

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

*(1 December 2023 - 30 November 2025)*

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## MESSAGE FROM THE CHAIRMAN

I am pleased to present the Work Report of the fourth term of the Advisory Committee on Mental Health (“ACMH”). As Hong Kong has transitioned further into the post-pandemic era, our focus of work has shifted from responding to immediate crisis to developing a more resilient, sustainable, and inclusive society for people with mental health needs.

Over the past two years, in addition to consolidating existing initiatives, we have also been advancing more mental health support measures. Mental health is not merely a medical issue, but it also requires multi-disciplinary and cross-sectoral collaboration to identify and respond to emerging service gaps, so as to provide more effective mental health support services.

We have witnessed the formulation of the Stepped Care Model for Mental Health. As detailed in this report, this framework has enabled us to categorise and prioritise services more effectively, covering different tiers of work from prevention and early intervention to specialised clinical care. We have made reference to this model when following up on the mental health needs of families and members of the public affected by the serious Tai Po fire that broke out on 26 November 2025, and in setting out our work in this Report.

The first tier of the Stepped Care Model is prevention and promotion, and we are committed to public education. The “Shall We Talk” initiative has gained wide recognition across society. It has now entered its next phase, deepening community engagement to actively combat stigma and encourage people to seek help proactively. Another important initiative is the 18111 Mental Health Support Hotline (“MHSH”) launched in December 2023. Equipped with both telephone and instant messaging functions, the hotline provides one-stop, round-the-clock emotional and mental support for those with mental health needs. Furthermore, in view of changes in modern lifestyles, we have put forward recommendations to the Government to mitigate the adverse impact of excessive screen time and social media on youth. At the same time, we continue to strengthen public education through various means, such as the “Mental Health Workplace Charter”.

We are equally concerned about community and primary care support. In this regard, the "Healthy Mind Pilot Project" has been introduced at District Health Centres. Mental health support for ethnic minorities has also been enhanced. Of particular importance was the implementation of the School-based Three-Tier Emergency Mechanism and the enhancement of the Medical-Social Collaboration framework. These initiatives demonstrate the determination of both the ACMH and the Government to identify at-risk students at an early stage and to provide timely and comprehensive intervention.

The ACMH has also demonstrated agility in responding to unforeseen crises. Following the Tai Po fire, we promptly established a dedicated Task Force to coordinate post-disaster mental health support. Through initiatives such as "Compassionate Support Programme for Bereaved Families" and "Project to enhance mental health support in transitional housing projects where Wang Fuk Court residents are living in" community programs, we strove to bring healing and solidarity to affected individuals and families, embodying our belief that no one in our community should face mental health challenges alone.

As we conclude this term, I wish to record my profound appreciation to all ACMH Members for their unwavering dedication and invaluable insights. Their wisdom and efforts have played an active role in shaping our recommendations and in driving the implementation of effective measures. My sincere thanks also extend to the relevant Government bureaux and departments ("B/Ds") for their steadfast support amidst heavy workload and limited resources. Their efforts in fostering cross-departmental collaboration, and in taking swift action in times of crisis, have been vital to safeguarding public mental health.

Looking ahead, while challenges remain, our direction is clear. We will continue to make meaningful strides towards making Hong Kong a mentally healthier and more inclusive community.

Dr the Hon LAM Ching-choi, GBS, JP  
Chairman, Advisory Committee on Mental Health

## **Chapter 1 The Advisory Committee on Mental Health**

### **Mental Health Policies**

Mental health is a matter of common concern for the whole community and an important policy priority that the Government continues to promote. The Government adopts an integrated approach to promote mental health, providing services that include prevention, early identification, as well as timely intervention, treatment and rehabilitation for persons in need. Apart from promotion of self-care, primary care and community support, the Government provides specialist and institutionalised services, and also multi-disciplinary and cross-sectoral services to persons with mental health needs through co-ordination and cooperation among the Department of Health (“DH”), Education Bureau (“EDB”), Hospital Authority (“HA”), Health Bureau (“HKB”), Labour and Welfare Bureau (“LWB”), Social Welfare Department (“SWD”), non-governmental organisations (“NGOs”) and other stakeholders in the community.

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

### **Terms of Reference**

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

- (a) to advise the Government on mental health policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong;
- (b) to assist the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong;

- (c) to follow up on and monitor the implementation of the recommendations of the Review Report; and
- (d) building on the foundation of the Review Report, to assist the Government to further enhance the work in the following areas
  - 
  - (i) promotion and education - to raise public awareness of mental health needs, reduce stigmatisation and step up prevention and early identification of mental health problems;
  - (ii) capacity building - to increase supply of service and to strengthen professional training, patient empowerment and support for families and carers;
  - (iii) support to children and adolescents - to strengthen mental health service support to children and adolescents, covering all aspects from prevention, awareness to early identification, school and parental empowerment, timely interventions and treatments, through to rehabilitation;
  - (iv) mental health services for adults - to enhance services for adult patients with common mental disorders and severe mental illnesses, including treatment, rehabilitation and reintegration into the community;
  - (v) support for the elderly with dementia - to facilitate diagnosis and management of dementia, develop a dementia-friendly neighbourhood with more support services, and to enhance medical-social collaboration;
  - (vi) research and studies - to commission studies on the state of mental health of the population in Hong Kong and the local prevalence of mental health problems with a view to facilitating service planning and on effective overseas experiences and models; and
  - (vii) other related work - to identify other issues that are conducive to the improvement of mental health services in Hong Kong, and to conduct research and offer views to enhance the services.

## Membership

4. Appointed by the Secretary for Health, the fourth term of the ACMH was chaired by Dr the Hon LAM Ching-choi and comprised 28 non-official and eight ex-officio Members, including -

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

The membership list of the ACMH for its fourth term from 1 December 2023 to 30 November 2025 is at **Annex A**.

## **Chapter 2 The Stepped Care Model on Mental Health**

5. Mental health goes beyond medical care, and not everyone with mental health needs has to consult a specialist psychiatrist. By applying a Stepped Care Model on Mental Health (“Stepped Care Model”), mental health services of different intensity can be provided according to the nature and severity of people’s mental health needs, thereby responding more effectively to the needs of society. To this end, we need to further implement the Stepped Care Model. From promotion and prevention, to dealing with general emotional problems, and to intervention for mild to severe cases, we need to set out clearly the operating mode, referral arrangements and service targets at each service step, and define in more concrete terms the respective roles and division of work among mental health practitioners and stakeholders.

### **Setting up of the Working Group on Stepped Care Manpower**

6. The Working Group on Stepped Care Manpower (“Working Group”) was set up under the ACMH, with members from the medical, social welfare and education sectors, as well as non-professionals with concerns on mental health, to deliberate and tender advice on the formulation of the Stepped Care Model. The Working Group will continue to discuss the roles and division of work of mental health practitioners under the Stepped Care Model.

### **Commissioning of Study**

7. In May 2025, the Department of Social Work and Social Administration of the University of Hong Kong was commissioned to conduct a study on the Stepped Care Model. The study team conducted a review of the Stepped Care Model in four broadly comparable jurisdictions, namely England, Australia, Canada and Singapore. They also conducted a co-creation process using interviews and focus groups with a diverse range of Hong Kong stakeholders, including representatives of professional bodies, NGO service providers, peer supporters, people in recovery and carers, to examine the feasibility of the Stepped Care Model under local conditions.

8. At end-2025, after considering the study report, the ACMH recommended the Government to consider a Stepped Care Model along the following direction and principles:

- (a) Establishing a Stepped Care Model with clear stratification and division of work;
- (b) Exploring the qualification requirements of a competency-based workforce; and
- (c) Establishing well-defined implementation mechanisms for different situations.

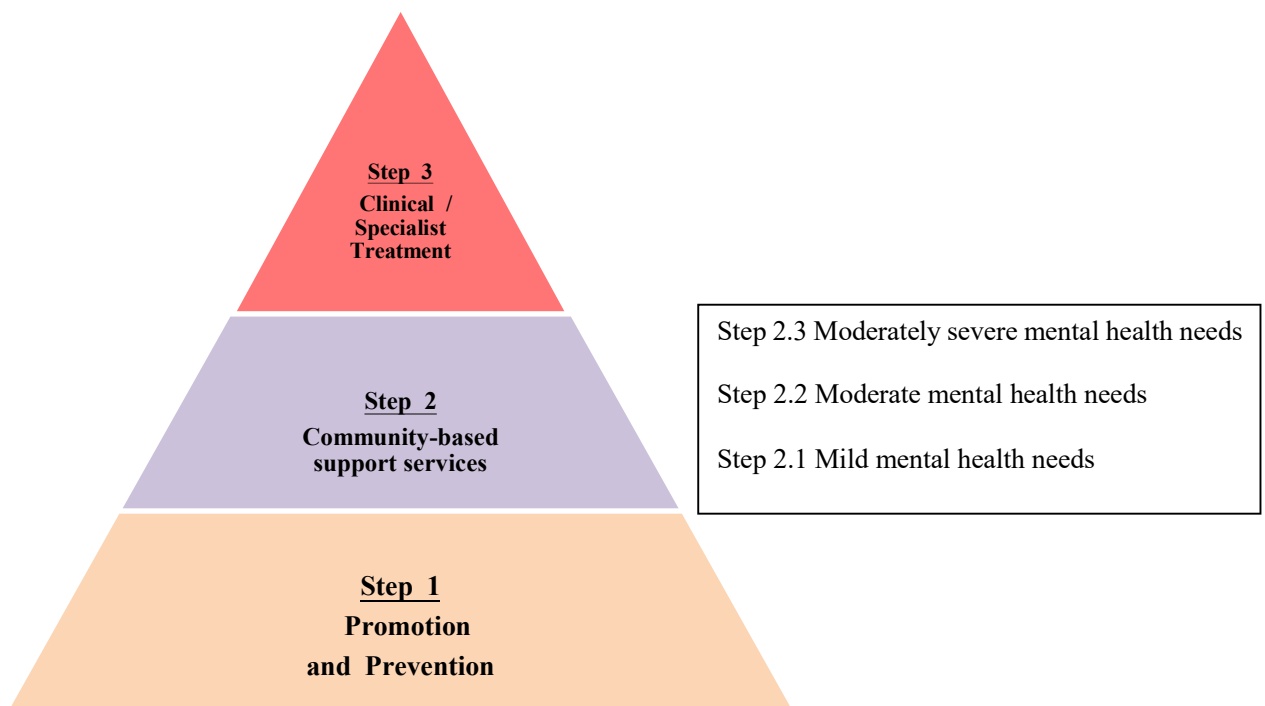
9. In the longer term, the ACMH also suggested the Government to consider the following recommendations of the study report subject to availability of resources and practical technicality:

- (a) Establishing service systems tailored to different population groups;
- (b) Establishing a Stepped Care Implementation and Standards Panel;
- (c) Intervention options grounded in up-to-date evidence in clinical effectiveness, user acceptance, and cost-effectiveness; and
- (d) Developing a digital platform to support client record management.

### **The Stepped Care Model**

10. The recommendation on “Establishing a Stepped Care Model with clear stratification and division of work” sets out the framework of a three-step Stepped Care Model. Step 1 focuses on promotion and prevention, aiming to strengthen mental health literacy to build a strong knowledge base, reduce stigma around help-seeking, and foster early recognition. Step 2 assesses

support needs according to the severity of symptoms and recommends the most appropriate care and intervention services. The aim is to provide community based interventions before specialist treatment is required, so that people with mental health needs can receive timely support before their conditions deteriorate. Step 3 is the top tier of the stepped care model. It emphasises a collaborative care model delivered by multidisciplinary teams, covering services of the HA, private psychiatrists and clinical psychologists, etc., to provide comprehensive assessment, diagnosis and treatment for individuals with severe or complex mental health conditions. The overall framework of the Stepped Care Model is illustrated in the diagram below.



11. As regards the recommendation on “Exploring the qualification requirements of a competency-based workforce”, the Working Group will make recommendations on the roles and training requirements for mental health practitioners and stakeholders at each step, including clinical supervisors, low intensity practitioners, family physicians and peer supporters, etc. Under the competency-based approach, the Stepped Care Model will set out the qualification/training requirements and roles of different mental health practitioners. For example, family physicians can provide professional referrals for persons seeking help, while also offering combined psychological and pharmacological treatments; peer supporters work alongside social workers

to support individuals facing mental health challenges throughout the intervention process. On training requirements of mental health practitioners, the ACMH will explore the establishment of a competency framework and the related implementation details.

12. The recommendation on “Establishing well-defined implementation mechanisms” sets out the entry pathways into the Stepped Care Model. Self-referrals could be made through health assessments at District Health Centres, Integrated Community Centre for Mental Wellness (“ICCMWs”), online self-assessment platforms and the MSHS. For professional referrals, family physicians, traditional Chinese medical practitioners or other primary care professionals can make referrals for individuals presenting with mental health concerns. School guidance personnel (including guidance masters/mistresses, educational psychologists, school social workers), teachers, principals can make referrals for students identified in schools. Social workers could make referrals from various community and institutional settings, including ICCMWs, Integrated Family Service Centres, medical social work units, etc. operated or subvented by the SWD. The Working Group will further examine the detailed arrangements for referral.

### **Application of the Stepped Care Model**

13. The ACMH has applied the Stepped Care Model when making aftermath arrangements to cater for the mental health needs of the affected residents of the Tai Po fire and the general public.

### **Looking ahead**

14. The Working Group will continue to deliberate on the longer term implementation work and draw up feasible plans, operational models and monitoring frameworks in accordance with the direction and principles endorsed by the ACMH, with a view to embedding the Stepped Care Model into Hong Kong’s mental health service system and to provide timely, proportionate and effective support for all in need.

### **Chapter 3 First Tier of the Stepped Care Model - Prevention and Promotion**

15. The fourth term of the ACMH continued its publicity and public education work on mental health, details of which are set out below.

#### **Impact of Screen Time and Social Media Usage on Children and Adolescents' Mental Health**

16. Technology has transformed people's daily lives. For children and adolescents, the use of electronic screens and social media could increase opportunities for social interaction and learning, but it also raises concerns about harmful information, cyberbullying, addiction, and privacy violations, posing risks to children's mental health. The ACMH believed that protecting children and adolescents in the digital age required collective responsibility, with multiple stakeholders working together to balance the risks and benefits of screen and social media use. The ACMH is discussing feasible response measures with the Government in this regard.

17. The ACMH was aware that the DH established the "Advisory Group on Health Effects of Use of Internet and Electronic Screen Products" as early as 2013, and published its report in 2014, introducing recommendations for the healthy use of the internet and electronic screen products. These recommendations were subsequently updated in 2018 with reference to the latest international guidelines. With the increasing prevalence of smart devices and social media, the ACMH recommended that the Government review and update the relevant health recommendations. The DH had briefed the ACMH on its concerns and the relevant literature. The ACMH supported the relevant work and looked forward to the DH issuing updated health recommendations in due course.

