

(Translation)

Minutes of the 3<sup>rd</sup> Meeting of  
Social Welfare Committee (2/24-25)

Date : 8 July 2024  
Time : 2:30 p.m.  
Venue : Main Conference Room, Tsuen Wan District Office

Present:

Mr CHU Tak-wing, MH (Chairman)  
Ms LAM Yuen-pun (Vice Chairlady)  
Ms WONG Shuk-fan, Luparker  
Mr KOO Yeung-pong, MH  
Mr NG Chun-yu  
Mr CHOW Sum-ming  
Ms CHEUNG Man-ka, Marcella  
Ms CHAN Shun-shun  
Mr MOK Yuen-kwan  
Mr TSANG Tai  
Mr FUNG Cheuk-sum  
Ms WAH Mei-ling  
Mr WONG Kai-chun  
Mr KOT Siu-yuen, MH  
Mr CHENG Chit-pun  
Mr LAU Chung-kong

Government Representatives

Mr KWAN Chun-kit, Eric	Assistant District Officer (Tsuen Wan), Tsuen Wan District Office
Ms YUEN Mo-kuen, Monita	Assistant District Social Welfare Officer (Tsuen Wan/Kwai Tsing)3, Social Welfare Department
Ms CHEUNG Mei-yee	Social Work Officer 1 (Planning & Coordinating), Social Welfare Department
Miss CHONG Yin-fai	Social Work Officer 3 (Planning & Coordinating), Social Welfare Department

Tsuen Wan District Council Secretariat Representatives

Mr LIM Kuen	Senior Executive Officer (District Council), Tsuen Wan District Office
Miss LEUNG Wai Ching, Clementine (Secretary)	Executive Officer (District Council)1, Tsuen Wan District Office

In Attendance:

For discussion of item 3

Dr NGUYEN Desmond

Hospital Chief Executive, Kwai Chung  
Hospital

For discussion of item 4

Mr KWAN Cho-chi, Blanka

Senior Social Work Supervisor,  
Caritas Wellness Link - Tsuen Wan

I Opening Remarks and Introduction

The Chairman welcomed Members and representatives from government departments to the 3<sup>rd</sup> meeting of the Social Welfare Committee (SWC).

2. The Chairman said that no Member had submitted an application for absence from this meeting.

3. The Chairman stated that according to the requirements stipulated in the Tsuen Wan District Council Standing Orders, if a District Council (DC) Member found that he/she had any direct personal or pecuniary interests in a discussion item or relevant matters when attending a meeting of the Council or dealing with matters related to the Council, the DC Member should declare the interests. The Secretariat had not received any declaration of interests prior to this meeting. The Chairman enquired whether Members had to make declarations of interests immediately. No Member made a declaration of interests immediately.

II Item 1: Confirmation of Minutes of the 2<sup>nd</sup> Meeting held on 6.5.2024

4. The Chairman said that the Secretariat had not received any proposed amendment prior to this meeting. The Chairman enquired whether Members had to put forth proposed amendments immediately. No Member put forth a proposed amendment immediately. Members unanimously endorsed the captioned minutes.

III Item 2: Matters Arising from the Minutes of the Previous Meetings

5. The Chairman said that there were no matters arising from the minutes of the previous meeting.

IV Item 3: Discussion on Mental Health Services in the District

(TWDC SWC Paper No. 2/24-25 & No. 3/24-25)

6. The Chairman said that the Kowloon West Cluster of the Hospital Authority (HA) submitted the paper. The representative from the department attending the meeting was Dr NGUYEN Desmond, Hospital Chief Executive (HCE), Kwai Chung Hospital (KCH).

7. HCE of the KCH introduced the paper.

8. The views and enquiries of Members were summarised as follows:
  - (1) a Member enquired whether the KCH had provided mental health services catering for the needs of students; and
  - (2) a Member enquired about the actions that members of the public should take when they came across persons who behaved erratically and were suspected of having mental health problems in public places, and wished to gain a better understanding of the outreach services provided by the KCH. In addition, the Member hoped that the KCH would provide examples of cases in which persons in mental recovery had re-integrated into the community successfully.
  
