Hong Kong's Mental Health Policy – Preliminary Findings

Anita Chi-Kwan Lee and Gigi Lam

***Abstract*—People in Hong Kong bear the brunt of diverse types of mental disorder and yet the mental health services in Hong Kong are criticized as seriously insufficient. Psychiatrist F.K. Tsang even lamented about the lack of a consistent mental health policy [1]. The present paper offers the theoretical framework and the preliminary findings of a full-scale research on Hong Kong's enigmatic mental health policy in the colonial era and under China's sovereignty respectively. Shedding light on the two-way interaction of government consultation, the theoretical framework is followed by in-depth interviews with the different stakeholders. Initial findings from the in-depth interviews with a small group of interviewees from different sectors have yielded a consensus about the lack of a long-term mental health policy in the governments of both the colonial and post-colonial periods, which only administered and still provide short-term annual budgets for renewable mental health services. The change of sovereignty has not brought about any change in either the philosophy of budget allocation or the process of policy-making.**

***Index Terms*—Mental health policy, Hong Kong, colonial era, post-colonial, mental health services.**

I. Introduction

It is widely recognized that people in Hong Kong bear the brunt of diverse types of mental disorder such as major depressive disorder, anxiety disorder, personality disorder, to name a few. According to the survey by the Hong Kong Mood Disorders Center, Faculty of Medicine, Chinese University of Hong Kong (CUHK) (2009), 200,000 people suffered from anxiety disorder and 600,000 people suffered from depression. Another survey by the same CUHK unit also estimated that a staggering number of 570,000 people suffered from paranoia personality disorder. Due to the marked prevalence of mental disorder in Hong Kong, the public mental health policy warrants special attention. The current provision of public mental health care in Hong Kong can be clearly delineated in a four-stage approach ranging from prevention, treatment, prevention of relapse to the follow-up system.

For prevention, the Hospital Authority piloted a prevention programme "Early Assessment Service for Young Persons with Psychosis" (EASY) in 2001 targeting the teenagers aged 15-25 [2]. This programme aims at disseminating information to the public about the early symptoms of mental disorder, assessment and intervention. Similarly, the Hospital Authority initiated, from 2002 onwards, another programme entitled "Elderly Suicide Prevention Program" (ESPP) [2], which aims to facilitate the early detection of mental disorder among the elderly and prompt treatment simultaneously via continuous education and promotion.

As the patients proceed to receiving treatment, those who suffer from common mental disorders or even severe mental disorders could visit specialist outpatient clinics provided by the Hospital Authority so as to get acute care and health maintenance services. In contrast, patients who suffer from more serious mental disorders such as schizophrenia could be admitted to the inpatient hospitals which encompass both acute care and rehabilitation services for an extended period. A comprehensive intervention should not only encompass prevention and early intervention, and most importantly, the prevention of relapse to be run in tandem. To decrease the rate of relapse, the Hospital Authority now prescribes patients with the new anti-psychotic medicine with less debilitating side-effects.

Upon discharge from the psychiatric hospitals, mental disorder patients with a history of violence are required to register in the Priority Follow-Up (PFU) system, as stipulated by the Hospital Authority since 1983 [3]. The PFU cases are to receive top priority and PFU patients are required to pay mandatory visits to outpatient clinics. In addition, the PFU patients shall be visited by psychiatric nurses periodically. Notwithstanding its logical soundness, these patients could still reject the nurses' visit because of the lack of a legal status of PFU. Apart from the PFU system, how to facilitate reintegration of the patients into society represents another pressing issue. In this regard, the Hospital Authority now operates cluster-based community psychiatric services to help the patients.

After the short overview of the current provision of mental health care, this paper proceeds to first establish the theoretical framework that sheds light on the two-way interaction on the consultation between the Hong Kong Government and the citizens as regards mental health services in terms of the both top-down and bottom-up approach. It is then followed by the application of the corresponding theoretical framework in the colonial era and under China's sovereignty respectively.

