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Mental Health Services in Hong Kong: History, Modern Development, and Issues*

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This paper provides a comprehensive account of the history, current mental health services, and related-issues in Hong Kong. Psychiatric services provided by the Government such as inpatient, outpatient, and day-patient treatments are highlighted. Community mental health services rendered by the voluntary sector such as the counseling and casework, care in half-way houses, and psychiatric nursing are also discussed. Recent statistical information provides a detailed picture of psychiatric institutions and characteristics of patients. Mental health issues typical of developed countries are discussed.

Hong Kong is one of the most densely populated places in the world. With its land area of only 1,071 square kilometers and six million people, the overall population density per square kilometer is 5,330 (Hong Kong Government, 1989). Recent indigenous epidemiological research indicates that living in Hong Kong is very stressful and the mental health problems of the population are alarming (Lee, 1985; Mak & Shek, 1987; Millar, 1979; Wong, Lau, & Wong, 1984; Shek & Mak, 1987). Hence, mental health services play an important role in the well-being of people in Hong Kong.

History of Mental Health Services

In old Hong Kong Chinese society, mental patients were considered a disgrace to the family. Relatives would tolerate the burden of looking after a mentally disturbed member and would try to keep the patient inside the family (Lo, 1981). The

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first mental hospital built in 1925 provided only custodial care. The discharge of recovered patients was a great problem at that time because their families were reluctant to bring them home for fear of social stigma. The number of patients in the mental hospital rose from 308 in 1925 to 679 in 1940. The number declined during the war period from 1942 to 1945 (Lo, 1981). In 1949, a qualified Chinese psychiatrist was appointed as the first medical superintendent of the mental hospital. He started the systematic development of mental health services for the rapidly growing population of Hong Kong (Singer, 1971).

Mental Health Institutional Services

Generally speaking, mental health institutional services for the mentally ill include treatment in psychiatric hospitals, day hospitals, and outpatient psychiatric clinics. The following sections highlight the provision of mental health services by the Medical and Health Department of the government in Hong Kong.

Psychiatric Hospitals

Psychiatric hospitals were built to meet the needs of mental patients whose conditions required hospitalization. The first psychiatric hospital—Castle Peak Hospital—was opened in 1961. Currently, there are three psychiatric hospitals with 3,445 beds, and there are 624 beds in the psychiatric units of general hospitals (Medical & Health Department, 1988). In Hong Kong, the need for psychiatric hospital beds is estimated on the basis of 1 bed per 1,000 population. However, the number of hospital beds is far behind the planned provision.

To minimize the adverse effects of a large institution, subspecialties are created with different wards assigned to the large psychiatric hospitals for children, adolescents, geriatrics, neurotics, and neuropsychiatric cases (Goffman, 1962). Moreover, in parallel with the world trend of operating smaller psychiatric units within general hospitals on the regional or district basis, an additional 2,238 beds are to be established in general hospitals in the 1990s (Medical & Health Department, 1988).

Hospitals and Clinics

The first psychiatric unit that provided a comprehensive range of inpatient, outpatient, and day-patient services in a general hospital was the Kowloon Hospital Psychiatric Unit built in 1971. Subsequently, other outpatient psychiatric clinics and day hospitals also were established. The outpatient psychiatric clinics provide a wide range of assessment, treatment, counseling and after-care services on a regional basis. The day hospitals provide occupational, therapy and social and recreational services for patients with less severe mental conditions for whom hospitalization is unnecessary.

Day Hospitals

Gradually, more and more psychiatric patients are treated in the community (Goldman, 1982). Some mental patients attend day hospitals for treatment and return home to spend the evening with their families. This approach is consistent with the modern view that whenever possible patients should be treated outside psychiatric hospitals (Goffman, 1962; Schulberg, 1977). Most treatment methods employed in psychiatric hospitals are available in day hospitals. The locations of day hospitals are easily accessible to the public. Every day hospital can serve about 50 clients and is located in districts with populations of about 500,000. At present, there are ten day hospitals and 14 outpatient psychiatric clinics in operation throughout Hong Kong.

