

Compulsory Mental Health Treatment in Hong Kong: Which Way Forward?

CONFERENCE PROGRAMME

25-26 AUG 2017

Large Moot Court, 2/F, Faculty of Law,
Centennial Campus, The University of Hong Kong

ABOUT US

Established in 2012, The Centre for Medical Ethics and Law (CMEL) is a joint effort of two leading faculties, the Li Ka Shing Faculty of Medicine and the Faculty of Law at the University of Hong Kong. Our visions are: to become a focal point for international research excellence in the area of medical ethics and law; to co-ordinate and provide teaching and training to university students and professionals; and to promote and disseminate our expertise to the benefit of the public.

The Centre's objectives are respectively in research, teaching, knowledge exchange and training. Research: To produce and disseminate high-quality and cutting edge research in medical ethics and law. Teaching: To contribute to the interdisciplinary teaching and learning at the University by providing a forum for the discourse of medical ethics and law. Knowledge Exchange: To provide expert training and continuing education to the professionals of both disciplines and to help setting the ethical standard on related issues. Training: To promote and disseminate knowledge of medical ethics and law to the public at large and enhance the community's awareness in this regard. Aligning with the University's vision of 'Internationalisation, Innovation and Interdisciplinarity', the Centre collaborates with institutions, professional bodies and scholars in Hong Kong and internationally in order to pursue these objectives.

THEMES

In Hong Kong, the Mental Health Ordinance (Cap136) has been the primary legislation tasked with the purpose of ensuring adequate mental health care as well as protecting patients' rights. However, implementation of the Mental Health Ordinance has presented difficulties in practice, and variances in its implementation have sometimes led to legal dilemmas.

This two-day conference seeks to address some of these issues, beginning the process of developing a roadmap for reform. We will explore broad issues in compulsory mental health treatment from a comparative perspective, as well as how these issues manifest themselves in hospital and community mental health practice. The roundtable discussions will bring together the progress made across both days to put together suggestions for policy reform in Hong Kong.

SPEAKERS AND PANELISTS

Professor Peter Bartlett	University of Nottingham
Ms Daisy Cheung	The University of Hong Kong
Dr Eric Cheung	Castle Peak Hospital
Dr Eileena Chui	Queen Mary Hospital
Professor John Dawson	University of Otago
Dr Michael Dunn	University of Oxford
Dr Elizabeth Fistein	University of Cambridge
Professor Lucy Frith	University of Liverpool
Judge Mark Hinchliffe	Deputy President of the Health, Education and Social Care Chamber of the First-tier Tribunal
Professor John McMillan	University of Otago
Dr Ng Siu Man	The University of Hong Kong
Professor Carole Petersen	University of Hawaii
Dr Bonnie Siu	Castle Peak Hospital
Professor Samson Tse	The University of Hong Kong

Friday 25 August 2017

9:00 - 9:30am **Registration**

9:30 - 9:40am **Welcome Address**

MORNING SESSION 1:

Philosophical Perspectives

9:45 - 10:15am **Presentation 1: “Key Ethical Concepts for the Justification of Compulsory Detention and Treatment”**

Professor John McMillan

University of Otago

10:15 - 10:45am **Q&A Discussion**

10:45 – 11:15am **Morning Tea**

MORNING SESSION 2:

Human Rights Perspectives

11:15 - 11:45am **Presentation 2: “The UNCRPD and Mental Health Law”**

Professor Peter Bartlett

University of Nottingham

11:45am – 12:15pm **Presentation 3: “Unfinished Business: Reforming Hong Kong’s Mental Health Ordinance to Comply with International Norms”**

Professor Carole Petersen

University of Hawaii

12:15 - 12:45pm **Q&A Discussion**

12:45 – 2:00 pm **Lunch**

AFTERNOON SESSION 1:

Laws Regulating Compulsory Detention and Treatment

- 2:00 - 2:30pm ***Presentation 4: “Mental Health Acts in the Commonwealth: Criteria and Powers”***
Professor John Dawson
University of Otago
- 2:30 - 3:00pm ***Presentation 5: “Constitutional Perspectives on Compulsory Treatment in Hong Kong”***
Ms Daisy Cheung
The University of Hong Kong
- 3:00 - 3:30pm ***Q&A Discussion***
- 3:30 - 4:00pm ***Tea/Coffee***

AFTERNOON SESSION 2:

Academic Roundtable

- 4:00 - 5:30pm ***Academic Roundtable Session***
Panelists: Prof John McMillan, Prof Peter Bartlett, Prof Carole Petersen, Prof John Dawson, Ms Daisy Cheung, Dr Elizabeth Fistein and Dr Michael Dunn.
- 6:30pm ***Conference Dinner***
Speakers and Invited Guests

Saturday 26 August 2017

9:00 - 9:15am **Registration (Day 2 Only)**

9:15 - 9:30am **Summary of Day 1**

MORNING SESSION 1:

Key Note Address

9:30 - 10:15am **Presentation 1: “When Should Judges Get Involved, and When Should Patients be Left to Make Their Own Decisions?”**
Judge Mark Hinchliffe
Deputy President of the Health, Education and Social Care Chamber of the First-tier Tribunal

10:15 - 10:45am **Q&A Session**

10:45 – 11:00 am **Morning Tea**

MORNING SESSION 2:

Compulsory Powers in the Hospital Setting

11:00 - 11:30am **Presentation 2: “Compulsory Admission in England & Wales – use of the Mental Health Act 1983 as Amended 2007”**

Dr Elizabeth Fistein
University of Cambridge

11:30am - 12:00pm **Presentation 3: “Compulsory Admission in Hong Kong: The Balance Between Paternalism and Patient Liberty?”**

Dr Bonnie Siu
Castle Peak Hospital

12:00 - 12:30pm **Q&A Session**

12:30 - 2:00pm **Lunch**

AFTERNOON SESSION 1:

Compulsory Powers in the Community Setting

2:00 - 2:30pm **Presentation 4: “The Use of Community Treatment Orders (CTOs) in the UK: Ethically Justifiable?”**

Dr Michael Dunn

University of Oxford

2:30 - 3:00pm **Presentation 5: “Compulsory Psychiatric Treatment in The Community in Hong Kong.”**

Dr Eric Cheung

Castle Peak Hospital

3:00 - 3:30pm **Q&A Session**

3:30 - 3:45pm **Tea/Coffee**

AFTERNOON SESSION 2:

Suggestions for Reform in Hong Kong

3:45 - 5:30pm **Roundtable Session: “Suggestions for Reform in Hong Kong”**

Panelists: Judge Mark Hinchliffe, Dr Elizabeth Fistein, Dr Bonnie Siu, Dr Michael Dunn, Dr Eric Cheung, Dr Eileena Chui, Prof Lucy Frith, Prof Samson Tse and Dr Ng Siu Man

End of Conference

Friday 25 August 2017

MORNING SESSION 1: Philosophical Perspectives

PRESENTATION 1

KEY ETHICAL CONCEPTS FOR THE JUSTIFICATION OF COMPULSORY DETENTION AND TREATMENT

Professor John McMillan, University of Otago

This presentation will outline the key ethical considerations that need to be considered and weighed in the balance when compelled or coerced treatment is proposed.

It is important to be mindful of the spectrum of ways in which people might end up having treatment that they do not initially want: these range from compulsion, coercion, and persuasion to encouragement. Opinions vary about whether compulsion and coercion should ever occur, and the amount of harm caused is likely to be higher at one end of this spectrum than the other.

Mental Health Legislation tends to group together two very different kinds of justification for compulsory treatment.

The first is a 'harm to self' justification, which is when we decide that treatment is necessary for the patient's own good. When it is clear that a person is irrational (or lacks capacity) this is an instance of weak paternalism. Weak paternalism is much less problematic than strong paternalism which involves overriding the wishes of a rational person for their own good.

The second is a 'harm to others' justification, and this tends to pick out a different group of patients and is not primarily about the patient's own good.

MORNING SESSION 2:

Human Rights Perspectives

PRESENTATION 2

THE UNCRPD AND MENTAL HEALTH LAW

Professor Peter Bartlett, University of Nottingham

The United Nations Convention on the Rights of Persons with Disability (CRPD) embraces a vision where a full array of human rights and freedoms are enjoyed by people with disabilities, to the same degree as the remainder of society. It therefore calls for a paradigm shift away from old, compulsion-based forms of care and treatment for people with mental disabilities (here taken in a broad sense to include for example people with learning difficulties, people with mental health problems/psychosocial disabilities, and people with mental problems associated with old age), towards a vision of inclusion and empowerment of people with mental disabilities.

