

# LCQ15: Support for children suffering from attention deficit/hyperactivity disorder

Following is a question by the Hon Wu Chi-wai and a written reply by the Secretary for Food and Health, Professor Sophia Chan, in the Legislative Council today (June 27):

Question:

An incessant increase in the number of new referrals (including suspected cases of attention deficit/hyperactivity disorder (ADHD) to the Child Assessment Service (CAS) under the Department of Health (DH) in recent years, coupled with the high turnover rate of doctors, has resulted in the failure of CAS last year to fulfill its performance pledge that 90 per cent of new cases are assessed within six months. In addition, in 2017-2018 (as at December 31, 2017), the longest median waiting time of the new cases of child and adolescent psychiatric specialist outpatient (CAPSO) among various hospital clusters was 119 weeks. On the other hand, the Government will regularise the Pilot Scheme on On-site Pre-school Rehabilitation Services (On-site Services Scheme) starting from the 2018-2019 school year. In this connection, will the Government inform this Council:

- (1) as some psychiatrists have pointed out that the incidence rate of ADHD among school-age children is 5 per cent to 9 per cent, whether the authorities have estimated the current number of ADHD children in the territory and, among them, the number of those who are undiagnosed; if so, of the details; of the authorities' new measures to identify hidden cases as early as possible;
- (2) whether the authorities have compiled statistics on the respective current numbers of child psychiatrists serving in DH, public hospitals and private hospitals, and the number of those in private practice;
- (3) whether DH has specific measures to increase the doctor manpower of CAS, with a view to shortening the service waiting time and fulfilling the aforesaid performance pledge; if so, of the details;
- (4) among the members of the interdisciplinary teams of the On-site Services Scheme, of the types of professionals who may prescribe psychiatric medications; the time when the Scheme will be open for application, and the anticipated impact of the regularisation of the Scheme on the waiting time for CAPSO services;
- (5) as some non-profit-making organisations currently conduct assessments and provide therapies to low-income families' children with suspected ADHD, whether the authorities have plans to collaborate with such organisations in

order to shorten the waiting time for the relevant public services; and

(6) whether the Government, the Hospital Authority and local universities studied in the past three years the causes of ADHD (including its relationship with genetic inheritance), with a view to identifying the causes of ADHD and formulating specific preventive measures as early as possible?

Reply:

President,

Having consulted the Labour and Welfare Bureau, my reply to Hon Wu Chi-wai's question is as follows:

(1) As at December 2017, the total number of patients under 18 years of age being treated at the Child and Adolescent Psychiatric Service under the Hospital Authority (HA) which were diagnosed with Attention Deficit/Hyperactivity Disorder (AD/HD) was 13 630. The Government does not have the statistics of all AD/HD patients in Hong Kong.

(2), (3) and (5) Currently, there are 31 Maternal and Child Health Centres (MCHCs) under the Department of Health (DH) which provide a range of health promotion and disease prevention services to children from birth to five years. The child health services include immunisation, health and developmental surveillance, and parenting education. Children with developmental concerns identified during developmental surveillance will be arranged for a MCHC doctor's preliminary developmental assessment. After being assessed by doctors of MCHCs, children with suspected developmental problems would be referred to Child Assessment Service under DH/HA for further assessment.

The Child Assessment Service under DH (CAS) adopts a multi-disciplinary team approach for assessment. The assessment team comprises paediatricians, nurses, clinical psychologists, speech therapists, physiotherapists, occupational therapists, audiologists, optometrists and medical social workers. The team will seek information from the parent on the development, behaviour and learning of the child, and, with the application of assessment tools and clinical observation appropriate to the child's age and condition, conduct assessments on various developmental aspects of the child such as physical, cognition, language and communication, self-care and behaviour. The team will also arrange and coordinate follow-up and rehabilitation services in accordance with the child's individual needs and the family's circumstances.

In the past few years, the number of new referrals to the CAS has been on an increasing trend. Nearly all new cases in CAS were seen within three weeks after registration. The assessment service will then be arranged according to needs. Due to the continuous increase in the demand for assessment service and the high turnover rate and difficulties in recruiting doctors, the target for completion of assessment for 90 per cent of the new cases in CAS within six months in 2017 was unable to be met. A triage system

has been adopted in CAS to ensure that children with urgent and more serious conditions are accorded with higher priority in assessment. To meet increasing service demands, additional resources have been allocated to CAS in the past few years to recruit additional manpower. In order to shorten the waiting time and to strengthen the assessment service provided, we are planning to recruit additional nurses and allied health professionals for the CAS. Moreover, DH will continue its effort in filling the vacancies through recruitment of new doctors and internal re-deployment.

On the other hand, DH is planning to establish a new Child Assessment Centre (CAC) with a view to strengthening the manpower support and enhancing service capacity to meet the rising number of referred cases. To meet the demand during the construction period, DH has opened a temporary CAC in an existing clinic in Ngau Tau Kok in January 2018.

Furthermore, the Government is looking into ways to provide mental health services to children in a more effective manner, with a view to shortening the waiting time for assessment. At the same time, DH will strengthen its nursing and allied health manpower to provide support services for children and their parents during the waiting period.

Currently, there are 23 officers in the Medical and Health Officer grade in DH who are Fellows of the Hong Kong Academy of Medicine in Paediatrics, and they are working in the CAS, Clinical Genetic Service, Family Health Service and Student Health Service. At present, the Hong Kong Academy of Medicine does not have a subspecialty in child psychiatry.

On the HA front, HA delivers mental health services using an integrated and multi-disciplinary approach involving psychiatric doctors, psychiatric nurses, clinical psychologists, medical social workers, and occupational therapists. The adoption of a multi-disciplinary team approach allows flexible deployment of staff to cope with service needs and operational requirements. As at December 31, 2017, there were 351 psychiatric doctors working in the psychiatric stream of HA. As healthcare professionals providing child and adolescent (C&A) psychiatric services in HA also support other psychiatric services, HA does not have the breakdown on the manpower for supporting C&A psychiatric services only.

(4) The Social Welfare Department (SWD) launched the Pilot Scheme on On-site Pre-school Rehabilitation Services (the Pilot Scheme) by phases in November 2015. The Pilot Scheme aims to provide rehabilitation services, including training in gross and fine motor skills development, speech development, cognitive and social skills development, through multi-disciplinary teams arranged by non-governmental organisations, for children with special needs at participating kindergartens (KGs)/kindergarten-cum-child care centres. The Pilot Scheme also provides professional advice and assistance for KG teachers/child care workers who are responsible for looking after children with special needs, and renders support to parents. Given the nature of the services, the multi-disciplinary team comprises occupational therapists, physiotherapists, speech therapists, clinical/educational psychologists, social workers and special child care workers. Professionals who are

permitted to prescribe psychiatric drugs are not included.

The Government has announced that the Pilot Scheme will be regularised from the 2018/19 school year onward. Upon service regularisation, family members/carers of children with special needs may make application via social workers or staff of rehabilitation service units who will refer them to SWD's Central Referral System for Rehabilitation Services.

(6) In the past three years, there was no commissioned research or investigator-initiated research projects funded by the Food and Health Bureau or HA on the relationship between AD/HD and genetics.