In 1987, there were 6,295 admissions to psychiatric hospitals, 751 to regional day hospitals and 238,332 visits at psychiatric outpatient clinics. Clinical psychologists working for the Hong Kong Government Mental Health Services conducted 10,227 interviews, which included psychological assessment and therapeutic functions (Medical and Health Department, 1988).

Psychiatric Inpatient and Outpatient Statistics

The relative stability of admission figures to government psychiatric hospitals reflect the limit imposed by bed spaces and resources in hospitals. The slight decrease in admission figures (about 2%) in the three year period might be due to the effect of public attention to the crowded state of psychiatric hospitals.

Table 1

Number of Admissions to Government Psychiatric Hospitals and Attendances at Outpatient Psychiatric Clinics (from 1985-1987)

Year	Midyear population	Government psychiatric hospital			Outpatient psychiatric clinic		
		New	Readmission	Total	New	Revisits	Total
1985	5,422,800	3137	3298	6435	5823	206,564	212,387
1986	5,532,600	3027	3372	6399	5594	218,687	224,281
1987	5,613,400	2865	3430	6295	5918	232,314	238,232

The increase in the number of psychiatric outpatients is gradual and steady each year. This is in line with population growth, an increase in public awareness, as well as an increase in outpatient services.

Table 2

Distribution of Psychiatric Inpatients by Age in 1983

Age	Treated & Discharged		Remaining in Hospital	
		%		%
0-14		1.0		0.8
15-24		23.0		15.4
25-34		31.9		18.1
35-44		15.5		20.1
45-54		12.9		15.9
55-64		7.6		9.6
65 & over		6.2		8.8
unknown		1.9		1.3
Total		100.0		100.0

In 1983, a survey involving two groups of psychiatric inpatients was conducted by Mental Health Services of the Hong Kong Government. Included were 6,276 treated and discharged patients, and 3,576 who remained in hospital at the end of the year. Over half of those treated and discharged were in the age group of 15 to 34, while of those remaining in hospital, about

one half, were from 25 to 54 years of age (Table 2). The chronicity of some mental illnesses, notably schizophrenia, increases with age; and patients of this category often experience more frequent and/or prolonged hospitalization.

Table 3

Distribution of Psychiatric Inpatients by Diagnosis in 1983

Diagnosis	First admitted	Readmitted	Total in-patient
	%	%	%
Schizophrenia	53.6	61.7	58.0
Paranoid-states	5.0	2.5	3.6
Affective psychoses	6.5	9.4	8.1
Neurotic disorders	10.1	4.4	7.0
Others	24.8	22.0	23.2
Total	100.0	100.0	100.0

Schizophrenia was the most common diagnosis among the first admitted, readmitted, and the overall inpatient population. Readmission rates for both schizophrenia and affective psychoses are higher than their respective first admission rates. This reflects the greater potential for those experiencing one of these illnesses to suffer a relapse. Patients with neuroses were less frequently readmitted and they only accounted for 7% of the hospital population.

There are many more psychotic patients than neurotic patients requiring in-patient treatment which is comparable to other developed countries. Moreover, psychotic inpatients usually require much longer hospital stay than neurotics.

Professional Personnel and Treatment Approaches

The mental health services adopt a multidisciplinary team approach in the treatment and rehabilitation of the mentally ill. There are three basic approaches to psychiatric treatment in Hong Kong. The first is the biological approach which emphasizes physical methods of treatment, such as the use of drugs. The second is the psychological approach which stresses treatment by psychological methods. The third is the social approach

Table 4

Distribution of Psychiatric Inpatients and Outpatients by Major Diagnostic Categories in 1983

Diagnosis	New psychiatric		Psychiatric inpatients			
	No.	%	Treated &		Remaining in	
			No.	%	No.	%
Psychosis	1,297	30.3	4,770	76.0	2,975	83.2
Neurosis	2,204	51.5	948	15.1	229	6.4
Others	779	18.2	308	4.9	308	8.6
Unknown	0	0.0	250	4.0	64	1.8
Total	4,280	100.0	6,276	100.0	3,576	100.0

which seeks to treat mental illness by social means, such as manipulation of the environment (Singer, 1981). Examples of treatment methods include drugs, electroconvulsive therapy, psychotherapy, behavioral therapy, occupational therapy, and physiotherapy.