18. In response to the concerns raised by the society and the ACMH regarding the health impacts of children and adolescents' use of electronic screens and social media, the Government announced in the 2025 Policy Address the establishment of an inter-departmental expert advisory group by the DH to review the latest medical and scientific evidence

and update relevant health advice. The DH established the "Advisory Group on Health Effects of Screen and Social Media Use for Children and Adolescents" ("Advisory Group") in October 2025. Members included representatives from the DH, EDB, SWD, Digital Policy Office, Primary Healthcare Commission ("PHCC"), Hong Kong Academy of Medicine, and NGOs, who jointly participated in developing evidence-based health recommendations and offering expert opinions. The Advisory Group convened two meetings in November 2025 and February 2026 to review the latest medical and scientific evidence and to reference relevant developments and experiences in other countries and regions. The DH would consolidate expert opinions, with a view to issuing updated health recommendations on screen and social media use by children and adolescents within 2026. The DH would also continue to promote healthy lifestyles and healthy use of screens and social media to children, adolescents, and parents through various channels and media.

### **Whole School Health Programme**

19. From the 2019/20 to 2022/23 school years, the DH piloted the "Health Promoting School Programme" in 30 schools. This Programme was regularised in the 2023/24 school year and subsequently renamed as the "Whole School Health Programme" ("WSHP"), with the aim of helping schools create a healthy environment conducive to living, learning, and working. The Government announced in the 2024 Policy Address the enhancement and expansion of the WSHP to all primary and secondary schools in Hong Kong. The DH will prepare a dedicated "One School One Health Report" for each participating school and recommend targeted school-based health promotion measures to improve the physical and mental well-being of students.

20. The WSHP covers four key health themes, namely physical activity, healthy eating, mental health, and social health. With reference to the World Health Organisation's Health Promoting School Framework, the DH provides participating schools with guidelines and checklists to facilitate the systematic review and formulation of health promotion measures. In respect of mental health promotion, the DH recommends that schools establish working groups to develop relevant policies, integrate mental health into the curriculum, and put in place mechanisms for the early identification of and support for students and

teachers experiencing emotional distress, thereby enhancing their resilience. The DH also provides participating schools with health promotion activities and information, and organises inter-school sharing sessions to support the implementation of school-based health promotion initiatives.

21. To leverage cross-departmental and cross-sectoral synergies, starting from the 2024/25 school year, schools that have signed the EDB's 4Rs Mental Health Charter will concurrently participate in the WSHP and sign the Mental Health Workplace Charter. As at 30 November 2025, a total of 880 schools in Hong Kong were participating in the WSHP, representing a coverage rate of approximately 76.3% of all primary and secondary schools in Hong Kong. The DH will continue to actively promote the Programme to all primary and secondary schools in Hong Kong, with a view to realising the vision of "making every school a health promoting school."

#### **4Rs Mental Health Charter**

22. The EDB has implemented the 4Rs Mental Health Charter ("4Rs Charter") since the 2024/25 school year to facilitate schools to set practical and feasible goals and take concrete actions to implement measures that promote students' physical and psychological well-being. In the 2025/26 school year, EDB continues to promote the 4Rs Charter in schools and sets "Resilience" as the core theme, providing schools with more services, activities, and courses, thereby strengthening their capacity in providing appropriate support for students with mental health needs. As at 28 February 2026, a total of 822 public sector schools have joined the 4Rs Charter.

#### **"Shall We Talk" Mental Health Promotion and Public Education Initiative**

23. The ACMH launched the "Shall We Talk" mental health promotion and public education initiative in July 2020 with the following objectives:

- (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.

24. The “Shall We Talk” initiatives focus on increasing public engagement in mental health promotion, enhancing public awareness of mental health to encourage help-seeking and early intervention, and reducing misunderstanding and stigma towards persons with mental health needs. These initiatives fall under Step 1 of the Stepped Care Model on Mental Health, which largely builds upon and strengthens existing public education efforts.

25. A summary of the key initiatives launched since December 2023 is set out as below:

#### *Online Projects and Social Media*

26. In July 2023, “Shall We Talk” launched a one-stop thematic website on mental health ([shallwetalk.hk](http://shallwetalk.hk)) to provide the public with one-stop information and resources on mental health. As at November 2025, the thematic website has recorded over 3 900 000 page views. The thematic website launched a Chatbot in September 2022 to provide information on mental health and interactive website navigation services, and has since interacted with over 42 000 users. In November 2023, the “What animal lives inside you?” mini-game was launched to encourage mental well-being self-checks through an interactive and fun-oriented approach, recording over 360 000 views.

27. “Shall We Talk” also promotes mental health through social media platforms, including Facebook, Instagram, Threads and YouTube. Social media content featuring insights shared by key opinion leaders and experts has been published on a regular basis. “Shall We Talk” has gained over 120 000 followers across all platforms.

### *Traditional Media*

28. “Shall We Talk” collaborated with the South China Morning Post (“SCMP”) Young Post to publish a series of advisory columns for adolescents. Clinical psychologists from the DH addressed questions regarding school, family or social life that adolescents might hesitate to ask in real life, providing students with advice on topics related to mental health and emotional management. Between December 2023 and November 2025, a total of 24 articles had been published in the SCMP Young Post.

29. To echo with festivals and seasonal themes such as Father’s Day, World Mental Health Day and the back-to-school season, “Shall We Talk” published 17 feature stories during the same period in newspapers to raise public awareness of mental health.

### *Community Projects*

30. “Shall We Talk” organised the “Sleep Well Masterclass” event across various districts from October 2024 to August 2025. A total of 12 booths were set up, engaging 8 012 participants. Members of the public were able to learn about the importance of healthy sleep habits and getting sufficient sleep to physical and mental health through participating in games.

### *Campus Projects*

31. For primary schools, “Shall We Talk” collaborated with “Kids on the Block” to stage a series of educational performances to raise mental health awareness among primary school students. A total of 109 Chinese-language shows and 58 English-language shows were conducted from September 2024 to July 2025, reaching a total of 38 212 students.

32. For secondary schools, 30 athlete talks under the “Mind Gym” theme were conducted from January to July 2025. Fifteen athletes were invited to deliver sharing sessions to 8 518 students. These talks aimed to enhance students’ stress coping strategies and encourage them to embrace different emotions. Additionally, the “Learn to Refresh” tour visited 50 local secondary

schools from March to July 2025 to deepen 9 700 students' understanding of mental health.

33. For tertiary students, "Shall We Talk" organised the "Talk with the Flow 2024-25" roadshow across 11 tertiary institutions from October 2024 to April 2025. The roadshow utilised workshops and sharing sessions to promote mental health resources and the "Shall We Talk" brand to 45 560 students.

34. The ACMH will continue to closely monitor the progress of "Shall We Talk". "Shall We Talk" has reached out to people from all walks of life and disseminated mental health recommendations and help-seeking information through lively and innovative strategies. Looking ahead, the ACMH expects "Shall We Talk" to further integrate online and offline elements to deliver more comprehensive and appealing content, thereby strengthening its recognition as a trusted household brand. In addition to organising school tours that address students' mental health, "Shall We Talk" will extend its outreach to the working population. The initiative will continue to collaborate with various NGOs in organising community activities. Furthermore, "Shall We Talk" will adopt a life-course approach to promote mental health awareness across different population groups and age cohorts.

### **18111 Mental Health Support Hotline**

35. The HHB launched the MSHS in December 2023 to provide one-stop, round-the-clock support for people with mental health needs. The MSHS has the capacity of receiving calls from up to 30 lines at the same time, rendering immediate mental health support and referral services to people from all backgrounds and of all ages. To further enhance the accessibility and comprehensiveness of the service, four new features were introduced in November 2025 including instant messaging application support, multilingual support, scheduled callback and additional optional services, namely "self-help information", "support services" and "human library".

36. To cater to modern communication habits, the MSHS instant messaging application support feature enables callers to send instant messages to the MSHS and receive immediate online support from trained personnel. This feature is not only suitable for young people and persons in need who may

feel hesitant or find it inconvenient to make phone calls, but also enables individuals with hearing or speech impairment to seek assistance more conveniently, thereby enhancing the flexibility and accessibility of the service.

37. The MSHS supports 12 languages. In addition to already available Cantonese, Putonghua, and English, the MSHS has expanded to support nine ethnic minority languages, namely Hindi, Nepali, Urdu, Punjabi, Bahasa Indonesia, Tagalog, Vietnamese, Bengali, and Thai, enabling people using different languages to receive the support they need.

38. Apart from talking with staff of the MSHS, members of the public can opt to receive information on support services and guidance on stress management techniques via voice navigation or instant messaging application (under “self-help information” or “support services”), or listen to life stories shared by persons in mental recovery on ways to cope with difficult situations and their experiences in seeking help (“human library”). These options enable members of the public to have instant access to information on other support services and advice on emotional relief.

39. From the launch of the MSHS on 27 December 2023 to 30 November 2025, a total of 229 773 calls were handled and provided with immediate support, with a daily average of 326 calls. Among these, 549 cases were referred to the ICCMWs and the Integrated Family Service Centres of the SWD, the HA’s Mental Health Direct hotline and NGOs for follow up, while 23 cases of a more urgent nature required immediate referral to the Police for follow-up.

40. Following the introduction of the instant messaging application support feature, a total of 399 conversations were handled from 3 November 2025 to 30 November 2025, with a daily average of 14 conversations. Among the conversations handled, 325 were handled by instant messaging application handlers, 48 users selected “self-help information or support services”, and 26 selected “human library”.

41. The MSHS and its new features have been promoted through various online and offline platforms since November 2025 to raise public awareness of the enhanced services.

42. In response to the Tai Po fire incident in November 2025, relevant health education materials were distributed to the Fu Shan Public Mortuary and medical posts at 10 temporary shelters in Tai Po from 27 November 2025 onwards. Seven webinars were jointly hosted by the MSHS and its service provider on 27, 28 and 29 November, as well as 20, 22 and 29 December 2025, providing affected individuals with support on managing physical and emotional responses as well as introducing relevant community resources.

### **Cyber Youth Support Teams**

43. To address the needs of at-risk and hidden youths, including those with emotional instability or suicidal ideation, the SWD has since December 2018 provided subvention to NGOs to set up five Cyber Youth Support Teams (“CYSTs”) to proactively search and reach out to at-risk and hidden youth through online platforms that are popular among young people, providing support, counselling and referral to mainstream services, such as Integrated Family Service Centres, or Integrated Children and Youth Services Centres, etc.

44. The SWD further enhanced the service of CYSTs in June 2025. Through the online youth-emotional-support platform “Open Up”, CYSTs provide 24-hour real-time online counselling services for young people experiencing emotional distress and immediate crises, enabling them to receive appropriate support anytime, anywhere. The AI application of the platform has also been strengthened for more precise identification of high-risk targets in need of support.

### **Mental Health Workplace Charter**

45. As part of the "Shall We Talk" mental health promotion and public education initiatives, the DH, the Labour Department (“LD”) and the Occupational Safety and Health Council (“OSHC”) have been jointly implementing the Mental Health Workplace Charter (“MHWC”) since its launch in November 2019 to promote a mental health-friendly workplace environment. Under the MHWC, participating organisations pledge to complete a specified number of action items across two objectives, namely

promoting psychological well-being in the workplace and creating an inclusive and supportive work environment for colleagues experiencing mental health difficulties, in order to be recognised as a "Mental Health Friendly Organisation" or a "Mental Health Friendly Supreme Organisation".

46. Workplace projects, "Joyful@Healthy Workplace" programme and the MHWC, continue to promote mental health and mental health-friendly workplace environment. As at November 2025, over 920 000 employees from a total of 3 706 organisations had participated in the "Joyful@Healthy Workplace" programme, while 2 852 organisations had signed the MHWC, benefiting over 880 000 employees.

47. The promotional theme for 2025-26 is "Harmony Workplace Interpersonal Relationship". Organisations that achieve the related action items and provide supporting evidence on or before 31 March 2026 will be recognised as "Harmony@Workplace Organisations". As at mid-November 2025, over 300 submissions had been received from organisations striving to attain this recognition. Furthermore, the Government announced in the 2025 Policy Address the introduction of a "special recognition category" to commend schools and organisations that arrange a specific number of staff members to receive mental health training, such as mental health first aid.

48. In July 2025, "Shall We Talk", LD and the OSHC jointly organised the "Workplace Mental Health Award 2025-26" to recognise organisations with outstanding performance in promoting mental health in the workplace. Over 300 entries enrolled in the Award, and the shortlisted 28 organisations proceeded to on-site assessment conducted in October 2025. Based on the results of on-site assessment, organisations were presented with Gold/Silver/Bronze/Merit awards at "Workplace Mental Health Award" 2025-26 Forum and Award Presentation Ceremony on 8 January 2026.

## **Chapter 4 Second Tier of the Stepped Care Model - Community-based mental health support services**

49. The ACMH continued to discuss with the Government various enhancement measures for community-based mental health support services.

### **Mental Health Pilot Project**

50. To enhance mental health support at the primary healthcare level, the Government announced in the 2023 Policy Address the launch of the “Healthy Mind Pilot Project” (“Pilot Project”) at three District Health Centres (“DHCs”)/District Health Centre Expresses (“DHCEs”) at the community level on a trial basis to provide free initial mental health assessments for members of the public, thereby facilitating early detection and intervention for mild to moderate symptoms of depression and anxiety.

51. The Pilot Project leverages the role of DHCs as community primary healthcare hubs, making reference to the “Stepped Care Model” to provide services according to individuals’ mental health needs. This approach ensures that resources are allocated efficiently and that appropriate support is provided across a spectrum of needs, ranging from guided self-help for mild conditions to professional interventions for more severe cases.

52. The Pilot Project was launched in August 2024 at the Tuen Mun DHC, Yau Tsim Mong DHCE, and Eastern DHCE. Under the Pilot Project, trained staff of DHC/DHCEs conduct preliminary mental health assessments in parallel when performing health risk assessments for members aged 18 or above. These assessments utilise the Patient Health Questionnaire-2 (PHQ-2) and Generalised Anxiety Disorder-2 (GAD-2) screening tools to help identify members' risks of emotional distress in relation to depression and anxiety.

53. Based on the assessment results and in accordance with the established protocol, DHC/DHCE staff will advise members with mental health needs to visit service providers of the Pilot Project in the same district, where staff trained in mental health will conduct emotional assessments and provide evidence-based, low-intensity psychological therapy to those with mild to moderate symptoms of anxiety or depression through guided self-help treatment and psychoeducational group sessions, with a view to enhancing their capacity in managing their mental health. For high-risk cases identified, referrals are made to the ICCMWs or multi-disciplinary support services in the community for more comprehensive care and support.

54. As at 30 November 2025, approximately 36 500 members of the public have undergone preliminary mental health assessments at the three designated DHC/DHCEs. Including those who participated in the Pilot Project through activities organised by service providers, approximately 6 144 people have completed further assessments. Of the eligible participants who agreed to receive treatment, approximately 2 000 are currently receiving or have completed low-intensity psychological therapy. Of these, about 220 require referral to specialist or high-intensity mental health services (such as ICCMWs) for further follow-up.

