

LCQ15: Support for ethnic minorities

Following is a question by the Hon Vincent Cheng and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (June 28):

Question:

It has been reported that a familicide occurred recently in Sham Shui Po, in which three young ethnic minority (EM) girls died unfortunately and their mother was arrested. The incident has aroused public concern about the mental health of EMs and the problem of inadequate support services for them. In this connection, will the Government inform this Council:

(1) given that currently in Hong Kong, there are six support service centres and two sub-centres for EMs set up by non-profit-making organisations with funding from the Government to provide dedicated support services for EMs, whether the authorities will allocate additional resources to increase the number of such centres and ensure that there are EM staff members; if so, of the details; if not, the reasons for that;

(2) given that the Social Welfare Department (SWD) has commissioned three non-governmental organisations to set up three outreaching teams for EMs, for each of the outreaching teams in the past three years, of (i) the staffing establishment and (ii) the number of EMs contacted and, among them, the number of those who received services, with a breakdown by the type of the services involved;

(3) whether it will consider setting up additional outreaching teams for EMs in districts in which a large number of EMs reside; if so, of the details; if not, the reasons for that;

(4) as it has been reported that the Government is planning to make use of the District Health Centres to divert people in need of mental counselling to SWD's community mental health services units, of the details of the relevant plan, and whether such services units will provide counselling services, so that members of the public (including EMs) in need can have more channels to seek assistance from professionals; if so, of the details; and

(5) given that according to the latest figures released by the Hospital Authority (HA), the median waiting time for stable new cases at psychiatric specialist outpatient clinics in various hospital clusters ranges from 18 weeks to 65 weeks at present, whether it knows if the HA will study proposals for shortening the waiting time at psychiatric specialist outpatient clinics to ensure that patients, including EM patients, can receive timely treatment; if the HA will, of the details?

Reply:

President,

In consideration of the unique cultural background and needs of ethnic minorities (EMs), the Government has all along been committed to providing appropriate support for EMs, including mental health support. In consultation with the Home and Youth Affairs Bureau, the Labour and Welfare Bureau and the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Vincent Cheng is as follows:

(1) To enhance the capacity and confidence of EMs to integrate into the community, the Home Affairs Department (HAD) currently commissions non-governmental organisations (NGOs) to operate six support service centres for EMs (support service centres) and two sub-centres for EMs. The support service centres and sub-centres provide various support services for EMs (such as learning classes, orientation courses, integration activities as well as counselling and referral services, etc). The support service centres also organise seminars and sharing sessions on emotional and mental health, and make case referrals to relevant government departments and organisations where necessary.

One of the support service centres, Centre for Harmony and Enhancement of Ethnic Minority Residents (CHEER Centre), also provides general interpretation and translation services between English and eight EM languages (Hindi, Nepalese, Punjabi, Urdu, Bahasa Indonesia, Tagalog, Thai and Vietnamese), apart from the services mentioned above. The interpretation services are mainly provided over the phone and the CHEER Centre also provides interpretation services via instant messaging applications during service hours.

At present, all support service centres employ EM employees of different ethnicities (including Pakistani, Nepalese, Indian, Thai, Filipino, etc), with a total of 73 full-time EM employees and 17 part-time EM employees. They mainly serve as programme officers and project assistants responsible for arranging appropriate activities according to the needs of service users of different ethnicities. They also provide interpretation services to service users who do not speak Chinese and English while they are using the services at the centres, to assist them in communicating with social workers and programme tutors.

At present, eight support service centres and sub-centres (located in Wan Chai, Kwun Tong, Yuen Long, Tuen Mun, Yau Tsim Mong, Sham Shui Po, Tung Chung and Kwai Tsing) cover the districts where EMs mainly reside. The HAD will closely monitor the needs of EMs and review from time to time how to better provide support.

(2) and (3) Since March 2020, the Social Welfare Department (SWD) has commissioned three NGOs to set up three Outreaching Teams for Ethnic Minorities (OTEMs), with employment of EM staff, on the Hong Kong Island, Kowloon and the New Territories. The OTEMs proactively reach out to and connect EMs with welfare needs with mainstream welfare services. The OTEMs also provide groups and activities for EMs so as to meet their welfare needs.

Besides, the OTEMs are equipped with vehicles to serve EMs living in the remote areas.