All patients referred by other agencies are assessed and treated by medical officers under the supervision of consulting psychiatrists working within the framework of the Mental Health Ordinance of Hong Kong. For the care and treatment of patients, different professionals are involved. Clinical psychologists offer a wide range of services in both individual and group settings. Referrals from medical officers are accepted for diagnostic investigation, counseling, and rehabilitation. Medical social workers assist patients and their families with social or familial problems associated with the illness. Through team collaboration, utilization of community resources and liaison with outside agencies, they contribute to the social rehabilitation of patients and the patients' reintegration into the community.

Occupational therapists apply planned programs in pre-occupational training, self-care training, and other therapeutic activities to help patients overcome psychological and behavioral dysfunctions in order to facilitate their recovery and to prepare them for future work, social and home settlement. Physiotherapists help to treat patients with a physical or neurotic complaints, thus aiding their overall recovery. Maintenance and

progressive exercise programs are held, which aim at helping to improve the patients' general condition. The role of the community psychiatric nurses is to perform their nursing duty in noninstitutional settings and to follow-up on the ex-mentally ill and their families. They also provide educational services to the public on mental hygiene.

Community Mental Health Services

The ultimate goal in the rehabilitation of the mentally ill is for them to reintegrate into and live as normal members of the community (Wing, 1968). A variety of services are provided to facilitate reintegration. The following sections describe the community mental health services launched by the voluntary mental health agencies in collaboration with the government departments in Hong Kong.

Counseling, Casework, and Preventive Services

Many voluntary counseling/family service centers, with staffs of social workers, counselors, and clinical psychologists, provide individual, group and family counseling for normal as well as ex-mental patients. In a recent study on voluntary mental health services, Mak and Lai (1989) found that all of the surveyed agencies launched community mental health education activities such as exhibitions, seminars, talks and courses. Moreover, most of them produced publication and mass media education on mental health. Their productions included newsletters, radio and television programs at the primary prevention level. Most of the agencies provided mental health services at the secondary as well as the tertiary levels of prevention (Caplan, 1964). At present, there are about twenty voluntary social service agencies actively promoting community mental health programs in Hong Kong.

Half-way Houses

Half-way houses provide temporary shelter for recovered mental patients after their discharge from the psychiatric hospital. They provide a suitable environment to assist individual growth and development of the recovered patients. Under the

guidance of social workers and mental health personnel, half-way house residents offer mutual support to each other and prepare themselves to return home or learn to live independently (Budson, 1979; Raush & Raush, 1968).

By the early 1990s, 30 half-way houses with 1,200 places will be established. Many of these half-way houses will be in public housing estates, offering an integrated form of community environment with which many recovered mental patients are familiar so as to facilitate adjustment and integration.

Community Psychiatric Nursing Services

The Community Psychiatric Nursing Service was established in 1982 to provide continuity in aftercare treatment programs for discharged mental patients, to assist them in social readjustment and to educate the patients and their families in mental health. Community psychiatric nurses visit the homes of mental patients, and advise them and their relatives on medication and on matters related to rehabilitation and treatment of their conditions, thus assisting in the prevention of relapse. Many mental patients who would otherwise require hospitalization can be taken care of in their homes with the services rendered by community psychiatric nurses. The service is regionally based and jointly operated by the voluntary agencies and the Medical and Health Department. There are now seven such centers.

Sheltered Workshops, Vocational Training and Employment

The sheltered workshops serve either those ex-mental patients who cannot enter into open employment because of limited capacity, or help other discharged patients to develop work habits before attempting open employment (Anthony, 1977). The sheltered workers engage mainly in industrial assembly work and the workshops are capable of accepting orders of simple contract jobs. One agricultural workshop serving discharged patients is engaged in the production of vegetables, flowers and the rearing of pigs and pigeons. The sheltered workers normally receive wages in accordance with their individual productivity level. A daily incentive payment is also paid for attending the sheltered workshop.

