

WORK REPORT OF THE ADVISORY COMMITTEE ON MENTAL HEALTH

(1 December 2019 - 30 November 2021)

Advisory Committee on Mental Health

July 2022

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MESSAGE FROM THE CHAIRMAN

The second term of the Advisory Committee on Mental Health (“the Advisory Committee”) coincided with the tail end of the 2019 social unrests and the onset of COVID-19 in Hong Kong. Prolonged isolation, job insecurity, business closure, suspension of schools with substituted online class, fear of infection, worries for family members and for the future, combine to take a heavy toll on our mental health.

2. Throughout the second term, Government colleagues (especially those of the former Food and Health Bureau (“FHB”), the lead bureau on mental health) had understandably been focusing their attention and efforts on combating the spread of the pandemic and the resulting economic impact.

3. With such shift of work priorities and the cancellation of meetings, deliberations on subjects originally on the Advisory Committee’s agenda inevitably had to be postponed. Further, because COVID-19 itself has wreaked mental health havoc, the Advisory Committee found it necessary to attend to the immediate pandemic-related mental health issues (such as by reinforcing emergency hotlines, adjusting the messages, resources and efforts under the “Shall We Talk” platform, as well as directing funding resources toward the relevant needs).

4. There is no time to waste in tackling the mental health aftermath of COVID, which is immense as confirmed by different survey statistics. The Advisory Committee would continue to liaise closely with relevant stakeholders, advise Government on the most pertinent measures to take, and help work out a more concrete strategy on the mental health front in preparation for any future wave of COVID.

5. Whilst tackling the “pandemic”-related mental health problems, we must not lose sight of the “structural” side of the numerous mental health issues that the Advisory Committee is tasked to pursue in the first place. Thanks to all government colleagues and Advisory Committee Members, despite the severe limitations, progress had been

made on various fronts including the work on public education and promotion as well as the children and adolescent services (as detailed in this Report).

6. With more manpower returning to mainstream work, we hope to promptly resume the review on important subjects including “support for carers of persons with mental health issues” and “transition of persons in recovery from hospital to halfway house and to home”, which have been flagged up during the Second Term but not yet discussed closely for one reason or another. Further, the Advisory Committee will seek to speed up its collaboration with the Elderly Commission, which had agreed to co-ordinate support services for elderly patients suffering from dementia, with the Advisory Committee providing advice on the mental health-related side.

7. Improving mental health is a multi-faceted and cross-bureau task. To establish more integral and comprehensive policies and approaches on mental health, a strong sense of commitment and ownership from all bureaux and departments is indispensable. I would like to thank the former FHB and the Department of Health (“DH”) in particular for their admirable dedication in the past two terms of the Advisory Committee’s work. In the longer term, I believe a high-level cross-bureau body with executive powers as opposed to a mere advisory body will be better placed to deliver results in the best interest of the people of Hong Kong.

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

CHAPTER 1 - THE ADVISORY COMMITTEE ON MENTAL HEALTH

1.1 Mental Health Policy

1.1.1 As stated by the World Health Organization, there is “no health without mental health”¹. The Government of the Hong Kong Special Administrative Region (“the Government”) attaches great importance to the mental health of the community and recognises that mental health goes beyond medical care. It adopts an integrated approach in the promotion of mental well-being through a service delivery model that covers prevention, early identification, timely intervention and treatment, and rehabilitation for persons in need. From promoting self-care, primary care and community support to offering specialist care and institutionalised services, the Government seeks to provide comprehensive, multi-disciplinary and cross-sectoral services to persons with mental health needs through collaboration and co-operation among the Health Bureau (“HHB”)², the Labour and Welfare Bureau (“LWB”), the Education Bureau (“EDB”), DH, the Social Welfare Department (“SWD”), the Hospital Authority (“HA”), non-governmental organisations (“NGOs”) and other stakeholders in the community.

1.1.2 The Government published the Mental Health Review Report (“the Review Report”)³ in April 2017. The Review Report put forward a total of 40 recommendations for the enhancement of the overall mental health services in Hong Kong, covering 20 different areas, including promotion and education, research and studies, capacity building and support services for persons of different age groups. A life-course approach was adopted in the Review Report so that the mental health needs of persons at different stages of life would be taken care of.

¹ World Health Organization (2018) *Mental health: strengthening our response*, available at <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

² Formerly the Food and Health Bureau (“FHB”).

³ Review Committee on Mental Health (2017) *Mental Health Review Report*, available at https://www.fhb.gov.hk/download/press_and_publications/otherinfo/180500_mhr/e_mhr_full_report.pdf

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

1.1.4 The work undertaken by the Advisory Committee in its first term from 1 December 2017 to 30 November 2019 is summarised in the first Work Report of the Advisory Committee⁴.

1.2 Membership

1.2.1 Appointed by the former Secretary for Food and Health, the second term of the Advisory Committee is chaired by Mr WONG Yan-lung, SC and comprises 26 non-official and eight ex-officio Members, including -

- (a) professionals from the healthcare sector (including psychiatrist, geriatrician, paediatrician, clinical psychologist and psychiatric nurse);
- (b) professionals from the social service and education sectors (including leader of NGO, social worker, school principal and university professor);
- (c) lay persons with interest in mental health (including person in recovery from mental health needs/peer support worker, employer of persons with mental health needs, representative from carer support organisation/patient advocacy group, academic with ethnic minority background, representative

⁴ Advisory Committee on Mental Health (2020) *Work Report of the Advisory Committee on Mental Health (1 December 2017 - 30 November 2019)*, available at https://www.fhb.gov.hk/download/committees/acmh/work_report_of_ACMH_201_2019_e.pdf

from the Equal Opportunities Commission and youth Member appointed under the Member Self-recommendation Scheme for Youth); and

- (d) government officials (including Permanent Secretaries of FHB, EDB and LWB, Directors of DH and SWD as well as senior executives of HA).

1.2.2 The membership list of the Advisory Committee in its second term from 1 December 2019 to 30 November 2021 is at **Annex A**.

1.3 Terms of Reference

1.3.1 The terms of reference of the Advisory Committee are -

- (a) to advise the Government on mental health policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong;
- (b) to assist the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong;
- (c) to follow up on and monitor the implementation of the recommendations of the Review Report; 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 awareness, reduce stigmatisation and step up prevention and early identification of mental health problems;
 - (ii) capacity building - to increase supply of services, and to strengthen professional training, patient empowerment and support for families and carers;
 - (iii) support to children and adolescents - to strengthen mental health services support to children and adolescents, from prevention, awareness to early

- identification, school and parental empowerment, timely interventions and treatments, through to rehabilitation;
- (iv) mental health services for adults - to enhance services for adult patients with common mental disorders and severe mental illnesses, including treatment, rehabilitation and reintegration into the community;
 - (v) support for the elderly with dementia - to facilitate diagnosis and management of dementia, develop a dementia-friendly neighbourhood with more support services, and enhance medical-social collaboration;
 - (vi) research and studies - to commission studies on the state of mental health of the population in Hong Kong and the local prevalence of mental health problems with a view to facilitating service planning and on effective overseas experiences and models; and
 - (vii) other related work - to identify, study, advise and strengthen such other matters which would be conducive to improving mental health services in Hong Kong.

1.4 Meetings

1.4.1 In its second term, the Advisory Committee held seven meetings. While the Advisory Committee did not meet in its usual form and frequency under the COVID-19 epidemic, the Chairman and Members conducted small-group meetings with stakeholders, including the Secretary for Labour and Welfare, Secretary for Education, school principals, teachers, students, social workers, psychiatrists and psychologists, researchers, and representatives of NGOs to discuss the mental health needs of different groups in the community generally and resulting from the epidemic.

1.4.2 With COVID-19 ravaging Hong Kong during its second term, apart from pursuing our mainstream agenda, the Advisory Committee had also made special efforts to address the immediate mental health impact of

the pandemic. This report summarises the work undertaken by the Advisory Committee in its second term.

CHAPTER 2 - PROMOTION AND PUBLIC EDUCATION INITIATIVE “SHALL WE TALK”

2.1 Background

2.1.1 To sustain the efforts of “Joyful@HK” Campaign conducted by DH from 2016 to 2018, the Government announced in the 2018 Policy Address that a recurrent annual funding of \$50 million would be earmarked to embark on an on-going mental health promotion and public education initiative. In late 2018, DH commissioned a public relations company as Communications Agent to leverage on the expertise of publicity professionals in mental health promotion and public education.

