACMH is pleased to note that HA has been proactively putting forward recommendations and exploring service arrangements, including service demand and suitable patient categories with relevant stakeholders (including private psychiatrists and patient groups). In mid-2022, HA extended the Co-care Service Model under the General Outpatient Clinic Public-Private Partnership Programme to psychiatric services. Stable patients with common mental disorders (such as anxiety disorder, depression and adjustment disorder) who have been attending HA's Specialist Outpatient Clinics (Psychiatry) for at least 12 months and are suitable for follow-up at the primary healthcare level are invited to join. Patients can choose a family doctor who has joined the programme and continue to receive private primary healthcare services in the community. The ACMH understands that the service is still at the early stage of development, and HA is closely monitoring patients' responses and exploring measures to enhance its effectiveness, including expanding the drug list and actively communicating with stakeholders from various sectors (such as psychiatrists and patient groups). The ACMH will continue to discuss the progress of the service with the HA and render advice in a timely manner.

Student Mental Health Support Scheme

14. The Student Mental Health Support Scheme (SMHSS) operates based on a medical-educational-social collaboration model, under which a multi-disciplinary team comprising a psychiatric nurse of HA, a designated teacher and a school social worker is formed in each participating school, working closely with the psychiatric team of HA, the school-based educational psychologist, relevant teachers and social workers from social service units. The coverage of SMHSS has expanded

from 17 schools in the 2016/17 school year to 210 schools in the 2021/22 school year. All five clusters of HA offering child and adolescent psychiatric services have also joined the scheme. It was announced in the 2022 Policy Address that the multi-disciplinary SMHSS would be strengthened to identify students in need and make arrangements for them to receive professional support at the first opportunity. Upon reviewing the current service model of SMHSS, ACMH has been improving the operation of the scheme in six major directions, including:

- (a) setting clear objectives;
- (b) improving case management;
- (c) clarifying the roles of professionals from the medical, education and social sectors;
- (d) setting up a lead mental health coordinator in participating schools;
- (e) reducing the rate of students' refusal of services; and
- (f) strengthening the monitoring of SMHSS.

The Task Force on SMHSS (comprising representatives from EDB, HA, HHB, SWD, schools and NGOs) will continue to work closely to take forward the work in the above directions, with a view to enhancing the sustainability and sharpening the focus of SMHSS in providing effective support services to students with mental health needs in schools. The ACMH will continue to proactively monitor and steer SMHSS and make recommendations to the Government.

Chapter 3 Mental Health Services for Specific Groups

15. In its third term, ACMH continued to focus on the provision of mental health services for specific groups in society (including students with mental health needs, carers of persons in mental recovery and ethnic minorities). Details are as follows.

Support measures for carers

16. Carers play an important role in supporting persons in mental recovery to live in the community. The ACMH has been following up with relevant government departments on the support measures for carers. In this regard, SWD has reported to the ACMH on the enhancements of carer support services provided by the Integrated Community Centres for Mental Wellness, which include: (1) providing carers with more support/training to facilitate their early identification of relapse signs and symptoms of mental illnesses and the access to professional assistance; (2) enhancing the training of social workers in Integrated Community Centres for Mental Wellness and community mental health services units to improve their ability in early identification and handling complex cases; and (3) deepening communication and networking with stakeholders in the community to facilitate early referral and follow-up of cases with mental health needs. The ACMH also understands that SWD has subsidised NGOs to operate resource centres/self-help groups for carers of persons in mental recovery, rendering services to enhance carers' knowledge of mental illnesses and foster mutual support among them.

17. The ACMH is pleased to learn that in the 2022 Policy Address, the Government announced the implementation of various measures to strengthen carer support, including (1) regularising four financial assistance schemes under the Community Care Fund; (2) establishing a one-stop information gateway for carers; (3) setting up the Designated Hotline for Carer Support; (4) increasing the number of respite service places and enhancing the relevant enquiry system; and (5) launching a territory-wide publicity campaign. The ACMH is of the

view that carers of persons in mental recovery face more complicated problems than general carers and hence the Government should consider providing proactive and tailored services to meet their needs. The ACMH will continue to follow up on the support services provided to carers.

Support for Ethnic Minorities

18. Studies on mental health revealed that ethnic minorities may have lower help seeking rate when facing mental health challenges due to language barriers, differences in cultural backgrounds, etc. Providing mental health services in the languages of ethnic minorities and tailoring services to their backgrounds and cultures will help enhance their motivation to use mental health services. The ACMH recommends exploring the expansion of services that cater to the mental health needs of ethnic minorities. The 2022 Policy Address announced setting up a service centre on a trial basis to provide emotional support and counselling services for ethnic minorities in their native language. The HHB is proactively liaising with NGOs to set up a service centre to provide, on a trial basis, tailor-made emotional support and counselling services by ethnic minority persons speaking their languages according to their backgrounds and cultures, so as to improve the help-seeking rate among ethnic minorities and enhance their access to mental health support. The HHB will implement the relevant measures as soon as possible and consult the ACMH in due course.

Ten enhanced measures to support persons in mental recovery or with mental health needs

19. In June 2023, a tragic incident at Diamond Hill involving a person with mental health needs has aroused widespread concern in the society. The ACMH held an urgent meeting to explore ways to address mental health issues in a more integral, safe and comprehensive approach and to make recommendations to the Government. Having considered the views of ACMH, the Government proposed ten enhanced measures in a bid to offer more comprehensive support to persons in mental recovery

who had a history of severe mental disorders and other persons with mental health needs.

Enhanced measures to support persons in mental recovery who had a history of severe mental disorders:

- (a) HA will enhance manpower with an aim to optimising the ratio of case manager under the Case Management Programme to patients with severe mental illness to no higher than 1:40 by the fourth quarter of this year;
- (b) HA will explore the wider use of newer oral drugs or injections with fewer side effects for psychiatric patients in need to facilitate better medication compliance of patients;
- (c) HA will set clearer targets for the median waiting time for new cases at psychiatric specialist outpatient clinics, with the median waiting time for those triaged as Priority 1 (urgent) be kept within one week and that for Priority 2 (semi-urgent) be kept within four weeks;
- (d) enhance the communication in case management between the HA and the SWD, including exploring more frequent exchanges on cases jointly handled by HA and SWD, so as to provide a more holistic and continuous support with a more comprehensive assessment on medical, emotional and family conditions, etc. of the person concerned; and
- (e) the HA will complete the review of the “Conditional Discharge” mechanism³ under the Mental Health Ordinance soon and will report the findings of the review to ACMH next

³ Under the existing Mental Health Ordinance, in order to assist patients who have committed criminal violence or have a disposition to commit such violence but whose conditions have stabilised to return to live in the community, hospitals may now allow patients to be discharged from hospitals under specified conditions, which include residing at a specified place, receiving community follow-up, attending regular medical appointments, and taking medication prescribed by a medical practitioner, etc.

month. The Government will also invite ACMH to explore the feasibility and effectiveness of the “Community Treatment Order”⁴, and make recommendations to the Government.

Enhanced measures to support other persons with mental health needs:

- (a) individual DHCs will explore the introduction of a pilot scheme to provide mental health assessment for members of the public in need, and collaborate with community organisations for providing follow-up, as well as early referral for high-risk cases;
- (b) SWD will enhance the services of the Integrated Community Centres for Mental Wellness to strengthen support for persons with mental health needs, including strengthening early identification of persons with mental health needs and early intervention;
- (c) SWD will explore enhancing the training of social workers in community mental health services units to improve their ability in handling complex cases;
- (d) HHB will expedite the implementation of setting up a mental health support hotline within this year, so as to consolidate different mental health services and to provide immediate support and referral services for members of the public with mental health needs; and
- (e) strengthen the support for the mental health needs of specific groups (including low-income and ethnic minority families), so as to provide timely support as well as early identification and assistance for cases in need. The HHB is actively liaising with NGOs to set up a service centre to provide emotional

⁴ As can be seen from the legislation in different jurisdictions, there are two models of community treatment orders, namely the triage and the preventive models. Under the triage model, if a patient is determined to be in need of compulsory admission to a hospital, a community treatment order may be made in lieu of such admission; whereas under the preventive model, even if the patient’s condition has not yet reached a level that meets the criteria for compulsory admission, a community treatment order will be made to prevent the patient’s condition from deteriorating.

support and counselling for ethnic minorities, and explore the possibility of leveraging the district network and service experience of “Care Teams” to participate in assisting and supporting the relevant measures.