Under the Lump Sum Grant Subvention System, subject to their compliance with the requirements of the Funding and Service Agreements, NGOs may determine their staffing establishment in accordance with their human resources policies, and flexibly deploy resources and employ staff to achieve the service output and effectiveness required. The SWD does not have information on the actual number of staff in the OTEMs of these organisations.

Over the past three years, the three OTEMs have contacted 6 980 EMs. The relevant areas of service are as follows:

	2020-21	2021-22	2022-23
Number of new / reactivated cases handled	532	396	500
Number of groups and programmes organised	436	482	526
Number of referrals to mainstream welfare services / mainstream services made	943	775	845

The SWD will continue to closely monitor the service needs in the community and the operation of the OTEMs, and provide additional resources when needed. Besides, the Government will explore the possibility of leveraging the district network and service experience of the District Services and Community Care Teams to participate in assisting and supporting the measures relating to EMs.

(4) With an emphasis on preventive work, District Health Centres (DHCs) provide disease prevention services at the primary healthcare level with a view to enhancing public awareness of personal health management and disease prevention. Among different levels of prevention, primary prevention provides health educational programmes and preventive promotion with a wide coverage, which includes mental health.

DHCs provide basic health risk assessments with an aim to identifying health risk factors at an early stage. If members of the public are found to have emotional problems, nurses and social workers of DHCs will provide them with health consultation and counselling services. DHCs also serve as district primary healthcare hubs to work with other community partners that provide primary healthcare services and co-ordinate referral services, including mental health support, in each district for members of the public who are in need.

With a view to enhancing the role of DHCs in community mental health

support, individual DHCs will explore the introduction of a pilot scheme to provide mental health risk assessments for members of the public in need, and collaborate with community organisations for providing follow-up, as well as early referral for high-risk cases. The pilot scheme is currently under planning and the Government will announce the details in due course.

Moreover, the Government announced in the 2022 Policy Address the establishment of a service centre on a trial basis to provide emotional support and counselling for EMs. The Health Bureau is now actively liaising with NGOs and the proposal is expected to be implemented within 2023.

(5) The HA has implemented a triage system at psychiatric specialist outpatient (SOP) clinics to ensure patients with urgent conditions and requiring early treatment receive follow-up and treatment with priority. Referrals of new patients are first screened by a nurse followed by review of a specialist doctor of the relevant specialty for classification into Priority 1 (Urgent), Priority 2 (Semi-urgent) and Stable categories. Psychiatric SOP will arrange for patients with urgent medical needs (such as those with severe propensity to violence or suicide) to be triaged into Priority 1 category to ensure that they are given treatment in reasonable time. The HA's service targets are to maintain the median waiting time of Priority 1 and Priority 2 cases at within two weeks and eight weeks respectively. Patients may return to their respective psychiatric SOP to receive assessment again if their mental conditions have changed during the waiting time, so that an assessment could be made as to whether there is a need to advance their consultation, or they may seek treatment from the accident and emergency services.

To further support patients with urgent conditions and in need of early treatment, the Government announced on June 9 10 enhanced measures to support persons in mental recovery or with mental health needs, including the HA setting clearer targets for the median waiting time for new cases at psychiatric SOP clinics, with median waiting time for those triaged as Priority 1 be kept within one week and that for Priority 2 be kept within four weeks.

To help release SOP clinic service quota for managing severe cases and accelerate handling of new cases, the HA has since mid-2022 introduced the Co-care Service Model in psychiatric SOP clinics on the basis of the General Outpatient Clinic Public-Private Partnership Programme, to invite suitable psychiatric SOP patients clinically diagnosed to have stable conditions to receive primary healthcare services in the community.

The HA will continue to appropriately arrange the manpower of specialised nurses based on the situation and service needs so as to utilise their potential and shorten waiting time for specialties, including Psychiatry. Specifically, the HA launched the Integrated Model of SOP Services through Nurse Clinic (Pilot Scheme) in 2018/19. Patients who are considered suitable to participate in the Pilot Scheme after screening by doctors will be followed up by Nurse Clinics at different stages of their treatment, apart from follow-up consultations with doctors. Under the Pilot

Scheme, Nurse Clinics are managed by Advanced Practice Nurses and nurses who have received specialty training. Their scope of work includes preliminary examination of patients prior to medical consultations, investigation, assessment and nursing care, etc.