2.1.2 In July 2020, the Advisory Committee launched the mental health promotion and public education initiative entitled “Shall We Talk” Campaign (“Shall We Talk”), with objectives as follows -

- (a) to step up public engagement in promoting mental well-being;
- (b) to enhance public awareness of mental health with a view to encouraging help-seeking and early intervention; and
- (c) to reduce stigma towards people with mental health needs.

2.1.3 Based on experience of other jurisdictions, changing the public’s perception and attitude on mental health issues is best undertaken by a phased approach. Accordingly, Shall We Talk is divided into three phases, each with a different focus. 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)	September 2021 to 2027	To encourage help-seeking and early intervention, and to reduce stigma towards persons with mental health needs.

Phase	Timeframe	Focus
Phase 3 (proposed)	From 2027 onwards	To promote social inclusion of persons with mental health needs.

2.1.4 The Working Group on Mental Health Promotion (“the Working Group”) was established in May 2021 to provide support and make recommendations to the Advisory Committee by considering the execution details of the various initiatives and by guiding the Communications Agent on the directions and pathways in the phased approach on mental health promotion and public education. The Working Group comprises 11 Members of the Advisory Committee as well as ex-officio Members from the former FHB. Since its establishment in May 2021, the Working Group met thrice to deliberate on the future directions for mental health promotion and public education.

2.2 Phase 1 of Shall We Talk (*completed*)

2.2.1 Under the steer of the Advisory Committee, Phase 1 of Shall We Talk was successfully held from July 2020 to September 2021, with major achievements as follows -

- (a) in July 2020, a thematic website (shallwetalk.hk) was launched to provide one-stop information and resources on mental health. The thematic website recorded over 971 300 hit counts as of November 2021;
- (b) in July 2020, a re-arranged version of Mr Eason CHAN (Ambassador of Shall We Talk)’s Cantonese pop song “Shall We Talk” was released as the theme song of Shall We Talk. Music video of the re-arranged song recorded some 1.2 million views as of November 2021;
- (c) in July 2020 to April 2021, a series of ten short videos entitled “聽\說” and “聽\說 II” on Shall We Talk’s social media was produced, featuring interviews of different persons whose work or personal experience is related to mental health. The series recorded over a million views as of November 2021;

- (d) in September 2020, ten Key Opinion Leaders (“KOLs”) were engaged to create contents on their respective social media accounts under the hashtag “陪我一起正視情緒健康”. The KOLs’ contents recorded over a million views as of November 2021;
- (e) from November to December 2020, an eight-episode series on Radio Television Hong Kong (“RTHK”) entitled “陪我講 Shall We Talk” hosted by Mr Eason CHAN, the Chairman of the Advisory Committee, Miss Kearen PANG (彭秀慧) and Miss Vivian KONG (江旻憻) was produced, featuring the hosts’ exchanges with persons whose work is related to mental health or who are in recovery from mental health needs. The series recorded some 3.8 million online views as of November 2021;
- (f) from January to April 2021, virtual interactive art activities, accompanied with a series of online talks and interactive play sessions hosted by multi-disciplinary professionals, were held to promote mental wellness through art and games; and
- (g) signatories of the Mental Health Workplace Charter increased from 190 organisations in end 2019 to 822 organisations in November 2021, covering over 500 000 employees. The signatories have pledged to promote a mental health-friendly environment by completing a designated number of action items, including promoting active listening and communication, encouraging help-seeking, facilitating early identification of mental distress and timely treatment, etc. They are also eligible to apply for value-added activities such as Mental Health First Aid Training Course, tailor-made mental well-being advisory service and in-house workshops free of charge.

2.3 Phase 2 of Shall We Talk (*on-going*)

2.3.1 In September 2021, the Talk Friday Initiative (“Talk Friday”) was launched to mark the beginning of Phase 2 of Shall We Talk. Talk Friday encourages the public to spare 15 minutes every Friday to engage in quality conversation with their families and friends.

2.3.2 Talk Friday was kick-started by a social media campaign that engaged 12 KOLs, followed by an offline publicity campaign entitled “Talk Friday Soup for You”, in which ten local restaurants were mobilised to distribute free soup on three consecutive Fridays in October 2021. Participants were encouraged to share the soup with a loved one and take the opportunity to engage in quality conversation.

2.3.3 The KOLs’ posts in the social media recorded over 320 000 views as of November 2021. The “Talk Friday Soup for You” campaign reached over 7 500 participants.

2.3.4 The second offline publicity campaign of Talk Friday is entitled “Talk with Me, Let’s Have a Seat”.

2.3.5 Preceded by a social media campaign that engaged 25 KOLs and generated over 150 000 views as of November 2021, in November 2021 to January 2022, 55 EatSmart Restaurants installed specially-designed seats that encouraged the patrons to drop their mobile phones and enjoy the accompany of each other.

2.3.6 The Advisory Committee will continue to work closely with various stakeholders to promote Talk Friday.

2.3.7 Other proposed major channels of publicity for Phase 2 of Shall We Talk include -

- (a) development of a chatbot for enhancement of the thematic website (shallwetalk.hk);
- (b) production of TV commercials targeted at the elderly and media pitching for all age groups;
- (c) animated videos dubbed by celebrities to be distributed to secondary schools;
- (d) consolidation of existing mental health promotion and public education materials for students with train-the-trainers workshops;

- (e) best practice videos on workplace mental health; and
- (f) community partnership programmes in collaboration with NGOs.

2.4 Evaluation

2.4.1 At the inception stage, the Advisory Committee had subjected Shall We Talk to close scrutiny to ensure its proper direction, effectiveness and sustainability. A focus group study and a media perception study were conducted in March 2021 to gauge the response of different stakeholders to Shall We Talk. The feedback was generally positive, acknowledging Shall We Talk's effectiveness in increasing public awareness of mental well-being, reducing stigma towards persons with mental health needs and promoting social inclusion.

2.4.2 DH and the Communications Agent will conduct regular focus group studies and surveys to evaluate the effectiveness of Shall We Talk.

CHAPTER 3 - DEVELOPMENT IN CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

3.1 Background

3.1.1 Shortage of psychiatrists and psychiatric nurses could not be resolved in the short term. Building capacity also means diversification and increase in the types of professional mental health service providers so as to provide the most timely help to those in need. With this objective in mind and starting with pilot service in the field of child and adolescent mental health needs, the Expert Group on New Service Protocol for Child and Adolescent Mental Health Services (“the Expert Group”) was established in July 2018. The Expert Group comprises Advisory Committee Members, clinical psychologists, paediatricians, scholars from the Department of Psychiatry of The Chinese University of Hong Kong, social workers as well as representatives from the former FHB, EDB, DH, SWD and HA. Since its establishment in 2018, the Expert Group held 12 meetings.

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

3.2.1 After extensive deliberations, the Expert Group developed a new service protocol that aims to provide timely assessment and support to children and adolescents with mental health needs by utilising cross-sectoral multi-disciplinary professionals at the community level.

3.2.2 Since over 70% of patients under the age of 18 receiving HA’s psychiatric services are cases of autism spectrum disorder or attention deficit hyperactivity disorder (“ADHD”), the Expert Group decided to focus on ADHD to test out the effectiveness of the proposed new service protocol.

3.2.3 In March 2021, the Pilot Scheme on New Service Protocol for Child and Adolescent with Attention Deficit Hyperactivity Disorder and Comorbidity (“ADHD+”) was launched. It is scheduled to run for two years, under which five multi-disciplinary platforms are established in five clusters in Hong Kong, corresponding to the geographical mapping of the service clusters of HA. Each of the platforms is managed by a designated NGO in the corresponding cluster. Participating schools of ADHD+ can refer students who are suspected of cases of ADHD to the respective platforms.

3.2.4 After standardised assessments, individualised care plans for the clients are co-ordinated and delivered by the core team staff of the responsible platform, comprising a part-time clinical psychologist, an advanced practice nurse, an occupational therapist and an assistant social work officer. For clients with more serious mental health needs requiring medical interventions, they will be referred to HA or other service providers in the community.