The ACMH will continue to follow up on the implementation progress of the ten enhanced measures. When implementing the abovementioned measures, relevant government bureaux/departments will consult the ACMH in a timely manner.

Mental Health Initiatives Funding Scheme

20. As set out in the 2020 Policy Address, the Government has earmarked \$300 million under the Beat Drugs Fund for implementing the Mental Health Initiatives Funding Scheme (“the Funding Scheme”), so as to provide funding support to projects which help enhance support to the needy in the community and raise public awareness of mental health. The Funding Scheme is implemented in two phases (i.e. Phase 1 and Phase 2). The ACMH has been entrusted with the responsibility of co-ordinating the initiative and working with service providers and NGOs in the relevant sectors to identify needs and set priorities, with a view to facilitating or promoting relevant projects. The ACMH has set up a Project Assessment Panel (“the Panel”), comprising ten non-official ACMH Members and representatives from EDB, HHB, and LWB/SWD to assess the applications received.

21. Under Phase 1 of the Funding Scheme, ACMH approved 70 applications with a total grant of about \$100 million after taking into account the advice of the Panel. Three priority areas are: (1) lay leaders in the community; (2) support for carers; and (3) information technology support for the elderly. The approved projects have commenced progressively since February 2022. Under Phase 2 of the Funding Scheme, ACMH approved 102 applications with a total grant of about \$175 million, taking into account the advice of the Panel. Five priority areas are: (1) support for carers; (2) support for children and adolescents with special educational needs; (3) strengthening family relationship;

(4) support for the elderly with mental health needs; and (5) support for bereavement and grief management. The approved projects have commenced progressively from March to May 2023.

Chapter 4 Research and Review

22. In its third term, ACMH conducted three territory-wide mental health surveys to study the mental health status of the Hong Kong population. In addition, ACMH conducted a review of the “Conditional Discharge” mechanism under the Mental Health Ordinance. Details are set out in the ensuing paragraphs.

Territory-wide Mental Health Surveys

23. The ACMH believes that statistical data is an important tool for policy formulation, and therefore recommends the Government to comprehensively collect information on the mental health status of the Hong Kong population, and consider implementing new mental health measures in response to the actual needs of the public. In this connection, the former FHB commissioned the University of Hong Kong and the Chinese University of Hong Kong to conduct three surveys in 2019 covering children and adolescents aged 6 to 17, youth aged 15 to 24, and older people aged 60 or above. All three surveys have been completed in 2023.

Child and Adolescent Mental Health Survey

24. The Child and Adolescent Mental Health Survey conducted with 6 000 children and adolescents aged 6 to 17 years old commenced in January 2019. The survey was completed in August 2023 and key findings are as follows –

- (a) 24.4% of the children and adolescents have mental disorders in the past year. Among them, ADHD was the most prevalent (10.2%), followed by disruptive impulse control and conduct disorders (8.8%), anxiety disorders (6.1%) and depressive disorders (5.4%);
- (b) non-suicidal self-injury has an overall prevalence of 1.2%,

with a higher frequency in secondary schools (2.5%) with female predominance (1.9%);

- (c) among children and adolescents with mental health disorders, 41.1% have sought help from others. The most commonly sought professionals are social workers (53.8%) and psychiatrists (49.3%);
- (d) non-ethnic Chinese adolescents were associated with a higher risk for anxiety disorders; and
- (e) actionable risk factors could be broadly defined in three categories, i.e. (i) clinically significant parental emotional distress, (ii) school-related problems and (iii) sleep-related disorders.

Youth Mental Health Survey

25. The Youth Mental Health Survey conducted with 3 340 children and adolescents aged 15 to 24 years old commenced in April 2019. The survey report was released in May 2023 and key findings are as follows –

- (a) 16.6% of youth have mental disorders. Major depressive disorder (13.7%) was the most prevalent, followed by mania and hypomania (2.3%), generalised anxiety disorder (2.1%), panic disorders (1.0%) and obsessive-compulsive and psychotic disorders (0.6%);
- (b) 19.4%, 5.0% and 1.5% of the youth reported having suicidal ideation, having suicide plan and having suicide attempt respectively;
- (c) among youth with mental health disorders, 74.1% reported not receiving any form of support service; and
- (d) risk and protective factors can be broadly classified into four

categories and the corresponding interventions are as follows:

- (i) family (poor family functioning, lack of personal space): involving family members in intervention and provision of psychological support, enhancing mental health literacy and provision of “third space” to young people;
- (ii) rumination tendencies and stressors: interventions that reduce youth’s rumination tendencies and enhance youth’s resilience;
- (iii) lifestyle and digitalisation: interventions to improve healthy smartphone use and to improve sleep; and
- (iv) psychological factors (e.g. low resilience, low self-esteem and loneliness): consider incorporating positive psychology and strength-based approach in intervention strategies.

Elderly Mental Health Survey

26. The Elderly Mental Health Survey conducted with 4 500 elderly aged 60 years old or above commenced in January 2019. The survey was completed in May 2023 and key findings are as follows:

- (a) the prevalence of mild and major Neurocognitive Disorders (NCD) of the elderly were 22% and 9.7% respectively;
- (b) around 70% of the elderly living in residential care homes for the elderly had major NCD;
- (c) 8.6% of the respondents were diagnosed with anxiety and depression;
- (d) older age, lower education level, being divorced or separated and a greater number of comorbidities showed significant

associations with higher prevalence of NCD and psychological problems; and

- (e) participation in cognitive, psychological and social activities was associated with higher cognitive abilities and lower levels of emotional symptoms.

27. After receiving the aforementioned survey results, ACMH formed subcommittees to discuss follow-up work in September and October 2023. Given that the survey emphasises the importance of early intervention in delaying the progression from mild NCD to major NCD, ACMH is of the view that the survey results should be announced timely and the preventive measures recommended in the reports should be promulgated. The ACMH also recommends the Government to conduct longitudinal studies on the above three age groups to analyse mental health trends, as well as conducting a mental health survey for the adult group.

28. The HHB is finalising the survey results with the research teams, with a view to arranging the announcement of survey results by end-November 2023. In collaboration with the relevant government bureaux/departments, HHB will proactively follow up on the survey reports and recommendations put forward by ACMH, so as to ensure that the government bureaux/departments concerned will fully utilise the data obtained from the surveys to formulate comprehensive and targeted policies and support measures, with a view to enhancing the mental health of various age groups in society.

Review of “Conditional Discharge” Mechanism

29. The existing “Conditional Discharge” mechanism⁵ under the

⁵ Under section 42B of the Mental Health Ordinance, a patient with a medical history of criminal violence or a disposition to commit such violence who is liable to be detained but may safely be discharged subject to certain conditions may be released subject to the imposition of specified conditions. As such, if a patient is in a stable condition, HA may convene a multi-disciplinary case conference to determine whether the patient can be discharged from hospital subject to the imposition of certain conditions under the joint discussion of the relevant professionals. Such conditions may include requiring the patient to reside in a specified place, to attend follow-up consultations at a specified outpatient clinic, to take medication prescribed by a medical practitioner, and to be under the supervision of the Director of Social Welfare.

