

Mental Health Policy and Services

Panel on Health Services

16 June 2014

Submission from the Equal Opportunities Commission

Purpose

This paper aims to provide views of the Equal Opportunities Commission (“EOC”) on the enhancement of mental health services.

Background

2. There is no health without mental health. According to the United Nations Convention on the Rights of Persons with Disabilities (“CRPD”), “persons with disabilities” not only include those who have long term physical impairments, but also those with mental impairments. Up to the end of December 2013, 205,400 patients with varying degrees of mental health problems received psychiatric services provided by the Hospital Authority (“HA”).

3. The CPRD protects and promotes the equal enjoyment of human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.¹ While the CPRD has been applicable to the Hong Kong Special Administrative Region (“HKSAR”) since 31 August 2008, the mental health policy and related services provided in Hong Kong are still inadequate to serve the needs of service users and their family members, which makes the realisation of the rights of persons with disabilities enshrined in the CPRD questionable.

¹ Article 1, The United Nations Convention on the Rights of Persons with Disabilities (“CRPD”).

Inadequate medical services

4. Under article 25 of the CPRD, State Parties should recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability, and should provide persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as provided to other persons. However, the implementation of this article of the CPRD in the HKSAR faces challenges from the shortage of services and manpower, as well as unsatisfactory interface between primary care and public psychiatric services.

5. The HA adopted the Mental Health Service Plan for Adults in 2011 which is a framework to guide the mental health services for adults in the years 2010-2015. Under this Plan, patients with severe or complex mental health needs will be provided with co-ordinated multi-disciplinary specialist care in appropriate hospital settings. For patients with less severe or less complex needs, including those with common mental disorders, they will receive specialist-supported care in the community including primary care settings.

6. In spite of the efforts made by the HA, there is still a wide gap between demand and supply of services due to a shortage of mental health professionals. The overall median waiting time for first appointment at psychiatric specialist out-patient clinics under the HA has increased from six weeks to eight weeks from the year 2011-2012 to 2013-2014 (as at 31 December 2013).² The long waiting time is no surprise given that the number of psychiatric patients treated by the HA has increased by 10% over the past three years, but the related manpower at the HA has not increased correspondingly.³ While psychiatric nurses has grown by almost 10% for the same period of time, the increase in the number of

² Food and Health Bureau (2014). Administration's reply to Hon MAK Mei-kuen, Alice's initial written question in Examining Estimates of Expenditure (2014-2015) (Reply Serial No.: FHB(H) 168). Available from http://www.legco.gov.hk/yr13-14/english/fc/fc/w_q/fhb-h-e.pdf [Accessed 6 June 2014].

³ At the end of 2013, there are about 337 doctors (including psychiatrists), 2,368 psychiatric nurses and 540 allied health professionals providing various in-patient, out-patient and outreach psychiatric services under the HA.

psychiatric doctors and allied health professionals⁴ providing psychiatric services under the HA is merely 1% and 3% respectively.⁵

7. There are only 4.7 doctors serving every 100,000 population in the public sector in Hong Kong. This ratio is far lower than the median rate of 8.59 psychiatrists per 100,000 population in the high income countries, according to a WHO survey.⁶

8. Moreover, the Government closed all evening out-patient clinics for mental patients (“evening clinic”) in 2005 due to the low utilization rate. However, according to a survey on mental health service users conducted by Society for Community Organization in 2011, about 80% of the 350 respondents said that they had to attend medical consultations on their own, and half of the respondents indicated that the closure of the evening clinic had negative impact on their work, income and image as they had to take leave at daytime to attend medical consultation.

9. Persons with mental illness not only need mental health services, their physical health should also be properly looked after. At present, there are seven long stay care homes providing residential care for chronic mental patients aged 15 or above who are in stable or controlled medical and mental conditions. The whole population of Hong Kong is aging, so as persons with mental illness. Half of the service users of the long stay care homes aged 60 or above as at the end of December 2012. However, elderly staying in long stay care homes have not been able to benefit from the Community Geriatric Assessment Service provided to other elderly people by the HA.

10. Currently, the HA’s Community Geriatric Assessment Teams provide outreach medical consultation and after care services to residents of the residential care homes for the elderly. However, long stay care homes provides services to persons with chronic mental illness of different ages

⁴ Allied health professionals include psychiatric medical social workers, clinical psychologists and occupational therapists

⁵ See note 2.

⁶ World Health Organisation (2011). World Mental Health Atlas 2011.

and are characterized as mental health facilities rather than residential care homes for the elderly. Hence, the residents of these long stay care homes will not be able to enjoy the same standard and range of health care services provided to those living in residential care homes for the elderly. There should be better interface between hospital service and community care service for these chronic mental patients.

Integration into the community

11. The international trend for mental health care is to gradually shift the focus from inpatient and bed-based psychiatric services to community and ambulatory services. According to Article 19 of the CPRD, the equal right of all persons with disabilities to live in the community should be protected and State Parties should take effective and appropriate measures to facilitate their full enjoyment of this right and their full inclusion and participation in the community. Since 2001, the HKSAR Government has launched a number of initiatives to improve community support services for persons with mental illness and discharged mental patients, in order to help them improve their social adjustment capabilities for early and better re-integration into the community. Again, the constraints in resources including land, manpower and residential care places become barriers against integration of service users into the community.

12. For instance, the Case Management Programme is one of the initiatives. Under the Programme, personalized and intensive support will be provided to service users by case managers according to users' needs. However, each case manager takes care of about 40 to 60 users on average. Such heavy workload will affect the quality of mental health services being provided.