3.2.5 As of November 2021, 56 primary and secondary schools participated in ADHD+ and 617 children and adolescents received interventions or referral services. ADHD+ is expected to provide services to at least 1 000 persons in two years.

3.2.6 The Advisory Committee will evaluate the effectiveness of ADHD+ upon its completion in Q3/2023 to decide upon its way forward and to consider if the new service model can be extended beyond the treatment of ADHD cases.

3.3 Student Mental Health Support Scheme

3.3.1 In the 2016/17 school year, the former FHB, in collaboration with EDB, SWD and HA, launched the Student Mental Health Support Scheme (“SMHSS”) based on a medical-education-social collaboration model. Under SMHSS, a multi-disciplinary team, comprising psychiatric nurse of HA, designated teacher and school social worker, was formed in

each participating school. The team worked closely with the psychiatric team of HA, the school-based educational psychologist, relevant teachers and social workers from relevant social service units to provide support to students with mental health needs in the school setting.

3.3.2 Subsequently, SMHSS expanded its coverage from 17 schools in the 2017/18 school year to 210 schools in the 2021/22 school year. As reported in our first report, since the 2018/19 school year, HA's existing Child and Adolescent Mental Health Community Support Project ("CAMcom") that facilitated early identification and intervention for students with mental health has been integrated into SMHSS.

3.3.3 On the whole, judging from the number of schools participating and from the feedback received thus far, SMHSS has been well-received. As a medical-educational-social collaboration platform, it provides more comprehensive and timely mental health support to students. It also empowers the schools to handle mental issues of students with professional support and training. In consideration of the importance of SMHSS, the former FHB commissioned the Chinese University of Hong Kong to conduct evaluation studies on SMHSS. Apart from evaluation by the research team, the Advisory Committee had been proactive in monitoring and steering the service direction of SMHSS and had given advice on issues including effectiveness of measures of early identification of needy students (e.g. annual screening and other CAMcom measures), the need to clearly delineate the roles among teachers, healthcare professionals and social workers, as well as how to improve responses and service intake of students.

3.3.4 Making reference to the evaluation findings and the advice of the Advisory Committee, HHB and HA are working on a new service model of SMHSS in consultation with stakeholders of different sectors concerned and will report the proposal to the Advisory Committee in due course.

CHAPTER 4 - MENTAL HEALTH INITIATIVES FUNDING SCHEME

4.1 Background

4.1.1 As set out in the 2020 Policy Address, the social unrest in 2019, together with the persisting epidemic since early 2020, have brought different levels of impact and influence on the mental well-being of the people in the community. The Government has therefore decided to earmark \$300 million under the Beat Drugs Fund for the aims of providing better support to the needy in the community and raising public awareness of mental health. The Advisory Committee 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.

4.1.2 The funding scheme named “Mental Health Initiatives Funding Scheme” (“the Funding Scheme”) is implemented by two phases.

4.2 Phase 1 of the Funding Scheme

4.2.1 Phase 1 of the Funding Scheme was launched in July 2021. Eligible organisations were invited to submit proposals to apply for funding support for the implementation of mental health projects.

4.2.2 There are three priority areas under Phase 1 of the Funding Scheme -

- (a) lay leaders in the community;
- (b) carer support; and
- (c) information technology (“IT”) support for the elderly.

4.2.3 The organisations eligible to apply for funding under Phase 1 of the Funding Scheme are -

- (a) NGOs receiving recurrent subvention from SWD;
- (b) agency members of the Hong Kong Council of Social Service;
and
- (c) post-secondary institutions registered under the laws of Hong Kong.

4.2.4 The Advisory Committee received a total of 117 applications under Phase 1 of the Funding Scheme. A Project Assessment Panel comprising six non-official Advisory Committee Members as well as representatives from the former FHB, EDB and LWB/SWD was formed to assess the applications.

4.2.5 The Project Assessment Panel considered each and every proposal on its own merits and made recommendations to the Advisory Committee, taking into account the strength, impact, feasibility and design of the proposed project as well as the experience and track record of the respective applicants.

4.2.6 Having regard to the Project Assessment Panel's recommendations, the Advisory Committee approved 70 applications, granting a total of about \$100 million.

4.2.7 The approved projects have commenced starting from February 2022.

4.3 Phase 2 of the Funding Scheme

4.3.1 Gaining experience from the implementation of Phase 1 of the Funding Scheme, the Advisory Committee will work out the details of Phase 2 of the Funding Scheme within 2022. In view of the serious impact of the 5th wave of the epidemic on the mental health of the community (including depression and anxiety arising from the higher rate of fatalities, grief and bereavement), the Advisory Committee has directed that priority for Phase 2 of the Funding Scheme would be given to

proposals that would best address the special mental needs resulting from the epidemic.

CHAPTER 5 - MONITORING IMPLEMENTATION OF RECOMMENDATIONS OF THE REVIEW REPORT

5.1 Progress Report

5.1.1 In accordance with its terms of reference, the Advisory Committee is to, among others, follow up on and monitor the implementation of the recommendations of the Review Report. To facilitate the Advisory Committee's monitoring of the implementation progress, government bureaux/departments and HA are invited to provide progress reports on a regular basis.

5.2 Highlights of the Work Undertaken

5.2.1 As at end November 2021, out of the 40 recommendations, 16 were at advanced stage of implementation, 17 were underway and 7 were subject to further deliberations.

5.2.2 Those at advanced stage of implementation with significant progress are highlighted below -

Mental Health Promotion

- (a) Phase 2 of the on-going mental health promotion and public health initiative "Shall We Talk" has commenced since September 2021.

Research and Study

- (b) The mental health prevalence surveys covering children and adolescents aged 6 to 17 and youths aged 15 to 24 are making good progress and are expected to be completed by Q1/2023 and Q3/2022 respectively.

- (c) The mental health prevalence survey covering elderly persons aged 60 and above is expected to be completed by Q4/2022.

Capacity Building

- (d) The number of parents/relatives resource centres increased from six in 2017-18 to 19 in 2019-20 to step up support for parents and relatives/carers of persons with disabilities.

Mental Health Services for Children and Adolescents

- (e) An NGO will be engaged to launch a community partnership programme in the second quarter of 2022 to provide mental health support to families.
- (f) SMHSS expanded its coverage from 17 schools in the 2017/18 school year to 210 schools in the 2021/22 school year.
- (g) The support to students with special educational needs (“SEN”) has been strengthened through the enhanced arrangements in establishing the Special Educational Needs Coordinator (“SENCO”). Since the 2019/20 school year, each public sector ordinary primary and secondary school is provided with an additional teaching post for SENCO. Concurrently, for schools with comparatively large number of students with SEN, the rank of their SENCO will be upgraded to a promotion rank.
- (h) A collaborative mechanism has been established for the child assessment services under DH and HA as well as pre-school rehabilitation service units operated by NGOs to transfer information/reports on assessment and progress of pre-school children with special needs to their primary schools, to facilitate the transition of children from pre-school rehabilitation services to school support services.

Mental Health Services for Adults

- (i) The two-year Pilot Project on Peer Support Service in Community Psychiatric Service Units has been regularised in March 2018.
- (j) The number of case managers has been increased to improve the “case manager to patient” ratio (from 1:50 in 2016-17 to 1:41 as at November 2021). HA will also recruit additional case managers in 2021-22.
- (k) The waitlist of patients with learning disability for admission to Siu Lam Hospital has been cleared.

Dementia Support Services for the Elderly

- (l) Additional resources have been allocated to enhance staff training on dementia, public education and support services on dementia in the community to strengthen the social care infrastructure.
- (m) The three-year public education programme on dementia titled “Dementia Friendly Community Campaign” has been extended till March 2023. As at November 2021, there were 16 859 Dementia Friends.
- (n) The two-year Dementia Community Support Scheme has been regularised and expanded from 20 District Elderly Community Centres (“DECCs”) in four hospital clusters of HA during the pilot stage from February 2017 to January 2019 to all 41 DECCs over the territory and all seven hospital clusters of HA since February 2019.