55. The Government announced in the 2025 Policy Address the extension of the project to cover six more DHCs/DHCEs in 2026, further strengthening the mental health safety net at the district level.

### **Integrated Community Centre for Mental Wellness**

56. Since 2010, the SWD has established 24 ICCMWs across Hong Kong to provide one-stop, district-based support services, ranging from prevention to crisis management, for people recovering from mental illness, people with mental health needs, secondary school students, their families, carers, and local residents. These services include case counselling, therapeutic groups, and public education activities. In addition to services provided by professionals such as social workers and clinical psychologists,

peer support workers at the ICCMWs also provide support to persons recovering from mental illness and persons with mental health needs through interviews, outreach visits, group activities, and public education activities.

57. To continuously enhance services and strengthen the capacity to handle complex cases, the SWD increased social worker manpower and promoted professional training in 2024. With the addition of an ICCMW in Tung Chung in March 2026, all 25 ICCMWs in Hong Kong will launch the "Pilot Programme on Training for Mental Health Promotion Ambassador" to mobilise and train people of different ages and backgrounds to serve as "Mental Health Promotion Ambassadors". Through cross-sector collaboration (including schools, business sectors, Care Teams, community leaders, District Councillors and persons in mental recovery, etc.), the Ambassadors will advocate healthy lifestyles, cultivate resilience and build a caring and supportive network within the community.

### **Transitional Support Service for Persons in Mental Recovery**

58. For persons in mental recovery who are unable to live independently or cannot be cared for by family members, the SWD provides various types of residential care services, including long stay care homes, halfway houses, and supported hostels. Among these, halfway houses provide transitional residential care services to help persons in mental recovery, assisting them in developing their independent living skills in order to reintegrate into society.

59. To fill service gaps during the waiting period for halfway houses, the SWD launched the "Pilot Project on Transitional Support Service for Persons in Mental Recovery" in May 2022, establishing outreach professional service teams to provide transitional support to discharged persons awaiting for placement in halfway houses, thereby assisting them in transitioning smoothly to hostel accommodation and adapting to community life. The Government regularised this service in January 2026 and established three "Transitional

Support Service Teams for Persons in Mental Recovery" across Hong Kong to provide more stable community support for persons in mental recovery.

## **Peer Services**

60. Peer support is an important component of the mental recovery journey. Since 2016, the SWD has been providing peer support services by training persons in mental recovery to become peer support workers, enabling them to walk alongside service users as individuals with lived experience. This not only enhances the peer support workers' own communication skills and self-confidence, but also promotes public acceptance of persons in mental recovery journey.

61. To further develop peer support services, the SWD increased the number of peer support worker positions to 71 in October 2024 and created the rank of "Senior Peer Support Worker" to provide a clearer career pathway for practitioners. New peer support posts specifically for carers were also added to strengthen support for both persons in mental recovery and their carers.

## **Supporting Carers of Persons in Mental Recovery**

62. Carers play an indispensable role in the recovery journey of persons in mental recovery. To strengthen family caregiving functions, the SWD provides subventions to NGOs for establishing Parents/Relatives Resource Centres ("PRCs") in the territory, to provide emotional support and professional advice to the parents/relatives and carers.

63. Previously, there was one PRC in Kowloon East designated specifically for carers of persons in mental recovery, providing training programmes and mutual help groups. To expand the support network, the SWD set up in June 2025 four additional PRCs of the same nature in Hong Kong Island, Kowloon West, New Territories East and New Territories West respectively. Together with the existing PRC in Kowloon East, the

community support network for persons in mental recovery, their family members and carers has been comprehensively strengthened on a territory-wide basis.

### **Support for Ethnic Minorities**

64. The Government announced in the 2022 Policy Address the setting up of a service centre on a trial basis to provide emotional support and counselling for ethnic minorities. In December 2023, the HHB engaged a service provider to set up a service centre to provide emotional support and counselling for ethnic minorities for a period of two years. A multidisciplinary team comprising social worker, counsellors, and supporting staff proficient in ethnic minority languages provided emotional support and counselling services to ethnic minorities and referred those in need to other service platforms for additional support and/or intervention services. The provision of culturally adaptive counselling service has effectively encouraged help-seeking among ethnic minorities and enhanced their access to mental health support. The Government announced in the 2025 Policy Address the continuation of this pilot project, which has been extended for two years starting from December 2025.

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

65. Under the recommendation of the Expert Group under the ACMH, the Government launched the Pilot Scheme on New Service Protocol for Child and Adolescent with Attention Deficit Hyperactivity Disorder (“ADHD”) and Comorbidity (“Pilot Scheme”) in March 2021 to test the new service model, providing appropriate support and intervention through cross-sectoral and multi-disciplinary community professionals for children and adolescents with mental health needs. The Pilot Scheme targets children and adolescents with mild to moderate autism spectrum disorder and attention deficit hyperactivity disorder. The Pilot Scheme aims to evaluate the effectiveness and

practicability of the new service model with a view to examining whether it can enhance the capacity and sustainability of mental health service provision.

66. The first phase of the Pilot Scheme was concluded at end-July 2023, with about 1 000 children and adolescents having received intervention services. The Pilot Scheme was subsequently extended for one year to end-July 2024, during which about 500 children and adolescents received intervention services. The ACMH has been apprised of the performance evaluation results from the first phase. For conducting a more comprehensive cost-effectiveness evaluation, the Pilot Scheme has been further extended for two years until end-July 2026. The report is expected to be completed by mid-2026. As at November 2025, a cumulative total of approximately 2 500 children and adolescents had participated in the Pilot Scheme.

## **Chapter 5 Third Tier of the Stepped Care Model – Specialised Services**

67. Regarding psychiatric services, the ACMH noted that in the 2025-26 fiscal year (estimated figures up to the end of 2025), the total number of psychiatric patients receiving treatment at the HA was approximately 333 500, including inpatients, as well as patients of psychiatric specialist outpatient clinics (“SOPCs”), and day hospital. The discussion and highlights of specialist services are set out in the following paragraphs.

### **(a) Psychiatric Specialist Outpatient Services and Waiting Time**

The ACMH was highly concerned about the waiting time for psychiatric SOP services. The HA’s psychiatric SOPCs have an established triage system for new cases to ensure that patients with urgent conditions receive diagnosis and treatment within a reasonable timeframe. To ensure timely follow-up for more urgent and serious cases, psychiatric SOPCs categorise new cases into Priority 1 (urgent), Priority 2 (semi-urgent), and routine (stable) categories, based on their severity and urgency. The HA has been closely monitoring waiting time at psychiatric SOPCs. Since 2023, the HA has set additional targets for psychiatric SOPCs, namely the median waiting time for urgent and semi-urgent new cases should be no more than one week and four weeks respectively. These targets have been achieved. The HA will continue to enhance psychiatric SOPC services and improve waiting times for urgent and semi-urgent cases, including increasing the number of consultation slots, while simultaneously strengthening the Psychiatric Nurse Clinic services to ensure that patients receive follow-up care while waiting for SOPC services or follow-up appointments. During the waiting

period, if a patient's mental condition changes, the patient may return to his or her respective psychiatric SOPC for reassessment to determine whether an earlier appointment is necessary, or may seek treatment at the Accident and Emergency Department.

**(b) Mechanism for Tracking Absentee Patients**

The HA has been highly concerned about patients failing to attend scheduled psychiatric SOPC appointments. In view of the potential risks of relapse, hospitalisation, and harm to themselves or others, the HA has established a mechanism to categorise cases based on potential risks and mental health conditions, and to take appropriate measures to follow up absent patients. When a patient is absent from a psychiatric SOPC appointment, the attending doctor will review the patient's medical records on the same day and take appropriate follow-up measure(s) according to the severity of the case to ensure the patient receives appropriate treatment.

**(c) Community Support**

The ACMH believed that strengthening mental health services at the primary care level can help alleviate pressure on SOPCs and enable patients with mild mental health issues to receive early intervention and appropriate care in the community. The HA has implemented an “Integrated Mental Health Programme” across its seven hospital clusters to provide appropriate treatment at the primary care level for patients in the community with mild mental health issues (such as mild depression or anxiety symptoms). In designated family medicine clinics, the HA adopts a multidisciplinary team service model led by family medicine specialists in

collaboration with psychiatrists, providing services including individual and group counselling and pharmacotherapy, etc. Since 2021, the HA has introduced the "Co-Care Model" under the "General Outpatient Clinic Public-Private Partnership Programme" enabling stable HA specialist outpatient patients to receive ongoing chronic disease management in the community. The "Co-Care Model" is being piloted at the internal medicine, orthopaedic, and psychiatric outpatient clinics of designated clusters. Since mid-2022, the HA has invited patients with common mental illnesses (such as anxiety, depression, and adjustment disorders, etc.) who have been receiving treatment at psychiatric SOPCs for twelve months or more and were suitable for continued follow-up at the primary care level to join in the programme. The HA will continue monitoring and reviewing the effectiveness of the programme to ensure that appropriate services are provided to patients.

## Chapter 6 School-based Three-Tier Emergency Mechanism

68. In the second half of 2023, student suicide cases showed an upward trend, which was a matter of concern to the ACMH. The Government and the ACMH responded swiftly with the implementation of the School-based Three-tier Emergency Mechanism (“Mechanism”) in all secondary schools from December 2023 through inter-departmental collaboration among the EDB, HHB, and SWD. The Mechanism encourages schools, parents and relevant stakeholders to work collectively, pooling together the schools’ multi-disciplinary teams, the off-campus support network and medical services to facilitate early identification of and support for students at higher suicide risk.

- (a) First tier (in-school support): Schools, through their in-school multi-disciplinary teams, identify at an early stage students with higher risk of suicide or mental health needs, and give priority to providing them with appropriate assistance and seeking professional counselling or treatment services for them;
- (b) Second tier (off-campus support network): The Government organises an "off-campus support network" team through cross-departmental, cross-professional and cross-sectoral co-operation to enhance “external support” for schools in the short term, providing emergency support including assessment, counseling and referrals to students in need; and
- (c) Third tier (medical referral): School principals refer severe cases to the psychiatric service of the HA. Urgent cases are accorded priority. A dedicated telephone consultation hotline for school principals has been set up to provide professional advice.

69. The ACMH has been closely monitoring the implementation of the Mechanism. Schools generally considered that the Mechanism has helped them identify and refer students with higher suicide risk and with mental health needs. However, schools need more information about the Mechanism in order to make appropriate referrals to either the second tier off-campus support network teams or the third tier HA psychiatric SOPC services.

70. The ACMH provided constructive suggestions on how to support students more effectively. After reviewing the needs of schools and drawing

on the experience gained in the first year of operation, the Government announced in the 2024 Policy Address the continuation and enhancement of the Mechanism with the enhanced measures taking effect from 1 November 2024. Core of the enhancement is to streamline the division of responsibilities among the three tiers, enabling each tier to fulfil its own designated role so that limited resources can be more precisely directed to students in need.

- (a) The first tier mechanism focuses on strengthening training for school personnel and parent education, to enhance their capability for early identification and support for students with higher risk of suicide;
- (b) Under the second tier mechanism, schools no longer need to go through the EDB for referrals, and can directly contact the "off-campus support network" team coordinated by the SWD in their respective districts, thereby simplifying the referral process. After gaining an understanding of the situation of students at suicide risk, the team's social workers match and refer students or their families to other community support services as needed. From December 2023 to 31 December 2025, the second tier mechanism received a total of 664 cases from schools seeking "off-campus support", and the relevant students had been referred to the SWD's "off-campus support network" team for follow-up; and
- (c) Under the third tier mechanism, referrals are more targeted. Schools may refer students at high risk of suicide (rather than merely those with severe mental health needs) to the HA for psychiatric SOPC services. Following triage and screening, the HA prioritises urgent cases which require early treatment. Cases assessed as non-urgent (stable) can be arranged by the school to receive services under the first and second tiers mechanisms during the waiting period, ensuring that students receive appropriate support in the interim. The HA has also set up a dedicated telephone consultation hotline for school principals to obtain professional advice. Following the enhancement, the HA is able to allocate resources to attend to students with genuine urgent psychiatric needs, and strives to maintain the median waiting time for first priority cases at no more than one week and for second priority cases at no more than four weeks. From December 2023 to 31 December 2025,

the HA's psychiatric services received through the third tier mechanism a total of 478 cases referred by school principals for serious mental health needs and 195 enquiries through the telephone consultation hotline for school principals. Of the cases referred by school principals, first priority (i.e. urgent) referrals accounted for approximately 4%, and second priority (i.e. semi-urgent) referrals accounted for approximately 44%; the remainder were routine (stable) cases or cases that have already received follow-up care from the HA's psychiatric services.

71. Having confirmed that the Mechanism was operating smoothly and effectively, the Government announced in the 2025 Policy Address that the Mechanism would be regularised in secondary schools from 1 December 2025, and extended on a trial basis to upper primary schools (i.e. Primary 4 to Primary 6) from 1 December 2025 to 31 August 2026.

72. In the first month after the Mechanism was regularised (December 2025), the second tier mechanism received 30 cases from schools seeking "off-campus support"; during the same period, the third tier mechanism received 9 cases referred by school principals and 5 enquiries through the telephone consultation hotline for school principals.

## **Chapter 7 Mental Health Support Measures for Citizens Affected by the Tai Po Fire**

73. The serious fire at Wang Fuk Court, Tai Po in November 2025 had a devastating impact on the affected residents, the bereaved families, and the community. The ACMH, which is highly concerned about the incident's effect on the public's mental health, swiftly established the "Task Force on Mental Health Support Following the Tai Po Fire" to work closely with the PHCC, HA, LWB, SWD, and various NGOs. Making reference to the Stepped Care Model, the Task Force coordinated and implemented a series of mental health support measures to provide timely and appropriate assistance to those in need.

### **Prevention and Early Intervention**

74. Making reference to the first tier of the Stepped Care Model on prevention and early Intervention, the support focused on strengthening education for affected residents, bereaved families and the general public, promoting help-seeking information, and encouraging the public to pay attention to their own and others' emotional well-being.

- (a) **Mental Health Support Hotlines:** the MSHS immediately increased its manpower and enhanced staff training following the incident to address the possible emotional distress of the public arising from the incident. From 26 November 2025 to 24 February 2026, the MSHS received over 29 000 calls, of which approximately 770 were related to the fire. Its instant messaging support function also handled over 1 400 messages, of which about 50 were related to the incident. The MSHS also updated its self-service options to provide stress management techniques and information on relevant support services.