II. Theoretical Framework

The theoretical framework of the two-way interaction on the consultation between the Hong Kong Government and the citizens is depicted in Fig. 1. The top-down approach refers to the Government acting as an executive-led and non-democratic polity without collating the opinions from different parties. While social construction has constantly evoked the stigma of deviance on mental disorders, the lukewarm attitude of the local Government seems to have

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dismissed the importance of the formulation of a mental health policy. Meanwhile, mental health patients are the disadvantaged group with very few people really concerned about their interest. The top-down approach, however, could hardly operate in isolation. It should be studied in conjunction with the bottom-up approach of "governance beyond government", which refers to fostering partnership by government officials across the public, private and community sectors [4]. This should go hand in hand with the development of social institutions and networks in which citizens could discuss mental health issues, work together, and eventually help build up confidence and capacities of local governance in terms of the mental health policy.

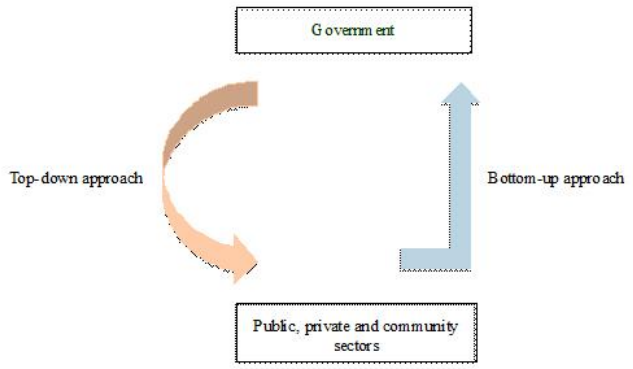

Fig. 1. Theoretical framework of two-way interaction on the consultation between the Hong Kong Government and the citizens.

III. Preliminary Findings of In-Depth Interviews with Stakeholders of Eight Sectors

A. Interview Plan and Selection of Interviewees

To gauge the opinions of the stakeholders, in-depth interviews were planned and have been carried out from late October 2013 onwards. Stakeholders from eight different sectors were identified, and they include government officials, Legislative Councilors, psychiatrists, clinical psychologists, counselors, social workers, mental health policy advocates and academics, mental health patients and their families. With seven to eight interviewees within each sector, the sample size will be around 56 to 64 interviewees. Prospective interviewees from the government sector include current officials and ex-officials from the relevant government bureaux and departments. After having examined the structure in the pre- and post-1997 Hong Kong Government, the four bureaux and departments of Labour and Welfare Bureau, Health, Welfare and Food Bureau, Social Welfare Department and Department of Health have been selected and the Secretary or director identified. These four bureaux and departments are mainly responsible for setting up and implementing the mental health policy.

From the political parties, the Legislative Councilors with the mental health policy in their portfolios have been identified for interviews. Currently, there are fourteen political parties in Hong Kong including the Business and Professionals Alliance for Hong Kong, Civic Party, Democratic Alliance for the Betterment and Progress of Hong Kong, Democratic Party, Hong Kong Association for Democracy and People's Livelihood, Hong Kong Federation of Trade Unions, Neo Democrats, Labour Party, League of Social Democrats, Liberal Party, Neighbourhood, New People's Party, People Power, The Professional Commons, and Workers Services Centre.

Representative self-help patient groups include Alliance of Ex-mentally ill of Hong Kong, Amity Mutual-Support Society Christian Oi Hip Fellowship, Concord Mutual-Aid Club Alliance, Hong Chi Association, Hong Kong FamilyLink Mental Health Advocacy Association, and New Life Psychiatric Rehabilitation Association. Two other related organizations include the NGO, Society for Community Organization, and the voluntary agency, Society of Rehabilitation and Crime Prevention. The chairpersons or chief executive officers of the patient groups have been identified for interviews.