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

CHAPTER 6 - VISITS AND OTHER ENGAGEMENTS

6.1 Visits

6.1.1 During the second term of the Advisory Committee, the Chairman visited the following places or made appearances on the following occasions in order to better connect with relevant stakeholders -

- (a) The Mental Health Association of Hong Kong (December 2019);
- (b) Castle Peak Hospital (June 2020);
- (c) Radio-i-Care under the Tung Wah Group of Hospitals (April 2021);
- (d) LevelMind@JC (April 2021);
- (e) the Balances & Wisdom Seminar organised by the Hong Kong Police Force (September 2021);
- (f) the third Policy Thematic Meeting organised by the Youth Development Commission (September 2021); and
- (g) the seventh Asian Congress of Schizophrenia Research (September 2021).

6.2 Engagements with Stakeholders

6.2.1 The Advisory Committee also engaged the following stakeholders with a view to tapping their views on mental health issues -

- (a) Caritas Hong Kong;
- (b) Christian Family Service Centre;
- (c) Democratic Alliance for the Betterment and Progress of Hong Kong;
- (d) Lee Hysan Foundation;
- (e) Professor Yu-li LIU of the Department of Media and Communication, City University of Hong Kong;
- (f) St. James' Settlement;

- (g) The Boys' and Girls' Clubs Association of Hong Kong;
- (h) The Hong Kong Children and Youth Services;
- (i) The Hong Kong Council of Social Service;
- (j) The Hong Kong Federation of Youth Groups;
- (k) Richmond Fellowship of Hong Kong;
- (l) The Zubin Foundation; and
- (m) Yan Oi Tong.

CHAPTER 7 - WAY FORWARD

7.1 As identified by the Review Report, we have a lot to catch up in order to improve the mental well-being of our community. Work has never ceased in taking forward the 40 Recommendations with advice of the Advisory Committee. Thanks to the efforts of all involved, the first and second terms of the Advisory Committee have seen new initiatives and considerable progress on different fronts, especially in the fields of child and adolescent mental health services and mental health promotion and public education, which were earmarked as priorities. Regrettably, the social unrests in 2019, the outbreak and persistence of COVID-19 have further upset the already delicate mental health of the Hong Kong public, and have also interrupted with existing services and work plans.

7.2 Looking ahead into the third term, while we would continue to attend to the pandemic-related mental health needs and monitor on-going work, the Advisory Committee is going to focus its attention on the important subject of adult mental health⁵ (viz. Chapter 3 of the Review Report, including support of persons in recovery in the community). The areas requiring attention are many but the Advisory Committee have identified the following to be more pressing -

(a) *Carer Support*

To encourage recovery in the community, especially at home, means putting heavier burden on the carers of persons with mental health needs. Carers needing support also include parents of children with SEN and those taking care of the elderly suffering from dementia and emotional issues. While

⁵ The Rehabilitation Advisory Committee (“RAC”) has formulated the “Persons with Disabilities and Rehabilitation Programme Plan” (“RPP”) which recommends that public education and publicity be strengthened to raise the awareness and understanding of mental health, thereby promoting public acceptance of persons in recovery, removing stigmatisation and discrimination of mental illness, and facilitating persons in recovery to integrate into the community. The Advisory Committee will continue to collaborate with LWB and RAC in following up on the relevant RPP recommendations to, in particular, address the needs of persons with mental health needs and their carers who might have additional special needs.

many of their needs may be common to those of carers of persons with disability, they require a wide range of services, including but not limited to respite, peer support, counselling, training and financial assistance. In its third term, the Advisory Committee will continue to work with relevant stakeholders, including HHB, LWB, EDB and SWD, to ensure the provision of effective and timely support to carers;

(b) *Support for Persons in Recovery from Hospitals to Halfway Houses to Homes*

The Advisory Committee will continue to work with stakeholders, including LWB and HA, to facilitate the transition of persons in recovery from mental health needs from hospitals to halfway houses and eventually back to their own homes (or other community services) (“the 3Hs”); and

(c) *Employment-related services*

While numerous measures are already in place to facilitate employment of persons in recovery from mental health needs, the Advisory Committee will consider how those measures could be further enhanced and more user-oriented, alongside efforts to reduce stigma associated with mental health issues in our community.

7.3 Further, the Advisory Committee is eager to strengthen the mental health support for the elderly (viz. Chapter 4 of the Review Report). In view of the significant impact of the COVID-19 epidemic on the mental health of the elderly, the Advisory Committee will seek to speed up its collaboration with the Elderly Commission and other stakeholders to enhance the mental health support services for the elderly, both in the short and the long terms.

7.4 Lastly, the Advisory Committee would like to thank all stakeholders involved, including government bureaux/departments, HA,

our Communications Agent, different NGOs, experts and professionals, private foundations and donors, and all participating members of the public, for their contributions to the work of the Advisory Committee in the past years. We shall continue to work in close partnership with relevant stakeholders to build a mental health-friendly community in Hong Kong.

Advisory Committee on Mental Health
July 2022

**Membership of Advisory Committee on Mental Health
(1 December 2019 - 30 November 2021)**

Chairman

Mr WONG Yan-lung, SC

Non-official Members

Healthcare Sector

Dr Felix CHAN Hon-wai, JP

Prof Eric CHEN Yu-hai

Dr HUNG Se-fong, BBS

Dr Patrick IP Pak-keung

Prof Linda LAM Chiu-wa

Dr David LAU Ying-kit

Dr Eugenie LEUNG Yeuk-sin

Ms Jolene MUI

Social Service and Education Sector

Mr CHUA Hoi-wai, JP

Ms Kimmy HO Wai-kuen

Mr Frederick LAI Wing-hoi, JP

Mr James LAM Yat-fung, MH

Mr Ricky LEUNG Wai-kay

Prof Samson TSE Shu-ki

Ms Anita WONG Yiu-ming, MH

Prof Loretta YAM Yin-chun, BBS

Lay Persons

Miss Angel CHAN Hoi-yi*

Ms Lily CHAN Lei-hung

Ms Lily CHAN

Mr Ikey CHEUNG Ho-yuen*

Mr William CHOY

Mr Stephen LEUNG Mung-hung

Ms Shirley Marie Therese LOO, BBS, MH, JP
Prof Naubahar SHARIF
Ms YUEN Shuk-yan
Dr Ferrick CHU Chung-man (*Representative of Equal Opportunities Commission*)[#]





Ex-officio Members

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

* With effect from 1 March 2021

With effect from 9 June 2021

Progress of Implementation of the 40 Recommendations of the Mental Health Review Report

Recommendations	Update (as at 30 November 2021)	
	Present Position	Next Steps
<p> Advanced stage of implementation (16)</p> <p> Underway (17)</p> <p> Subject to further deliberations (7)</p>		
(I) Chapter 1 – Mental Health Promotion (1 recommendation)		
<p> 1. <i>Long-term strategy of mental health promotion should be developed with reference to the evaluation outcome on the three-year mental health promotion campaign (i.e. Joyful@HK Campaign) and targeted public education on different mental health problems should be launched for respective age groups to promote mental well-being and foster a caring environment for people with mental illness.</i></p>	<ul style="list-style-type: none"> The first phase of the new, on-going Mental Health Promotion and Public Education Initiative (the Initiative), known as “Shall We Talk 陪我講” 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, with a view to building a mental-health friendly society in the long run. (DH, FHB) A brand new, one-stop dedicated website (shallwetalk.hk) was launched on 11 July 2020 with abundant information such as mental well-being, common mental health problems, treatment, getting help, community support, activities and story sharing etc. The Initiative’s Facebook page, Instagram account and other publicity actions were also launched. (DH, FHB) The Mental Health Workplace Charter was launched in November 2019 as part of the Initiative. As at end November 2021, 822 organisations pledged to become signatories to the Charter covering more than 500 000 employees. (DH) A total of 10 focus group discussions to consolidate views and suggestions from 	<ul style="list-style-type: none"> The second phase of the Initiative commenced in September 2021. Target groups of the second phase extend from youth to their families (including elderly persons) with more emphasis on the theme of encouraging people in need to seek help in a timely manner. (DH, FHB) The Initiative will continue to make use of both traditional channels and new social media platforms in order to reach out all walks of life in society. In addition to Key Opinion Leader (KOL) social media campaigns and production of videos, television programmes and Announcements in the Public Interest (APIs), more media pitching as well as workplace promotion are being implemented, and production of more multimedia resources for school engagement and enhancement of website functions including development of a chatbot are in the pipeline. (DH, FHB) The Talk Friday campaign was launched in late 2021. It aims at encouraging interpersonal communication as well as promoting the quality and effectiveness of communication. Through a series of appeals by KOLs as well as other online and offline activities, members of the public are invited to take action and carry out meaningful dialogues with others as a habit.