The HA's 24-hour "Mental Health Direct" hotline ("Hotline") is handled by psychiatric nurses who provide professional

advice and support on mental health matters, including risk assessment and appropriate referral to HA psychiatric services based on the caller's needs. As at 24 February 2026, the Hotline had received 111 calls related to the fire, of which 48 were from affected residents; and

- (b) **Publicity and Public Education:** The “Shall We Talk” initiative strengthened its dissemination of relevant support information and mental health messages through its website and social media platforms. It also increased the broadcast frequency of its promotional videos to raise public awareness of mental health and to encourage those in need to seek help early.

### **Assessment and Community Support**

75. At the community level, the Government, in collaboration with NGOs and the HA, proactively provided diverse assessment and mental health support services to affected residents and target groups.

- (a) **Compassionate Support Programme for Bereaved Families:** To provide in-depth support to the families of the deceased, the ACMH coordinated the one-year programme. Seven NGOs participated, namely Tung Wah Group of Hospitals, the Hong Kong Sheng Kung Hui Welfare Council, the Comfort Care Concern Group, the Samaritan Befrienders Hong Kong, The Salvation Army, St. James' Settlement, and Suicide Prevention Services. They formed multidisciplinary teams comprising social workers, clinical psychologists, psychiatrists, and counsellors to proactively reach out to bereaved families, offering free mental health support services such as bereavement counselling. As at 24 February 2026, the participating organisations had established contact with the families of approximately 153 deceased individuals;

- (b) **Project to enhance mental health support in transitional housing projects where Wang Fuk Court residents are living in:** To support Wang Fuk Court residents relocated to transitional housing, the ACMH launched this programme. In collaboration with universities and NGOs, the programme augmented mental health resources at transitional housing sites, including deploying additional mental health professionals (particularly psychiatric nurses) and setting up support stations to provide more tailored mental health services to residents. As at 24 February 2026, participating organisations had conducted preliminary mental health screenings for 339 residents living in transitional housing;
- (c) **Strengthening “Student Mental Health Support Scheme”:** The “Student Mental Health Support Scheme” operates based on a model of collaboration among the medical, educational, and social welfare sectors. To support affected students, the Government, through the Scheme, provided additional support to primary and secondary schools in the Tai Po with a relatively higher number of students residing in Wang Fuk Court. Furthermore, this scheme enhances communication and collaboration among professionals on the basis of the medical-educational-social collaboration model, helping them to identify and support students with mental health needs in school settings. Multidisciplinary teams are arranged to provide comprehensive and integrated assessments for students with mental health needs at schools. The teams formulate, implement, and review individual care plans, while convening regular case conferences to discuss progress and provide support based on integrated care plans tailored to the individual needs of students.

In the 2025/26 school year, the scheme covers 215 schools, including five primary and secondary schools in the Tai Po with a relatively higher number of students residing in Wang Fuk Court. Through the scheme, appropriate intervention services are provided for affected students with mental health needs;

- (d) **The Pivotal Role of DHCs:** The PHCC coordinated all 18 DHCs to set up a dedicated hotline from 1 December 2025, offering personalised case management services for affected residents, providing more convenient and comprehensive medical support. Services include matching residents with private family doctors and Chinese medicine practitioners for charitable consultations, assisting with the rescheduling of HA outpatient appointments and medication refills as needed, referring individuals to necessary medical, nursing, and pharmaceutical services, and providing mental health support. The services coordinated by DHCs are not restricted by geographical boundaries. For example, a DHC could assist an affected resident in transferring their HA family medicine outpatient follow-up and medication refill location from Tai Po to another district, thereby saving them from travelling across districts. As at 24 February 2026, the DHC hotlines across the 18 districts had received a cumulative total of 435 calls; and
- (e) **Extending Existing Community Services:** The Healthy Mind Pilot Project made a special service extension in response to this incident. In collaboration with all 18 DHCs/DHCEs, the initiative prioritised providing free preliminary mental health assessments for Wang Fuk Court residents affected by the fire and arranging referrals to service providers under the “Healthy Mind Pilot Project”. Following further emotional assessment, residents confirmed to have needs would receive evidence-based low-intensity psychological treatments, ensuring they receive more comprehensive care and support.

## **Specialist Intervention Services**

76. For affected residents with more severe mental health needs, the Government ensures they receive timely specialist treatment and support. The HA provides necessary medical services to affected residents and offers a full medical fee waiver arrangement until 31 December 2026, covering inpatient, family medicine and specialist out-patient (including psychiatric), accident and emergency, and Chinese Medicine Clinics cum Training and Research Centres services. As at 24 February 2026, the HA had provided services to approximately 2 000 affected residents. Furthermore, the SWD and the HA have established a mechanism to more effectively refer high-risk cases to specialist psychiatric services through the HA's 24-hour Mental Health Direct hotline.

## **Support for Frontline Workers**

77. The ACMH fully recognises that the frontline rescue and support workers are also under immense mental stress. The HA and relevant professional bodies have therefore drawn on their internal training experience to assist in training staff of social service organisations involved in providing support. This aims to enhance their understanding of disaster response and stress and their coping skills, ensuring that while they provide support to the public, they can also properly attend to their own mental health.

## **Chapter 8 Progress on implementation of the recommendations of the 2017 Mental Health Review Report**

78. To follow up on and monitor the implementation of the recommendations in the Review Report, the ACMH requested the relevant B/Ds to submit progress reports on a regular basis. As at end November 2025, 32 out of the 40 recommendations had been implemented, while the remaining 8 were being implemented. The progress of all 40 recommendations is set out at **Annex B**.

## **Chapter 9 Other Work of ACMH**

### **Community Activities**

79. During the fourth term of the ACMH, the Chairman and Members conducted multiple visits and attended community activities with a view to strengthening engagement with relevant stakeholders, with key examples including:–

- (a) Kick-off Ceremony of the MSHH (December 2023), and The MSHH : New Features Launch Ceremony (November 2025);
- (b) Castle Peak Hospital (February and April 2024);
- (c) The “dayday330” organised by New Life Psychiatric Rehabilitation Association (March 2024 and 2025);
- (d) ICCMW Joint Open Week Launch Ceremony (March 2024);
- (e) ICCMW (Wan Chai) under the Baptist Oi Kwan Social Service (March 2024);
- (f) ICCMW (Ma On Shan – Sub-base) under the Stewards (March 2024);
- (g) Post-Health Research Symposium 2024 Workshop (November 2024);
- (h) Seminar on “Student Suicides in Hong Kong and Policy Responses” organised by the City University of Hong Kong (January 2025);
- (i) Secondary School Principals’ Day 2025 organised by the Hong Kong Baptist University (February 2025);
- (j) Mental Health Fun Day in Ocean Park organised by the EDB (March 2025);
- (k) “Resilient Students Training Hub (ReST)” Celebration event organised by the Hong Kong Polytechnic University (April 2025);
- (l) Healthy School Forum 2025 organised by the Chinese University of Hong Kong (April 2025);

- (m) S+ Summit cum Expo organised by the Hong Kong Council of Social Service (May 2025);
- (n) New Phase Launch Ceremony cum Exhibition organised by JC Joyage (May 2025);
- (o) The 2025 HKCPsych International Mental Health Congress organised by the Hong Kong College of Psychiatrists (June 2025);
- (p) JC LevelMind Fest 2025 organised by Jockey Club LevelMind (August 2025);
- (q) Hong Kong International Mental Health Conference 2025 organised by Mind HK (November 2025); and
- (r) Meet with stakeholders (e.g., NGOs) to seek their views on mental health issues.

## **Chapter 10    Way Forward**

80.        The ACMH will continue to advise the Government on strengthening mental health promotion and literacy, with a view to eliminating public stigma towards mental health, encouraging persons with mental health needs to seek help at an early stage, and enhancing early identification and support at the community level.

81.        Looking ahead, the ACMH will work hand-in-hand with the Government, service providers, and the different sectors in the community to foster stronger cross-sectoral collaboration among the health, social welfare, and education sectors, and to continue building a mental health-friendly community in Hong Kong.

**Membership of Advisory Committee on Mental Health  
(1 December 2023 – 30 November 2025)**

**Chairman**

Dr the Hon LAM Ching-choi, GBS, JP

**Non-official Members**

*Healthcare Sector*

Dr CHANG Wing-chung

Dr Amos CHEUNG Chuen-yih

Dr HUNG Se-fong, BBS

Professor Patrick IP Pak-keung

Dr Carolyn KNG Poey-lyn

Professor Linda LAM Chiu-wa

Dr LAM Wing-wo

Ms Jolene MUI

Dr Peter TSOI Ting-kwok, JP

Dr Josephine Grace WONG Wing-san

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Ms CHAN Sau-kam

Mr CHUA Hoi-wai, JP

Miss Vicky LEUNG Pui-ki

Ms Rachel LEUNG Wai-ling

Mr Ricky LEUNG Wai-kay

Mr TSO Tat-ming

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Miss Angel CHAN Hoi-yi

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Dr Ferrick CHU Chung-man

Ms Shirley Marie Therese LOO, BBS, MH, JP

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Ms Barbara TONG Wing-yan

Miss Sara TONG See-pui, SC

**Ex-officio Members**

Permanent Secretary for Health or representative

Permanent Secretary for Labour and Welfare or representative

Permanent Secretary for Education or representative

Director of Health or representative



Director of Social Welfare or representative


Director (Cluster Services), Hospital Authority

Chairman, Coordinating Committee in Psychiatry, Hospital Authority

Principal Executive Manager (Health) 3A (Secretary)

Progress of Implementation of the 40 Recommendations of the Mental Health Review  
Report (Update as at November 2025)

	Advanced stage of implementation (32)
	Underway (8)

Recommendations	Present Position	Next Steps
<b>Chapter 1 – Mental Health Promotion (1 recommendation)</b>		
 <p>1. <b>Long-term strategy of mental health promotion</b> should be developed with reference to the evaluation outcome on the three-year mental health promotion campaign (i.e. Joyful@HK Campaign). Targeted public education on different mental health problems should be launched for respective age groups to promote mental wellbeing and foster a caring environment for people with mental illness.</p>	<ul style="list-style-type: none"> <li>• The first phase of the new, on-going Mental Health Promotion and Public Education Initiative, known as “Shall We Talk” was officially launched on 11 July 2020. It aims to sustain the efforts of the Joyful@HK Campaign, enhance public understanding of mental health, thereby reducing stigmatisation towards persons with mental health needs and building a mental-health friendly society in the long run. (DH, HHB)</li> <li>• A brand new, one-stop dedicated website (shallwetalk.hk) was launched on 11 July 2020 with a wealth of information on mental health, common mental health problems, treatment, help-seeking, community support, activities and story sharing etc. As at November 2025, the website has recorded over 3 910 000 hit counts. A Facebook page, Instagram account and other publicity initiatives have also been launched. (DH, HHB)</li> <li>• Under the guidance of the Advisory Committee on Mental Health(Advisory Committee), the first phase of “Shall We Talk” had been completed. The second phase commenced in August 2021, and the on-going programmes aim to encourage early help-seeking and early intervention and to reduce stigma towards people with mental health needs. (DH, HHB)</li> <li>• Apart from online publicity campaigns, a series of activities will be held in various districts during the second phase of “Shall We Talk” to promote correct mental health messages to people at different stages of life and background. (DH, HHB)</li> <li>• The Mental Health Workplace Charter was launched in November 2019 as part of the initiative. As at end November 2025, 2 800 organisations pledged to become signatories to the Charter, covering more than 880 000 employees. (DH, HHB)</li> </ul>	<ul style="list-style-type: none"> <li>• The second phase of the initiative involves the use of both traditional channels and emerging social media platforms to reach out to different sectors of the community. In addition to social media campaigns by KOL and production of videos and Government APIs, review of the Charter action items and more workplace promotions will be conducted. Production of more multi-media resources, strengthening of school engagement and enhancement of website functionality are in the pipeline. (DH, HHB)</li> </ul>

Recommendations	Present Position	Next Steps
<b>Chapter 2 – Mental Health Services for Children and Adolescents (20 recommendations)</b>		
<p>2. <b>Epidemiological studies</b> should be conducted on a regular basis to understand the state of mental health of the local population, in particular the prevalence of mental disorders among local children and adolescents. This will help inform the formulation of appropriate prevention strategies and the planning of suitable intervention programmes for children and adolescents with mental health issues.</p>	<ul style="list-style-type: none"> <li>The Research Office of the former FHB commissioned the University of Hong Kong and the Chinese University of Hong Kong to conduct the mental health prevalence surveys on youths aged 15 to 24 as well as on children and adolescents aged 6 to 17 respectively. The results of the mental health prevalence survey on youths aged 15 to 24 has been released in May 2023. The mental health prevalence survey on children and adolescents aged 6 to 17 has been completed. (HHB)</li> </ul>	<ul style="list-style-type: none"> <li>The HHB is working closely with relevant bureaux and departments to formulate targeted policies and support measures by utilising the results obtained from the two mental health prevalence surveys. (HHB)</li> </ul>
<p>3. <b>Research and development</b> of various <b>intervention programmes</b> (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 <b>efficacy studies</b> on these programmes should be encouraged and facilitated so as to enable service providers to apply applicable and evidence-based intervention programmes locally.</p>	<ul style="list-style-type: none"> <li>From May to August 2022, “Shall We Talk” commissioned non-governmental organisations to hold 20 “Parent-child Positive Communication Workshops” online. The study found that the workshops effectively enhanced the knowledge and skills of parents of kindergarten and primary school students in communicating with their children, strengthening the connection between family members, and encouraging parents to seek help in a timely manner when they encountered difficulties. (DH, HHB)</li> </ul>	<ul style="list-style-type: none"> <li>“Shall We Talk” will continue to evaluate the effectiveness of various intervention programmes. (DH, HHB)</li> </ul>
<p>4. <b>Territory-wide and targeted public education campaigns</b> should be launched and efforts sustained to enhance the awareness and understanding of the general public and the targeted groups on mental well-being and illness, the importance of self-help (e.g. stress management) skills, availability of help-seeking avenues and community resources, as well as to promote a caring and accommodating environment for people with mental illness.</p>	<ul style="list-style-type: none"> <li>Please refer to Recommendation No. 1.</li> </ul>	<ul style="list-style-type: none"> <li>Please refer to updates in Recommendation No. 1.</li> </ul>
<p>5. Noting the importance of parent-child relationship to a child’s mental well-being, the practice of positive parenting should be promulgated to all parents with a view to enhancing the emotional and social competence of children. To fill a current gap, <b>parenting programmes for parents with pre-adolescents and adolescents</b> should be developed and provided to</p>	<ul style="list-style-type: none"> <li>The EDB organised a series of seminars for parents of kindergarten and primary school students, covering themes such as fostering children’s joyful growth, cultivating their positive attitudes and resilience, and enhancing parent-child communication. These seminars were completed in 2025. In addition, with reference to the Curriculum Frameworks on Parent Education, the EDB organised parent education courses for parents of kindergarten, primary, and secondary school students in 2024 and 2025</li> </ul>	<ul style="list-style-type: none"> <li>The EDB will continue to organise parent education programmes. Parent education talk series for parents of kindergarten and primary school students will commence in the first quarter of 2026, while the parent education courses for parents of kindergarten, primary, and secondary school students will be organised in the third and fourth quarters of 2026.</li> </ul>