9. HCE of the KCH responded as follows:
  - (1) the Government had implemented the Three-Tier School-based Emergency Mechanism. In the third tier, school principals could refer students with severe mental health needs to the psychiatric services provided by the hospitals or clinics under the HA. In addition, the HA had set up a telephone consultation hotline specifically for school principals, with a view to providing them with professional advice. The enquiries which had been received via the hotline included requests for information on mental health and crisis handling procedures. Also, there were a few urgent cases involving students who were advised to be sent to the accident and emergency (A&E) department for further handling by the healthcare professionals of the psychiatric unit at the hospital;
  - (2) under the Student Mental Health Support Scheme and the Child and Adolescent Mental Health Community Support Project, working teams comprising clinical psychologists, nurses and social workers would visit the participating schools and, together with school staff and school social workers, provide educational and social support services for students. The service targets of the aforesaid schemes included both patients and non-patients at hospitals. If students required further emotional support, it was recommended that they should be referred to the psychiatric specialist outpatient clinics under the HA for further follow-up;
  - (3) the KCH had cooperated with various organisations, such as MINDSET, which was a registered charitable institution established by the Jardine Matheson Group. For the past 20 years, MINDSET had provided resources for the KCH and had organised the Health-in-Mind (HIM) Programme with the clinical psychologists and social workers of the KCH to promote mental health education at the school level. Rather than adopting a case management approach, the HIM Programme directly reached out to different targets in schools, including teachers, students and parents. In the HIM Programme, information on mental health was promoted through talks and various kinds of activities to enhance the psychological resilience of participants as well as their ability to cope with stress, and to educate them about how to maintain a positive attitude in the face of adversity;
  - (4) some users of mental health services who were neither classified as urgent nor assessed as in need of hospitalisation might still perform some

behaviours that the general public would find it difficult to understand even when they had a good mental state on normal days. If members of the public came across persons with erratic behaviours and held that there was imminent danger, they should leave the scene immediately and seek for assistance from the Police. Under normal circumstances, members of the public should avoid casting strange looks at persons suspected of having mental health problems, or acting in a provocative manner which might further affect their emotions;

- (5) the KCH would handle cases correspondingly based on their level of urgency, including cases referred from the Integrated Community Centres for Mental Wellness (ICCMWs) and received from direct calls to the hospital hotline. For cases requiring mental health services received through other means (such as referrals from the Police), the KCH would try to contact the relevant persons or conduct outreach services under the circumstances that the privacy of the patients would not be affected; and
- (6) the number of admissions to the KCH was approximately 440 per month. Most of these admissions were patients who had already had a record of medical consultation at the KCH, including those admitted through the A&E department or the outpatient clinics. The effectiveness of case handling involving patients with mental illness could not be evaluated solely by the number of hospital admissions. Regardless of whether the patients received treatments from outpatient clinics or through hospital admissions, the KCH would provide them with the most appropriate services and treatment options. Each case would be discussed and followed up by a professional healthcare team.

10. The views and enquiries of Members were further summarised as follows:

- (1) a Member enquired whether the family members of a patient with mental illness could compel the patient to receive treatment at the hospital if the patient was not willing to do so, and what information the family members should provide to the hospital; and
- (2) a Member enquired whether a basic introduction to the relevant mental health services could be provided to members and volunteers of the District Services & Community Care Teams (the “Care Teams”) so that the Care Teams would disseminate the relevant information to residents during home visits.

11. HCE of the KCH further responded as follows:

- (1) the Mental Health Ordinance (Cap. 136) stipulated the relevant regulations regarding compulsory hospital admission and treatment for patients with mental illness. There must be two doctors and a judge, or a relative, a doctor and a judge involved in the assessment of and the decision on whether compulsory hospitalisation was necessary. The relevant mechanism was practised in the A&E departments of hospitals and psychiatric specialist outpatient clinics. If the family members considered that the patient might need to be admitted to the hospital for treatment, they could take the patient

directly to the A&E department which was stationed with psychiatric doctors or nurses. They would offer their views to the doctors of the A&E department and conduct assessment on whether it was necessary for the patients with mental illness to be admitted to the hospital compulsorily or whether voluntary admission to the hospital for treatment could be recommended to such patients;

- (2) if the family members of a patient with mental illness encountered critical situations or were under threats, they should call the Police for help immediately and take the patient to the nearest A&E department. In non-critical situations, the family members should accompany the patient to the outpatient clinic and inform the doctor of the patient's condition. If the patient did not want to go to the clinic in person, the family members could still go to the outpatient clinic to consult a doctor on their own. The doctor could therefore learn about the condition of the patient through the family members; and
- (3) the KCH was pleased to cooperate with the Care Teams. The KCH was joining forces with the Police at present to provide police officers with classes on mental health and to share experience in handling cases. If the Care Teams were interested, they could contact the KCH. The staff responsible for community services of the KCH would discuss the details with the Care Teams and arrange for talks or case sharing sessions to introduce the basic knowledge of mental health.