<p style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
	Present Position	Next Steps
	representatives of social, workplace, media, school and education sectors for evaluation and fine-tuning of the Initiative were completed in March 2021. Findings were in line with the promotion plan. (DH, FHB)	(DH, FHB) • Other online and offline publicity actions and advertisement are on-going. (DH, FHB)
(II) Chapter 2 – Mental Health Services for Children and Adolescents (20 recommendations)		
<p>2. <i>Epidemiological studies should be conducted on a regular basis to understand the state of mental health of the population, and local prevalence of child and adolescent mental health problems in particular. This will help inform the formulation of appropriate prevention strategies and the planning of suitable intervention programmes for those with mental health issues.</i></p>	<ul style="list-style-type: none"> • The Research Office of the Food and Health Bureau (FHB) has commissioned The University of Hong Kong (HKU) and The Chinese University of Hong Kong (CUHK) to conduct the mental health prevalence surveys on youths aged 15 to 24 as well as on children and adolescents aged 6 to 17 respectively. The studies have already commenced. (FHB) 	<ul style="list-style-type: none"> • The mental health prevalence survey on youths is expected to be completed by Q3/2022 and the survey on children and adolescents is expected to be completed by Q1/2023. • The mental health prevalence survey on adults aged 16 to 75 will commence later.
<p>3. <i>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.</i></p>	<ul style="list-style-type: none"> • Two Community Partnership Programmes (CPPs) were launched under the “Joyful@HK” Campaign in early 2017 with a view to developing evidence-based interventions and training materials that could be further adopted by community partners in longer term. (DH) • The Final Reports and the Dissemination Reports had been uploaded to Research Fund Secretariat’s website* for public access. (*https://rfs1.fhb.gov.hk/app/fundedsearch/projectdetail.xhtml?id=2070 and https://rfs1.fhb.gov.hk/app/fundedsearch/projectdetail.xhtml?id=2071) 	<ul style="list-style-type: none"> • The CPPs were previously put on hold due to the COVID-19 pandemic. • Research has been conducted on adopting trendy and popular educational tools (e.g. communication play cards) to reach the young generations through family gathering activities to promote and practise quality family communication. Reference has also been taken from the experience and materials developed from the CPPs completed in 2017 to 2018. (DH) • A non-governmental organisation will be engaged as contractor with the objectives to increase family engagement in promoting emotional and mental well-being; equip parents with basic

<p style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
	Present Position	Next Steps
		<p>communication knowledge and skills to develop a compassionate family culture in the long run; and support parents with practical and accessible tools to strengthen the bonding in families and resolve family conflicts. These objectives are to be achieved through provision of professional training workshops; production of communication toolkits to the participants; production of public education videos as well as other publicity activities. Preparation is in progress and it is scheduled to commence in Q2/2022. (DH)</p>
<p>4. <i>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.</i></p>	<ul style="list-style-type: none"> • Please refer to updates in Recommendation No. 1. 	<ul style="list-style-type: none"> • Please refer to updates in Recommendation No. 1.
<p>5. <i>Noting the importance of parent-child relationship to a child's mental well-being, the practice of positive parenting should be promulgated to all parents with a view to enhancing the emotional and social competence of children. To fill a current gap, parenting programmes for parents with pre-adolescents and adolescents should be developed and provided to parents through schools, community centres and the Internet.</i></p>	<ul style="list-style-type: none"> • 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 are under preparation and planned to be conducted in Q1 of 2022. (EDB) • The measures recommended by the Task Force on Home-School Co-operation and Parent Education have been implemented progressively. Among others, the Positive Parent Campaign (the Campaign) has been launched and different activities have been organised to promote positive parent education and raise parents' awareness on 	<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 Q2 of 2022. (EDB) • Publicity activities under the Campaign will be conducted on a continuous basis. A territory-wide video production competition on positive parenting under the Campaign will be held from January to June 2022 tentatively. (EDB) • Content of the parent education website "Smart Parent Net" is updated regularly. (EDB)

<p style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
	Present Position	Next Steps
	<p>the importance of happy and healthy development of children. The EDB has publicised the Campaign through broadcasting three sets of TV and radio announcements in the public interest (APIs) starting from September 2020 and advertisements in selected MTR stations and on bus bodies etc. Besides, a series of five animated videos featuring the ambassadors of the Campaign on various topics relating to raising parents' awareness of positive parenting skills, enhancing students' resilience as well as promoting home-school cooperation has been released on a monthly basis starting from October 2021. (EDB)</p> <ul style="list-style-type: none"> • The Campaign messages as well as positive parenting tips were disseminated at the parents' talks during Primary One Admission seminars in September 2021 and Secondary One Admission seminars in December 2021 respectively. (EDB) • The parent education website "Smart Parent Net" has been set up by EDB since February 2018 to enable parents with children from kindergarten to primary and secondary school levels to access easily useful information, viz. video clips, articles and activities, on issues of their concern including parent-child relationship and parenting skills. (EDB) 	
<p>6. <i>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</i></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 style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
	Present Position	Next Steps
<p><i>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.</i></p>		
<p>7. <i>Primary prevention and early intervention programmes targeting at at-risk groups such as at-risk pregnant women, teenage parents, mothers with postnatal depression, families with psychosocial needs, and pre-primary children with health, developmental and behavioural problems who are identified through the Comprehensive Child Development Service (CCDS) should be strengthened in order that the physical and mental health outcomes of both parents and children can be improved. Instead of adopting a family-based intervention approach, current services for teenage parents, those on illicit drugs or with severe mental disorders tend to focus more on the well-being of the mother. While protocol on assessing parenting capacity is being developed under CCDS for children under six, more measures to identify needs for facilitating early intervention for strengthening quality of care to children in accordance with their developmental needs are being developed. Consideration should be given to explore ways of strengthening the CCDS in terms of resources and programme effectiveness.</i></p>	<ul style="list-style-type: none"> • A task group formed under DH, Hospital Authority (HA) and SWD has been developing assessment frameworks on parenting capacity to assess the child care capacity of parents/carers (including the risk factors and related follow-up service plans). (DH, HA, SWD) <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) • 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) • Training has been conducted to facilitate social workers to equip skills on handling CCDS cases making use of the assessment framework on parenting capacity. (SWD) 	<p><u>For Children of Age 0-6</u></p> <ul style="list-style-type: none"> • According to original schedule, the Pilot Scheme will be ended in January 2022. With supplementary grant obtained from the Lotteries Fund, the Pilot Scheme will be extended for six months till July 2022. An evaluation study on the current mode of service operation, as well as the service performance and service outputs/outcomes will be carried out during the implementation of the Pilot Scheme. It is expected the study would shed light on the way forward of the service.

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	Present Position	Next Steps
	<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 at children aged 1 to 3 for use by social workers. The compiled manual of the assessment frameworks for children aged 0 to 3 have been issued to the related service units in March 2019. Training has been conducted to facilitate social workers to equip skills on handling CCDS cases making use of the assessment framework on parenting capacity. (DH, HA, SWD) <p><u>For Children of Age 0-below 6</u></p> <ul style="list-style-type: none"> For early identification of and providing assistance to pre-primary children and their families with welfare needs, the Government has launched a three-year pilot scheme (the Pilot Scheme) to provide social work service for about 150 000 pre-school children and their families in more than 700 subsidised/ aided pre-primary institutions (PPIs), (including CCCs, kindergartens (KGs) and KG-cum-CCCs) through allocation from the Lotteries Fund. The pilot scheme has been implemented in three phases. A total of 57 social work teams were set up, serving 725 PPIs. (SWD) 	
<p>8. <i>A safe and nurturing social environment along with optimal nutrition during early years have strong and long-term impact on the mental and physical health of the children. For families (for example, parents with psychosis, those on illicit drugs, etc.) that cannot provide optimal and responsive care to their infants and children,</i></p>		<ul style="list-style-type: none"> Subject to further deliberations.

