

LCQ21: Providing treatment for patients suffering from depression

Following is a question by the Hon Lam So-wai and a written reply by the Secretary for Health, Professor Lo Chung-mau, in the Legislative Council today (December 6):

Question:

It is learnt that there are over 300 000 people in Hong Kong suffering from depression. Among them, those with mild symptoms are affected in their daily lives, and those with severe symptoms have strong suicidal tendencies. However, if patients receive appropriate treatment early, most of them can recover. In this connection, will the Government inform this Council:

(1) given that according to the statistics of the Hong Kong Jockey Club Centre for Suicide Research and Prevention of the University of Hong Kong, the suicide rate of young people aged 15 to 24 surged from 6.2 in 2014 to 12.2 in 2022, hitting a record high, whether the Government has (i) examined, among such persons who had committed suicide, the number of those suffering from depression, and (ii) reviewed the adequacy of the support as well as diagnostic and treatment services provided to young people suffering from depression;

(2) as it is learnt that medications and psychotherapy have insignificant effects on some patients suffering from depression, and more and more studies have confirmed that Transcranial Magnetic Stimulation (TMS) has a curative effect, and that the efficacy of TMS would be enhanced when complemented by psychotherapy, whether the Government will request the Hospital Authority (HA) to fully introduce TMS to provide patients suffering from depression with treatment carrying a better curative effect; if so, of the details; if not, the reasons for that; and

(3) given that as of May this year, TMS is available in seven hospitals under the HA, and at present, some websites under the HA also provide information relating to TMS, but no relevant information is provided on the website of the "Shall We Talk" mental health promotion and public education initiative under the Government, of the relevant reasons for that?

Reply:

President,

In consultation with the Security Bureau, the Department of Health and the Hospital Authority (HA), the consolidated reply to the question raised by the Hon Lam So-wai is as follows:

(1) The HA provides mental health services in an integrated and multi-disciplinary approach. Psychiatrists, psychiatric nurses, clinical

psychologists, occupational therapists and medical social workers provide comprehensive medical services to patients with mental health needs (including patients with depression) according to their medical conditions and clinical needs.

In 2022-23, about 1 810 of the psychiatric patients diagnosed with depression in the HA (including in-patients as well as specialist out-patient clinic and day hospital patients) are below the age of 18. Relevant international and local studies have pointed out that suicide is a complex problem caused by the interaction of multiple risk and protective factors. The Government currently does not maintain statistics on depression among young people who committed suicide. The Government will review cases of youth suicide this year to understand the underlying factors, including the involvement of mental health issues.

The HA has all along been closely monitoring the level of services provided to ensure the current support, diagnostic and treatment services for young people with depression (including in-patient services, out-patient services, day rehabilitation training and community support services) can meet their needs, such as maintaining the median waiting time for new cases triaged as Priority 1 (Urgent) and Priority 2 (Semi-urgent) categories at psychiatric specialist out-patient clinics at no longer than one week and four weeks respectively. Furthermore, the mental health support, diagnostic and treatment services for specific groups (including adolescents) will be enhanced, such as strengthening nursing manpower for psychiatric services and allied health support, with a view to ensuring that psychiatric services in public hospitals can meet the needs of patients.

(2) Transcranial Magnetic Stimulation (TMS) therapy has been introduced by phases to psychiatric services of the HA in all clusters since 2016-17. It should be noted that TMS therapy is not suitable for all patients with depression. Psychiatric healthcare professionals in HA hospitals will refer suitable patients with depression to receive TMS therapy according to their medical conditions and clinical needs. At present, TMS equipment is available in psychiatry services in each cluster for treating depression. The HA will continue to review relevant services and consider the need of extending relevant services to more hospitals.

(3) "Shall We Talk" is a mental health promotion and public education initiative launched by the Advisory Committee on Mental Health since July 2020. "Shall We Talk" aims to (1) step up public engagement in promoting mental well-being; (2) enhance public awareness of mental health with a view to encouraging help-seeking and early intervention; and (3) reduce stigma towards people with mental health needs. In general, "Shall We Talk" does not directly introduce specific medical interventions for mental illnesses. A hyperlink to the website of the HA has been included in the "Shall We Talk" webpage about depression to provide convenient access for members of the public to browse relevant information.