Mental Health Ordinance seeks to safeguard the health and safety of patients and members of the public through compulsory treatment. However, the “Conditional Discharge” mechanism only applies to a limited scope of patients and may not be effectively utilised in some situations. To further safeguard the health and safety of patients and members of the public, it is recommended in the Review Report that a review of the “Conditional Discharge” mechanism should be conducted. In this regard, HA has conducted a review of the “Conditional Discharge” mechanism and reported the preliminary review outcomes of the “Conditional Discharge” mechanism to ACMH in July 2023. The ACMH agrees that the “Conditional Discharge” mechanism can be taken forward in the following four directions: (1) improve the “Conditional Discharge” mechanism by diverting the status of voluntarily admitted patients to compulsory detention if they are found to have a medical history of criminal violence or disposition to commit criminal violence, so that patients will be subject to the “Conditional Discharge” mechanism if needed upon discharge; (2) enhance support to patients on “Conditional Discharge” and their carers; (3) recall patients whose condition has deteriorated and have violated the “Conditional Discharge” conditions to the hospital in time for treatment; and (4) establish a case review period for patients under “Conditional Discharge”.

30. The HHB and HA will enhance the “Conditional Discharge” mechanism in the abovementioned directions to strengthen the safeguard for persons concerned and the community. The HA will report the results to ACMH upon completion of the review of the “Conditional Discharge” mechanism. The HHB and HA will proactively follow up on the advice of ACMH.

Chapter 5 Monitoring Implementation of the Recommendations in the Mental Health Review Report

31. One of the tasks of ACMH is to follow up and monitor the implementation of the recommendations in the Review Report. To facilitate monitoring of the implementation progress of the recommendations, ACMH regularly requests government bureaux/departments to submit regular progress reports. As at end-October 2023, out of the 40 recommendations, 19 have been implemented, 16 were underway and 5 were subject to further deliberations. Details of the progress of implementation of the 40 recommendations are at **Appendix B**.

Chapter 6 Promotion and Public Education on Mental Health

32. The third term of ACMH continued to carry out publicity, promotion and public education on mental health. Details of the work are set out in the ensuing paragraphs.

“Shall We Talk” Mental Health Promotion and Public Education Initiative

33. As announced in the 2018 Policy Address, an annual recurrent funding of \$50 million would be earmarked to launch an on-going mental health promotion and public education initiative. In July 2020, ACMH launched the “Shall We Talk” mental health promotion and public education initiative with the objectives (1) to step up public engagement in promoting mental well-being; (2) to enhance public awareness of mental health with a view to encouraging help-seeking and early intervention; and (3) to reduce stigma towards people with mental health needs. “Shall We Talk” is implemented under a phased approach. The timeframe and focus of each phase are set out below –

Phase	Timeframe	Focus
Phase 1 (completed)	July 2020 to August 2021	To increase public awareness of mental well-being.
Phase 2 (on-going)	August 2021 to 2027	To encourage help-seeking and early intervention, and to reduce stigma towards persons with mental health needs.
Phase 3 (proposed)	From 2027 onwards	To promote social inclusion of persons with mental health needs.

Phase 1 of “Shall We Talk” has been successfully implemented. For major achievements, please refer to the Work Report of ACMH (1 December 2019 - 30 November 2021).

Phase 2 of “Shall We Talk” (on-going)

34. Phase 2 of “Shall We Talk” commenced in August 2021, with major projects as follows –

- (a) online projects: In July 2023, “Shall We Talk” launched a one-stop thematic website on mental health (shallwetalk.hk) to provide the public with one-stop information and resources on mental health. As at September 2023, the thematic website recorded over 2 360 000 hit counts. The thematic website launched a chatbot in September 2022 to provide information on mental health and interactive website navigation services. “Shall We Talk” also promotes mental health to the public through social media platforms, such as the broadcast of the **【Listen\Talk】** series on social media platforms featuring the sharing of personal experience and feelings by various invited stakeholders (including artists and key opinion leaders), and the production of animated videos on mental health in collaboration with illustrators, etc. The aim is to encourage the public to address mental health issues, accommodate persons in mental distress, and seek help from or offer help to others proactively when needed. As at September 2023, Seasons 3 and 4 of the series recorded nearly 300 000 and 1 300 000 hit counts respectively. The total views of the animated videos broadcast on social platforms in September 2022 exceeded 1 700 000 in October 2022;
- (b) traditional media projects: “Shall We Talk” collaborated with RTHK Radio 5 to explore common mental and psychosocial issues among the elderly in the programmes “MagaSenior” and “Stand By Me” from November 2022 to January 2023, enabling the audience to learn about ways to seek help. The eight episodes of “Shall We Talk Season 2” (drama series) were broadcast on RTHK TV31 from August to September 2022 and on ViuTV Channel 99 from August to September 2023 to disseminate positive messages on mental health awareness and encourage the public not to stigmatise persons

with mental health needs;

- (c) cross-media projects: “Shall We Talk” has invited renowned artist to star in the promotional video “Seniors, open your heart Let’s care and share” to encourage the elderly to speak up from their hearts. The video has been broadcast on the television, the radio and other media since July 2022;
- (d) community projects: “Shall We Talk” organises “The Emotion Archive” campaign in various districts from August to December 2023, helping the public to understand mental disorders such as psychosis and depression through interactive activities;
- (e) campus projects: it is crucial to cultivate a proper understanding of mental health from an early age. In 2023, “Shall We Talk” distributed a series of multimedia materials and physical resource kits on mental health education to over 1 300 primary and secondary schools as well as tertiary institutions in Hong Kong. Starting from February 2023, the “Talk with the Flow” tour has been conducted in 11 tertiary institutions to promote messages on mental health, including such activities as learning “Zentangle” and “Singing Bowls” for stress relief and spiritual healing, appreciating films related to mental health, and distributing “EMO Survival Kits” and “No More Moody Bottle” filled with tea to tertiary students. Furthermore, in collaboration with the M+ in the “Yayoi Kusama: 1945 to Now” exhibition, “Shall We Talk” rolled out a series of free art appreciation activities, guided tours, art therapy workshops and mental health talks for full-time students of higher education institutions, with a view to encouraging young people to speak openly and seek appropriate support for their mental well-being; and
- (f) workplace projects: the “Joyful@Healthy Workplace Programme” continues to promote mental health and a mental health-friendly workplace environment. As at September

2023, over 700 000 employees from a total of 3 014 organisations participated in the programme. In May 2022, “Shall We Talk” distributed a series of “Talk Friday” health education materials to the participating organisations of “Joyful@Healthy Workplace Programme”. The number of organisations signing the Mental Health Workplace Charter⁶ increased from 190 in end-2019 to 1 244 in September 2023, covering nearly 600 000 employees. In May 2023, “Shall We Talk” and the Occupational Safety and Health Council jointly organised the 18th Occupational Health Award, and introduced the Workplace Mental Health Award to give recognition to organisations with outstanding performance in promoting a mental health-friendly workplace.

Way Forward

35. In March 2023, DH and the Communications Agent conducted a focus group study again to examine the effectiveness of the promotion activities under “Shall We Talk” and to understand the awareness and suggestions of different stakeholders on “Shall We Talk”. The feedback was generally positive, fully acknowledging the effectiveness of “Shall We Talk” in enhancing the public’s understanding of mental health, reducing stigma towards persons with mental health needs and promoting social inclusion.

36. The ACMH will continue to closely monitor “Shall We Talk” to ensure that the direction of the initiative is proper, effective and sustainable. The ACMH is of the view that “Shall We Talk” has successfully reached out to people from all walks of life and promulgated mental health recommendations and help-seeking information through a lively and innovative approach in promotional strategies. To further promote the initiative in the community, ACMH expects “Shall We Talk”

⁶ Organisations signing the Mental Health Workplace Charter are committed to promoting a mental health-friendly environment by completing a specified number of action items, including promoting active listening and communication, encouraging help-seeking, facilitating early identification of mental problems and timely treatment. Signatory organisations may also apply for free value-added activities such as mental health first aid training courses, tailor-made mental health consultation services and “drop-in” workshops.

to combine online and offline elements into more comprehensive and appealing information and become a household brand name. In addition, “Shall We Talk” can provide various self-administered assessment tools through its website and establish referral channels with NGO services to encourage the public’s early help-seeking.