13. The expansion of the Integrated Community Centres for Mental Wellness ("ICCMWs") to all 18 districts across the territory has also encountered difficulties such as the lack of permanent site and opposition from local residents and community leaders. Five ICCMWs are still pending permanent accommodation and some of which are operating in

premises of their service organizations or commercial premises as temporary service points, which hinders the provision of full services.

14. Moreover, the shortfall of residential places for persons with mental illness is acute. As at the end of December 2012, the average waiting time for halfway house is 8.4 months.

Discrimination and unemployment

15. Article 5 of the CPRD requires all signatories to prohibit all discrimination on the basis of disability and to guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds. In Hong Kong, discrimination on the ground of a person's mental illness is unlawful under the Disability Discrimination Ordinance ("DDO") (cap. 487). For the past three years from 2011 to 2013, the EOC received an average of 95 complaints of disability discrimination on the ground of mental illness each year. That means, on average, 20% of the complaints received under the DDO are related to this type of discrimination during the past three years. On average, around 60% of complaints investigated are related to employment.

16. Discrimination against and stigma attached to mental illness will prevent persons to seek help until a crisis occurs, which in turn, further stamp the stigma on persons with mental illness and a vicious circle will continue. Those suffering from mental health conditions will find themselves excluded from various aspects of life which will lead to a downward spiral of unemployment, poverty, family problems and deteriorating mental and physical health.

17. Even though article 27 of the CPRD provides that the signatories should recognize the right of persons with disabilities to work on an equal basis with others, and should take appropriate steps to safeguard and promote the realization of the right to work, the high unemployment rate of persons with mental illness in Hong Kong is alarming. According to the

Survey conducted in 2006-2007 by the Census and Statistics Department⁷, the unemployment rate of persons with mental illness/mood disorder and ex-mentally ill persons was 14%, while the overall unemployment rate for the Hong Kong population in 2007 was 4%.

Participation in public life

18. Article 29 of the CPRD provides that State Parties should ensure persons with disabilities can effectively and fully participate in political and public life on an equal basis with others. The HKSAR Government has set up a Mental Health Service Review Committee in 2013 with a view to promoting mental health, and strengthening support for persons with mental illness. The initial membership of the Review Committee did not include any service users and persons in recovery. It is only after the repeated efforts of the service user groups and Non-Government Organisations that the HKSAR agreed to include one representative of the service users into the Review Committee. The EOC urges the Government to engage service users and persons in recovery in the formulation of mental health policy, in order to develop a comprehensive mental health policy that really suits the needs of the users. Engaging persons with mental illness and respecting their views in the policy making and monitoring process are also important aspects of ensuring that persons with mental illness enjoy equal opportunities in Hong Kong.

Statistics and data collection

19. A comprehensive mental health policy requires accurate and timely information to form its basis for planning. Therefore article 31 of the CRPD provides that “States Parties undertake to collect appropriate information, including statistical and research data, to enable them to formulate and implement policies to give effect to the present Convention.”

⁷ Census and Statistics Department (2008). Special Topics Report No. 48 – Persons with disabilities and chronic disease. Available from <http://www.censtatd.gov.hk/hkstat/sub/sp380.jsp?productCode=C0000055>. [Accessed 6 June 2014].

20. The HA does not have statistics on the estimated number of persons with mental illness in the territory. Neither does it have statistics on the number of psychiatric patients who are new arrivals, ethnic minorities or sexual minorities. Even the HA's Mental Health Service Plan for Adults 2010-2015 is based on estimates of the number of people with mental disorders from the rate worldwide in a World Health Organisation report. In the absence of a thorough knowledge of the mental health profile of the population, it is difficult for the Government to formulate effective policies and provide adequate manpower and services to meet the actual demand.

21. The Food and Health Bureau has commissioned the first territory-wide mental health study, The Hong Kong Mental Morbidity Survey 2010-2013, to examine the prevalence of mental disorders in Hong Kong. The Government should commission regular surveys and set up a comprehensive database, including data of the ethnic minorities and other minority groups, to provide reliable data for policy planning.

HKSAR Mental Health Policy for All

22. Hong Kong's mental health services have been focused on mental illness rather than mental health. It has been HA based and focused too much on either piecemeal solutions to address specific problems or simply medication and treatment. More attention should be paid to prevention, public education and inclusion. Therefore, the EOC believes that the HKSAR Government should map out a comprehensive and long term Mental Health Policy to promote and improve the mental health of the people of Hong Kong as a whole, with strategies to address age-specific mental health problems. The Government should also map out long-term manpower plans in relation to the training of mental health professionals.

Setting up a central coordination body – Mental Health Commission

23. Mental illnesses are believed to result from a complex interaction among social, economic, psychological and biological/genetic factors. Treatment of mental illness requires more than a medical solution.

24. At present, the Food and Health Bureau assumes the co-ordinating role of the various bureau and departments involved in providing services for persons with mental illness. However, a comprehensive mental health policy can be formulated and implemented effectively if a high-powered central coordination body is in command and be accountable for the mental health policy as a whole.

25. The Government should consider setting up a high-powered and broad based Mental Health Commission, preferably chaired by the Chief Secretary for Administration, who should proactively co-ordinate and monitor the formulation and implementation of both policies and action plans related to mental health services. In this way, the Government can truly adopt a multi-sectorial and co-ordinated approach to provide integrated and accessible community health support services to persons with mental illness, their families and carers and residents living in the community.

Equal Opportunities Commission
June 2014