<p style="text-align: center;">Recommendations</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: green; margin-right: 5px;"></div> Advanced stage of implementation (16) </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: yellow; margin-right: 5px;"></div> Underway (17) </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> Subject to further deliberations (7) </div> </div>		Update (as at 30 November 2021)	
	Present Position	Next Steps	
<p><i>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.</i></p>			
<p>9. <i>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.</i></p>	<ul style="list-style-type: none"> • Family Health Service of DH delivers talks on identification of children with developmental problems to in-service kindergarten teachers organised by EDB. (DH, EDB) • 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, EDB has launched the “School-based 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 80 KGs have joined the Scheme since its launch since the 2018/19 school year. (EDB) • The EDB has launched 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 	<ul style="list-style-type: none"> • Family Health Service of DH will continue to deliver talks on identification of children with developmental problems to in-service kindergarten teachers organised by EDB. The attending teachers are provided with an updated copy of the Pre-primary Children Development and Behaviour Management - Teacher Resource Kit. (EDB) • EDB will continue to provide PDP for KG teachers on catering for the diversity of students with developmental and learning needs. EDB will also further develop and refine the content and mode of delivery of the PDP for KG teachers and the teaching resources on catering for the diverse needs of students. (EDB) 	

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	Present Position	Next Steps
	developed by the EdUHK. (EDB)	
<p>10. <i>While the pre-school rehabilitation services have been substantially strengthened, the existing child assessment service under DH and medical services of the HA should also be reinforced in terms of manpower and capacity in order to facilitate early assessment and timely intervention of children in need. In particular, manpower and resources in the assessment and specialist services require immediate enhancement with a view to reducing the waiting time for these services.</i></p>	<p>Child Assessment Service (CAS) under DH</p> <ul style="list-style-type: none"> DH will set up an additional Child Assessment Centre (CAC) in Siu Sai Wan to handle the increasing caseloads. Target commencement date is 2024. As an interim measure before the additional CAC is set up, DH has set up a temporary CAC in Ngau Tau Kok in January 2018. (DH) An additional 22 civil service posts, including ten nursing posts, five allied health professional posts and seven administrative and general support posts, have been allocated to CAS of DH to cope with the growing demand of CAS. All the additional posts have been filled. (DH) <p>Hospital Authority (HA)</p> <ul style="list-style-type: none"> The manpower of Child and Adolescent (C&A) Psychiatric Service teams of HA was strengthened by adding one additional team comprising doctors, psychiatric nurses, occupational therapists and clinical psychologists each in all clusters in the past few years. (HA) In 2018-19, HA recruited an additional five clinical psychologists to reinforce the Child and Adolescent psychiatric teams. In 2019-20, HA has further enhanced the multi-disciplinary teams, including psychiatric doctors, for the Child and Adolescent Psychiatric Service teams in all five service clusters providing child and adolescent 	<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 plans to enhance the collaboration between Paediatrics and C&A Psychiatry departments and train up multidisciplinary expertise to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder.

<p style="text-align: center;">Recommendations</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> Advanced stage of implementation (16)</div> <div style="display: flex; align-items: center;"> Underway (17)</div> <div style="display: flex; align-items: center;"> Subject to further deliberations (7)</div> </div>	Update (as at 30 November 2021)	
	Present Position	Next Steps
	<p>psychiatric services. (HA)</p> <ul style="list-style-type: none"> In 2020-21, 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>11. <i>Schools are ideal settings for promoting and supporting mental, emotional and social well-being of school-aged children/adolescents and should be well supported to enable their meaningful participation in school programmes. Universal promotion of mental well-being targeting at all school-aged children/adolescents could be further enhanced through health promotion programmes and school curriculum on physical and mental health education that aim to facilitate the adoption of healthy lifestyles (for example, more physical activities and healthy nutrition) and the learning of life skills, with a view to building resilience against adversities in life, enhancing their understanding of mental health issues, increasing their awareness of mental illness, encouraging help-seeking and promoting de-stigmatisation. DH, in collaboration with the EDB and tertiary institutes, should explore the feasibility of extending the health promoting school model promulgated by the World Health Organization to all schools in Hong Kong, with a view to building a more caring and supportive environment where school-aged children /adolescents can learn, grow and flourish.</i></p>	<ul style="list-style-type: none"> EDB has been promoting diversified development programmes to enhance students’ resilience and introduced student guidance projects based on positive psychology concepts to help students develop a positive self-image. (EDB) For instance, the Understanding Adolescent Project (UAP) is a comprehensive support programme for personal growth to facilitate early identification and intervention of upper primary students at-risk to enhance their resilience. Starting from the 2019/20 school year, the arrangement of the UAP has been enhanced with a view to providing better support to the at-risk students. Group activities for students and training for parents under the Intensive Programme of UAP have been further enhanced and the group size has been reduced. In the 2021/22 school year, over 440 schools have joined the Project. (EDB) The Caring Schools Award Scheme (Scheme) jointly organised by EDB with Hong Kong Christian Service and Hong Kong Association of 	<ul style="list-style-type: none"> EDB will continue to organise the various diversified development programmes, including the UAP and the Caring Schools Award Scheme on a yearly basis. (EDB) EDB will continue to review and consolidate existing resources with the school sector, and to facilitate schools to optimise the use of these resources and maximise students’ learning opportunities. (EDB) EDB will continue the “ASAP Campaign” and the two MVPA60 networks to support schools in the coming school year. (EDB) Student Health Service of DH will continue to help participating schools to attain their goal of building a healthy campus through regular self-assessment and providing support. The Government will evaluate the pilot programme to assess the feasibility to extend the HPS model in Hong Kong.

<p style="text-align: center;">Recommendations</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: green; margin-right: 5px;"></div> Advanced stage of implementation (16) </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: yellow; margin-right: 5px;"></div> Underway (17) </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> Subject to further deliberations (7) </div> </div>	Update (as at 30 November 2021)	
	Present Position	Next Steps
	<p>Careers Masters and Guidance Masters, has been launched since 2005 in primary and secondary schools for promoting a caring school culture through public recognition of the award schools on their positive policies and caring school measures adopted. Starting from the 2018/19 school year, the Scheme has extended to include kindergartens. The number of participating schools is increasing. In the 2021/22 school year, over 440 schools have joined the Scheme. (EDB)</p> <ul style="list-style-type: none"> • Learning elements related to mental health and well-being are included in relevant curricula. (EDB) • EDB has launched the Values Education Curriculum Framework (Pilot Version) in November 2021. Elements of health education and life education have been enriched in the Framework. (EDB) • Two MVPA60 6 networks continue to provide support to participating/network schools for developing the school policy and action plans to encourage student participation in daily physical activities in the 2021/22 school year. In the 2020/21 school year, a total of seven network meetings/PDPs have been conducted for 314 primary and 248 secondary PE teachers respectively. (EDB) • EDB has launched the “Active Students, Active 	<ul style="list-style-type: none"> • The way forward of the SMHSS is being considered with reference to the evaluation findings. (*)

⁶ 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..