Recommendations	Present Position	Next Steps
<p>parents through schools, community centres and the Internet.</p>	<p>to enhance their knowledge, skills, and attitudes on positive parenting. (EDB)</p> <ul style="list-style-type: none"> <li>In the 2024/25 school year, the EDB organised Positive Parent Education Film Appreciation cum Sharing Session, as well as the “Caring for Their Heart and Soul, Growing along with Your Children” Parent Education Talk Series for parents of primary and secondary school students. These events cover topics related to mental health of children, enhancing parents’ knowledge and skills in taking care of their children’s mental health. (EDB)</li> <li>The EDB continues to implement the Positive Parent Campaign and organised the “Healthy Living, Happy Family Series” activities in 2024 to encourage parents and children to maintain physical and psychological well-being by having adequate sleep, daily exercises, participating in leisure activities, and having sufficient rest. In addition, the EDB launched the “Family Resilience Series” activities in 2025 to encourage parents and children to recognise the importance of maintaining good interpersonal relationships and building resilience, thereby enhancing their mental health. (EDB)</li> <li>The parent education website "Smart Parent Net" was revamped in March 2024 with six major themes: "Parent-child Relationships", "Character Development", "Education and Learning", "Physical and Mental Health", "Life Planning", and "Home-School Cooperation". The website provides comprehensive information to cater for the needs of different parents. (EDB)</li> </ul>	<p>(EDB)</p> <ul style="list-style-type: none"> <li>The “Caring for Their Heart and Soul, Growing along with Your Children” Parent Education Talk Series and Positive Parent Education Parent-Child Film Appreciation cum Sharing Session will continue to be organised in the 2025/26 school year. (EDB)</li> <li>In the 2025/26 school year, the EDB launches the Workplace Parent Education Programmes, offering online thematic talks during lunch break. The programme enables working parents to participate in parent education programmes at workplace, enhancing their understanding of positive parenting. (EDB)</li> <li>Content of the parent education website “Smart Parent Net” and its corresponding social media pages is updated regularly. (EDB)</li> </ul>
<p>6. Evidence-based and targeted programmes, which can be adopted locally, should be made easily accessible by parents of children and adolescents in need (for example, those encounter difficulties in parenting or managing child behaviours). These programmes would aim to enhance child mental well-being through appropriate management of child behaviours. Consideration should be given to <b>strengthening Parents/Relatives Resource Centres</b> with a view to providing more targeted support and effective training to parents through which they can be equipped to take care of their children with special needs.</p>	<ul style="list-style-type: none"> <li>To step up support for parents and relatives/carers of persons in mental recovery, four parents / relatives resource centre for persons in mental recovery were established in June 2025. The total number of parent/relative resource centres has increased from six in 2018-19 to 23 in 2025-26. (SWD)</li> </ul>	





Recommendations	Present Position	Next Steps
<p>7. Primary prevention and early intervention programmes targeting at at-risk groups such as at-risk pregnant women, teenage parents, mothers with postnatal depression, families with psychosocial needs, and pre-primary children with health, developmental and behavioural problems who are identified through <b>the Comprehensive Child Development Service (CCDS) should be strengthened</b> in order that the physical and mental health outcomes of both parents and children can be improved. Instead of adopting a family-based intervention approach, current services for teenage parents, those on illicit drugs or with severe mental disorders tend to focus more on the well-being of the mother. While protocol on assessing parenting capacity is being developed under CCDS for children under six, more measures to identify needs for facilitating early intervention for strengthening quality of care to children in accordance with their developmental needs are being developed. Consideration should be given to explore ways of strengthening the CCDS in terms of resources and programme effectiveness.</p>	<ul style="list-style-type: none"><li>• A task group formed under DH, HA and SWD has incorporated representatives from the EDB. The Parent Capacity Assessment Framework has been expanded to cover children aged 0 to 6. Guidelines for the use of the Framework were issued in April 2023. The SWD has provided social workers with training delivered by multi-disciplinary instructors to enhance their skills in applying the Framework. (DH, HA, SWD)</li></ul> <p><u>For Children of Age 0-1</u></p> <ul style="list-style-type: none"><li>• 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)</li><li>• The SWD developed the parenting capacity observation form to help the family aides to observe the care and parenting condition during the individual family aide home-based training. The observation information would be relayed to the social worker for appropriate follow up if needed. After trial use, the users' guidance note was issued to the related service units, including integrated family service centres/integrated services centres and family and child protective service units in September 2018. (SWD)</li><li>• The SWD provided training to social workers to equip them with skills to use the assessment framework in handling cases assessed under the CCDS. (SWD)</li></ul> <p><u>For Children of Age 1-3</u></p> <ul style="list-style-type: none"><li>• The task group has developed the assessment framework targeting children aged 1 to 3 for use by social workers. The compiled manual of the assessment frameworks for children aged 0 to 3 have been issued to the related service units in March 2019. The SWD provided training to social workers to equip them with skills to use the assessment framework in handling cases assessed under the CCDS. (DH, HA, SWD)</li></ul> <p><u>For Children of Age 0-under 6</u></p> <ul style="list-style-type: none"><li>• The task group has developed the Framework for children aged 0 to 6 for use by social workers. The relevant guidelines were issued to the respective service units in April 2023. The SWD has provided training for social workers to enhance their skills in applying the "Assessment Framework" to handle cases assessed under the "Comprehensive Child</li></ul>	

Recommendations	Present Position	Next Steps
	<p>Development Service". (DH, HA, SWD)</p> <ul style="list-style-type: none"> <li>To provide early identification and assistance to pre-primary children and their families with welfare needs, the Government has launched a three-year pilot scheme in year 2018-19 to provide social work service to about 150 000 preschool children and their families in more than 700 subsidised/aided pre-primary institutions, (including CCC, KGs and KG-cum-CCCs) through allocation from the Lotteries Fund. As the pilot scheme effectively identifies and supports families with welfare needs (including high-risk groups) at an early stage, social work service for pre-primary institutions has been regularised in year 2022-23. (SWD)</li> </ul>	
<p>8. A safe and nurturing social environment along with optimal nutrition during early years have strong and long-term impact on the mental and physical health of the children. For families (for example, parents with psychosis, those on illicit drugs, etc.) that cannot provide optimal and responsive care to their infants and children, overseas studies show that centre-based and high-quality <b>education-cum-care service</b> is effective in facilitating better mental health development. <b>Research and study of the applicability of similar programmes locally</b> should be considered.</p>	<ul style="list-style-type: none"> <li>The Research Office of the former FHB has commissioned the Chinese University of Hong Kong to conduct the mental health prevalence survey on children and adolescents aged 6 to 17, which revealed the usage of children mental health services and the associated risks and protective factors of child mental health problems. The study has been completed. (HHB)</li> </ul>	<ul style="list-style-type: none"> <li>The HHB is working with the research team to finalise the survey results, with a view to announcing the survey results by the end of November 2023. The HHB will work with relevant bureaux/departments to actively follow-up on the survey report and the recommendations from the Advisory Committee to consider future measures, including conducting further research on residential-based children education and care services. (HHB)</li> </ul>
<p>9. It was important to provide timely intervention on site in the school setting once special needs (e.g. relating to developmental, educational, physical and behavioural concerns) in pre-school children were identified. To enable early identification and intervention, support provided to kindergarten teachers with a view to enhancing their knowledge and skills in catering for the diversity of needs of pre-school children and identifying those at risk should be strengthened. Consideration should be given to <b>enhancing the capacity of professionals</b> (e.g. educational psychologists) to organise <b>more structured training activities and develop more teaching resources for kindergarten teachers</b> so that the kindergartens are better equipped to cater for the diverse needs of pre-school children with</p>	<ul style="list-style-type: none"> <li>Family Health Service of the DH delivers talks to in-service kindergarten teachers on identification of children with developmental problems organised by the EDB. (DH, EDB)</li> <li>The EDB has developed for KG teachers a professional development framework on catering for students with special needs. In addition to the basic and advanced levels of training, a thematic course has been introduced since the 2021/22 school year. (EDB)</li> <li>To enhance KG teachers' application of positive behavioral management principles and strategies in the classroom, the 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 173KGs have joined the Scheme since its launch in the 2018/19 school year. (EDB)</li> </ul>	<ul style="list-style-type: none"> <li>The EDB will invite professionals from the DH or the "On-site Pre-school Rehabilitation Services" funded by the SWD to deliver talks to in-service kindergarten teachers on identifying and catering for the diversity of young children. (EDB)</li> <li>The EDB will continue to provide professional development programmes for KG teachers to promote the adoption of evidence-based intervention approaches on catering for the diversity of different developmental and learning needs, as well as to foster an inclusive culture in kindergartens. The EDB will also further develop and refine the content and delivery mode of the professional development programmes for KG teachers and the teaching resources resources for</li> </ul>

Recommendations	Present Position	Next Steps
<p>psycho-social and/or behavioural problems and those at risks of developmental problems. Apart from capacity building, kindergarten teachers should be supported by professionals in identification and intervention of pre-school children with special needs.</p>	<ul style="list-style-type: none"> <li>From the 2021/22 to 2024/25 school years, the EDB has implemented the "School-based Teacher Development Project on Enhancing Kindergarten Teachers' Competence in Promoting Students' Social-Emotional Development: 3Es Project". Through professional consultation, teacher training, parent training, inter-school workshops, and experience-sharing activities, the project supports kindergartens in adopting 3Es (Early Prevention, Early Identification and Early Intervention) school-based support model developed by the EdUHK. This initiative aims at enhancing the professional competence of kindergarten teachers in fostering children's social and emotional development, with a total of 39 kindergartens have participated. (EDB)</li> </ul>	<p>addressing students' diverse needs. (EDB)</p>
<p>10. While the pre-school rehabilitation services have been substantially strengthened, <b>the existing child assessment service under DH and medical services of the HA should also be reinforced</b> 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.</p>	<ul style="list-style-type: none"> <li>The DH has been continuously enhancing the Child Assessment Service through measures such as optimising manpower and service workflows. As the service will be transferred to the HA, the HA will review service needs in a timely manner and make appropriate arrangements as required. (DH)</li> <li>In the past few years, the manpower of C&amp;A Psychiatric Service teams of the HA was strengthened by adding one additional team comprising doctors, psychiatric nurses, occupational therapists and clinical psychologists each in all clusters. (HA)</li> <li>In 2018-19, the HA recruited five additional clinical psychologists to reinforce the C&amp;A Psychiatric Service teams. In 2019-20, the HA has further enhanced the multi-disciplinary teams, including psychiatric doctors, for the C&amp;A Psychiatric Service teams in all five service clusters providing child and adolescent psychiatric services. (HA)</li> <li>In 2020-21, the HA has introduced a collaborative care model between Paediatrics and C&amp;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&amp;A psychiatric patients. (HA)</li> </ul>	<ul style="list-style-type: none"> <li>HA is developing the C&amp;A psychiatric services in Hong Kong East Cluster and Kowloon Central Cluster in phases from 2020-21. (HA)</li> <li>HA will continue to monitor the service delivery and enhance the collaboration between Paediatrics and C&amp;A Psychiatry departments as necessary and train up multidisciplinary expertise to provide better care management and timely treatment for patients with mild and stable attention deficit/hyperactivity disorder. (HA)</li> </ul>
<p>11. Schools are ideal settings for promoting and supporting mental, emotional and social well-being of school-aged children/adolescents and should be well supported to enable their meaningful participation in school programmes. Universal promotion of mental well-being</p>	<ul style="list-style-type: none"> <li>The EDB has been promoting diversified development programmes to enhance students' resilience and has introduced student guidance projects based on positive psychology concepts to help students develop a positive self-image. Since the 2019/20 school year, the EDB has been continuously refining the "Understanding Adolescent Project"(UAP) to provide better</li> </ul>	<ul style="list-style-type: none"> <li>The EDB will continue to organise the various diversified development programmes, including the Understanding Adolescent Project and the Caring Schools Award Scheme on a yearly basis. (EDB)</li> <li>The EDB will continue to review and consolidate</li> </ul>

Recommendations	Present Position	Next Steps
<p>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 <b>explore the feasibility of extending the health promoting school model</b> 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.</p>	<p>support for at-risk students. This includes enhancing the group activities and parent training under the Intensive Programme of the UAP, as well as reducing the group size for activities. In the 2025/26 school year, around 430 schools participated in the programme. (EDB)</p> <ul style="list-style-type: none"> <li>• Since the 2018/19 school year, the Caring Schools Award Scheme (the Scheme) jointly organised by the EDB with Hong Kong Christian Service and Hong Kong Association of Careers Masters and Guidance Masters has expanded to include kindergartens, so as to promote a caring school culture through public recognition of the awarded schools on their positive policies and caring school measures. In 2024, around 370 schools were awarded. (EDB)</li> <li>• Learning elements related to physical and psychological well-being of students are included in relevant curriculum. (EDB)</li> <li>• In November 2021, the EDB has launched the Values Education Curriculum Framework (Pilot Version), and strengthened elements of life education and health education (including anti-drug education, resistance to harmful substances, and promoting physical and psychological well-being). (EDB)</li> <li>• To tie in with the development direction of MVPA60<sup>1</sup>, two MVPA60 networks aiming at “Developing an Active and Healthy School Campus in Schools” continue to provide support to participating/network schools for developing school policies and action plans to encourage student participation in regular physical activities. As of the first term of the 2025/26 school year, a total of two network meetings/PDPs have been conducted for about 143 primary and 112 secondary school PE teachers respectively from more than 250 schools. (EDB)</li> <li>• The EDB has launched the “Active Students, Active People” Campaign (ASAP Campaign) in October 2021 with the aims of furthering students’ engagement in developing an active and healthy lifestyle. Different activities such as sharing by elite athletes cum sports exchange demonstration and “MVPA60 Award Scheme” have been arranged. To date, more than 420 000 students have participated in the Campaign. (EDB)</li> <li>• The DH launched a Health Promoting School (HPS) Pilot Programme in 30 schools in the 2019/20 school year and regularised the HPS Programme</li> </ul>	<p>existing resources with the school sector, and to facilitate schools to optimise the use of resources and provide students with a caring and positive campus. (EDB)</p> <ul style="list-style-type: none"> <li>• The EDB will continue the “ASAP Campaign” and the two MVPA60 networks to support schools in promoting MVPA60. (EDB)</li> <li>• The Student Health Service of the DH will compile and distribute an individualised "School Health Report and Recommendations" to each participating school of the "Whole School Health Programme" (WSHP). The health report focused on the overall health status of students in each participating school and recommended school-based health promotion measures, and to gradually expand the HPS model to all schools in Hong Kong. (DH)</li> <li>• After the review of the service model of the SMHSS, the Advisory Committee came to a consensus on the six major directions of improvement, including clearly defining programme objectives, improving case management, clarifying the roles of medical, educational and social professionals, establishing mental health coordinators in participating schools, reducing students’ refusal to services and strengthening the monitoring of the scheme.</li> <li>• The EDB is finalising the "Values Education Curriculum Framework," which is planned to be promulgated in the 2025/26 school year. Enrich the content related to life education and health education (including anti-drug education, resistance to harmful substances, and promoting physical and psychological well-being), are areas that schools are recommended to continuously strengthen. (EDB)</li> </ul>