Professional organizations for the psychiatrists, clinical psychologists, counselors and social workers have been identified for interviews with their chairpersons. These include the Asian Professional Counselling Association, Hong Kong Clinical Psychologists Association, Hong Kong Psychological Society, and Hong Kong Social Workers' Association. As a federation of non-government social service agencies of Hong Kong, the Hong Kong Council of Social Service has also been identified as a stakeholder.

A semi-structured interview lasting about an hour is to be conducted with each interviewee. The interview questions focus on early identification and prevention of mental illness, treatment and rehabilitation of mental health patients, the Mental Health Commission, community treatment order, the Mental Health Review Committee and whether a comprehensive mental health policy has ever existed in Hong Kong. A follow-up interview will be arranged if further clarification necessitates. All the interview scripts are to be and the majority will be translated from Cantonese into English.

B. Implementation and Preliminary Findings

From October 2013 onwards, a total of 19 interviews were held with interviewees from the different sectors including one ex-government official, five Legislative Councilors, three psychiatrists, two academics, and representatives from four patient groups, the Society for Community Organization, Hong Kong Social Worker Association, Hong Kong Council of Social Service, and the Hong Kong Association for the Promotion of Mental Health.

Initial findings from the in-depth interviews have yielded a consensus about the lack of a long-term mental health policy in the governments of both the colonial and post-colonial periods, which only administered and still provides short-term annual budgets for renewable mental health services. It has been noted, however, that there was a change in the provision of services with the establishment of the Hospital Authority, a statutory body established on 1 December 1990 to manage all public hospitals in Hong Kong. While the patient groups focused on the discussion of the effectiveness of the various kinds of mental health services provided in the different periods, the Legislative Councilors mostly lamented on the absence and neglect of a comprehensive and long-term mental health policy, while

also remarking on the deficiency and disjointedness of the psychiatric services among government departments. Meanwhile, the psychiatrists, academics and also representatives from the professional groups commented on the importance of both the promotion and awareness of mental health, together with the prevention and early identification of mental health problems. Suggestions were made about introducing newer-generation antipsychotic drugs for patients' better self-administration to prevent a relapse, and bringing in counseling services for family or child-raising problems at the Maternal & Child Health Centres under the Family Health Service, Department of Health. More importantly, it is interesting to observe the view of the ex-government official in the claim of the existence of a mental health policy in Hong Kong by the provision of mental health services against the framework of the legislation of the Mental Health Ordinance. In spite of the reluctance of the current and ex-government officials to accept the invitations to be interviewed, the researchers deem it essential for the project to engage the input of this sector, with whom the line-up of interviews will be persevered.

IV. Discussion: Mental Health Measures and Services in Place of a Substantial Mental Health Policy

A. In Colonial Hong Kong

In a review of the mental health care provision in the 154 years of colonial Hong Kong, Kam-Shing Yip has found that the mental health care system before Hong Kong's return to China's sovereignty had developed from the pre-asylum period, the asylum period, the organization period, the initial and then centralized rehabilitation periods, into a parallel mode of institutional care and community care, instead of the de-institutionalization model that was the common movement elsewhere internationally [5]. This is the result, as Yip suggests, of the unique political and social context of Hong Kong. As it will be demonstrated in the current discussion, this unique political and social context also underlies the key to understanding the intricate forces and deliberation process behind policy formulation and political participation in the colonial era, which, in turn, would have borne a distinct and necessary impact on the process of policy formulation in post-colonial Hong Kong.