<p style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
	Present Position	Next Steps
	<p>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. (EDB)</p> <ul style="list-style-type: none"> • DH launched a Health Promoting School (HPS) Pilot Programme in 30 schools, including 18 primary, 11 secondary, one secondary-cum-primary special school in the 2019/20 school year. (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. (*) (FHB, EDB, HA, SWD) • The findings of the evaluation study on the SMHSS were reported to the Advisory Committee on Mental Health at its meeting on 3 February 2021. (FHB) 	
<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, 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</p>	<ul style="list-style-type: none"> • To enhance the professional capabilities of teachers to support students with SEN, EDB has been organising structured training programmes pitched at basic, advanced and thematic levels (BAT Courses) for them starting from the 2007/08 school year. Some modules of the BAT Courses cover mental illness (MI). From the 2017/18 to 2020/21 	<ul style="list-style-type: none"> • EDB will continue to review the content of the 60-hour Thematic Course focusing on students with MI so as to help teachers master the strategies for early identification of and intervention for the students with mental health needs, including those with suicidal risks. (EDB)

<p style="text-align: center;">Recommendations</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> Advanced stage of implementation (16)</div> <div style="display: flex; align-items: center;"> Underway (17)</div> <div style="display: flex; align-items: center;"> Subject to further deliberations (7)</div> </div>	Update (as at 30 November 2021)	
	Present Position	Next Steps
<p><i>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.</i></p>	<p>school years, the EDB also provided primary and secondary school teachers with the “Professional Development Programme for Mental Health” with a view to raising their awareness of mental health and enhancing their professional knowledge and skills in identifying and supporting students with mental health needs (including those with suicidal risk). Starting from the 2021/22 school year, the above “Professional Development Programme for Mental Health” has been incorporated into the Thematic Course of the BAT Courses to facilitate schools to further promote students’ mental health. (EDB)</p> <ul style="list-style-type: none"> • The Learning Support Grant (LSG) that EDB provides for public sector ordinary secondary and primary schools covers students with mental illness. Schools with such students are allocated with the grant to help them cater for the learning, social, emotional and behavioural needs of such students. (EDB) • Starting from the 2019/20 school year, the LSG is extended to all public sector ordinary schools and the unit grant rate for the tier-3 support has been increased from 2 times of that of tier-2 support to the current 4 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). (EDB) • Please also refer to (*) in Recommendation No. 11. 	<ul style="list-style-type: none"> • 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 style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
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<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"> • Please refer to (*) in Recommendation No.11. 	<ul style="list-style-type: none"> • Please refer to (*) in Recommendation No.11.
<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 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>	<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 assignment of a designated teacher to take up the role of SENCO to support integrated education. (EDB) • Starting from the 2019/20 school year, the Government has upgraded the SENCO post to a promotion rank in public sector ordinary schools with a comparatively large number of students with SEN to facilitate SENCOs to deliver their leadership duties more effectively. (EDB) 	<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)
<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</p>	<ul style="list-style-type: none"> • SWD subvents NGOs to operate Integrated Children and Youth Services Centres (ICYSCs), which provide services to children and youth aged 6 to 24 at neighbourhood level, including promoting mental well-being, providing support services to those with emotional and behavioural problems and referring the more complicated cases to specialised service units as appropriate. (SWD). 	




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<p><i>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.</i></p>	<ul style="list-style-type: none"> • SWD subvents NGOs to set up five Cyber Youth Support Teams (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 provide timely intervention, counselling and referral services through online and offline means. The CYSTs form partnership, strategic alliance and cross-sectoral collaboration with other community stakeholders to address the needs and problems of at-risk and hidden youths. SWD has strengthened the supporting manpower for CYSTs since October 2021. (SWD) • EASY programme of HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA) 	
<p>16. <i>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.</i></p>	<ul style="list-style-type: none"> • EDB, SWD, CAS of DH and HA have formulated a collaborative mechanism on transfer of information with effect from the 2018/19 school year, under which assessment information and progress reports of pre-school children with special needs will be transferred from CAS and pre-school rehabilitation service units operated by NGOs respectively to the primary schools before those children proceed to primary schooling for the schools' early planning of learning support to those children. (EDB, SWD, DH, HA) 	<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.

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<p> 17. <i>Special attention should be given to the mental health needs of adolescents as they enter adulthood and to ensure their smooth transition from child and adolescent mental health services to adult mental health and other life-support services. 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.</i></p>	<ul style="list-style-type: none"> HA provides support such as arranging orientation for patients before they attend the adult services and making referrals to suitable allied health or social services to meet individual clinical needs, with a view to facilitating transition from child and adolescent psychiatric services to adult psychiatric services. 	<ul style="list-style-type: none"> FHB will liaise with HA to explore possible ways to ensure smooth transition from child and adolescent mental health services to adult mental health services. (FHB, HA)
<p> 18. <i>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.</i></p>		<ul style="list-style-type: none"> Subject to further deliberations.
<p> 19. <i>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.</i></p>	<ul style="list-style-type: none"> Student Health Service of DH delivers mental health talks / seminars to parents and teachers through outreach programme as well as produces educational resources. (DH) Child Assessment Service (CAS) and Family Health Service of DH are providing training to the Community Paediatric trainees. CAS is also the major accredited training institution for Developmental-Behavioural Paediatricians under Hong Kong College of Paediatricians and Hong Kong Academy of Medicine and is providing teaching and clinical attachment to allied health professionals. (DH) 	<ul style="list-style-type: none"> Student Health Service of DH will continue to deliver mental health talks / seminars to parents and teachers through outreach programme as well as produces educational resources. CAS and Family Health Service of DH will continue to provide training to the Community Paediatric trainees. (DH)

<p style="text-align: center;">Recommendations</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: green; margin-right: 5px;"></div> Advanced stage of implementation (16) </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: yellow; margin-right: 5px;"></div> Underway (17) </div> <div style="display: flex; align-items: center;"> <div style="width: 15px; height: 15px; background-color: red; margin-right: 5px;"></div> Subject to further deliberations (7) </div> </div>	Update (as at 30 November 2021)	
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	<ul style="list-style-type: none"> Despite the continuous increase in the demand for services provided by the CAS, the CAS faces difficulties in recruiting doctors. As at 30 November 2021, there were 10 vacancies of doctor. (DH) 	
<p>20. <i>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.</i></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. (FHB). 	<ul style="list-style-type: none"> In exploring and developing new Public-Private Partnership (PPP), the HA will carefully consider a number of factors such as service demand, case suitability, potential complexity, readiness and capacity in the private sector. The HA shall continue to communicate with the public and patient groups and work closely with relevant stakeholders to explore the feasibility of introducing new initiatives in order to meet the healthcare services demand of the people. (#)
<p>21. <i>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.</i></p> <p><i>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</i></p>	<ul style="list-style-type: none"> The Comprehensive Child Development Service (CCDS) has been put in place to provide a cross-sectoral collaborative platform for DH, HA, EDB, SWD and NGOs to identify and refer at-risk cases. (DH, HA, EDB, SWD) The demand for CCDS service provision has been increasing over the past 10 years. Considering the need of reviewing the manpower and resources required, the Inter-departmental Coordinating Committee (ICC) on CCDS was held in 	

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<p><i>tools and statistical databases should be developed to enable schools and medical/social care institutions to keep track of children and adolescents with developmental or mental health issues as they migrate from childhood to adulthood, in order to provide them with the necessary support and intervention.</i></p>	<p>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.</p>	
(III) Chapter 3 – Mental Health Services for Adults (6 recommendations)		
<p>22. <i>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.</i></p>	<ul style="list-style-type: none"> • The review on service model and manpower of the Community Psychiatric Services (CPS) has been completed in December 2017. The enhanced service model of CPS has been implemented in all clusters. (HA) • Since 2015-16, HA has introduced the peer support element into the Case Management Programme to enhance community support for patients by phases. A total of 20 full time equivalent peer support workers have been recruited. (HA) • HA aims to further improve the case manager to patient ratio to 1:40 by phases, an addition of 56 case managers have been recruited since 2018-19 by phases .(HA) • SWD has implemented the 2-year Pilot Project on Peer Support Service in Community Psychiatric 	<ul style="list-style-type: none"> • HA will continue to monitor the manpower situation of CPS and recruit additional case managers as appropriate to provide better community support for people with mental health needs with a view to improving the case manager to patient ratio by phases. HA plans to recruit additional case managers in 2021-22. (HA)

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	Service Units since March 2016. The service has been regularised in March 2018 with the number of peer supporter positions increased. (SWD)	
<p>23. <i>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.</i></p>	<ul style="list-style-type: none"> • EASY programme of HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA) • HA has reviewed the service model of the EASY programme and reported to the Advisory Committee on Mental Health (ACMH) in mid-November 2021. (HA) 	<ul style="list-style-type: none"> • A paper with details on the proposed service integration of EASY and CPS will be circulated for ACMH Members' reference. (HA) •
<p>24. <i>Based on the evaluation outcome of the pilot service model of Kwai Chung Hospital for patients with CMD, HA should take steps to enhance the multi-disciplinary teams and strengthen the psychiatric SOP service in other clusters so that the services of the enhanced CMD clinics could be rolled out to all clusters by phases.</i></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 West and Hong Kong East clusters since 2015-16 by phases. (HA) 	<ul style="list-style-type: none"> • HA will continue to monitor the situation of psychiatric SOP services to provide better support for patients with CMD. (HA)
<p>25. <i>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.</i></p>	<ul style="list-style-type: none"> • HA is exploring new PPP initiatives for managing stable CMD cases. (HA) 	<ul style="list-style-type: none"> • HA will communicate with relevant stakeholders to explore a possible service model for managing suitable CMD cases. (HA)
<p>26. <i>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.</i></p>	<ul style="list-style-type: none"> • 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 to facilitate subsequent exploration of PPP programmes. (HA) 	<ul style="list-style-type: none"> • HA will continue to engage community stakeholders for educational activities to facilitate subsequent exploration of PPP programmes. (HA)

