

Executive Summary

Direct Investigation into Social Welfare Department's Support Services for Persons with or Suspected to Have Mental Health Problems and Their Families/Carers and Neighbours

Foreword

Information shows that in Hong Kong, the number of people suffering from emotional or mental health problems is on the rise. Of the mental patients receiving medical services from the Hospital Authority ("HA"), more than 90% (some 100,000 patients, including those with severe mental illness) are living in the community. Hence, there is a genuine need to provide community-based care for patients with mental illness, together with other related services, so that they can have a better chance of rehabilitation and re-integration into society.

2. The Social Welfare Department ("SWD") is responsible for providing community support services for mental patients and persons suspected to have mental health problems, their families, carers and local residents. At the operational level, SWD has engaged non-governmental organisations ("NGOs") by way of service agreements to set up Integrated Community Centres for Mental Wellness ("Wellness Centres") in various districts, offering one-stop and community-based support services ranging from early prevention to crisis management for the aforementioned target groups.

3. This direct investigation aims to explore whether SWD has provided adequate community services for persons with or suspected to have mental health problems, their families, carers and people living in the neighbourhood (generally referred to as "neighbours in this report").

4. It needs mentioning here that the focus of this investigation is not on any particular Wellness Centre or any individual case. Rather, we seek to examine SWD's current system at a macro level to identify any inadequacies and room for improvement.

Our Findings

5. We have found the following problems in the support services provided by SWD for persons with or suspected to have mental health problems in the community, their families, carers and neighbours.

Problem (1): Different Parties Have Different Interpretations Regarding Target Groups of Wellness Centres

6. Regarding the question of target groups of the Wellness Centres, especially on whether the neighbours of persons with or suspected to have mental health problems are included, there are different interpretations among SWD as the subventor of the Wellness Centres, the social services and rehabilitation sectors as the service operators and HA, which has frequent contacts with mental patients.

7. According to SWD's website, members of the public who are bothered by persons suspected to have mental health problems may seek help from the Police or contact a Wellness Centre direct. SWD has explained that while "neighbours" are not specifically listed as one of the target groups of the Wellness Centres, "neighbours" are in essence local residents. If they wish to improve their mental health, they can seek service from a Wellness Centre. Residents of the district (including "neighbours") can also contact the local Wellness Centre if they encounter someone suspected to have mental health problems and they need assistance.

8. The Hong Kong Joint Council for People with Disabilities and the Hong Kong Council of Social Service have a network of more than 20 agencies and subvented organisations engaging in mental rehabilitation services. They have told this Office that according to the Funding and Service Agreement ("FSA") between SWD and each of the NGOs operating the Wellness Centres, support services for "neighbours" are not within the agreed scope of target groups and objectives in the original intent and initial design of the Wellness Centres. Nevertheless, in the past few years, the Wellness Centres have received requests for assistance from "neighbours", most of whom complaining of nuisance or suspecting someone of having mental health problems. Based on the information from the "neighbours", the Wellness Centres would try to approach the persons who have or are suspected to have mental health problems and offer support services. The Wellness Centres will also assist the "neighbours" according to their needs and wishes.

9. According to HA's documents, members of the public may seek help from SWD's Wellness Centres in various districts if they find any persons suspected to have mental health problems in their local community, provided that consent has been obtained from the persons concerned. The Wellness Centres would offer appropriate community support for those persons suspected to have mental health problems.

10. Since the relevant documents and publicity materials have not stated clearly whether the target groups of the Wellness Centres include the neighbours of persons with or suspected to have mental health problems, there may be misunderstanding among the staff of the Wellness Centres and members of the public who need help from the Centres. In our view, SWD should state explicitly in the documents related to the Wellness Centres that the neighbours of persons with or suspected to have mental health problems are among the target groups of the Wellness Centres.

Problem (2): Good Use Should be Made of Neighbours' Observations in Pursuing Cases of Persons Suspected to Have Mental Health Problems

11. Neighbours may have some degree of knowledge and understanding about the condition of persons with or suspected to have mental health problems, through frequent encounters with them. It is our view that SWD and the Wellness Centres should consider paying more heed to the neighbours' observations, based on which to increase the Wellness Centres' outreach efforts, viz. actively approaching those persons suspected to have mental health problems, so as to provide them with more appropriate assistance. Moreover, upon receipt of the neighbours' reports on the condition of persons suspected to have mental health problems, the Wellness Centres can make assessment and then alert community nurses or medical social workers for suitable follow-up action.

12. We understand that there might be hurdles to overcome in implementing the above proposed measures. The Wellness Centres serve people only if they want the services. Where a person suspected to have mental health problem refuses to receive services or assistance, there is not much that a Wellness Centre can do. However, Wellness Centres should not refrain from taking action just because there are difficulties. We urge SWD and the Wellness Centres to use their best endeavours in pursuing cases.

Problem (3): SWD Does Not Adequately Monitor Wellness Centres' Service Quality

13. Under the current system, all the Wellness Centres are subject to SWD's monitoring. They are required to submit regular statistical reports and self-assessment reports to SWD and the Department make assessment visits or surprise visits to the Centres. The performance standards stipulated by SWD for all the Wellness Centres cover a wide range of output indicators, including the numbers of new cases, new members, outreaching visits, interview sessions and community linkage activities.