Chapter 7 Other Works of ACMH

Visits and Appearances

37. During the third term of ACMH, the Chairman and Members visited the following places or made appearances on the following occasions in order to better connect with relevant stakeholders –

- (a) the 8th Hong Kong Carer Conference of Persons in Mental Recovery 2022 organised by the Baptist Oi Kwan Social Service (October 2022);
- (b) the Integrated Community Centre for Mental Wellness (Wan Chai) and the Lok Kwan Halfway House under the Baptist Oi Kwan Social Service (November 2022);
- (c) the Carer Conference organised by the Caritas Jockey Club Resource and Support Centre for Carers (February 2023);
- (d) the 18th Occupational Health Award Forum and Award Presentation Ceremony (May 2023);
- (e) the Kick-off Ceremony for the Care the Carers Campaign organised by the SWD (September 2023);
- (f) the Seminar on Media Reporting of Mental Health Issues organised by the Equal Opportunities Commission (September 2023);
- (g) the Kick-off Ceremony of the Mental Health Month organised by the Association of Heads of Secondary Schools of Tsuen Wan, Kwai Chung and Tsing Yi Districts (October 2023);
- (h) the Mental Health Awards Ceremony organised by the Mental Health Foundation (October 2023); and

- (i) the Kick-off Ceremony of the Greater Bay Area Mental Health Collaboration Platform organised by the Hong Kong Association for the Promotion of Mental Health (November 2023).

Engagements with Stakeholders

38. The ACMH also engaged the following stakeholders with a view to tapping their views on mental health issues –

- (a) Richmond Fellowship of Hong Kong;
- (b) Baptist Oi Kwan Social Service;
- (c) The Society of Rehabilitation and Crime Prevention, Hong Kong;
- (d) New Life Psychiatric Rehabilitation Association;
- (e) Mind HK;
- (f) The Zubin Foundation;
- (g) Our Hong Kong Foundation;
- (h) Lee Hysan Foundation;
- (i) The Hong Kong Jockey Club;
- (j) Project Team of Jockey Club Holistic Support Project for Elderly Mental Wellness; and
- (k) Mercado Solutions Associates Ltd.

Chapter 8 Way Forward

39. The ACMH would like to thank all stakeholders, including relevant government bureaux/departments for their contributions in the past six years. The ACMH will continue to follow up on various follow-up actions mentioned above. The ACMH will work hand-in-hand with stakeholders to gradually build a mental health-friendly community in Hong Kong.

**Advisory Committee on Mental Health
November 2023**

Appendix A

Membership of Advisory Committee on Mental Health (1 December 2021 – 30 November 2023)

Chairman

Mr WONG Yan-lung, GBM, SC

Non-official Members

Healthcare Sector

Prof Eric CHEN Yu-hai

Ms Jamie Cheng Po-kwan

Dr Hung Se-fong, BBS

Prof Patrick Ip Pak-keung

Dr Carolyn Kng Poey-lyn

Professor Linda Lam Chiu-wa

Dr David Lau Ying-kit

Ms Jolene Mui

Social Service and Education Sector

Mr Chua Hoi-wai, JP

Mr Frederick Lai Wing-hoi, JP

Mr Ricky Leung Wai-kay

Ms Rachel Leung Wai-ling

Dr Pamela Tin Sze-pui

Professor Samson Tse Shu-ki

Mr Tso Tat-ming

Mr Terry Wong Chung-bao

Lay Persons

Miss Angel Chan Hoi-yi

Ms Lily Chan

Mr Ikey Cheung Ho-yuen

Dr Ferrick Chu Chung-man (Representative of Equal Opportunities Commission)

Mr Banny Lau

Ms Shirley Marie Therese Loo, BBS, MH, JP

Professor Naubahar Sharif

Ms Barbara Tong

Ms Yuen Shuk-yan

Ex-officio Members

Permanent Secretary for 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*)

Progress of Implementation of the 40 Recommendations of the Mental Health Review Report
(Update as at mid-November)

	Advanced stage of implementation (19)
	Underway (16)
	Subject to further deliberations (5)

Recommendations	Present Position	Next Steps
Chapter 1 – Mental Health Promotion (1 recommendation)		
 <p>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). Targeted public education on different mental health problems should be launched for respective age groups to promote mental wellbeing and foster a caring environment for people with mental illness.</p>	<ul style="list-style-type: none"> • The first phase of the new, on-going Mental Health Promotion and Public Education Initiative, known as “Shall We Talk” was officially launched on 11 July 2020. It aims to sustain the efforts of the Joyful@HK Campaign, enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs and building a mental-health friendly society in the long run. (DH, HHB) • A brand new, one-stop dedicated website (shallwetalk.hk) was launched on 11 July 2020 with a wealth of information on mental health, common mental health problems, treatment, help-seeking, community support, activities and story sharing etc. As at September 2023, the website has recorded over 2 360 000 hit counts. A Facebook page, Instagram account and other publicity initiatives have also been launched. (DH, HHB) • Under the guidance of the Advisory Committee on Mental Health, the first phase of “Shall We Talk” had been completed. The second phase commenced in August 2021, and the on-going programmes aim to encourage early help-seeking and early intervention and to reduce stigma towards people with mental health needs. (DH, HHB) • Apart from online publicity campaigns, a series of activities will be held in various districts during the second phase of “Shall We Talk” to promote correct mental health messages to people at different stages of life and background. (DH, HHB) • The Mental Health Workplace Charter was launched in November 2019 as part of the initiative. As at end September 2023, 1 244 organisations pledged to become signatories to the Charter, covering more than 600 000 employees. (DH, HHB) 	<ul style="list-style-type: none"> • The second phase of the initiative involves the use of both traditional channels and emerging social media platforms to reach out to different sectors of the community. In addition to social media campaigns by KOL and production of videos, television programmes and APIs, review of the Mental Health Workplace Charter action items and more workplace promotions will be conducted. Production of more multi-media resources, strengthening of school engagement and enhancement of website functionality are in the pipeline. (DH, HHB)

Recommendations	Present Position	Next Steps
Chapter 2 – Mental Health Services for Children and Adolescents (20 recommendations)		
<p>2. Epidemiological studies should be conducted on a regular basis to understand the state of mental health of the local population, in particular the prevalence of mental disorders among local children and adolescents. This will help inform the formulation of appropriate prevention strategies and the planning of suitable intervention programmes for children and adolescents with mental health issues.</p>	<ul style="list-style-type: none"> The Research Office of the former FHB commissioned the University of Hong Kong and the Chinese University of Hong Kong to conduct the mental health prevalence surveys on youths aged 15 to 24 as well as on children and adolescents aged 6 to 17 respectively. The results of the mental health prevalence survey on youths aged 15 to 24 has been released in May 2023. The mental health prevalence survey on children and adolescents aged 6 to 17 has been completed. (HHB) 	<ul style="list-style-type: none"> The HHB is working closely with relevant bureaux and departments to formulate targeted policies and support measures by utilising the results obtained from the two mental health prevalence surveys. (HHB)
<p>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.</p>	<ul style="list-style-type: none"> From May to August 2022, “Shall We Talk” commissioned non-governmental organisations to hold 20 “Parent-child Positive Communication Workshops” online. The study found that the workshops effectively enhanced the knowledge and skills of parents of kindergarten and primary school students in communicating with their children, strengthening the connection between family members, and encouraging parents to seek help in a timely manner when they encountered difficulties. (DH, HHB) 	<ul style="list-style-type: none"> “Shall We Talk” will continue to evaluate the effectiveness of various intervention programmes. (DH, HHB)
<p>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 (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.</p>	<ul style="list-style-type: none"> Please refer to Recommendation No. 1. 	<ul style="list-style-type: none"> Please refer to updates in Recommendation No. 1.
<p>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</p>	<ul style="list-style-type: none"> The EDB has been implementing a series of parenting programmes on raising happy kids, nurturing positive kids, learning and developmental needs of children and parent-child communication at kindergarten level. Programmes are planned to be conducted in the first quarter of 2024. (EDB) The EDB continues to implement measures recommended by the Task 	<ul style="list-style-type: none"> Another series of parenting programmes on learning and developmental needs of children, developing children’s positive attitude and building resilience at primary level will be conducted in Q1 of 2024. (EDB) The messages of the Positive Parent Campaign as