That involves two fundamental streams of development. First, it involves a full range of programmes that will allow people with mental disabilities to participate fully in society. These will include social services programmes, such as housing designed to be attractive to people with disabilities, and which is located to encourage their integration into the broader community, employment programmes to allow people who are able to do so to pursue careers of their choice and social services funding to provide reasonable incomes for people who are unable to work with a degree of independence and a reasonable standard of life, and advocacy programmes to assist people with mental disabilities in realizing their rights. These are envisaged as supportive in nature: ‘guardianship’ programmes for people in the community are for example envisaged as programmes assisting people to make decisions and realize their own goals, rather than mechanisms to keep people with disability under control.

That leads to the second stream of development: compulsory care and treatment are to be reduced to an absolute minimum (indeed, in the view of the UN Committee charged with implementation of the CRPD, should be abolished completely). Traditional models of compulsory admission to hospitals and similar institutions (often for long periods of time), and compulsory treatment within or outside those institutions, must be fundamentally changed, suggesting a fundamental change in the way we understand psychiatric hospitals and similar institutions. Regulation of compulsion of people with disabilities must no longer be about control; if it is allowed at all (an open question), it must be to enhance the rights and freedoms of the person with disabilities – a marked departure from the current approach.

In all of this, people with mental disabilities are themselves required to be involved in the design, implementation, and monitoring of programmes. This paper will explore these elements, and possible ways forward for their implementation.

PRESENTATION 3

UNFINISHED BUSINESS: REFORMING HONG KONG'S MENTAL HEALTH ORDINANCE TO COMPLY WITH INTERNATIONAL NORMS

Professor Carole Petersen, University of Hawaii

Although Hong Kong has been bound by the Convention on the Rights of Persons with Disabilities (CRPD) since 2008, residents with psychosocial and intellectual disabilities can still be subjected to compulsory hospitalization and treatment. The CRPD prohibits detention on the basis of disability and requires that health care be provided on the basis of free and informed consent. The UN Committee on the Rights of Persons with Disabilities also interprets the treaty to prohibit systems of substitute decision-making. While Hong Kong may find it difficult to completely abolish adult guardianship and compulsory hospitalization, it must make a good-faith effort to comply with the CRPD. At a minimum, it should comply with the UN Human Rights Committee's General Comment on Article 9 of the International Covenant on Civil and Political Rights, which provides that disability in itself cannot justify detention. Rather, any deprivation of liberty must be necessary and proportionate to protect individuals from serious harm, applied as a last resort and for the shortest appropriate period of time, and accompanied by procedural safeguards. Hong Kong can move closer to these standards by strengthening the safeguards in the Mental Health Ordinance, developing systems of supported decision-making, and expanding community-based mental health care services.

AFTERNOON SESSION 1:

Laws Regulating Compulsory Detention and Treatment

PRESENTATION 4

MENTAL HEALTH ACTS IN THE COMMONWEALTH: CRITERIA AND POWERS

Professor John Dawson, University of Otago

This presentation considers current debates within the British Commonwealth concerning the content of the legal criteria governing compulsion, and the scope of the powers conferred, by mental health legislation. It particularly compares, on these lines, the current legislation of England, Canada, Australia and New Zealand.

Specific matters considered are:

- whether the law should attempt a definition of the element of ‘mental disorder or ‘mental illness’ in the criteria governing compulsion;
- whether ‘incapacity to consent to psychiatric treatment’ should be part of those criteria;
- whether decisions about detention and treatment should be covered by different criteria;
- whether certain forms of compulsory treatment should be subject to compulsory peer review by clinicians; and
- the scope of the powers to treat patients outside hospital conferred by Community Treatment Orders.

The presentation acknowledges that there may not be universally-correct solutions to such legal problems, as much will depend on the context in which mental health legislation is applied. But certain solutions are suggested by current human rights thought.

PRESENTATION 5

CONSTITUTIONAL PERSPECTIVES ON COMPULSORY TREATMENT IN HONG KONG

Ms Daisy Cheung, The University of Hong Kong

This presentation will focus on the compulsory psychiatric regime in Hong Kong. Under section 36 of the Mental Health Ordinance, which authorises long-term detention of psychiatric patients, a District Judge is required to countersign the form filled out by the registered medical practitioners in order for the detention to be valid. Case law, however, has shown that the role of the District Judge is merely administrative. It will be suggested that, as it currently stands, the compulsory psychiatric regime in Hong Kong is unconstitutional because it fails the proportionality test. In light of this conclusion, two solutions to deal with the issue will be proposed by common law or by legislative reform. The former would see an exercise of 109 discretion by the courts read into section 36, while the latter would involve piecemeal reform of the relevant provisions to give the courts an explicit discretion to consider substantive issues when reviewing compulsory detention applications. It will be argued that these solutions would introduce effective judicial supervision into the compulsory psychiatric regime and safeguard against abuse of process.