The extremely efficient and unbeaten administrative model of colonial Hong Kong has been a case study for quite a number of social and political researchers who have offered a range of factors contributing to its success. Notwithstanding, the hundred-year-long unchanging political structure before 1980s was "the result of the China factor", which prevented decolonization as occurred in other British colonies in the late 20th century, and brought to a freeze in the development of the political structure until 1985 [6]. Research on the political representation in the colonial era has also highlighted the predomination and dependence on the business sector at all levels of political consultation [7]. On the one hand, the two decades immediately preceding the signing of the Sino–British Joint Declaration to return Hong Kong to China had witnessed an enormous growth of nearly three-fold of per capita GDP, alongside a 70 percent increase in the working population (1.55 million in 1965 to 2.64 million in 1986) and a 50 percent increase in the general population to 5.54 million in 1986 [7]. Tak-Wing Ngo states that Hong Kong had achieved levels of modernity by the late 1970s in terms of the soaring development in a market economy, urbanization, literacy and higher education, and community well-being. At the same time, Hong Kong citizens enjoyed a high level of freedoms of expression, association, and assembly, bringing into existence a wide range of autonomous social, economic and political groups and organizations. On the other hand, there was no popular form of political representation, no political party and no elected assembly [6]. Even in face of the subsequent changes introducing a drastic expansion of the representative system in the composition of the two tiers of the Legislative Council (LegCo), Urban and Regional Councils of the colonial government, as a result of a major government policy review in 1984, the wholly-appointed first-tier Executive Council was relatively immune to change, and had been persistently dominated by the business interest with a representation of around 40 percent through the same twenty-year period [7].

In fact, the top-down approach in the governance of colonial Hong Kong had been supplemented by an elaborated advisory system of over four hundred advisory bodies in the 1980s, ranging from statutory bodies with executive powers to ad hoc committees [6]. Ngo observes that this advisory system allowed office-bearers of major associations or interest groups to be appointed in their private capacity, thus rendering possible a two-way co-responsibility process in this system of "government by consultation" whereby the views of the co-opted associations were reflected through their representatives in the policy formulation process, while support from these associations was offered, in return, to the policies adopted after deliberation. As such, this two-way process of both the top-down and bottom-up approach had presented an informal mechanism of what Ngo calls "government licensing" to social groups who were encouraged to seek official recognition as the legitimate representative and spokesperson of a social collective [6]. Where labour and lower class groups had no access, at the other end of the power structure in the top policy council was an oligarchy representing the interests of big business and banking, the industrialists and the employers [6]. Setting a limit on their privilege and relative power, a consensus was forged among this oligarchy of business elites through a pact of alliance to pursue a laissez-faire policy and to uphold the principle of non-selective intervention, in order to allow for profit maximization [6].

In the late 1960s and the early 1970s, dissatisfaction with the system of oligarchic politics had prompted a series of riots and protest. With the advent of the year 1971, a new governor, Sir Murray, and later Lord, MacLehose, was brought in, who was considered "a reforming governor", and who instigated, among other initiatives, the establishment of the Independent Commission Against Corruption (ICAC) and a very ambitious public housing programme [7]. Changes in the policy councils first took place in the lowering of overall expatriate representation to less than 43.5 percent in 1975. Then, direct elections were introduced in

1982 for the first time ever in the colony to the new District Boards [7]. Stephen N. G. Davies argues that the addition of an influential group of educated middle-class professionals in the membership of the Legislative Council was in the process of starting to reflect a new reality in Hong Kong politics. As a result of a major increase in 1985 in the number of unofficial Legislative Councillors, who were also appointed as chairmen or senior members of a range of advisory bodies, the broadening of representation continued with a concurrent decrease in that of official members [7]. Ngo claims that the opinions of the appointed members in the councils and other advisory committees were highly respected and the consultation exercise was a genuine one. Neither the Governor nor the colonial government had acted in opposition to the consensual views of the unofficial members. Contrary to the post-1997 state of affairs in the LegCo, the majority of the official members in the colonial LegCo maintained until the 1980s had not been used to overcome the unanimous opposition of the unofficial members since 1953 [6].