Recommendations	Present Position	Next Steps
<p>parents through schools, community centres and the Internet.</p>	<p>Force on Home-School Co-operation and Parent Education, including the Positive Parent Campaign and parent education programmes to promote positive parenting and to help parents understand the importance of children’s happy and healthy growth. Since December 2022, the EDB has been broadcasting a new series of positive parent education television promotion videos “Parental care and love help children grow up with confidence”, and has displayed advertisements at selected MTR stations and advertisements on buses to promote “Positive Parenting”. In addition, the EDB will organise the “Warm Stitches, Grateful Hearts” Parent-child Crochet Activity from September 2023 to January 2024 to encourage parents to cultivate their children’s good moral character of caring and helping others and to practice gratitude through actions. (EDB)</p> <ul style="list-style-type: none"> • The messages of the Positive Parent Campaign and positive parenting tips were disseminated at the parents’ talks during Primary One Admission seminars in September 2023. (EDB) • In May 2023, the EDB launched the Facebook page, Instagram page and YouTube channel of the parent education website “Smart Parent Net” to provide parents with faster updates and diverse educational resources and support through videos, articles and activities to learn about parent-child relationships and parenting skills. (EDB) 	<p>well as positive parenting tips will be disseminated at the parents’ talks during Secondary One Admission seminars in December 2023. (EDB)</p> <ul style="list-style-type: none"> • Content of the parent education website “Smart Parent Net” and its corresponding social media pages is updated regularly. (EDB)
<p>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.</p>	<ul style="list-style-type: none"> • To step up support for parents and relatives/carers of persons with disabilities, the number of parents/relatives resource centres was increased from 6 to 19 from 2018-19 to 2019-20. (SWD) 	
<p>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-</p>	<ul style="list-style-type: none"> • A task group formed under DH, 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 	

Recommendations	Present Position	Next Steps
<p>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.</p>	<p>service plans). (DH, HA, SWD)</p> <p><u>For Children of Age 0-1</u></p> <ul style="list-style-type: none"> • 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) • The 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 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. (SWD) • The SWD provided training to social workers to equip them with skills to use the assessment framework in handling cases assessed under the CCDS. (SWD) <p><u>For Children of Age 1-3</u></p> <ul style="list-style-type: none"> • The task group has developed the assessment framework targeting 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. The SWD provided training to social workers to equip them with skills to use the assessment framework in handling cases assessed under the CCDS. (DH, HA, SWD) <p><u>For Children of Age 0-under 6</u></p> <ul style="list-style-type: none"> • To provide early identification and assistance to pre-primary children and their families with welfare needs, the Government has launched a three-year pilot scheme in year 2018-19 to provide social work service to about 150 000 preschool children and their families in more than 700 subsidised/aided pre-primary institutions, (including CCCs, KGs and KGcum-CCCs) through allocation from the Lotteries Fund. As the pilot scheme effectively identifies and supports families with welfare needs (including high-risk groups) at an early stage, social work service for pre-primary institutions has been regularised in year 2022-23. (SWD) 	
<p>8. A safe and nurturing social environment along with optimal nutrition during early years have strong and</p>	<ul style="list-style-type: none"> • The Research Office of the former FHB has commissioned the Chinese University of Hong Kong to conduct the mental health prevalence survey 	<ul style="list-style-type: none"> • The HHB is working with the research team to finalise the survey results, with a view to



Recommendations	Present Position	Next Steps
<p>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.</p>	<p>on children and adolescents aged 6 to 17, which revealed the usage of children mental health services and the associated risks and protective factors of child mental health problems. The study has been completed. (HHB)</p>	<p>announcing the survey results by the end of November 2023. The HHB will work with relevant bureaux/departments to actively follow-up on the survey report and the recommendations from the Advisory Committee to consider future measures, including conducting further research on residential-based children education and care services. (HHB)</p>
<p>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 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.</p>	<ul style="list-style-type: none"> • Family Health Service of the DH delivers talks to in-service kindergarten teachers on identification of children with developmental problems organised by the EDB. (DH, EDB) • The EDB has developed for KG teachers a professional development framework on catering for students with special needs. In addition to the basic and advanced levels of training, a thematic course will be delivered in the 2021/22 school year. (EDB) • To enhance KG teachers' application of positive behavioral management principles and strategies in the classroom, the EDB has launched the "Schoolbased Teacher Development Scheme in Supporting Students with Developmental Needs in Kindergartens: A Positive Classroom" in collaboration with NGOs to provide structured training and school-based consultation to participating KGs. Over 110 KGs have joined the Scheme since its launch since the 2018/19 school year. (EDB) • The EDB has continued implementing a school-based teacher development project to enhance KG teachers' competence in promoting students' social-emotional development by supporting them to implement the 3Es (Early Prevention, Early Identification and Early Intervention) Model developed by the EdUHK. (EDB) 	<ul style="list-style-type: none"> • Family Health Service of the DH will continue to deliver talks on identification of children with developmental problems to in-service kindergarten teachers organised by the EDB, including the introduction of the Pre-primary Children Development and Behaviour Management - Teacher Resource Kit. (EDB) • The EDB will continue to provide professional development programmes for KG teachers on catering for the diversity of students with developmental and learning needs. The EDB will also further develop and refine the content and mode of delivery of the professional development programmes for KG teachers and the teaching resources on catering for the diverse needs of students. (EDB)
<p>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</p>	<ul style="list-style-type: none"> • The DH will set up an additional CAC in Siu Sai Wan to handle the increasing caseloads. Target commencement date is 2025. As an interim measure before the additional CAC is set up, the 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 the DH to cope with the growing 	<ul style="list-style-type: none"> • HA is developing the C&A psychiatric services in Hong Kong East Cluster and Kowloon Central Cluster in phases from 2020-21. (HA) • HA will continue to monitor the service delivery and enhance the collaboration between Paediatrics and C&A Psychiatry departments as necessary and train up multidisciplinary expertise to provide better care

Recommendations	Present Position	Next Steps
<p>and specialist services require immediate enhancement with a view to reducing the waiting time for these services.</p>	<p>demand of CAS. All the additional posts have been filled. (DH)</p> <ul style="list-style-type: none"> In the past few years, the manpower of C&A Psychiatric Service teams of the HA was strengthened by adding one additional team comprising doctors, psychiatric nurses, occupational therapists and clinical psychologists each in all clusters. (HA) In 2018-19, the HA recruited five additional clinical psychologists to reinforce the C&A Psychiatric Service teams. In 2019-20, the HA has further enhanced the multi-disciplinary teams, including psychiatric doctors, for the C&A Psychiatric Service teams in all five service clusters providing child and adolescent psychiatric services. (HA) In 2020-21, the HA has introduced a collaborative care model between Paediatrics and C&A psychiatry departments to provide better care management and timely treatment for patients with mild and stable attention deficit / hyperactivity disorder and strengthened the allied health support services to C&A psychiatric patients. (HA) 	<p>management and timely treatment for patients with mild and stable attention deficit / hyperactivity disorder. (HA)</p>
<p>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</p>	<ul style="list-style-type: none"> The EDB has been promoting diversified development programmes to enhance students' resilience and has introduced student guidance projects based on positive psychology concepts to help students develop a positive self-image. (EDB) For instance, the EDB has been enhancing the Understanding Adolescent Project (UAP) since the 2019/20 school year to better support at-risk students, further enhance student group activities and parent training under the Intensive Programme of UAP, and reduce the group size. In the 2023/24 school year, over 440 schools have joined the UAP. (EDB) Since the 2018/19 school year, the Caring Schools Award Scheme (the Scheme) jointly organised by the EDB with Hong Kong Christian Service and Hong Kong Association of Careers Masters and Guidance Masters has expanded to include kindergartens, so as to promote a caring school culture through public recognition of the awarded schools on their positive policies and caring school measures. In the 2022/23 school year, over 440 schools have joined the Scheme. (EDB) Learning elements related to mental health and well-being are included in relevant curriculum. (EDB) The EDB has launched the Values Education Curriculum Framework 	<ul style="list-style-type: none"> The EDB will continue to organise the various diversified development programmes, including the Understanding Adolescent Project and the Caring Schools Award Scheme on a yearly basis. (EDB) The EDB will continue to review and consolidate existing resources with the school sector, and to facilitate schools to optimise the use of resources and provide students with a caring and positive campus. (EDB) EDB will continue the "ASAP Campaign" and the two MVPA60 networks to support schools in the coming school year. (EDB) The Student Health Service of the DH will assist schools participating in the "Whole School Health Programme" to implement the goals of establishing a healthy school through regular self-evaluation and the provision of relevant support, and to gradually expand the HPS model to all schools in Hong Kong. After the review of the service model of the SMHSS,