12. The Chairman said the Vice Chairlady and Ms WAH Mei-ling submitted the TWDC SWC Paper No. 3/24-25.

13. The Vice Chairlady and Ms WAH Mei-ling introduced the paper.

14. The Chairman said that Members' views and enquiries on the matters mentioned in TWDC SWC Paper No. 3/24-25 would be combined with those raised in the discussion of the following agenda item, so that the representatives of the Social Welfare Department (SWD) would provide consolidated responses after giving a brief account on the TWDC SWC Paper No. 4/24-25.

V Item 4: Discussion on the Integrated Community Centre for Mental Wellness in Tsuen Wan District and Its Carer Support Service  
(TWDC SWC Paper No. 4/24-25)

15. The Chairman said that the SWD submitted the paper. The representatives from the departments attending the meeting were:

- (1) Ms YUEN Mo-kuen, Monita, Assistant District Social Welfare Officer (Tsuen Wan/Kwai Tsing)3 (ADSWO(TW/KwT)3), SWD;
- (2) Ms CHEUNG Mei-yee, Social Work Officer 1 (Planning & Coordinating), SWD;
- (3) Miss CHONG Yin-fai, Social Work Officer 3 (Planning & Coordinating), SWD; and

- (4) Mr KWAN Cho-chi, Blanka, Senior Social Work Supervisor (SSWS), Caritas Wellness Link - Tsuen Wan (CWL-TW).
16. ADSWO(TW/KwT)3 of the SWD and SSWS of the CWL-TW introduced the paper.
17. The views and enquiries of Members were summarised as follows:
- (1) a Member enquired about the outreach work of the CWL-TW;
  - (2) a Member enquired whether the CWL-TW would conduct proactive follow-up visits to persons in mental recovery whose cases had been closed in order to learn about their current condition;
  - (3) a Member expressed concern over the mental health problems of students, and enquired of the CWL-TW about the number of referral cases concerning such problem. The Member suggested that the SWD should take the initiative to organise talks and publicity campaigns at schools together with the Education Bureau (EDB) so as to introduce the relevant mental health services to students and parents in need;
  - (4) a Member said that as mentioned in the briefing, cases would be closed in situations where patients with mental illness were unwilling to receive support or were out of contact. However, the mental health problems of such patients were often more severe. The Member enquired how the CWL-TW would support such patients and whether these cases would be referred to the SWD for follow up;
  - (5) a Member said that he was a member of the Tsuen Wan and Kwai Tsing District Co-ordinating Committee on Rehabilitation Service. He was aware that during the referral process, there had been persons suspected of having mental health problems being categorised into other types of cases (such as the elderly, the low-income or persons with disabilities, etc.) rather than cases of suspected mental illness. The Member enquired whether such situation often happened; and
  - (6) a Member enquired about the definition of persons in mental recovery and the follow-up actions taken for the cases concerning such persons, including the frequency of visits or phone calls made to them, and the circumstances under which the cases would no longer be followed up on.
18. SSWS of the CWL-TW responded as follows:
- (1) the CWL-TW would conduct various outreach services in the district, such as visiting or getting in touch with street sleepers to assess their mental health status and welfare needs. It might then liaise with the KCH for further follow up under the Personalised Care Programme. In addition, the CWL-TW had organised promotional activities on community mental health at housing estates in the district with other social welfare organisations in 2023, with a view to strengthening assistance for persons in need of mental health support;
  - (2) most of the service users of the CWL-TW were also its members. After completing the case counselling services, the CWL-TW would continue to

monitor the service users' condition through other services and activities so as to render timely and appropriate support. The social workers of the CWL-TW would also accompany service users to receive medical consultation and treatment where necessary;