In the colonial era, government emphasis had always been placed on the creation of wealth rather than the distribution of wealth. With promoting capital accumulation as the prime objective, pro-business measures undertaken by the colonial government of Hong Kong included low profits tax, free enterprise, free flow of capital, minimal labour protection, and limited social welfare protection [6]. This laissez-faire policy was the guiding principle of the government, exerting its influence even on the current post-colonial administration. Coupled with the tradition of maintaining the self-imposed financial discipline for solid fiscal reserves, recurrent expenditure on education, health-care and other social services were tightly controlled at a limited level. This could partially explain the constant lukewarm and dismissive attitude of the Government in even initiating a discussion about a substantial mental health policy, and the enduring minimal percentage of per capital GDP allocated in the expenditure for the provision of mental health care. Taking into account Hong Kong's ageing population and widening wealth gap, it is high time for the current SAR Government to conduct a review of whether Hong Kong should increase its recurrent public expenditure on certain areas such as health and welfare in a more targeted and sustainable manner.

B. Under China's Sovereignty

The pressing need for the formulation of a substantive mental health policy has been re-positioned on the agenda only as a result of a series of grave incidents involving ex-mentally ill patients, and at the time period of nearly a decade after Hong Kong's Handover to China. The most recent piece of testimony of its urgency is the 2012 Submission by the Alliance on Advocating Mental Health Policy in its call for a substantive mental health policy to replace the piecemeal supply of measures and services as regards mental health care. Meanwhile, the Secretariat of the Legislative Council provided an Information Note in May 2010 that put in comparison the policy frameworks of Hong Kong, England, Australia and Singapore, identifying clear mental health policies for the three other selected places, but the policy framework for Hong Kong as only including the white paper on rehabilitation services in 1995, the Rehabilitation Programme Plan in 2007, and relevant legislation provided by the Mental Health Ordinance (Cap.136), Disability Discrimination Ordinance (Cap. 487), and the Enduring Powers of Attorney Ordinance (Cap.501) [8]. Reference to and description of the medical health policy has been at a minimal as found in a few other LC papers for discussion; only two paragraphs in the 22 November 2007 paper of 12 pages are set apart for the current mental health policy, and no details are offered in the six-paged 19 May 2008 paper on "Mental Health Policy and Services".

The intriguing question of which department in the HKSAR Government shall hold responsible for designing mental health policies after 1997 has continued to perplex researchers. The Government, however, argues that the Taskforce on Mental Health Service has already been set up in 2006 by the Food & Health Bureau [9]. Be that as it may, the Taskforce remains elusive about specific mental health policies on the agenda, and whether the discussion by this Taskforce should be made transparent to the public [9]. Although there was another similar task force jointly organized by the Social Welfare Department, the Hospital Authority and non-governmental organizations, its role was only limited to reviewing the cooperation among different government departments in light of the provision of mental health services; evaluation of existing mental health services and, hence, any feasible mental health policy were not put forward [9].

Uncertainty about the mental health policy in Hong Kong was seemingly attenuated by the occurrence of a tragedy in May 2010, whereby a mentally-ill patient physically injured three people and killed two neighbours in Kwai Shing East Estate. As this tragedy sparked public outcry, the Hong Kong SAR Government undertook to set up the Task Force on Community Mental Health with membership for the different government departments ranging from the Hospital Authority, the Social Welfare Department, the Housing Authority, to the Hong Kong Police Force [9]. This is the very first concerted effort made to discuss related mental health strategies and their implementation. This Task Force, however, failed to address mental health issues in a timely manner as meetings were convened only twice a year [9].