AFTERNOON SESSION 2:

Academic Roundtable

ACADEMIC ROUNDTABLE SESSION

Panelists: Prof John McMillan, Prof Peter Bartlett, Prof Carole Petersen, Prof John Dawson, Ms Daisy Cheung, Dr Elizabeth Fistein and Dr Michael Dunn

The aim of this roundtable will be to review and expand upon the main discussion points of the presentations, specifically in terms of examining the implications of the arguments put forward for current and future policy and practice in Hong Kong.

Saturday 26 August 2017

MORNING SESSION 1:

Key Note Address

PRESENTATION 1

WHEN SHOULD JUDGES GET INVOLVED, AND WHEN SHOULD PATIENTS BE LEFT TO MAKE THEIR OWN DECISIONS?

Judge Mark Hinchliffe, Deputy President of the Health, Education and Social Care Chamber of the First-tier Tribunal

Sections 2, 3 and 4 of the Mental Health Act 1983 in England and Wales detail the procedures and grounds for admission to hospital of persons with a mental disorder. And, unlike Hong Kong, the UK regime does not involve the tribunal or a District Judge at the admission stage. Instead, an Approved Mental Health Professional (AMHP) takes the lead. But is it right that judges should stand apart and let those on the ground and directly involved make the initial decision, even if it involves depriving someone of their freedom?

Then, Section 63 of the Act gives the treating team authority to forcibly treat patients without consent when someone is detained under certain sections of the Act. This is irrespective of whether or not they are thought to have the capacity to make a decision giving or refusing their informed consent. So would removing “mental disorder” from the legal criteria for detention and compulsory treatment, and replacing it with a requirement that patients should lack capacity to decide such matters for themselves, better achieve parity with how physical health problems are managed, and place far greater emphasis on the patient’s right to autonomy and self-determination?

MORNING SESSION 2: Compulsory Powers in the Hospital Setting

PRESENTATION 2

COMPULSORY ADMISSION IN ENGLAND & WALES – USE OF THE MENTAL HEALTH ACT 1983 AS AMENDED 2007

Dr Elizabeth Fistein, University of Cambridge

The use of detention for psychiatric treatment is widespread and sometimes necessary. International human rights law requires a legal framework to safeguard the rights to liberty and personal integrity by preventing arbitrary detention. Nonetheless, research suggests that changes in legislation do not always produce the expected changes in practice, and extra-legal factors may influence decisions to detain. This moulding of legislation by practitioners could result in over-use or under-use of detention, with negative impact on the liberty or health of people experiencing mental ill-health. However, the ways in which practitioners mould legislation may also reflect the considered judgments of people with relevant experience of treating mental ill-health: a potential source of ‘practical wisdom’ which could be used to inform law reform.

This presentation will focus on research into the ways in which clinicians in England apply the Mental Health Act and make decisions about the use of compulsory powers to detain people in hospital. It will include:

- A description of ‘practical criteria’ that appear to be used to make decisions about detention in hospital.
- Consideration of how and why the ‘practical criteria’ differ from the legal criteria for detention.
- Discussion of whether efforts should be made to ‘close the gap’ and, if so, whether this should be achieved through training of practitioners, law reform, or both.

PRESENTATION 3

COMPULSORY ADMISSION IN HONG KONG: THE BALANCE BETWEEN PATERNALISM AND PATIENT LIBERTY?

Dr Bonnie Siu, Castle Peak Hospital

In Hong Kong, compulsory admission is governed by the Mental Health Ordinance (Chapter 136) and the relevant sections include sections 31 (detention of a patient under

observation), 32 (extension of period of detention of a patient under observation), 36 (detention of certified patients), and the sections in Part IV such as those for Hospital order, Transfer order, and Removal order. There are “legal criteria” stipulated in the Mental Health Ordinance for compulsory admission, for example, for section 36: “liable to be detained”, “the patient is suffering from mental disorder of a nature or degree which makes it appropriate for him to receive medical treatment in hospital; and “it is necessary for the health or safety of the patient or for the protection of other persons that he should receive such treatment and it cannot be provided unless he is detained under this section”. Despite of the “legal criteria”, “practical criteria” are adopted by mental health professionals in the application of the Mental Health Ordinance. Whether these “practical criteria” form the operational criteria for compulsory admission warrants exploration. Moreover, the harm principle, the patient’s decision-making capacity, as well as the issues of paternalism and patient’s liberty would be discussed.

