

# LCQ1: Healthy Mind Pilot Project

Following is a question by the Hon Lillian Kwok and a reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (January 8):

Question:

Since August last year, the Government has implemented the Healthy Mind Pilot Project (the Pilot Project) at three District Health Centre or District Health Centre Expresses to offer free initial mental health assessments to members of the public and refer those in need to receive follow-up services. In this connection, will the Government inform this Council:

- (1) as it is learnt that the Pilot Project has partnered with non-governmental organisations (NGOs) in the same district, of the relevant tendering procedure and selection process;
- (2) given that under the protocol of the Pilot Project, cases assessed to be in need of follow-up will be followed up by the partnering NGOs' Wellbeing Practitioners who have received mental health training, of the qualifications and professional qualifications required of the persons concerned; and
- (3) of the number of persons who have received initial assessments since the launch of the Pilot Project and, among them, the respective numbers of those in need of referral and follow-up; whether it will regularly review the effectiveness of the Pilot Project; if so, of the details; if not, the reasons for that?

Reply:

President,

To enhance community mental health services, the Chief Executive's 2023 Policy Address announced an initiative to be launched in 2024 in collaboration with three District Health Centres (DHCs) and community organisations, to provide mental health assessments for the public, enabling early intervention and referral for high-risk cases. To take forward the initiative, after discussing with relevant community organisations and DHCs on the implementation details and consulting the Advisory Committee on Mental Health (ACMH), the Health Bureau launched the Healthy Mind Pilot Project (Pilot Project) in August 2024 at the Tuen Mun DHC, the Yau Tsim Mong District Health Centre Express (DHCE) and the Eastern DHCE, offering free preliminary mental health assessments on a trial basis at the community level.

Under the Pilot Project, trained staff at DHC/DHCEs conduct preliminary mental health questionnaire assessments (including Patient Health Questionnaire – 2 (PHQ-2) and Generalised Anxiety Disorder – 2 (GAD-2)) in parallel for members aged 18 or above (members) while conducting health risk assessments for them with a view to assessing members' risk of emotional

distress in relation to depression and anxiety. Members preliminarily assessed to have mild symptoms of depression or anxiety will be advised to visit service providers in the same district under the Pilot Project, i.e. the New Life Psychiatric Rehabilitation Association or Mind HK for follow-up by Wellbeing Practitioners (WBPs). WBPs are non-medical professionals who have received mental health training. They will conduct further emotional assessments for members and, provide evidence-based low-intensity psychological therapy according to the needs of those with mild to moderate symptoms of anxiety or depression. The psychological therapy aims at enhancing the capacity of service users in self-managing their psychological health, and includes psychoeducational groups to introduce participants to various emotional regulation techniques, and guided self-help treatment sessions to guide participants in practising emotional regulation strategies. Members assessed to be at high risk will be advised to consult the Integrated Community Centres for Mental Wellness (ICCMWs) or arranged to receive multidisciplinary support services in the community for more comprehensive and professional care and support.

Mental health spans across different domains, and we have to leverage the expertise of different professionals to enhance multidisciplinary collaboration for mental health services. "The Chief Executive's 2024 Policy Address" put forward the initiative of formulating a stepped-care model, where a multidisciplinary framework with tiers will be adopted to deal with cases ranging from general emotional problems in the frontline to cases requiring follow-up and more serious mental illness cases. The framework will set out the roles of different professionals, such as teaching staff, social workers, healthcare workers, as well as other auxiliary personnel and service providers at each tier, and their division of work in the provision of mental health services for cases in each tier, enabling them to smoothly work together and perform their respective roles systematically in assisting in handling different types of cases with mental health needs. Our Pilot Project is a trial run of the stepped-care model, under which services are provided to the public at different tiers through various professionals, auxiliary personnel and service providers.

The stepped-care model has been implemented in other countries and regions. We hope that the experience gained from the Pilot Project will be useful for us to formulate the details of a local stepped-care model.

My reply to the three parts of the question raised by the Hon Lillian Kwok is as follows:

(1) Non-governmental organisations (NGOs) collaborating with DHC/DHCEs to promote the Pilot Project are required to possess extensive community networks and service experiences in the respective districts to complement the service network of the DHC/DHCEs. They are also required to have experience in taking forward the stepped-care model services to assist the Government in exploring the provision of services to the public through a multidisciplinary framework with tiers. Taking into account the objectives of the Pilot Project and after consulting the ACMH, the Government has, in accordance with the established procurement procedures under the Government's procurement regulations, engaged the abovementioned NGOs in implementing the

Pilot Project.

(2) All WBPs participating in the Pilot Project hold a bachelor's degree, with nearly 90 per cent possessing a degree in psychology. 30 per cent of them also hold a master's degree in counselling or psychology. At present, the WBPs have received 120 hours (including 25 hours of theoretical courses and 95 hours of clinical training) of systematic training in emotional assessment and low-intensity psychological therapy provided by the universities or the abovementioned NGOs, and are providing services under the professional supervision of clinical psychologists.

(3) As of early December 2024, the abovementioned three DHC/DHCEs have conducted preliminary mental health assessments for approximately 11 100 members of the public. Around 700 (approximately six per cent) of them were recommended for follow-up by WBPs received mental health training with the service providers in the same district under the Pilot Project. Of the 300 participants who completed further assessments, 266 participants with mild to moderate symptoms are currently receiving or will receive low-density psychological therapy. Among those who have completed low-intensity psychological therapy, 80 per cent showed significant improvement in their clinical symptoms. The remaining 34 participants assessed to be at high risk required referrals to the ICCMWs for follow-up.

To ensure the smooth implementation of the Pilot Project, the Primary Healthcare Commission has established a working group to continuously monitor the progress and implementation of the Pilot Project. The Pilot Project is running on a trial basis for 18 months (from August last year to January 2026) and has so far been in operation only for approximately four months. The Government will review and evaluate the effectiveness of the Pilot Project in a timely manner to determine the way forward, including examining the feasibility of implementing mental health assessment services in other DHCs/DHCEs.

Thank you, President.