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

Recommendations	Present Position	Next Steps
	<p>since the 2023/24 school year and renamed it WSHP, to assist schools in systematically reviewing and formulating health promotion measures related to physical activity, healthy eating, mental health and social well-being, and gradually aligns with the World Health Organization's advocacy for "health-promoting schools". The Government announced in the 2024 Policy Address the enhancement and expansion of the WSHP to all primary and secondary schools in Hong Kong. Health reports will be compiled for each participating school to recommend school-based health promotion measures. Following with the 4Rs Mental Health Charter (4Rs Charter) launched by the EDB in the 2024/25 school year, schools signing the 4Rs Charter would concurrently sign up for DH's WSHP as a Pledged School. As at 30 November 2025, 880 schools, covering approximately 76.3% of all primary and secondary schools in Hong Kong, have joined. (DH)</p> <ul style="list-style-type: none"> <li>The Student Mental Health Support Scheme (SMHSS) has been expanded to 215 schools in all five HA clusters in the 2025/26 school year to provide multi-disciplinary support to students with mental health needs in the school setting based on a medical-educational-social collaboration model. (HHB, EDB, HA, SWD)</li> </ul>	
<p>12. <b>More targeted support</b> should be provided to school-aged children/adolescents with special needs, such as those with special educational needs (SEN), behavioural issues and mental illness. <b>More structured training, seminars and talks</b> 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 <b>enhance the capacity of primary care doctors and paediatricians</b> 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 <b>enhance the capacity of multi-disciplinary professional teams in Tier 2 and Tier 3</b> which can work closely with Tier 1 to</p>	<ul style="list-style-type: none"> <li>To enhance the professional capacity of teachers in supporting students with SEN, the EDB has been organising structured training programmes pitched at basic, advanced and thematic levels (BAT Courses) for in-service teachers. Starting from the 2021/22 school year, the "Professional Development Programme for Mental Health" has been incorporated as one of the Thematic Course of the BAT Courses so as to strengthen the completeness of the BAT Courses and further equip teachers with skills to support students' mental health needs. (EDB)</li> <li>Starting from the 2019/20 school year, the LSG has been extended to all public sector ordinary schools and the unit grant rate for the tier-3 support has been increased from two times of that of tier-2 support to the current four times. Under the enhanced measure, schools have a stable teaching force and additional resources for flexible deployment to support their students with SEN (including students with mental illness). The LSG covers students with mental illness. Schools with such students are allocated with the grant to help them cater for the learning, social, emotional and behavioural needs of such students. (EDB)</li> </ul>	<ul style="list-style-type: none"> <li>The EDB will continue to provide the 60-hour Thematic Course focusing on students with mental illness so as to help teachers master the strategies for early identification of and intervention for the students with mental health needs, including those with suicidal risks. (EDB)</li> <li>The EDB will continue to monitor the utilisation of enhanced LSG to ensure the effective provision of SEN support in school (including the support for students with mental illness). (EDB)</li> </ul>

Recommendations	Present Position	Next Steps
<p>ensure continuity of care being provided to children and adolescents in need.</p>	<ul style="list-style-type: none"> <li>The SMHSS has been expanded to 215 schools in all five HA clusters in the 2025/26 school year to provide multi-disciplinary support to students with mental health needs in the school setting based on a medical-educational-social collaboration model. (HHB, EDB, HA, SWD)</li> </ul>	
<p>13. <b>Multi-disciplinary intervention approach</b> 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 <b>pilot this school-based model through collaborations of EDB, SWD and HA</b> 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"> <li>The SMHSS has been expanded to 215 schools in all five HA clusters in the 2025/26 school year to provide multi-disciplinary support to students with mental health needs in the school setting based on a medical-educational-social collaboration model. (HHB, EDB, HA, SWD)</li> </ul>	<ul style="list-style-type: none"> <li>After the review of the service model of the SMHSS, the Advisory Committee came to a consensus on the six major directions of improvement, including clearly defining programme objectives, improving case management, clarifying the roles of medical, educational and social professionals, establishing mental health coordinators in participating schools, reducing students' refusal to services and strengthening the monitoring of the scheme. (HHB)</li> </ul>
<p>14. <b>A three-year Pilot Project on Special Educational Needs Coordinators (SENCOs)</b> 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 <b>consider the way forward having regard to the outcome of the project.</b></p>	<ul style="list-style-type: none"> <li>Starting from the 2019/20 school year, all public sector ordinary primary and secondary schools have been provided with an additional teaching post for the assignment of a designated teacher to take up the role of SENCO to support the planning, coordination and promotion of the whole school approach to integrated education. (EDB)</li> <li>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 higher enrollment of students with SEN, so as to enable them to discharge their leadership duties more effectively. (EDB)</li> </ul>	<ul style="list-style-type: none"> <li>The Government will continue to monitor the deployment of SENCOs in schools and provide them with professional training and network activities, so as to enable them to discharge their leadership duties more effectively. (EDB)</li> </ul>
<p>15. To encourage help-seeking by youths who encounter, or are at risk of, mental health problems, establishment of <b>youth-friendly platforms and provision of tailor-made services for youths in need</b> (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,</p>	<ul style="list-style-type: none"> <li>The SWD subvents NGOs to operate ICYSCs, which provide services to children and youth aged 6 to 24 at neighbourhood level, including promoting mental well-being, providing support services to those with emotional and behavioural problems, and referring the more complicated cases to specialised service units as appropriate. (SWD)</li> <li>The SWD subvents NGOs to set up five CYSTs to proactively reach out to high-risk or hidden youths, including those with mental health problems,</li> </ul>	<ul style="list-style-type: none"> <li>The CYSTs will continue to establish partnerships, strategic alliances and cross-sector collaborations to address the needs and problems of at-risk and hidden youth. (SWD)</li> <li>The SWD will enhance the text counselling platform for online emotional support and the CYSTs by strengthening AI application for more precise</li> </ul>

Recommendations	Present Position	Next Steps
<p>existing local platforms for youth work could be made use of to provide youth-friendly support in the community. The platforms could serve the functions of promoting mental well-being of youths, training practitioners in handling mental health cases, facilitating early detection of mental disorders and high risk states, providing intervention programmes to address common mental health needs, arranging referrals to mental health services, etc. Consideration could also be given to <b>integrate the services provided at the youth-friendly platforms with the Early Assessment Service for Young People with Early Psychosis (EASY) programme</b> to facilitate early detection and intervention of at risk or incipient psychotic cases.</p>	<p>through online platforms commonly used by young people, as well as to provide timely intervention, counselling and referral services through online and offline means. The SWD has strengthened the supporting manpower for CYSTs since October 2021. (SWD)</p> <ul style="list-style-type: none"> <li>• The SWD further enhanced the services of Cyber Youth Support Teams (CYSTs) in June 2025. Through the online youth emotional support platform “Open Up”, CYSTs provide 24-hour real-time online counselling service for young people experiencing emotional distress and immediate crises, enabling them to receive support anytime, anywhere. (SWD)</li> <li>• EASY programme of the HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA)</li> </ul>	<p>identification of high-risk targets in need of support. (SWD)</p>
<p>16. To ensure a <b>smooth transition from pre-school rehabilitation services to school support services</b>, support should be provided to the families of children with special needs to facilitate them to access relevant services for their children during the transitional period.</p>	<ul style="list-style-type: none"> <li>• Starting from the 2018/19 school year, the EDB, SWD, CAS of DH and HA have developed a collaborative mechanism on data transfer of information, under which assessment information and progress reports of pre-school children with special needs will be transferred from CAS and pre-school rehabilitation service units operated by NGOs respectively to the primary schools before those children proceed to primary schooling for the schools’ early planning of learning support to those children. (EDB, SWD, DH, HA)</li> <li>• Starting from the 2024/25 school year, children receiving Tier-1 Support Services have been included in the mechanism, with their records transferred to the primary schools they attend to facilitate early identification of their learning needs. In addition, from 2027 onwards, the Government will provide bridging and support services during the first term of primary school for children receiving the On-site Pre-school Rehabilitation Services, to facilitate their smooth transition and prompt adaptation to primary school. (SWD)</li> </ul>	<ul style="list-style-type: none"> <li>• The Government will continue to leverage the cross bureau/department collaboration mechanism to ensure smooth transition of children with special needs from pre-school to primary school.</li> </ul>
<p>17. Special attention should be given to the mental health needs of adolescents as they enter adulthood and to ensure their <b>smooth transition</b> 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</p>	<ul style="list-style-type: none"> <li>• When patients receiving C&amp;A psychiatric services begin to enter adulthood, medical professionals of the HA will continue to provide them with C&amp;A psychiatric services. Adult psychiatric services will also be introduced to patients with referrals to allied health and social services made appropriately to facilitate patients’ transition from C&amp;A psychiatric services to adult psychiatric services with coherent services provided.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>

Recommendations	Present Position	Next Steps
<p>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 <b>developing a model for service transition from adolescence to adulthood</b> could be explored.</p>	<p>(HA)</p> <ul style="list-style-type: none"> <li>The EDB, SWD, and HA have reported the enhancement measures for services supporting the transition of adolescence to adulthood to the Advisory Committee in November 2023. HA will provide comprehensive and continuous medical services based on the conditions and clinical needs of individual adolescents to ensure a smooth transition from child and adolescent mental health services to adult mental health services for patients.</li> </ul>	
<p>18. <b>When the adolescents reach the age for adulthood, a care plan with assessment of needs should be provided</b> 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. <b>The long-term support for these groups of people throughout their adulthood would need to be separately looked into under another platform.</b></p>	<ul style="list-style-type: none"> <li>The Research Office of the former FHB has commissioned The University of Hong Kong and The Chinese University of Hong Kong to conduct the mental health prevalence surveys on youths aged 15 to 24 as well as on children and adolescents aged 6 to 17 respectively. The study revealed the use of mental health services by adolescents, the adolescent help-seeking model, and the required support and services for adolescents suffering from mental distress. The results of the mental health prevalence survey on youths aged 15 to 24 has been released in May 2023. The mental health prevalence survey on children and adolescents aged 6 to 17 has been completed. (HHB)</li> </ul>	<ul style="list-style-type: none"> <li>The HHB is working with the research team to finalise the survey results, with a view to announcing the survey results by the end of November 2023. The HHB will work with relevant bureaux/departments to actively follow-up on the survey report and the recommendations from the Advisory Committee to consider future follow-up actions. (HHB)</li> </ul>
<p>19. Capacity building is the key to ensure the smooth operation of the 3-tier stepped care model for supporting children and adolescents with mental health issues. <b>Supply should be ensured and training strengthened</b> for care professionals at each and every tier of the model, such that they have the necessary strength and expertise to identify, treat, handle and help those in need through professional training and continuing education. The target groups to be trained include not only parents and teachers, but also healthcare practitioners (including psychiatrists, paediatricians, family doctors, etc.), social care professionals and other caregivers in the community.</p>	<ul style="list-style-type: none"> <li>Mental health is a key theme of the DH's WSHP. The DH recommends schools to formulate and implement health promotion policies and guidelines, and establish mechanisms for early identification and support of students with emotional distress, providing appropriate assistance and referrals. The Student Health Service of the DH organises online and outreach health talks for parents, as well as training sessions for teachers, to enhance their awareness of mental health. In addition, the Student Health Service has launched a thematic webpage titled "Emotional Health Tips" to promote mental health information to the public. (DH)</li> <li>CAS and Family Health Service of the DH are providing training to the Community Paediatric trainees. CAS is also the major accredited training institution for Developmental-Behavioural Paediatricians under the Hong Kong College of Paediatricians and the Hong Kong Academy of Medicine and is providing teaching and clinical attachment to allied health professionals. (DH)</li> <li>Despite the continuous increase in the demand for services provided by the</li> </ul>	<ul style="list-style-type: none"> <li>Student Health Service of the DH will continue promulgating information on mental health of children and adolescents to parents, teachers, and the public through the WSHP and various channels. (DH)</li> <li>CAS and Family Health Service of the DH will continue to provide training to the Community Paediatric trainees. (DH)</li> </ul>

Recommendations	Present Position	Next Steps
<p>20. There is a need to build the first tier of the stepped care model and strengthen the second so that effective prevention and gatekeeping at the primary care level (by families, schools as well as health and social care professionals) are in place to prevent unnecessary escalation of cases to the upper layers. <b>Strengthening of training</b> (for example, developmental behavioural paediatric subspecialty) and <b>provision of relevant module under the existing reference framework</b> 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 <b>feasibility of using public-private partnership</b> 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 <b>development and promotion of evidence-based parental training/family support programmes and rehabilitation training programmes</b> for reference by service providers outside the Government.</p>	<p>CAS, the CAS faces difficulties in recruiting doctors. As at March 2026, there were 13 doctor vacancies. (DH)</p> <ul style="list-style-type: none"> <li>The module on development under the “Reference Framework for Preventive Care for Children in Primary Care Settings” was released in September 2018. It aims to help primary care doctors in the assessment and management of children with developmental problems (including mental and psychological issues) in their daily practice. (HHB)</li> </ul>	<ul style="list-style-type: none"> <li>When exploring new public-private partnership programmes, the HA will align with the Government’s healthcare policies, including the development direction of primary healthcare, and adhere to the principle of strategic purchasing of healthcare services. A range of factors will be considered, including the changing service demands, the potential complexity of the initiatives, the affordability and adaptability of the private sector, as well as the impact on public healthcare manpower and private healthcare charges. The HA will continue to communicate with the public and patient groups and work closely with relevant stakeholders to review the effectiveness of existing initiatives in a timely manner, and to explore the need and feasibility of implementing other public-private partnership initiatives. (HA)</li> </ul>
<p>21. There is also a need to <b>enhance communication and interface between different layers of the 3-tier model</b> to ensure the provision of holistic and integrated child and adolescent mental health services for those in need, and that each layer is equipped with the appropriate expertise in reasonable strength to provide the right level of care and make the necessary referral.</p> <p>The <b>existing communication and coordination platforms</b> among the Department of Health (DH), the Hospital Authority (HA), the Education Bureau (EDB), the Social Welfare Department (SWD) and non-governmental organisations (NGOs) <b>should be</b></p>	<ul style="list-style-type: none"> <li>Please refer to updates in Recommendation No. 20.</li> </ul>	<ul style="list-style-type: none"> <li>Relevant B/Ds will continue to leverage the cross-bureau/departmental collaboration mechanism to identify and refer high-risk cases at an early stage.</li> </ul>