AFTERNOON SESSION 1:

Compulsory Powers in the Community Setting

PRESENTATION 4

THE USE OF COMMUNITY TREATMENT ORDERS (CTOs) IN THE UK: ETHICALLY JUSTIFIABLE?

Dr Michael Dunn, University of Oxford

Community treatment orders (CTOs) are a legal mechanism to extend powers of compulsion into outpatient mental health settings in certain circumstances. Previous ethical analyses of these powers have explored a perceived tension between i) duties to respect patients’ freedoms and autonomy and ii) a duty to ensure that patients with the most complex needs are able to receive beneficial care and support that maximises their welfare in the longer-term. This presentation will offer an empirical analysis of 75 interviews with psychiatrists, patients and family carers to show how these ethical considerations map onto the different ways that CTOs are used and experienced in practice in the UK. The data reveal that a complex and nuanced account of how the requirements to respect patients’ autonomy, to respect patients’ liberty and to act beneficently need to be interpreted in order to make correct judgements about the ethics of CTOs. I argue that, due to this complexity, no general ethical justification for CTOs can be provided. However, I also consider whether an identified obligation to promote patients’ autonomy could provide an ethical reason for community mental health practitioners to make use of a CTO in some limited circumstances.

PRESENTATION 5

COMPULSORY PSYCHIATRIC TREATMENT IN THE COMMUNITY IN HONG KONG

Dr Eric Cheung, Castle Peak Hospital

The provision of involuntary psychiatric treatment in the community is controversial. Nevertheless, some form of legal provision mandating a person with mental illness meeting certain specified criteria to follow a prescribed course of treatment in the community has been introduced in many developed countries since the 1980s. In Hong Kong, the equivalent legislation is the provision of Conditional Discharge (CD) under Section 42B of the Mental Health Ordinance. While similar in aim with other forms of community treatment orders (CTO), CD differs in a number of ways from CTOs in other countries. Key issues underlying the design of CTOs, including model, criteria for enactment, the role of mental capacity, the need for prior hospitalisation, legal powers to enforce treatment and safeguards will be discussed by comparing CD and CTOs in other countries. International and local research examining the application, outcome and effectiveness of CTOs will also be reviewed.

AFTERNOON SESSION 2: Suggestions for Reform in Hong Kong

ROUNDTABLE SESSION

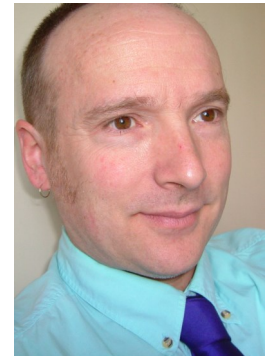
Panelists: Judge Mark Hinchliffe, Dr Elizabeth Fistein, Dr Bonnie Siu, Dr Michael Dunn, Dr Eric Cheung, Dr Eileena Chui, Prof Lucy Frith, Prof Samson Tse and Dr Ng Siu Man

The aim of this roundtable will be to review and expand upon the main discussion points of the presentations, specifically in terms of putting together a set of viable suggestions for legal and policy reform of the compulsory detention and treatment regime in Hong Kong.

SPEAKERS AND PANELISTS BIOGRAPHY

Professor Peter Bartlett University of Nottingham

Peter Bartlett is Nottinghamshire Healthcare NHS Trust Professor of Mental Health Law in the School of Law and Institute of Mental Health at the University of Nottingham. Following his law degree at Osgoode Hall, York University, Toronto, he served as Law Clerk to the Chief Justice of the High Court of Ontario, before completing a doctorate at the University of London. With Ralph Sandland, he is the author of *Mental Health Law: Policy and Practice* (Oxford University Press, 4th edition, 2015). He has served as advisor on mental health law issues for the Council of Europe in Bosnia and Herzegovina and Georgia, and with the WHO in Lesotho. A list of Professor Bartlett's publications, and links to those on open access, is contained at <http://www.nottingham.ac.uk/law/people/peter.bartlett>.



Ms Daisy Cheung The University of Hong Kong

Daisy's research interests are in the field of medical law, primarily mental health law and ethics. She is also interested in issues in assisted reproduction.

Daisy is the Deputy Director of the Centre for Medical Ethics & Law and currently co-teaches Medico-Legal Issues for the LLB and JD/LLM programs, as well as tort and contract law.