Recommendations	Present Position	Next Steps
<p>caring and supportive environment where school-aged children / adolescents can learn, grow and flourish.</p>	<p>(Pilot Version) in November 2021. Elements of health education and life education (including Anti-Drug Education/Resistance to Harmful Substances/Promoting Physical and Psychological Well-being) have been enriched in the Framework. (EDB)</p> <ul style="list-style-type: none"> Two MVPA60¹ networks continue to provide support to participating/network schools for developing school policies and action plans to encourage student participation in daily physical activities. In the 2022/23 school year, a total of five network meetings/PDPs have been conducted for 107 primary and 58 secondary PE teachers respectively. (EDB) The EDB has launched the “Active Students, Active People” Campaign (ASAP Campaign) in October 2021 with the aims of furthering students’ engagement in developing an active and healthy lifestyle. Different activities such as sharing by elite athletes and network activities have been arranged. To date, more than 100 000 students have participated in the Campaign. (EDB) The DH launched a Health Promoting School (HPS) Pilot Programme in 30 schools in the 2019/20 school year. Having consulted stakeholders from different sectors and taking into account the evaluation results, the DH continued to implement the HPS Pilot Programme in the 2023/24 school year and named the programme “Whole School Health Programme”. As at 11 October 2023, 45 schools, including 26 primary, 18 secondary and one secondary-cumprimary special school have joined. The DH will support schools to carry out school-based promotion work in a more comprehensive and effective way based on the HPS model. (DH) The Student Mental Health Support Scheme (SMHSS) has been expanded to 210 schools in all five HA clusters in the 2021/22 school year to provide multi-disciplinary support to students with mental health needs in the school setting based on a medical-educational-social collaboration model. (HKB, EDB, HA, SWD) 	<p>the Advisory Committee came to a consensus on the six major directions of improvement, including clearly defining programme objectives, improving case management, clarifying the roles of medical, educational and social professionals, establishing mental health coordinators in participating schools, reducing students’ refusal to services and strengthening the monitoring of the scheme.</p>
<p>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,</p>	<ul style="list-style-type: none"> To enhance the professional capabilities of teachers to support students with SEN, the EDB has been organising structured training programmes pitched at basic, advanced and thematic levels (BAT Courses) for teachers. Starting from the 2021/22 school year, the “Professional Development 	<ul style="list-style-type: none"> The EDB will continue to provide the 60-hour Thematic Course focusing on students with mental illness so as to help teachers master the strategies for early identification of and intervention for the

¹ MVPA60 is a recommendation of the World Health Organization to encourage children and youths aged 5-17 to do at least an average of 60 minutes per day of moderate-to-vigorous intensity, mostly aerobic, physical activity, across the week.

Recommendations	Present Position	Next Steps
<p>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.</p>	<p>Programme for Mental Health” has been incorporated to the Thematic Course of the BAT Courses to facilitate schools to further promote students’ mental health. (EDB)</p> <ul style="list-style-type: none"> Starting from the 2019/20 school year, the LSG has been extended to all public sector ordinary schools and the unit grant rate for the tier-3 support has been increased from two times of that of tier-2 support to the current four times. Under the enhanced measure, schools have a stable teaching force and additional resources for flexible deployment to support their students with SEN (including students with mental illness). The LSG 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) The SMHSS has been expanded to 210 schools in all five HA clusters in the 2021/22 school year to provide multi-disciplinary support to students with mental health needs in the school setting based on a medical-educational-social collaboration model. (HHB, EDB, HA, SWD) 	<p>students with mental health needs, including those with suicidal risks. (EDB)</p> <ul style="list-style-type: none"> 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). (EDB)
<p>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.</p>	<ul style="list-style-type: none"> The SMHSS has been expanded to 210 schools in all five HA clusters in the 2021/22 school year to provide multi-disciplinary support to students with mental health needs in the school setting based on a medical-educational-social collaboration model. (HHB, EDB, HA, SWD) 	<ul style="list-style-type: none"> After the review of the service model of the SMHSS, the Advisory Committee came to a consensus on the six major directions of improvement, including clearly defining programme objectives, improving case management, clarifying the roles of medical, educational and social professionals, establishing mental health coordinators in participating schools, reducing students’ refusal to services and strengthening the monitoring of the scheme. (HHB)
<p>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</p>	<ul style="list-style-type: none"> In the 2019/20 school year, all public sector ordinary primary and secondary schools have been provided with an additional teaching post for the assignment of a designated teacher to take up the role of SENCO to support the planning, coordination and promotion of the whole school approach to integrated education. (EDB) Starting from the 2019/20 school year, the Government has upgraded the 	<ul style="list-style-type: none"> The Government will continue to monitor the deployment of SENCOs in schools and provide them with professional training and network activities. (EDB)

Recommendations	Present Position	Next Steps
<p>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.</p>	<p>SENCO post to a promotion rank in public sector ordinary schools with a higher enrollment of students with SEN, so as to enable them to discharge their leadership duties more effectively. (EDB)</p>	
<p>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 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.</p>	<ul style="list-style-type: none"> • The SWD subvents NGOs to operate 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 problems, and referring the more complicated cases to specialised service units as appropriate. (SWD) • The SWD subvents NGOs to set up five CYSTs to 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 to provide timely intervention, counselling and referral services through online and offline means. The SWD has strengthened the supporting manpower for CYSTs since October 2021. (SWD) • EASY programme of the HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA) 	<ul style="list-style-type: none"> • The CYSTs will continue to establish partnerships, strategic alliances and cross-sector collaborations to address the needs and problems of at-risk and hidden youth. (SWD)
<p>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.</p>	<ul style="list-style-type: none"> • Starting from the 2018/19 school year, the EDB, SWD, CAS of DH and HA have developed a collaborative mechanism on data transfer of information, 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) 	<ul style="list-style-type: none"> • 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.
<p>17. Special attention should be given to the mental health needs of adolescents as they enter adulthood and to</p>	<ul style="list-style-type: none"> • When patients receiving child and adolescent psychiatric services begin to enter adulthood, medical professionals of the HA will continue to provide 	<ul style="list-style-type: none"> • The HA will explore possible ways to ensure a smooth transition from child and adolescent mental

Recommendations	Present Position	Next Steps
<p>ensure their smooth transition from child and adolescent mental health services to adult mental health and other life-support services. 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.</p>	<p>them with child and adolescent psychiatric services. Adult psychiatric services will also be introduced to patients with referrals to allied health and social services made appropriately to facilitate patients' transition from child and adolescent psychiatric services to adult psychiatric services with coherent services provided. (HA)</p>	<p>health services to adult mental health services for patients. (HA)</p>
<p>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.</p>	<ul style="list-style-type: none"> The Research Office of the former FHB has commissioned The University of Hong Kong and The Chinese University of Hong Kong to conduct the mental health prevalence surveys on youths aged 15 to 24 as well as on children and adolescents aged 6 to 17 respectively. The study revealed the use of mental health services by adolescents, the adolescent help-seeking model, and the required support and services for adolescents suffering from mental distress. The results of the mental health prevalence survey on youths aged 15 to 24 has been released in May 2023. The mental health prevalence survey on children and adolescents aged 6 to 17 has been completed. (HHB) 	<ul style="list-style-type: none"> The HHB is working with the research team to finalise the survey results, with a view to announcing the survey results by the end of November 2023. The HHB will work with relevant bureaux/departments to actively follow-up on the survey report and the recommendations from the Advisory Committee to consider future follow-up actions. (HHB)
<p>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.</p>	<ul style="list-style-type: none"> Student Health Service of the DH delivers mental health talks/seminars to parents and teachers through outreach programme as well as produces educational resources. (DH) CAS and Family Health Service of the DH are providing training to the Community Paediatric trainees. CAS is also the major accredited training institution for Developmental-Behavioural Paediatricians under the Hong Kong College of Paediatricians and the Hong Kong Academy of Medicine and is providing teaching and clinical attachment to allied health professionals. (DH) Despite the continuous increase in the demand for services provided by the CAS, the CAS faces difficulties in recruiting doctors. As at mid-October 2023, there were 10 vacancies of doctor. (DH) 	<ul style="list-style-type: none"> Student Health Service of the 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 the DH will continue to provide training to the Community Paediatric trainees. (DH)

