



September 2009

**Community Support Services for Ex-mentally Ill Persons  
Panel on Health Services and Panel on Welfare Services  
Joint Meeting on 30 September 2009**

**– Submission from the Equal Opportunities Commission –**

**Purpose**

1. The Equal Opportunities Commission's (EOC) is invited to provide information on the provision of support services for ex-mentally ill persons in the community. Views set out in our paper (LC Paper No. CB(2)2097/08-09(04)) previously submitted to the Panel on Welfare Services in July this year still stand. This paper presents EOC's two further comments on the matter, namely inadequate mental health information systems and a need for a comprehensive mental health policy.

**Inadequate mental health information systems**

2. Mental health services, including community support services for the ex-mentally ill persons, should be formulated based on a thorough knowledge of the population, including its needs and demands for services. Mental health information systems that are disconnected from general health information systems would negatively impact on planning of mental health services. It is noted, however, in a Chapter Highlights of the 2005/06 edition of the Hong Kong Population Health Profile Series, the most updated version available from the Department of Health (DH) website, that:

*“Mental health is an important part of our overall well-being. **We do not have a comprehensive data collection system for mental illnesses.** From surveys, we know that depression and anxiety disorder are prevalent in Hong Kong. While the Population Health Survey (PHS) 2003/04 reported that about 1.5% and 2.0% of the population aged 15 and above reported being told by a doctor that they suffered from depression and anxiety disorder respectively, the prevalence of doctor diagnosed schizophrenia was lower at about 0.2%. The PHS further indicated that 3.6% of the population aged 15 and above had seriously considered suicide and about 1.4% had made an attempt in the preceding 12 months. There is a noticeable rise in suicide rates among the middle-aged. For all mental and behavioural disorders,*

*enhanced community recognition and early intervention are important to reduce the burden of the diseases.”*

3. A basic prerequisite for planning provision of any service is having a profile of the service recipients. It is difficult to envisage how mental health services to address the needs of those requiring them can be planned effectively without such a profile. It is perhaps the root cause for the deficiencies in our community support services for ex-mentally ill persons as pointed out in our previous submission. These deficiencies, to recap, include inadequate residential care services, inadequate staffing and insufficient support services for families and carers.

4. Depression is well known as one of the major causes of suicide worldwide. While PHS 2003/04 reported that about 1.5% of the population aged 15 and above reported being told by a doctor that they suffered from depression, it further indicated that 3.6% of the population aged 15 and above had seriously considered suicide and about 1.4% had made an attempt in the preceding 12 months. One may question why the percentage of suicide attempt almost equals the percentage of those diagnosed with depression and why the percentage of suicide ideation among our population is much higher than those diagnosed with depression.

5. These discrepancies, in our opinion, point to the general direction that the actual number of persons suffering from depression could in fact far exceed the number of those diagnosed with the disorder. If the Government plans its depression-related community support services based on the number of persons diagnosed with the disorder, which is most likely to be the case, resources thus allocated would unlikely be sufficient due to the underestimation.

6. Accordingly, the EOC is of the view that a more comprehensive data collection system for mental illnesses and a more accurate set of population mental health profile are urgently needed in order for the Government to effectively plan its mental health services, including community support services.

### **A comprehensive mental health policy is needed**

7. The EOC would like to take this opportunity to reiterate that mental health is not purely a health sector issue and a comprehensive mental health policy for Hong Kong is needed.

8. Mental health is influenced by a number of macroeconomic factors (e.g.

poverty and education) which fall outside the direct responsibility of the health sector. Policies that address employment, education, housing, economics, urban planning, social welfare and criminal justice should be formulated in a way that promotes mental health. Failure to consider the importance of wider civil, political, economic, social and cultural rights for people with mental illnesses will reduce the positive effects, and, therefore, outcome of sound mental health policy and services. Government policies and legislation outside the health sector, on the other hand, have the potential to negatively or positively influence the population's mental health. Any attempts to improve mental health must therefore consider and make appropriate changes to these policies.

9. The Working Group on Mental Health Services (the Working Group) formed in August 2006 to review the existing mental health services and to map out the long-term development of mental health services is chaired by the Secretary for Food and Health and comprised of professionals providing psychiatric and rehabilitation services, academics and representatives of Hospital Authority and the Social Welfare Department. The composition of the Working Group reflects that the government is approaching the issues from a health and welfare perspective.

10. The EOC considered that approaching mental health issues solely from health and welfare perspective is inadequate. We suggest the Government should consider inviting more representatives from other sectors (e.g. education, criminal justice, employment and service users, etc.) to join the Working Group so as to facilitate the formulation a more comprehensive response to mental illnesses.

11. Last but not least, the EOC would like to remind that with the implementation of the Race Discrimination Ordinance the Government should take into account all forms of population diversity (e.g. language, culture and religion) when formulating its mental health policy so as to ensure appropriate access and treatment for all groups.

*Equal Opportunities Commission*  
*September 2009*