14. In the past few years, all the Wellness Centres have been able to achieve the stipulated levels in respect of the above performance standards. Yet, we note that the annual self-assessment reports of the Wellness Centres to SWD do not cover the services provided to the family members, carers and neighbours of persons with or suspected to have mental health problems, or their opinions and comments about such services. Moreover, the regular statistics submitted by the Wellness Centres as required by SWD do not include any data on the utilisation of services by the neighbours. Some of the Wellness Centres have on their own initiative maintained records of assistance sought by neighbours, but SWD has not asked for them.

15. We find SWD's regular monitoring of the services of the Wellness Centres to be predominantly quantitative. SWD mainly examines the quantitative data submitted by the Wellness Centres and assess the Centres' levels of outputs with reference to the output standards set out in the FSAs. Seeking only quantitative standards, SWD falls short in monitoring the quality of the services of the Wellness Centres.

16. Besides, SWD has failed to pay attention to the utilisation of the Centres' services by family members, carers and neighbours of the mentally ill, nor does it hold the relevant information. Basically SWD has no idea whether those family members, carers and neighbours are aware of where to seek help or whether they are receiving the services needed. This gap in service monitoring should be filled. SWD should more proactively monitor how all the target groups of the Wellness Centres (including family members, carers and neighbours) are utilising the services in order to strengthen its regulation of service quality.

Problem (4): Publicity and Information about Wellness Centres Are Still Inadequate

17. The services of the Wellness Centres are published mainly through SWD's website and hotlines, together with the Centres' own pamphlets and various promotional, educational and community linkage activities.

18. In our view, SWD all along has not made adequate efforts to publicise and promote the services of the Wellness Centres, and hence many people still know very little about the services. Placed amid the multifarious information disseminated on SWD's website, the services of the Wellness Centres cannot be said to be prominently displayed. SWD should step up its publicity about the role, target groups and scope of services of the Wellness Centres together with the relevant complaint channels, so as to enhance the effectiveness of the Wellness Centres.

Problem (5): Complaint Handling Mechanism Needs Enhancement

19. In 2009, SWD set up a Lump Sum Grant Independent Complaints Handling Committee ("ICHC") to deal with complaints that NGOs which are receiving lump sum grants from the Department (including those operating the Wellness Centres) cannot themselves resolve properly.

20. SWD refers all complaints that it receives about the services of the Wellness Centres to the ICHC for handling under this mechanism. For any complaint not having been handled by the NGO concerned, the ICHC Secretariat will refer them to the NGO and ask the latter to reply to the complainant direct, with a copy to the Secretariat. Where the complainant is dissatisfied with the handling and reply of the NGO, the ICHC may start an investigation if the complaint is within its ambit, and eventually notify the NGO, SWD and the complainant of the Committee's findings and improvement recommendations (if any). However, the ICHC normally does not handle anonymous complaints or complaints about staff attitude of the Wellness Centres. For complaints involving the professional judgement of individual officers of the NGO concerned, the ICHC will not take any action either, because they are regarded to be outside the Committee's ambit.

21. The ICHC mainly handles complaints relating to "lump sum grants". SWD simply expects that those NGOs operating the Wellness Centres will comply with the requirements set out in the Social Welfare Services Lump Sum Grant Manual, and "be

accountable for their service performance, and act according to their established policy in handling complaints”. Consequently, SWD itself rarely takes action on public complaints about the services of the Wellness Centres.

22. While it is necessary for SWD to monitor the service standards of the Wellness Centres by way of such measures as setting output indicators and requiring the NGOs operating the Wellness Centres to submit annual self-assessments, we consider that SWD should also realise the importance and value of service users’ personal experience, opinions and comments. SWD has a responsibility to better understand the operations of the Wellness Centres and to identify room for improvement, through complaints lodged by the service users. That would make its monitoring of the Centres’ services more effective.

23. Furthermore, while it may not be easy to investigate anonymous complaints and complaints about staff attitude, SWD should not dismiss them lightly. Even if not all the facts can be determined in the end, SWD should at least remind the NGOs concerned to rectify any errors found and to aspire to higher standards. That, we think, is the correct attitude in complaint management. Further, we find it unacceptable that SWD should have given such reasons as “professional judgement is outside the ICHC’s ambit” for not pursuing complaints involving professional judgement. As a professional Government department itself, SWD certainly has the authority, expertise and responsibility to examine whether the performance levels and service quality of the Wellness Centres are up to professional standards.

24. We consider that SWD should review its guiding principles and mechanism of complaint handling so as to strengthen its role in overseeing the Wellness Centres.

Recommendations

25. Based on the above, The Ombudsman urges SWD to:

- (1) clarify the target groups of the Wellness Centres so as to include also the neighbours who need their services, and give such information clearly in relevant documents;
- (2) to instruct the Wellness Centres to enhance communication with the neighbours, conduct more outreach and make more joint efforts with other service agencies in the community, so that better assistance can be provided to persons with or suspected to have mental health problems;
- (3) strengthen its monitoring of the quality of services provided by the Wellness Centres, including also the utilisation of services by all the target groups (such as the family members, carers and neighbours), rather than relying predominantly on quantitative data;

- (4) step up publicity of and disseminate more information about the Wellness Centres; and
- (5) review its guiding principles and mechanism of handling complaints against the Wellness Centres, so as to reinforce its role in overseeing those Centres.

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