Since the tragedy in Kwai Shing East Estate had generated substantial public outcry, the Chief Executive echoed in the 2010-2011 Policy Address the importance of setting up mental health integrated community centers. It was proposed that 24 mental health integrated community centers were to be established in 18 districts, so as to better accommodate the needs of different groups including the discharged mental patients, persons with suspected mental health problems, their families and residents living in the relative districts. This proposal, however, was rendered futile as it has failed to execute coordination by any one relevant department [9]. No department was assigned to explore suitable venues or to consult the citizens within the communities. This predicament is further exacerbated by a lack of funding for mental health services and a shortage of expert medical professionals in the field. Currently, Hong Kong spends only 5% of its GDP (gross domestic product) on the health sector—an expenditure that lags far behind the average of

8.8% among the Organization for Economic Cooperation and Development countries [3]. Pitfalls are still identified in the mental health sector in Hong Kong as there is no separate fund dedicated to mental health; only a negligible 0.24% of GDP is spent on mental health care [3]. Due to the shortfall in the mental health funding in Hong Kong, inadequate staffing of professionals is commonly observed with a special reference to a skyrocketing professional to patient ratio (psychiatrists, 1:2,100; psychiatric nurses, 1:330; medical social workers, 1:3,100) [3]. As a result of the intertwining forces of the lack of central coordination, and the shortage of both sufficient funding and medical personnel, only nine mental health integrated community centers have been set up, while the remaining fifteen mental health integrated community centers are still in the search for suitable locations. Even though some of the mental health integrated community centers have been successfully launched in districts such as Tin Shui Wai, a close connection and cooperation is absent between the social workers of community centers and the case manager of Hospital Authority [9].

Apart from the 2010-2011 Policy Address, an escalating effort has been put forward by the Hospital Authority as to finalize the roadmap of mental health services within the next five years in the Mental Health Service Plan 2010-2015, which was drafted on the basis of 40 submissions from individuals and organizations within a 3-month consultation period [2]. The consultation received 12 responses from the non-governmental organizations of mental health services and two responses from the patient groups. The remaining responses were collected from the Hospital Authority, other government departments and professional bodies. Although this draft seems to be a result of public participation, there is a constant criticism that the mental health policies of Hong Kong are completely inaccessible to the victimized group of patients with mental illness [10]. This problem could be further understood in light of the structure of the institutional channels for the mental health service users or community groups to participate in the formulation of mental health policies [10]. It is further aggravated by the lack of the sense of citizenship among patients with mental illness. In a survey by telephone interviews of 507 citizens and 520 mental health service users, Chan & Chiu discovered that the mental health service users enjoyed relatively high political efficacy and high involvement in protest activities [10]. However, high political efficacy could negatively impact citizenship formation in the mental health service users, who would subsequently present a low participation rate in voting, minimal involvement in the political system, and their engagement in an exchange with political parties, civic groups and elected officials [10]. As a result of the plight of longstanding stigmatization and social exclusion, these mental health service users view political participation as an unpleasant experience [10]. In this regard, the lack of a two-way interaction has been exposed between the Government and the public, especially for this minority group. On the one hand, institutional channels to propose a mental health policy are unavailable for access of the public. On the other hand, because the mental health service users lack the initiative to participate in the whole spectrum of political activities, it is of top priority on the agenda to empower this minority group.

To put it briefly, mental health policies in the post-1997 Hong Kong exist as a vacuum. Without neither a detailed plan nor central coordination, the Government always undertakes only to implement mental health measures and to provide mental health services. More importantly, the Government has always dismissed the formulation of a substantial mental health policy. Resorting to a post hoc solution instead of ad hoc preventive measures, the Government is observed as starting to put forth more effort in proposing a mental health policy only in the aftermath of tragedies involving mentally-ill patients, the occurrence of which in the recent years has increasingly sparked public outcry. Sadly, the difficulty in practising the bottom-up approach in political consultation has seldom brought the victimized groups to the forefront in the formulation of mental health policies. The top-down approach in the governance of Hong Kong predominates as a result of both the inaccessibility of the mental health policy to the users and the lack of the initiative in these users to participate in political consultation. While policy deliberation exercises in general were genuine in the colonial era despite government inertia in the formulation of a mental health policy, it remains questionable whether "governance beyond government" has ever existed in the post-1997 era.

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