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27. <i>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.</i>	<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) 		
(IV) Chapter 4 – Dementia Support Services for the Elderly (10 recommendations)			
<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 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><i>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.</i></p> <p><i>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.</i></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 DH provides services to enhance the awareness of elderly persons and their carers as well as the general public about the importance of mental health, and the prevention and management of common mental health problems of elderly persons through various channels such as health talks, seminars, books, audio-visual materials, webpages and the mass media. (DH) SWD launched a three-year public education programme, titled the Dementia Friendly Community Campaign (the Campaign), in September 2018 to enhance public understanding of dementia and encourage members of society to support and care about elderly persons with dementia and their carers. Amongst other things, the programme includes commissioning the Hong Kong Alzheimer’s Disease Association to assist in organising “Dementia Friends” Information Sessions, production of television and radio Announcements in the Public Interest, setting up a 	<ul style="list-style-type: none"> Please also refer to updates in Recommendation No.1. 	

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	<p>thematic webpage, co-producing with the Radio Television Hong Kong a television docudrama series on dementia, organising a Highlight Event and district-based activities and screening of the film “CareNin”, etc. As at end November 2021, there were 16 859 Dementia Friends. In view of the positive feedback and support received from different sectors of the society since the implementation of the Campaign, SWD has extended the Campaign till March 2023. (SWD)</p>	
<p>29. <i>To facilitate service planning, territory-wide prevalence studies of dementia should be conducted regularly and where possible, with details on the prevalence by district and the severity of disease by age group. It would be useful to establish common data collection tools and map out the prevalence of dementia by district and the corresponding service needs by looking at the demographic and socio-economic profiles of elders residing in the district. Planning and allocation of resources would be more cost-effective as a result. By collecting data on the severity and age of persons with dementia, the studies would enable us to account for the changes in service needs of different cohorts of patients over time as a result of progression of disease and changing demographic structure such as educational attainment levels of our future older generations.</i></p>	<ul style="list-style-type: none"> The Research Office has commissioned CUHK to conduct a mental health prevalence survey on elderly persons aged 60 and above. The survey has already commenced. (FHB) 	<ul style="list-style-type: none"> The mental health prevalence survey on elderly persons will be completed by Q4/2022. (FHB) The mental health prevalence survey on adults aged 16 to 75 is tentatively planned to commence later. (FHB)
<p>30. <i>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.</i></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. (FHB) 	

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<p>31. <i>The role of primary care in the provision of dementia care should be enhanced through capacity building. Detection and diagnosis of suspected cases and management of stable cases are two important functions of primary care in the provision of dementia care. Early identification and referral of complicated cases to specialist services by primary care is to be encouraged at the stage when there is a possibility of beneficial intervention. Systematic training should be encouraged for general practitioners (GPs) in the private practice so that they will become important care service providers. Colleges under the Hong Kong Academy of Medicine and training institutes (such as the University of Hong Kong, the Chinese University of Hong Kong, Hong Kong Medical Association, etc.) which organise relevant courses at present could be the service providers and encouraged to provide training to GPs in future. On the other hand, HA should also explore the possibility of public-private partnership (PPP) in the provision of dementia care by referring stable cases of dementia to private GPs. The enhancement of the role of primary care professionals in the provision of dementia care will reduce dependence on specialist care and allow scarce resources to be used optimally. Having a strong foundation of primary care will allow the dementia care pyramid to function effectively.</i></p>		<ul style="list-style-type: none"> • Please refer to (#) in Recommendation No.20 above. (FHB, DH, HA)
<p>32. <i>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.</i></p>		<ul style="list-style-type: none"> • Subject to further deliberations. (HA)
<p>33. <i>There is also a need to increase the supply of healthcare manpower and strengthen</i></p>	<ul style="list-style-type: none"> • SWD, in collaboration with DH, regularly 	

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<p><i>their training. Training for healthcare and social care providers should be enhanced so that they are equipped with the necessary skills and knowledge in providing care to persons with dementia. Dementia care is a labour-intensive task. With increasing demand for dementia services, there is a need to ensure an adequate supply of multi-disciplinary healthcare professionals and skilled social care personnel to provide different types of care for meeting the varying needs of patients. Elderly and dementia care should be featured in the relevant training programmes provided by the education sector so that healthcare and social care professionals will become proficient in detecting symptoms, as well as in understanding the disease trajectory and approaches to care. Regular on-the-job training should be mandated for healthcare and social care professionals to ensure their continuing competence.</i></p>	<p>organises training for professional staff (including social work staff, nursing staff and allied health professionals, such as physiotherapists and occupational therapists) as well as non-professional staff (including care workers and health workers) of elderly service units to enhance their knowledge of dementia and to strengthen their skills in caring for elderly persons with dementia. (SWD, DH)</p> <ul style="list-style-type: none"> • 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) 	
<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 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) 	

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	<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 dementia and enhance public education as well as the support services for elderly persons with dementia and their carers; and in all DEs/DCUs and home care services teams to further enhance care for elderly persons with dementia and support for their carers. (SWD) • SWD has allocated additional programme resources since October 2018 to all DECCs and NECs to organise education activities in the district or neighbourhood level in order to raise public awareness of dementia, with carers as one of the target groups. (SWD) • The Dementia Friendly Community Campaign was launched in September 2018 with the setting up of a Thematic Webpage (the Webpage). Among other things, the 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. (SWD) 	
<p>35. <i>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</i></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. (FHB, HA, SWD) 	

<p style="text-align: center;">Recommendations</p> <p> Advanced stage of implementation (16) Underway (17) Subject to further deliberations (7) </p>	Update (as at 30 November 2021)	
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<p><i>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.</i></p>	<ul style="list-style-type: none"> 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. <i>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.</i></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 were 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. (FHB)
<p>37. <i>Support for carers should be enhanced. This includes providing them with structured and accessible information, skills to assist in caring, respite to enable engagement in other activities so that they can continue in their role effectively. Most care for persons with dementia is provided by informal, unpaid family carers who include spouses and adult children. The support of families and informal carers plays an important part in enhancing the quality of life of persons with</i></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 	

<p style="text-align: center;">Recommendations</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <div style="display: flex; align-items: center;"> Advanced stage of implementation (16)</div> <div style="display: flex; align-items: center;"> Underway (17)</div> <div style="display: flex; align-items: center;"> Subject to further deliberations (7)</div> </div>	Update (as at 30 November 2021)	
	Present Position	Next Steps
<p><i>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.</i></p>	<p>residential respite service. (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) • 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) 	

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	<ul style="list-style-type: none"> Please also refer to updates in Recommendation No.33 and 34 on measures relating to carer support. (SWD, DH) 	
(V) Chapter 5 – Applicability and Practicability of introducing Community Treatment Order in Hong Kong (3 recommendations)		
<p>38. <i>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.</i></p>		<ul style="list-style-type: none"> HA plans to conduct a review on the “conditional discharge” mechanism under the Coordinating Committee in Psychiatry.
<p>39. <i>From overseas experience, the successful implementation of CTO requires adequate community mental health support in both the medical and welfare sectors. Community support services such as social rehabilitation would be necessary not only for patients themselves, but also their family members and carers. The Review Committee agrees that an adequate level of community mental health support is essential before patients with mental illness are discharged into the community so it is recommended that HA should improve the ratio of case manager to patients for better community support.</i></p>	<ul style="list-style-type: none"> Please refer to updates in Recommendation No. 22. 	<ul style="list-style-type: none"> Please refer to updates in Recommendation No. 22.
<p>40. <i>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.</i></p>		<ul style="list-style-type: none"> Subject to further deliberations.