Recommendations	Present Position	Next Steps
<p>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 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.</p>	<ul style="list-style-type: none"> The module on development under the “Reference Framework for Preventive Care for Children in 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. (HHB) 	<ul style="list-style-type: none"> The HA will 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. (HA)
<p>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.</p> <p>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</p>	<ul style="list-style-type: none"> The demand for the 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 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. 	<ul style="list-style-type: none"> The DH, HA, EDB, SWD and non-governmental organisations will continue to jointly implement the CCDS for early identification and referral of high-risk cases through an inter-professional collaboration platform. (DH, HHB, EDB, SWD)

Recommendations	Present Position	Next Steps
<p>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.</p>		
Chapter 3 – Mental Health Services for Adults (6 recommendations)		
<p>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.</p>	<ul style="list-style-type: none"> • The review on the 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, the HA has introduced the peer support element to 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) • The HA aims to further improve the case manager to patient ratio to 1:40 by phases, 72 case managers have been recruited from year 2018-19 to year 2022-23 by phases. (HA) • The 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) 	<ul style="list-style-type: none"> • The HA will increase manpower with a view to improve the case manager to patient with serious mental illness ratio to no more than 1:40 by Q4/2023. (HA)
<p>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.</p>	<ul style="list-style-type: none"> • EASY programme of the HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA) • The HA has reviewed the service model of the EASY programme and has reported to the Advisory Committee in mid-November 2021. (HA) • The HA will provide more appropriate treatment for eligible patients aged 26-64 through the integration of the EASY programme and community psychiatric services. (HA) 	<ul style="list-style-type: none"> • The HA will continue to monitor the service integration of the EASY programme and community psychiatric services. (HA)
<p>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</p>	<ul style="list-style-type: none"> • The CMD clinic with enhanced multi-disciplinary support has been launched in Kowloon West, Kowloon East, New Territories (NT) East, NT 	<ul style="list-style-type: none"> • The HA will continue to monitor the provision of psychiatric SOP services to provide better support

Recommendations	Present Position	Next Steps
<p>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.</p>	<p>West and Hong Kong East clusters by phases since 2015-16. (HA)</p>	<p>for patients with CMD. (HA)</p>
<p>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.</p>	<ul style="list-style-type: none"> In mid-2022, the HA has introduced the Co-care Service Model in psychiatric outpatient clinics based on the GOPC Public-Private Partnership Programme to provide an option for SOPC patients with stable conditions to receive private primary healthcare services in the community. (HA) By the end of October 2023, 151 eligible family doctors and 52 patients have participated in the service. (HA) 	<ul style="list-style-type: none"> The HA will continue to maintain close communication with stakeholders from different sectors, explore ways to optimise the service model and report to the Advisory Committee in a timely manner. (HA)
<p>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.</p>	<ul style="list-style-type: none"> The HA has been engaging community stakeholders for educational activities to keep healthcare professionals involving in mental health care abreast of the knowledge and skills to manage patients with CMD. (HA) The HA has organised relevant Continuing Medical Education Programme in June 2022 to enhance the qualifications of family doctors and provide medical services to patients with CMD. (HA) 	<ul style="list-style-type: none"> The HA will continue to engage community stakeholders for educational activities with a view to increasing the number of family doctors providing medical services to patients with CMD. (HA)
<p>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 professionals following the opening of the new ward which has provided additional beds in Siu Lam Hospital.</p>	<ul style="list-style-type: none"> Additional 20 beds were provided in Siu Lam Hospital in December 2016 and manpower was subsequently strengthened. The waitlist has been cleared. (HA) 	
<p>Chapter 4 – Dementia Support Services for the Elderly (10 recommendations)</p>		
<p>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</p>	<ul style="list-style-type: none"> 認知障礙症, which is considered to have the least stigmatising effect, is used by the Government. The Elderly Health Service of the 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 	<ul style="list-style-type: none"> The second phase of the Initiative include utilising both traditional channels and emerging social media platforms to reach out to all sectors of society. In addition to the social media campaign of key opinion leaders, production of videos and

Recommendations	Present Position	Next Steps
<p>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.</p> <p>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.</p> <p>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.</p>	<p>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)</p> <ul style="list-style-type: none"> The SWD launched a three-year public education programme, titled the Dementia Friendly Community Campaign, in September 2018 to enhance the public’s understanding of dementia and encourage members of the society to support and care about elderly persons with dementia and their carers. The campaign includes commissioning the Hong Kong Alzheimer’s Disease Association to assist in organising “Dementia Friends” Information Sessions, production of television and radio 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. Since the implementation of the campaign, it has received positive response and support from all walks of life. In view of this, the SWD has extended the campaign to the end of March 2023. By the end of the campaign, 18 611 people had participated and became “Dementia Friends”. (SWD) 	<p>government APIs, the action items of the Mental Health Workplace Charter will be reviewed and more workplace promotions will be carried out. The production of more multimedia resources, the strengthening of school participation and the enhancement of website functions will also be carried out. (HHB, DH)</p>
<p>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</p>	<ul style="list-style-type: none"> The Research Office of the former FHB has commissioned The Chinese University of Hong Kong to conduct the mental health prevalence survey on elderly persons aged 60 and above. The survey includes the study on the prevalence of dementia. The survey has been completed. (HHB) 	<ul style="list-style-type: none"> HHB is working closely with relevant bureaux/departments to utilise the survey results to formulate targeted policies and support measures. (HHB)



Recommendations	Present Position	Next Steps
<p>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.</p>		
<p>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.</p>	<ul style="list-style-type: none"> 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. (HHB) 	
<p>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</p>	<ul style="list-style-type: none"> The Research Office of the former FHB has commissioned The Chinese University of Hong Kong to conduct the mental health prevalence survey on elderly persons aged 60 and above. The survey includes understanding the risk factors of elderly individuals with dementia, the utilization rate of dementia-related services, and effective methods to promote mental health. The survey has been completed. (HHB) 	<ul style="list-style-type: none"> HA will continue to communicate with the public and patient groups, and engage with stakeholders to explore the feasibility of implementing new measures to meet the public’s demand for medical services. (HHB, HA)

Recommendations	Present Position	Next Steps
<p>public-private partnership 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.</p>		
<p>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.</p>	<ul style="list-style-type: none"> • The Research Office of the former FHB has commissioned The Chinese University of Hong Kong to conduct the mental health prevalence survey on elderly persons aged 60 and above. The survey includes studying the prevalence of dementia, disease burden, care costs, and the utilisation rate of related services to gain an initial understanding of the mental health service needs of the elderly. The survey has been completed. (HHB) • In the past few years, the HA has increased the manpower of the psychogeriatric outreach service team to meet the mental health needs of the elderly, including those with dementia. (HA) 	<ul style="list-style-type: none"> • The HA will continue to monitor the provision of specialist services and strengthen the capacity of specialist service as necessary to provide appropriate support to patients with dementia. (HA)
<p>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</p>	<ul style="list-style-type: none"> • The SWD, in collaboration with the 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 nonprofessional 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) • The 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) 	

Recommendations	Present Position	Next Steps
<p>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.</p>		
<p>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.</p>	<ul style="list-style-type: none"> • 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 the 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 dementia. (DH) • The SWD has allocated additional resources since October 2018 for strengthening manpower in all Neighbourhood Elderly Centres (NECs) to facilitate early detection of elderly with dementia and enhance public education as well as the support services for elderly persons with dementia and their carers. Additional resources will be allocated to all DEs/DCUs and home care service teams to increase manpower and further strengthen the care for the elderly with dementia and the support for their carers. (SWD) • The 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) • The Dementia Friendly Community Campaign was launched in September 2018 with the setting up of a Thematic Webpage. Among other things, the Thematic Webpage includes updates of dementia-related activities at 11 SWD districts involving multi-disciplinary stakeholders through the coordination of District Coordination Committee on Elderly Services which can enhance liaison and exchange of information on dementia. 	