SPEAKERS AND PANELISTS BIOGRAPHY

Dr Eric Cheung Castle Peak Hospital

Dr. Eric CHEUNG is the Hospital Chief Executive of Castle Peak and Siu Lam Hospital. He is also Consultant Psychiatrist of the Department of General Adult Psychiatry of Castle Peak Hospital.

Dr. Cheung is a member of the Central Coordinating Committee (Psychiatry) of the Hospital Authority responsible for the formulation and coordination of HA-wide mental health service development. He is also Honorary Clinical Associate Professor of the Department of Psychiatry of the University of Hong Kong and is currently the Chief Examiner of the Hong Kong College of Psychiatrists.

Dr. Cheung has engaged in clinical practice and research since 1995 and is a specialist in General Adult Psychiatry and Early Intervention in Psychosis. Dr. Cheung has engaged in clinical practice and research since 1995 and is a specialist in General Adult Psychiatry and Early Intervention in Psychosis. His research interests include the identification of potential neurocognitive endophenotypic markers in psychosis and service-related research in community mental health. He has published extensively in peer-reviewed journals.



Dr Eileena Chui Queen Mary Hospital

Dr Chui has been graduated from the Medical School of the University of Hong Kong in 1993 and she started working in psychiatry in 1994. She has been in charge of the Community and Rehabilitation Services of the Hong Kong West Cluster (HKWC) and provided care for cases with severe mental illnesses since 2008. She is in charge of the team providing crisis intervention to the suspected mentally ill cases in community and she has ample experience in working with different disciplines and Departments including MSSU, Housing, Police, NGOs and carers. She is also in charge of the Case Management Teams of the HKWC and the Phoenix Clubhouse (Day Care Centre). Her clinical and research interests include Community and Rehabilitation Psychiatry, Clubhouse Model and Recovery in Mental Health Services, Clinical Management of Adults with Intellectual Disabilities and Mental Health Promotion and Anti-stigmatization work. Dr Chui is also the Centre Director of David Trench Rehabilitation Centre, Clinic in charge of Western Psychiatric Centre and she is previously a member of the Guardianship Board and currently a member of the Mental Health Review Tribunal and Long Term Prison Sentence Review Board.



SPEAKERS AND PANELISTS BIOGRAPHY

Professor John Dawson

University of Otago

John Dawson is a professor of law at the University of Otago, New Zealand. He was educated at Otago and Harvard law schools, and has studied mental health laws and their operation since the 1980s, particularly the laws of NZ, England, Canada and Australia. His work mainly concerns civil commitment schemes, especially use of Community Treatment Orders (CTOs), and the privacy of mental health information. He was the legal member of the OCTET group in Oxford that conducted the randomised controlled trial of the English CTO regime, published in *The Lancet* (2013). He is co-editor of *NZ's Mental Health Act in Practice* (2013). He is the author of the mental health law part of Skegg and Paterson (eds) *Health Law in NZ*(2015), chapters on CTOs in standard Canadian and English legal texts, and many articles in law and psychiatry journals. He also teaches constitutional law and jurisprudence.



Dr Michael Dunn

University of Oxford

Michael Dunn, PhD is a Lecturer in Health and Social Care Ethics at the Ethox Centre, University of Oxford. He is also the Director of Undergraduate Medical Ethics and Law Education within Oxford University's Clinical School, and the Director of the Ethox Centre's Graduate Research Training Programme. Dr Dunn's academic research interests span a range of issues in healthcare ethics and bioethics, and he is the author of over 50 peer reviewed journal articles and book chapters. Two of his co-edited books were published in 2017, and he is currently working with Tony Hope on a 2nd edition of the popular book, 'Medical Ethics: A very short introduction' for *Oxford University Press*. The predominant focus of his current research is to answer ethical questions presented by the development and expansion of community-based and long-term care practice, law and policy – both in the UK and internationally. This includes an interest in examining the ethical and practical tensions that can arise in providing and receiving community-based mental health care, in care transitions between community and hospital settings, and in delivering and planning residential and home-based care for people with enduring mental disorders, dementia, or those with intellectual disabilities. Dr Dunn is also a Senior Fellow of the UK's Higher Education Academy, an Associate Editor of the *Journal of Medical Ethics*, a member of the editorial board of *Ethics and Social Welfare*, and a member of both clinical and research ethics committees.