Recommendations	Present Position	Next Steps
<p><b>strengthened</b> with a view to articulating a clear pathway and common language of care and support mechanism based on the tiered model. <b>Common monitoring tools and statistical databases should be developed</b> to enable schools and medical/social care institutions to keep track of children and adolescents with developmental or mental health issues as they migrate from childhood to adulthood, in order to provide them with the necessary support and intervention.</p>		
<p><b>Chapter 3 – Mental Health Services for Adults (6 recommendations)</b></p>		
<p>22. To further enhance the support for patients with SMI in the community, HA should conduct a review on the <b>ratio of case manager to patients with SMI</b> with a view to <b>improving the ratio from the current 1:50 to around 1:40</b> 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 <b>enhance the peer support services</b> by strengthening the manpower of peer support workers and expanding the coverage of the services in all districts by phases. Regular review of the <b>caseload for professional staff in Integrated Community Centres of Mental Wellness (ICCMWs)</b> is also essential to ensure the provision of quality services.</p>	<ul style="list-style-type: none"> <li>• The review on the service model and manpower of the Community Psychiatric Services (CPS) was completed in December 2017. The enhanced service model of CPS has been implemented in all clusters. (HA)</li> <li>• Since 2015-16, the HA has introduced the peer support element to the Case Management Programme to enhance community support for patients by phases. A total of 22 full time equivalent peer support workers have been recruited. (HA)</li> <li>• The HA has further improved the case manager to patient ratio in phase to achieve the target ratio of 1:40. An additional 72 case managers have been recruited from 2018-19 to 2022-23 by phases. HA has also recruited an additional 66 case managers in 2023-24 and 2024-25 to optimise the case manager-to-patient ratio to no more than 1:40. (HA)</li> <li>• The SWD has implemented the 2-year Pilot Project on Peer Support Service in Community Psychiatric Service Units since March 2016. The service has been regularised in March 2018 with the number of peer supporter positions increased. (SWD)</li> <li>• In October 2024, the SWD increased the number of peer support worker positions from 40 to 71, created the rank of senior peer support worker, and extended peer support worker coverage to include carers of persons in mental recovery, thereby strengthening support for both persons in mental recovery and their carers. (SWD)</li> <li>• In April and October 2024, the SWD, through measures including increasing the number of social workers and promoting their professional</li> </ul>	



Recommendations	Present Position	Next Steps
	<p>training, enhancing ICCMW services. (SWD)</p> <ul style="list-style-type: none"> <li>The SWD has set up an additional ICCMW in Tung Chung in March 2026 to further strengthen the district mental health support network. (SWD)</li> </ul>	
<p>23. To further enhance early detection and intervention of early psychosis during the first three critical years of illness, consideration should be taken to <b>extend the EASY programme</b> so that it can cover all new cases of first episode psychosis by phases.</p>	<ul style="list-style-type: none"> <li>EASY programme of the HA provides referral, assessment and treatment services for patients aged between 15 and 64 for the first three critical years of illness. (HA)</li> <li>The HA has reviewed the service model of the EASY programme and has reported to the Advisory Committee in November 2021. (HA)</li> <li>The HA provide more appropriate treatment for eligible patients aged 26-64 through the integration of the EASY programme and community psychiatric services. (HA)</li> </ul>	<ul style="list-style-type: none"> <li>The HA will continue to monitor the service integration of the EASY programme and community psychiatric services. (HA)</li> </ul>
<p>24. Based on the evaluation outcome of the pilot service model of Kwai Chung Hospital for patients with CMD, HA should take steps to <b>enhance the multi-disciplinary teams and strengthen the psychiatric SOP service</b> in other clusters so that the services of the enhanced CMD clinics could be rolled out to all clusters by phases.</p>	<ul style="list-style-type: none"> <li>The CMD clinic with enhanced multi-disciplinary support has been launched in Hong Kong East, Kowloon East, Kowloon West, New Territories (NT) East and NT West clusters by phases since 2015-16. (HA)</li> </ul>	<ul style="list-style-type: none"> <li>The HA will continue to monitor the provision of psychiatric SOP services to provide better support for patients with CMD. (HA)</li> </ul>
<p>25. To reduce the waiting time and enable more effective and efficient use of psychiatric specialist service of HA which should focus on handling more complicated cases, HA should <b>explore the feasibility of introducing a public-private partnership (PPP) arrangement</b> for downloading suitable patients with care plans to private medical practitioners for on-going management of stabilised CMD cases. HA should work out the service delivery model of pilot CMD PPP as early as possible with a view to rolling out the CMD PPP by 2018.</p>	<ul style="list-style-type: none"> <li>In mid-2022, the HA has introduced the Co-care Service Model in psychiatric outpatient clinics based on the GOPC Public-Private Partnership Programme to provide an option for SOPC patients with stable conditions to receive private primary healthcare services in the community. (HA)</li> <li>By the end of June 2025, 116 eligible family doctors (139 service points) and 63 patients have participated in the service. (HA)</li> </ul>	<ul style="list-style-type: none"> <li>The HA will continue to maintain close communication with stakeholders from different sectors, explore ways to optimise the service model and report to the Advisory Committee in a timely manner. (HA)</li> </ul>
<p>26. To facilitate the successful implementation of CMD PPP, the <b>role, capacity and expertise of primary healthcare professionals</b> 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</p>	<ul style="list-style-type: none"> <li>The HA has been engaging community stakeholders for educational activities to keep healthcare professionals involving in mental health care abreast of the knowledge and skills to manage patients with CMD. (HA)</li> <li>The HA has organised relevant Continuing Medical Education Programme in June 2022 to enhance the qualifications of family doctors and provide medical services to patients with CMD. (HA)</li> </ul>	<ul style="list-style-type: none"> <li>The HA will continue to engage community stakeholders for educational activities with a view to increasing the number of family doctors providing medical services to patients with CMD. (HA)</li> </ul>

Recommendations	Present Position	Next Steps
downloaded/discharged from the psychiatric specialist service of HA.		
<p>27. To <b>clear up the waitlist of patients with learning disability</b> for admission to Siu Lam Hospital, HA should enhance the manpower, including nursing staff and allied health professionals following the opening of the new ward which has provided additional beds in Siu Lam Hospital.</p>	<ul style="list-style-type: none"> <li>Additional 20 beds were provided in Siu Lam Hospital in December 2016 and manpower was subsequently strengthened. The waitlist has been cleared. As at November 2025, the HA provides a total of 520 beds in Siu Lam Hospital for relevant services. (HA)</li> </ul>	
<b>Chapter 4 – Dementia Support Services for the Elderly (10 recommendations)</b>		
<p>28. <b>Public education should be strengthened</b> 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>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 <b>added to the</b></p>	<ul style="list-style-type: none"> <li>認知障礙症, which is considered to have the least stigmatising effect, is used by the Government.</li> <li>The Elderly Health Service of the DH provides services to enhance the awareness of elderly persons and their carers as well as the general public about the importance of mental health and the prevention and management 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)</li> <li>The SWD launched a three-year public education programme, titled the Dementia Friendly Community Campaign, in September 2018 to enhance the public’s understanding of dementia and encourage members of the society to support and care about elderly persons with dementia and their carers. The campaign includes commissioning the Hong Kong Alzheimer’s Disease Association to assist in organising “Dementia Friends” Information Sessions, production of television and radio Announcements in the Public Interest, setting up a thematic webpage, co-producing with the Radio Television Hong Kong a television docudrama series on dementia, organising a Highlight Event and district-based activities and screening of the film “CareNin”, etc. The Dementia Friendly Community Campaign was accomplished in March 2023. Relevant elderly service units have been continuously promoting information on dementia awareness and organising activities to support dementia patients and their carers. In addition, the Government launched the "Information Gateway for Carers" in November 2023 to provide the public with easier</li> </ul>	<ul style="list-style-type: none"> <li>The second phase of the Initiative include utilising both traditional channels and emerging social media platforms to reach out to all sectors of society. In addition to the social media campaign of key opinion leaders, production of videos and government APIs, the action items of the Mental Health Workplace Charter will be reviewed and more workplace promotions will be carried out. The production of more multimedia resources, the strengthening of school participation and the enhancement of website functions will also be carried out. (HHB, DH)</li> </ul>

Recommendations	Present Position	Next Steps
<p><b>curriculum to increase the right exposure of young people to dementia.</b></p> <p>To reduce stigma associated with dementia, it is necessary to promote consensus on the adoption of a common Chinese nomenclature of the disease. Among all commonly-used Chinese nomenclatures, the Expert Group recommends <b>the adoption of 認知障礙症</b>, which is considered to have the least stigmatizing effect.</p>	<p>access to relevant information. (SWD)</p>	
<p>29. To facilitate service planning, <b>territory-wide prevalence studies of dementia</b> 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.</p>	<ul style="list-style-type: none"> <li>The Research Office of the former FHB has commissioned The Chinese University of Hong Kong to conduct the mental health prevalence survey on elderly persons aged 60 and above. The survey includes the study on the prevalence of dementia. The survey has been completed. (HHB)</li> </ul>	<ul style="list-style-type: none"> <li>HHB is working closely with relevant bureaux/departments to utilise the survey results to formulate targeted policies and support measures. (HHB)</li> </ul>
<p>30. A common reference should be developed to support primary care professionals on the diagnosis and management of dementia. The Hong Kong Reference Framework for Preventive Care for Older Adults, developed by the Task Force on Conceptual Model and Preventive Protocols under the Working Group on Primary Care, consists of a core document supplemented by a series of different modules addressing various aspects of disease management and preventive care. A <b>dedicated module on dementia is recommended</b> to promote international best practices and support</p>	<ul style="list-style-type: none"> <li>The module on cognitive impairment under the “Hong Kong Reference Framework for Preventive Care for Older Adults in Primary Care Settings” was released in September 2017. The module elaborates on the assessment and management of older adults with cognitive impairment in primary care settings. (HHB)</li> </ul>	

Recommendations	Present Position	Next Steps
<p>decision-making by healthcare professionals in primary care on the diagnosis and management of dementia.</p>		
<p>31. The role of primary care in the provision of dementia care should be enhanced through capacity building. Detection and diagnosis of suspected cases and management of stable cases are two important functions of primary care in the provision of dementia care. Early identification and referral of complicated cases to specialist services by primary care is to be encouraged at the stage when there is a possibility of beneficial intervention. <b>Systematic training</b> 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 <b>explore the possibility of public-private partnership in the provision of dementia care</b> by referring stable cases of dementia to private GPs. The enhancement of the role of primary care professionals in the provision of dementia care will reduce dependence on specialist care and allow scarce resources to be used optimally. Having a strong foundation of primary care will allow the dementia care pyramid to function effectively.</p>	<ul style="list-style-type: none"> <li>The Research Office of the former FHB has commissioned The Chinese University of Hong Kong to conduct the mental health prevalence survey on elderly persons aged 60 and above. The survey includes understanding the risk factors of elderly individuals with dementia, the utilization rate of dementia-related services, and effective methods to promote mental health. The survey has been completed. (HHB)</li> </ul>	<ul style="list-style-type: none"> <li>When exploring new public-private partnership programmes, the HA will align with the Government's healthcare policies, including the development direction of primary healthcare, and adhere to the principle of strategic purchasing of healthcare services. A range of factors will be considered, including the changing service demands, the potential complexity of the initiatives, the affordability and adaptability of the private sector, as well as the impact on public healthcare manpower and private healthcare charges. The HA will continue to communicate with the public and patient groups and work closely with relevant stakeholders to review the effectiveness of existing initiatives in a timely manner, and to explore the need and feasibility of implementing other public-private partnership initiatives. (HHB, HA)</li> </ul>
<p>32. The <b>capacity of specialist services in HA should be strengthened</b> 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</p>	<ul style="list-style-type: none"> <li>The Research Office of the former FHB has commissioned The Chinese University of Hong Kong to conduct the mental health prevalence survey on elderly persons aged 60 and above. The survey includes studying the prevalence of dementia, disease burden, care costs, and the utilisation rate of related services to gain an initial understanding of the mental health service needs of the elderly. The survey has been completed. (HHB)</li> <li>In the past few years, the HA has increased the manpower of the psychogeriatric outreach service team to meet the mental health needs of</li> </ul>	<ul style="list-style-type: none"> <li>The HA will continue to monitor the provision of specialist services and strengthen the capacity of specialist service as necessary to provide appropriate support to patients with dementia. (HA)</li> </ul>

Recommendations	Present Position	Next Steps
<p>psychological symptoms of dementia (BPSDs) which is complex). It should also <b>review the caseload and profiles of patients and refer patients with mild or moderate dementia</b> to the primary care setting so as to spare specialists with more time for handling complicated cases. It will also reduce the waiting time of specialist services and ensure that the right level of care will be given to patients in need promptly.</p>	<p>the elderly, including those with dementia. (HA)</p>	
<p>33. There is also a need to <b>increase the supply of healthcare manpower and strengthen their training. Training for healthcare and social care providers</b> 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 <b>training programmes provided by the education sector</b> 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. <b>Regular on-the-job training</b> should be mandated for healthcare and social care professionals to ensure their continuing competence.</p>	<ul style="list-style-type: none"> <li>• The SWD, in collaboration with the DH, regularly organises training for professional staff (including social work staff, nursing staff and allied health professionals, such as physiotherapists and occupational therapists) as well as nonprofessional staff (including care workers and health workers) of elderly service units to enhance their knowledge of dementia and to strengthen their skills in caring for elderly persons with dementia. (SWD, DH)</li> <li>• The SWD has allocated additional resources to all subvented elderly centres and day care centres/units for the elderly (DEs/DCUs) since October 2018 for enhancing staff training on dementia. (SWD)</li> <li>• Day Care Centres/Units for the Elderly subsidised by the SWD regularly organise training sessions for staff to enhance their understanding of dementia and improve their skills in handling related cases. (SWD)</li> </ul>	
<p>34. <b>Social care infrastructure should be strengthened</b> 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</p>	<ul style="list-style-type: none"> <li>• The Visiting Health Teams (VHTs) of DH, comprising nurses, dietitians, occupational therapists, physiotherapists and clinical psychologists, reach out into the community and Residential Care Homes for the Elderly (RCHEs) to deliver on-site training for carers, provide advice on environmental improvement measures tailored to the specific situation of each RCHE, as well as provide training to staff of the RCHEs on the skills relating to the management of elderly persons with dementia. VHTs also conduct talks and seminars for frontline staff of different bureaux/departments and organisations of the public sector, as well as members of the public to enhance their understanding of the needs of</li> </ul>	