Recommendations	Present Position	Next Steps
	(SWD)	
<p>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.</p>	<ul style="list-style-type: none"> • Dementia Community Support Scheme (DCSS) has been regularised in February 2019 and expanded to all 41 DECCs in Hong Kong in May 2019. (HHB, 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 NECs to provide appropriate support. (SWD) 	
<p>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.</p>	<ul style="list-style-type: none"> • 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 have been formulated. (HA) • Life and death education and end-of-life care (e.g. counselling and psycho-social support for carers) in the community are provided by Contract Residential Care Homes for the Elderly, Day Care Centres / Units for the Elderly, home care service teams and elderly centres for elderly persons in need. Such services can also facilitate them in advance care planning. (SWD) 	<ul style="list-style-type: none"> • The public consultation report on legislative proposals on advance directives and dying in place was published in July 2020. Relevant legislative work is under way. (HHB)
<p>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</p>	<ul style="list-style-type: none"> • 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. Starting from October 2023, the SWD has regularised the Living Allowance for Carers of Elderly Persons from Low 	<ul style="list-style-type: none"> • In 2024-25, the Government will inject an additional \$1 billion into the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care to enhance the subsidies for eligible elderly and rehabilitation service units to procure, rent and trial technology products, such as ultra-low beds for

Recommendations	Present Position	Next Steps
<p>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 also be encouraged to enhance the carer support.</p>	<p>Income Families. (SWD)</p> <ul style="list-style-type: none"> • The special measure to provide designated residential respite places in private RCHEs participating in Enhanced Bought Place Scheme 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, three elective modules on dementia care have been incorporated into the Pilot Scheme on Training for Foreign Domestic Helpers in Elderly Care, which is a collaborative project among SWD, VHTs of DH and DECCs. (SWD, DH) • The 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) • The government has expanded the applicability of the Community Care Service Voucher (CCSV) Scheme for the Elderly to the rental of assistive technology products in September 2023 to improve the quality of life of the elderly and to relieve the stress of caregivers. (SWD) • The government has expanded the service scope of the 213 elderly centres in October 2023 to promote gerontechnology, enabling the elderly to access and learn to use a wider range of gerontechnology. (SWD) • The Visiting Health Teams (Visiting Teams) of the DH are composed of nurses, nutritionists, occupational therapists, physiotherapists and clinical psychologists. The Visiting Teams will liaise with the community and residential care homes for the elderly to provide on-site training for carers and propose improvement measures for the living conditions of residential care homes. Training will be provided to the staff caring for the elderly with dementia in residential care homes. In addition, the Visiting Teams organises different types of talks and seminars for frontlines staff from 	<p>medical and nursing care and intelligent anti-wandering systems, the scope of the Innovation and Technology Fund for Application in Elderly and Rehabilitation Care to allow eligible elderly and rehabilitation service units procure suitable technology products for lending to elderly persons, persons with disabilities and their carers for use at home, with a view to improving the quality of life of the care recipients and relieve the pressure of the carers. (SWD)</p>

Recommendations	Present Position	Next Steps
	<p>different bureaux/departments, public organisations and the public to enhance their understanding of the needs of people with dementia. (DH)</p> <ul style="list-style-type: none"> • SWD has allocated additional resources since October 2018 for strengthening manpower in all Neighbourhood Elderly Centres (NECs) to facilitate early detection of elderly with dementia and enhance public education as well as the support services for elderly persons with dementia and their carers. Additional resources will be allocated to all DEs/DCUs and home care service teams to increase manpower and further strengthen the care for the elderly with dementia and the 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) 	

Chapter 5 – Applicability and Practicability of introducing Community Treatment Order in Hong Kong (3 recommendations)

<p>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.</p>	<ul style="list-style-type: none"> • The Hospital Authority has conducted a systematic review and analysis of the “Community Treatment Order” and has reported the preliminary review results to the Advisory Committee in July 2023. (HA) 	<ul style="list-style-type: none"> • HA will revise the guidelines with a view to improving the “conditional discharge mechanism”. (HA) • HA will strengthen the support for patients and their carers in complying with “conditional discharge”. (HA) • HA will establish a case review period for patients under “conditional discharge”. (HA)
<p>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</p>	<ul style="list-style-type: none"> • The review on the 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 	<ul style="list-style-type: none"> • The HA will enhance manpower with an aim to optimising the ratio of case manager under the Case Management Programme to patients with severe mental illness to no higher than 1:40 by Q4/2023.

Recommendations	Present Position	Next Steps
<p>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.</p>	<p>Management Programme to enhance community support for patients by phases. A total of 20 full time equivalent peer support workers have been recruited. (HA)</p> <ul style="list-style-type: none"> • HA aims to further improve the case manager to patient ratio to 1:40 by phases. 72 case managers have been recruited by phases from year 2018-19 to year 2022-23. (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 increase in the number of peer supporter positions. (SWD) 	<p>(HA)</p>
<p>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.</p>	<ul style="list-style-type: none"> • Please refer to updates in Recommendation No. 38. 	<ul style="list-style-type: none"> • Please refer to updates in Recommendation No. 38.

List of abbreviations

3Es	Early Prevention, Early Identification and Early Intervention	HPS	Health Promoting School
Advisory Committee	Advisory Committee on Mental Health	ICC	Inter-departmental Coordinating Committee
APIs	Announcements in the Public Interest	ICCMWs	Integrated Community Centres of Mental Wellness
ASAP Campaign	“Active Students, Active People” Campaign	ICYSCs	Integrated Children and Youth Services Centres
BAT Courses	Training programmes pitched at basic, advanced and thematic levels	KGs	Kindergartens
BPSDs	Behavioural and psychological symptoms of dementia	KOL	Key Opinion Leader
CAC	Child Assessment Centre	LSG	Learning Support Grant
CAS	Child Assessment Service	MTR	Mass Transit Railway
CCCs	Care Care Centre Service	NECs	Neighbourhood Elderly Centres
CCDS	Comprehensive Child Development Service	NGOs	Non-governmental organisations
CCF	Community Care Fund	NT	New Territories
CCSV	Community Care Service Voucher	PDPs	Professional Development Programmes
CMD	Common Mental Disorders	PPP	Public-private Partnership
CPS	Community Psychiatric Services	RCHEs	Residential Care Homes for the Elderly
CTO	Community Treatment Order	SEN	Special Educational Needs
CYSTs	Cyber Youth Support Teams	SENCOs	Special Educational Needs Coordinators
C&A	Child and Adolescent	SMHSS	Student Mental Health Support Scheme
DCSS	Dementia Community Support Scheme	SMI	Serious Mental Illness
DCUs	Day Care Units for the Elderly	SOP	Specialist Out-patient
DECCs	District Elderly Community Centres	SOPC	Specialist Out-patient Clinic
DEs	Day Care Centres for the Elderly	SWD	Social Welfare Department
DH	Department of Health	The Scheme	The Caring Schools Award Scheme
EASY	Early Assessment Service for Young People with Early Psychosis	The Initiative	Mental Health Promotion and Public Education Initiative
EDB	Education Bureau	VHTs	Visiting Health Teams
EdUHK	The Education University of Hong Kong	UAP	Understanding Adolescent Project
FHB	Food and Health Bureau		
GOPC	General Out-patient Clinics		
GPs	General Practitioners		
HA	Hospital Authority		
HHB	Health Bureau		