The voluntary mental health agencies and the Technical Education and Industrial Training Department offer vocational training courses to the recovered mental patients. As for open employment, the Selective Placement Service of the Labor Department and some voluntary agencies help ex-mental patients find employment.

Social Clubs

Voluntary agencies run social clubs for ex-mental patients to prepare them socially and psychologically to integrate into the community. Social and recreational services are also provided to the chronically mentally ill patients who are not able to utilize the normal community facilities.

Compassionate Rehousing

The Compassionate Rehousing Plan offers special assistance in providing accommodation to those recovered mental patients whose family environment is not suitable for their mental conditions but who do not need to be kept in institutions. Under this plan, several recovered mental patients who cannot return to their families for one reason or another may jointly apply for a housing unit. This enables them to live in a home-like setting, sharing with each other and offering mutual assistance (Soni, & Freeman, 1978).

Social Security and Financial Assistance

Those discharged mental patients who are in financial difficulty may apply to the Social Security Units of Social Welfare Department for public assistance. Some may be eligible for disability allowance based on the appropriate medical recommendations. A number of trust funds are also available to help cover special expenses such as removal of accommodation and purchase of furniture.

Current Mental Health Issues

Prominent mental health services issues include public attitudes towards ex-mental patients, personnel and burnout, accommodation for ex-mental patients, and resources constraint.

Public Attitude Toward Ex-mental Patients

The attitude of the public towards ex-mental patients influences the successful rehabilitation and community integration of the discharged patients. The public usually holds a biased attitude towards mental patients based on fear of their unpredictability and alleged dangerousness. The public's biased attitude towards ex-mental patients can be seen in the recent public opposition by some residents towards the location of half-way houses in their housing estates. Community education is seen as a means of alleviating public prejudice. Such community education, an essential component for community mental health care, requires the joint efforts of government, professionals, community members and a well-informed and cooperative media. Moreover, it has to be carried out on a long-term basis.

Personnel and Burnout

The further development of mental health services as well as the provision of existing services will demand considerable personnel, particularly psychiatrists, clinical psychologists, nurses, occupational therapists, physiotherapists, and social workers. In a recent study on problems encountered by voluntary mental health agencies, Mak and Lai (1989) found that 56% of the surveyed agencies reported staff shortages, and 22% indicated heavy workload or burnout phenomena among professional workers. While the first phenomenon might be explained by the inadequate resources in training professionals, the recent massive emigration of professionals has made the issue more acute. The second phenomenon might be due to the vicious effects of staff shortages, overwork, and the demanding nature of mental health work (Lamb, 1977; Pines & Maslach, 1978). Until there are improvements in work conditions, increases in training facilities with more resources allocated to recruitment of high caliber professionals, the quality of mental health services will be greatly affected.

Accommodation for Ex-mental Patients

In Hong Kong, crowding in psychiatric hospitals is always a problem in that occupancy rates often exceed capacity. A

source revealed that some patients were found to be staying in hospital unnecessarily because of insufficient aftercare facilities (Medical & Health Department, 1989). If aftercare services and accommodation facilities are increased, quite a substantial number of patients in psychiatric hospitals can be discharged. Until more long-term care homes, half-way houses and sheltered workshops are established, the crowding will continue to be a problem in psychiatric hospitals (Budson, 1979; Pepper, Kirshner & Ryglewicz, 1981; Soni, Soni, & Freeman, 1978).

Resource Constraints

The development and provision of services for the mentally ill will require funds, physical facilities, as well as staff. Mak and Lai (1989) found that 56% of the voluntary mental health agencies reported a financial deficit, 11% identified a scarcity of training resources, and 11% indicated insufficient office space. Resource constraints hampered the provision and development of mental health services.

In summary, the development of the mental health services are mandatory to the well-being of the people in Hong Kong. In spite of the strenuous efforts by voluntary mental health agencies and government departments in the last four decades to establish the present mental health services, several barriers to continued development of the services exist. These include the financial constraint, emigration of professionals, lack of accommodation for ex-mental patients, and negative public attitudes towards ex-mental patients. It is hoped that various mental health professionals, the government, and the voluntary agencies will develop innovative, inexpensive, and integrated mental health services in Hong Kong in the near future.

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