SPEAKERS AND PANELISTS BIOGRAPHY

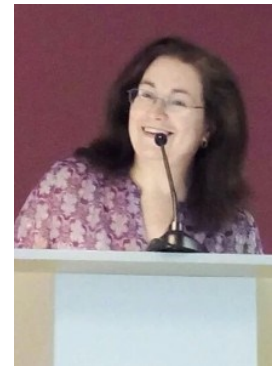
Dr Elizabeth Fistein University of Cambridge

Elizabeth qualified as a doctor from Imperial College London in 1996. She trained as a Psychiatrist in Manchester and Cambridge, and has worked as a Consultant Psychiatrist in both General Adult Psychiatry and Rehabilitation Psychiatry. Her practitioner role is now as a Medical Member of the First Tier Tribunal (Mental Health). In 2007, she was awarded a doctoral studentship by the Wellcome Trust, and undertook research into the justification of compulsory psychiatric treatment supervised by Prof. Tony Holland and Dr Isabel Clare (Department of Psychiatry, University of Cambridge). Elizabeth has worked in medical education at the University of Cambridge since 2008, leading on the delivery of an ethics & law curriculum for medical students. Her ongoing research interests are legal issues connected to consent to treatment and mental capacity; empirical ethics in psychiatry; and medical education (particularly ethics and professionalism education).



Professor Lucy Frith University of Liverpool

Lucy Frith is Reader in Bioethics and Social Science at the University of Liverpool. She has taught health care ethics to medical students and health care professionals for a number of years. Her research focuses on the social and ethical aspects of health-care decision-making, policy and regulation, with a particular interest in empirical ethics and socio-legal approaches. She has carried out research on pregnancy and childbirth; research ethics (clinical trials and public involvement and cross-cultural issues in consent); the organisation and funding of health care provision (priority setting and use of resources); and the use of evidence in practice and policy. She has held visiting fellowships at the Centre for Research in Arts, Social Science and Humanities (CRASSH) at the University of Cambridge and the Centre for Medical Ethics and Law at the University of Hong Kong. She is a member of the MRC Northwest Clinical Trials Hub and the Northwest CLAHRC public engagement teams, and has conducted research into user engagement and consent processes in research. She is Strategic Lead for Public Involvement in the North West NIHR Research Design Service.



SPEAKERS AND PANELISTS BIOGRAPHY

Judge Mark Hinchliffe

Deputy President of the Health, Education and Social Care Chamber of the First-tier Tribunal

As Deputy President of the Health, Education and Social Care Chamber of the First-tier Tribunal in England, Judge Mark Hinchliffe is the judge in day-to-day charge of the tribunal's mental health jurisdiction. He was appointed in 2009, when the Mental Health Review Tribunal was abolished in England, and the new First-tier Tribunal was created, comprising a number of different jurisdictions placed within a number of Chambers. The mental health jurisdiction is one of four jurisdictions in the Chamber. Prior to his appointment as Deputy Chamber President, Judge Hinchliffe had worked as a mental health solicitor, and then as a Tribunal Judge and Coroner. He served for a number of years as the Director of Tribunals Training for the Judicial Studies Board and, in addition to taking charge of the mental health jurisdiction in the First-tier Tribunal, he also sits as a judge of the Upper Tribunal in both England and Scotland, dealing with appeals.



Professor John McMillan

University of Otago

Professor John McMillan is Director of the Bioethics Centre at the University of Otago. Prior to this appointment he was an Associate Professor at the School of Medicine, Flinders University, Senior Lecturer at the Hull York Medical School (2004-9), Cambridge (2002-4), Oxford (1998-2002) and Otago (1995-8) where he taught ethics to philosophy and medical students. John has worked for a number of years broadly within the area of mental health ethics. He is an editor of *Empirical Ethics in Psychiatry* (OUP, 2008) and *Psychopathy and Responsibility: interfacing philosophy law and psychiatry* (OUP, 2010). He was a member of the Nuffield Council on Bioethics working party on ethical issues and dementia which reported on October 1st, 2009. The report can be downloaded as a pdf at <http://www.nuffieldbioethics.org/dementia>.

More recently John was a principal investigator on the New Zealand Law Foundation Project, 'Post-sentence detention and predicting dangerousness', which is available for download at <http://www.otago.ac.nz/law/news/otago083869.pdf>

He is currently writing a book titled *The Methods of Bioethics: an Essay in Metabioethics* (with Adrian Walsh) for OUP.