- (3) the CWL-TW had participated in the LevelMind@JC project to provide services for 42 schools (including all secondary schools in Tsuen Wan district) and youth organisations in 2023. The CWL-TW had received quite a number of requests for assistance from tertiary institutions and universities involving emotional distress, and the dedicated task force on youth services of the CWL-TW would promote mental health at local secondary schools. On the other hand, the CWL-TW would work with schools by organising school-based activities to identify and provide assistance to students in need of emotional counselling services as early as possible;
- (4) the CWL-TW had handled various types of cases. According to past experience, most patients diagnosed with schizophrenia might be reluctant to make contact with the outside world or receive services, but the staff of the CWL-TW would utilise their professional skill sets to establish relationships and be in touch with the patients concerned for providing support. The number of members at the CWL-TW had reached 1 526 in 2023, and the number of new cases was 478;
- (5) a consultation period was included in the referral process at the CWL-TW to assess whether the person concerned was suitable for receiving services provided by the CWL-TW. If the assistance seekers were in need of other welfare support, the CWL-TW would refer such cases to the Integrated Family Service Centres (IFSCs) or other relevant social welfare organisations for follow-up; and
- (6) the duration of the mental recovery varied from person to person. As regards the patients with mental illness who had been on medication for many years, the CWL-TW would strive to improve their mental health through occupational therapy or other life skill training. The CWL-TW would assist in referring the cases to private psychiatrists for follow up if there were urgent needs.

19. ADSWO(TW/KwT)3 of the SWD responded as follows:

- (1) through cross-departmental collaboration of the SWD, Health Bureau and EDB, the Three-Tier School-based Emergency Mechanism was implemented at all secondary schools across the territory from December 2023 to December 2024. In the second tier of the mechanism, the SWD had entrusted five non-governmental organisations to form the off-campus support network teams to provide assistance for schools with insufficient manpower. The Hong Kong Federation of Youth Groups would be responsible for providing assistance for Tsuen Wan and Kwai Tsing district which fell into the New Territories region;
- (2) the SWD provided on-site support services for secondary schools in Tsuen Wan and Kwai Tsing district through launching the Project A.I. –

Accommodation • Inclusion programme. The SWD had extended the programme concerned to primary schools and would continue to promote such programme to the primary schools in the district. Apart from students, teachers and parents were also service targets of the programme concerned; and

- (3) the personal privacy and the willingness to receive services of the assistance seekers were rather important. If Members or the Care Teams found it difficult to obtain consent from the assistance seekers when handling local cases, they could approach the CWL-TW to report on the situation and learn about the assistance available. They could also refer the cases to the IFSCs under the SWD for follow up.

20. The views and enquiries of Members were further summarised as follows:

- (1) a Member was concerned about the upsurge in the suicide rate and the number of suspected mental illness cases among primary school students at present, which had shown that they lacked the ability to cope with stress. The Member pointed out that the current mental health services mainly targeted at persons above 15 years old, and not all primary schools in the district had participated in the Project A.I. – Accommodation • Inclusion programme. The Member therefore suggested enhancing publicity of the programme concerned among primary schools and strengthening training for social workers at primary schools as well as the relevant administrative staff, so as to facilitate a smoother follow-up process for the cases; and
- (2) a Member found that currently many cases required emotional support and welfare services at the same time. There might be shifting of responsibilities among the organisations who offered services in different areas, resulting in untimely and ineffective handling of these cases. The Member suggested the SWD optimise the referral mechanism to avoid any possible grey areas and loopholes. He also suggested that social welfare organisations should strengthen communication and collaboration with one another on cases involving multiple services in charged by different parties.

21. ADSWO(TW/KwT)3 of the SWD further responded as follows:

- (1) the SWD established a liaison network with schools and disseminated messages through relevant groups in the district, such as the associations of heads of primary and secondary schools as well as social welfare organisations. In response to Members' views, the SWD would step up its publicity efforts to promote the Project A.I. – Accommodation • Inclusion programme in primary schools in the district;
- (2) the SWD noted Members' views and concerns about the needs for mental health services of primary school students; and
- (3) the District Task Group on Community Mental Health Support Services (the "Task Group") was a district-based collaborative platform jointly set up by the HA and SWD. Members of the Task Goup included representatives from the psychiatric team of the HA, the ICCMWs, IFSCs, Medical Social

Services Units under the SWD, Hong Kong Police Force and Housing Department, etc. The Task Group would hold meetings regularly to exchange views and facilitate collaborations on providing support to persons in need of mental health services. The SWD would convey Members' views to the Task Group.

VI Adjournment of Meeting

22. The Chairman reminded Members that the next meeting was scheduled for 2 September 2024 (Monday) and the deadline for submission of papers was 16 August 2024 (Friday).

Tsuen Wan District Council Secretariat  
23 July 2024