Recommendations	Present Position	Next Steps
<p>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>	<p>patients with dementia. (DH)</p> <ul style="list-style-type: none"> <li>• The SWD has allocated additional resources since October 2018 for strengthening manpower in all Neighbourhood Elderly Centres (NECs) to facilitate early detection of elderly with dementia and enhance public education as well as the support services for elderly persons with dementia and their carers. Additional resources will be allocated to all DEs/DCUs and home care service teams to increase manpower and further strengthen the care for the elderly with dementia and the support for their carers. (SWD)</li> <li>• The SWD has allocated additional programme resources since October 2018 to all DECCs and NECs to organise education activities in the district or neighbourhood level in order to raise public awareness of dementia, with carers as one of the target groups. (SWD)</li> <li>• The Dementia Friendly Community Campaign was launched in September 2018 with the setting up of a Thematic Webpage. Among other things, the Thematic Webpage includes updates of dementia-related activities at 11 SWD districts involving multi-disciplinary stakeholders through the coordination of District Coordination Committee on Elderly Services which can enhance liaison and exchange of information on dementia. The Dementia Friendly Community Campaign was accomplished in March 2023. Relevant elderly service units have been continuously promoting information on dementia awareness and organising activities to support dementia patients and their carers. In addition, the Government launched the "Information Gateway for Carers" in November 2023 to provide the public with easier access to relevant information. (SWD)</li> <li>• Day Care Centres/Units for the Elderly and Home-based Community Care subsidised by the SWD have been providing appropriate support services for elderly persons with dementia and their carers. (SWD)</li> </ul>	
<p>35. There is a need to <b>enhance medical-social collaboration and further integrate the delivery of healthcare and social care interventions</b> to provide patient-centred support. The implementation of an integrated community care and intervention model for mild or moderate dementia will allow mild or moderate cases of dementia to be managed at the community level through enhanced medical-social collaboration.</p>	<ul style="list-style-type: none"> <li>• Dementia Community Support Scheme (DCSS) has been regularised in February 2019 and expanded to all 41 DECCs and 7 HA clusters in Hong Kong in May 2019. The “Dementia Community Support Scheme” provides support services to over 2 000 elderly persons and their carers each year. From April 2020 to March 2025, the Scheme has cumulatively served over 8 900 elderly persons. (HHB, HA, SWD)</li> <li>• To facilitate elderly persons with dementia to remain in the community for</li> </ul>	



Recommendations	Present Position	Next Steps
<p>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 <b>a pilot scheme should be designed to test the feasibility of the care model.</b></p>	<p>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>	
<p>36. End-of-life care and palliative care in the community setting should be promoted to minimise unnecessary and repeated hospitalisation. The concept of advance care planning and advance directives should be further promoted so that elderly persons, irrespective of whether they suffer from dementia and their families know about their options, could plan ahead according to their own wishes and values if circumstances so permit. <b>End-of-life and palliative care including the option to “die in place with dignity” should be studied</b> for elderly persons, irrespective of whether they suffer from dementia, having regard to the socio-economic characteristics of our population and economy, as well as the legal and practical issues involved in the Hong Kong context.</p>	<ul style="list-style-type: none"> <li>To plan and further improve the quality and sustainability of HA's palliative care services and to cope with increasing demand, HA formulated the "Strategic Service Framework for Palliative Care" in 2017 to guide the development of palliative care services in the HA and formulate strategic directions for improving palliative care services ACP, AMDs and related end-of-life care services which are primarily provided in palliative care, oncology, and geriatrics. The Advance Decision on Life-sustaining Treatment Ordinance was passed at the Legislative Council meeting on 20 November 2024 and gazetted on 29 November 2024. It establishes the relevant legal framework for Advance Directives and Do-Not-Attempt Cardiopulmonary Resuscitation (DNACPR) orders, and provides legal protection for patients, healthcare professionals and rescuers, thereby enabling patients with advanced illness to enjoy greater autonomy. During an 18-month preparation period, the HA is updating relevant guidelines, records and systems, and providing necessary training for frontline staff. Advance care planning, advance medical directives and related end-of-life care services are primarily implemented in palliative care, oncology, and geriatrics specialties. The HA will assist patients in making Advance Directives when discussing Advance Care Planning with them. The HA will continue to promote Advance Care Planning and Advance Directives through staff training and various educational initiatives, with a view to progressively incorporating Advance Care Planning as part of end-of-life care services for more patients with serious illnesses. (HHB, HA)</li> <li>In respect of community support, Community Geriatric Assessment Teams (CGATs), led by geriatricians of the HA, pay regular visits to residential care homes for the elderly (RCHEs) to provide multidisciplinary medical and nursing care for frail residents who are unable to attend specialist outpatient clinics due to complex health problems and poor functional and mobility status. CGATs also collaborate with palliative care teams and RCHEs to implement the end-of-life care programme for residents with</li> </ul>	<ul style="list-style-type: none"> <li>The public consultation report on legislative proposals on advance directives and dying in place was published in July 2020. Relevant legislative work is under way. (HHB)</li> </ul>

Recommendations	Present Position	Next Steps
	<p>terminal illnesses in RCHEs. The scope of service covers advance care planning and training for RCHEs staff, with the aim of enhancing the quality of care in RCHEs. Through Medical Social Collaboration, HA collaborates with community partners to strengthen the community support for terminally ill patients living at home, including psychosocial support, health assessment and symptom management. (HA)</p> <ul style="list-style-type: none"> <li>Life and death education and end-of-life care (e.g. counselling and psychosocial support for carers) in the community are provided by Contract Homes, 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)</li> <li>From September 2017 onwards, all planned new Contract Homes have been equipped with End-of-Life (EOL) care, so that residents can face the approaching of death with dignity and peace in familiar surroundings. The first batch of five contract RCHEs equipped with EOL care rooms is expected to commence service in the 2025-26 and 2026-27 financial years, providing a total of 800 subsidised and non-subsidised places. As for the existing 50 Contract Homes, they all provide professional and systematic end-of-life care services for residents in accordance with their service agreements with the SWD. Contract Homes may also flexibly utilise or convert available rooms within their premises into specially designed care rooms or isolation rooms to provide end-of-life care services. (SWD)</li> </ul>	
<p>37. <b>Support for carers should be enhanced.</b> This includes providing them with structured and accessible information, skills to assist in caring, respite to enable engagement in other activities so that they can continue in their role effectively. Most care for persons with dementia is provided by informal, unpaid family carers who include spouses and adult children. The support of families and informal carers plays an important part in enhancing the quality of life of persons with dementia. The responsibilities of informal carers can exact a high price on their physical and emotional health. The development and provision of a range of programmes and services (say, through NGOs) to assist family carers and reduce their strain should be encouraged. Information including understanding the characteristics</p>	<ul style="list-style-type: none"> <li>Carers of elderly persons with dementia are currently supported through the provision of carer training, the Pilot Scheme on Living Allowance for Carers of Elderly Persons from Low Income Families, and the provision of respite service for elderly persons, including day respite service and residential respite service. Starting from October 2023, the SWD has regularised the Living Allowance for Carers of Elderly Persons from Low Income Families. The Social Welfare Department continued to implement the “Scheme on Living Allowance for Carers of Elderly Persons from Low-income Families”. From programme regularisation to March 2025, a total of 5 929 carers have benefited. (SWD)</li> <li>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)</li> <li>To enhance the capacity of foreign domestic helpers in taking care of</li> </ul>	

Recommendations	Present Position	Next Steps
<p>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. <b>Applying innovative technology in the provision of dementia care services</b> (for example, using Apps to provide information and tools that can facilitate carers to take care of persons with dementia) should also be encouraged to enhance the carer support.</p>	<p>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)</p> <ul style="list-style-type: none"> <li>• The SWD has allocated additional resources to all subvented elderly centres and the home care services teams in the territory since October 2018 to enhance outreaching services for supporting needy carers living in the community and looking after frail elderly persons, including elderly persons with dementia. (SWD)</li> <li>• The government launched the \$1 billion Innovation and Technology (I&amp;T) 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)</li> <li>• In 2024-25, the Government injected an additional \$1 billion into the I&amp;T Fund to enhance subsidies for eligible elderly and rehabilitation service units to procure, rent or trial technology product, as well as to expand the scope of the I&amp;T Fund to cover technology products suitable for household use. Eligible service units can apply for funding to purchase suitable technology products for lending to the elderly, persons with disabilities, and their carers for home use, with the aim of improving their quality of life and alleviating carers' pressure. (SWD)</li> <li>• The government has expanded the applicability of the Community Care Service Voucher (CCSV) Scheme for the Elderly to the rental of assistive technology products in September 2023 to improve the quality of life of the elderly and to relieve the stress of caregivers. (SWD)</li> <li>• The government has expanded the service scope of elderly centres in October 2023 to promote gerontechnology, enabling the elderly to access and learn to use a wider range of gerontechnology. (SWD)</li> <li>• The Visiting Health Teams (Visiting Teams) of the DH are composed of nurses, nutritionists, occupational therapists, physiotherapists and clinical psychologists. The Visiting Teams will liaise with the community and residential care homes for the elderly to provide on-site training for carers and propose improvement measures for the living conditions of residential care homes. Training will be provided to the staff caring for the elderly</li> </ul>	

Recommendations	Present Position	Next Steps
	<p>with dementia in residential care homes. In addition, the Visiting Teams organises different types of talks and seminars for frontlines staff from different bureaux/departments, public organisations and the public to enhance their understanding of the needs of people with dementia. (DH)</p> <ul style="list-style-type: none"> <li>• SWD has allocated additional resources since October 2018 for strengthening manpower in all Neighbourhood Elderly Centres (NECs) to facilitate early detection of elderly with dementia and enhance public education as well as the support services for elderly persons with dementia and their carers. Additional resources will be allocated to all DEs/DCUs and home care service teams to increase manpower and further strengthen the care for the elderly with dementia and the support for their carers. (SWD)</li> <li>• 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)</li> <li>• Elderly centres and home care service teams subsidised by the SWD strengthen support for carers of frail elderly persons (including those with dementia) living in the community through outreach services. (SWD)</li> <li>• SWD has extended the “District Services and Community Care Teams – Scheme on Supporting Elderly and Carers has extended to 18 districts across the territory” in April 2025, with Care Teams helping identify elderly persons and carers in need, and providing them with care and support services, including referring eligible elderly persons and Persons with Disabilities for installation and use of Emergency Alarm System (commonly known as “Safety Bell”, and referring needy cases to social welfare service units for follow-up. (SWD)</li> <li>• The SWD actively expanded the day respite service network for elderly persons. In addition to day care centres/units for the elderly, private RCHEs participating in Enhanced Bought Place Scheme from December 2023 and some recognised service providers under the “Community Care Service Voucher Scheme for the Elderly” from December 2024 will also provide day respite services for elderly persons in need. At present, the number of day respite service points across all districts in Hong Kong has significantly increased to over 350, offering more than 670 places, enabling elderly persons, their families, and carers to access appropriate care and support more comprehensively. (SWD)</li> <li>• Since September 2023, the Government has extended the scope of the Community Care Service Voucher Scheme for the Elderly to cover the</li> </ul>	

Recommendations	Present Position	Next Steps
	<p>rental of 12 types of assistive technology products to enhance the quality of life for the elderly and relieve carers' stress. As at the end November 2025, more than 2 100 products have been rented to elderly persons using the vouchers. (SWD)</p> <ul style="list-style-type: none"> <li>• Elderly centres subsidised by the SWD organise various activities, such as seminars and workshops, to keep the elderly up-to-date with technology and encourage them to learn and use more age-friendly technology products, such as smartphones, tablets, and applications. (SWD)</li> <li>• Elderly centres, elderly day care centres/units, and home care services subsidised by the SWD have been providing appropriate support services to elderly persons with dementia and their carers. Additionally, elderly centres organise community-level educational activities to raise public awareness of dementia. (SWD)</li> </ul>	

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

<p>38. The existing “conditional discharge” mechanism and the CTO have a common objective in that both seek to protect the health and safety of the patient and others in the community by way of mandatory treatment. However, the limited scope of patients to which the “conditional discharge” mechanism is applicable, as well as the prerequisite for pre-determined condition(s) under which a patient is released from hospital, has rendered it inefficacious in some scenarios. To further safeguard the health and safety of the patient and others in the community, it is recommended that <b>HA should conduct a review on the “conditional discharge” mechanism</b> to strengthen the existing “conditional discharge” mechanism.</p>	<ul style="list-style-type: none"> <li>• The HA has conducted a systematic review and analysis of the “Community Treatment Order” and has reported the preliminary review results to the Advisory Committee in July 2023. (HA)</li> <li>• In December 2023, the HA established clear internal clinical guidelines and organised online seminars to provide training and education for healthcare professionals. (HA)</li> <li>• The HA has enhanced support for patients under “conditional discharge” and their carers by providing information booklets outlining the concept, rights, and responsibilities of “conditional discharge(CD)”. (HA)</li> <li>• HA has established review period for the CD cases where professional assessments based on patients’ violence risk condition are conducted through the multidisciplinary case conference mechanism every 1 to 2 years. (HA)</li> </ul>	<ul style="list-style-type: none"> <li>• To follow up the recommendations of the recent judicial review case on a conditional discharge patient (24 November 2025), HA will explore the feasibility on the below aspects: <ul style="list-style-type: none"> <li>- to revise the conditional discharge forms to ensure that the conditionally discharged patients are fully informed of their or their relatives’ right to make an application to the Mental Health Review Tribunal for review;</li> <li>- to review the conditional discharge pamphlet, to emphasise to the conditionally discharged patients and their relatives of their legal rights;</li> <li>- to review HA’s internal guidelines. (HA)</li> </ul> </li> </ul>
<p>39. From overseas experience, the successful implementation of CTO requires adequate community mental health support in both the medical and welfare sectors. Community support services such as social rehabilitation would be necessary not only for patients</p>	<ul style="list-style-type: none"> <li>• Please refer to updates in Recommendation No. 22. SWD has implemented the 2-year Pilot Project on Peer Support Service in Community Psychiatric Service Units since March 2016. The service has been regularised in March 2018 with the increase in the number of peer supporter positions. In October 2024, the SWD increased the number of</li> </ul>	<ul style="list-style-type: none"> <li>• Please refer to updates in Recommendation No. 22.</li> </ul>

Recommendations	Present Position	Next Steps
<p>themselves, but also their family members and carers. The Review Committee agrees that an adequate level of community mental health support is essential before patients with mental illness are discharged into the community so it is recommended that HA should <b>improve the ratio of case manager to patients</b> for better community support.</p>	<p>peer support worker positions from 40 to 71, created the rank of senior peer support worker, and extended peer support worker coverage to include carers of persons in mental recovery, thereby strengthening support for both persons in mental recovery and their carers. (SWD)</p>	
<p>40. While the Review Committee considers that the introduction of CTO in Hong Kong is not appropriate at this moment, it suggests that the Government monitor the review of the “conditional discharge” mechanism and the enhanced Case Management Programme service, the prevalence of concrete evidence on the efficacy of CTO, as well as the public sentiment on patient management, and invite the standing advisory committee on mental health to <b>re-visit the applicability of CTO in Hong Kong when needs arise.</b></p>	<ul style="list-style-type: none"> <li>• Please refer to updates in Recommendation No. 38.</li> </ul>	<ul style="list-style-type: none"> <li>• Please refer to updates in Recommendation No. 38.</li> </ul>

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### List of abbreviations

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