SPEAKERS AND PANELISTS BIOGRAPHY

Dr Ng Siu Man

The University of Hong Kong

Dr. Ng has rich experience in mental health social work practice in Hong Kong, and has been a core trainer of the Approved Social Workers, appointed in accordance to the Mental Health Ordinance by the Social Welfare Department, HKSAR Government. Dr. Ng's research theme is mental health, mental disorders and culture. His current research areas include (i) family expressed emotion of persons with schizophrenia and its impacts on the course of illness; (ii) operationalization of the Chinese medicine stagnation syndrome as a psychological construct useful to all mental health practitioners; (iii) critical re-examination of the conceptualization of mindfulness; and (iv) workplace well-being: a paradigm shift of focus from stress and burnout to meaning and engagement.



Professor Carole Petersen

University of Hawaii

Carole J. Petersen is a Professor of Law in the William S. Richardson School of Law and Graduate Chair in the Spark M. Matsunaga Institute for Peace and Conflict Resolution at the University of Hawaii at Manoa, where she teaches International Law, International Protection of Human Rights, and Gender and the Law. From 1991 to 2006, Professor Petersen taught law at the University of Hong Kong, where she also served as Director of the Centre for Comparative and Public Law (2001-2004) and was active in the Women's Studies Research Centre. Her recent publications in the field of disability rights include: *Inclusive Education and Conflict Resolution: Building a Model to Implement Article 24 of the Convention on the Rights of Persons with Disabilities in the Asia Pacific*, 40 *Hong Kong Law Journal* 481-512 (2010); *The Convention on the Rights of Persons with Disabilities: Using International Law to Promote Social and Economic Development in the Asia Pacific*, 35(2) *University of Hawaii Law Review* (2013); *Reproductive Justice, Public Policy, and Abortion on the Basis of Fetal Impairment: Lessons from International Human Rights Law and the Potential Impact of the Convention on the Rights of Persons with Disabilities*, 28 *Journal of Law and Health* 121 (2015); *Addressing Violations of Human Rights in Forensic Psychiatric Institutions: Philosophical and Strategic Debates*, Proceedings of the One Hundred Ninth annual Meeting of the American Society of International Law 80-3 (2016); and *Promoting the Rights of Older Persons: Addressing Adult Guardianship and Substituted Decision-Making in Health Care*, 10(1) *Asia Pacific Journal of Health Law, Policy & Ethics* 41-70 (2016). Professor Petersen holds a B.A. in Economics from the University of Chicago, a J.D. from Harvard Law School, and a Postgraduate Diploma in the Law of the People's Republic of China from the University of Hong Kong.



SPEAKERS AND PANELISTS BIOGRAPHY

Dr Bonnie Siu

Castle Peak Hospital

Dr Bonnie Siu is a psychiatrist graduated from the Medical School of the Chinese University of Hong Kong. She is a Fellow of the Royal College of Psychiatrists, a Fellow of the Hong Kong College of Psychiatrists, and a Specialist in Psychiatry of the Medical Council of Hong Kong. She is also a Master in Science in Health and Hospital Management of the University of Birmingham of the United Kingdom. Bonnie is currently working as the Consultant and Chief of Service of the Department of Forensic Psychiatry of Castle Peak Hospital of Hong Kong. Bonnie has published or presented over 40 articles on psychiatric services in various journals and conferences. She has special interest in Forensic Psychiatry and Perinatal Psychiatry.”



Professor Samson Tse

The University of Hong Kong

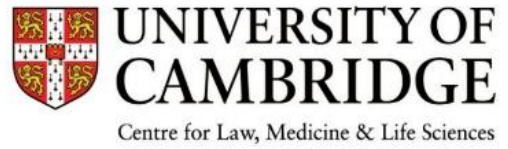
Samson is Associate Dean (Undergraduate Education) of Faculty of Social Sciences and Professor of Mental Health in Department of Social Work and Social Administration at The University of Hong Kong. He focuses on the development of experiential learning component in the Faculty. The pedagogy Samson adopts in his teaching includes the adult learning model, promotion of critical thinking skills, and role modeling, all of which are also important in his role as Associate Dean. He returned to Hong Kong after more than two decades working in New Zealand. He has served in government, and non-government organization advisory committees in New Zealand, Singapore and Hong Kong. He has acted as a consultant for internet-based mental health promotion or intervention projects. Professor Tse has presented to groups around the globe about issues he is passionate about: Living beyond disability and improving service users’ experience. Students and conference delegates often describe Samson as an effective and dynamic speaker.



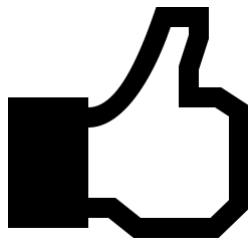
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