

## AGENDA 6

### Community Health and Well-being

According to World Health Organization (WHO), health is a state of complete physical, mental and social well-being in which all individuals realize their own abilities, can cope with the normal stresses of life, can work productively and effectively, and are able to make a contribution to their communities. Mental health and the causes of mental disorder are the results of interaction of different factors, including social factors---economy and environment, as well as individual factors---physical and mental conditions. With this definition, we will approach the subject of how to improve community health and well-being in Hong Kong.

#### Trend and Challenges

##### 1. Increasing demand for services

Hong Kong is a cosmopolitan city with fast-paced life. Citizens here suffer from great stress, which affects their mental health greatly. Accompanying the outbreak of the financial crisis, the rate of unemployment is soaring. People's anxiety for the future leads to an increased number of mental-related cases. Based on the figures of Hospital Authority, 154,625 patients suffering from mental illnesses received hospitalization, specialist consultation and daytime hospital services during 2008/2009, representing an increase of 23% compared to that in 2004/2005. The data does not include any consultation with private practitioners or those patients who had not received any medical treatment and had been hidden in the community. The number of patients in psychiatry outpatient department increased by 18% from 549,133 (2002/2003) to 647,864 (2008/2009). The number of psychiatry outreach service also increased by 27% from 82,199 (2002/2003) to 104,753 (2008/2009).

##### 2. Lack of coordination and facilities for medical and social service

In addition to the inadequacy of medical facilities for ex-mental patients, there is also a lack of adequate community rehabilitation facilities. During the year of 2008/2009, every 10,000 mental patients shared 5.71 hospital beds. There were 15,830 ex-mental patients going back to their communities. Every 10,000 mental patients shared 3.11 psychiatrists and 133 nurses. Every nurse needed to take care of 119 ex-mental patients. Only 197 social workers were shared by 10,000 patients, and each of them needed to handle 72 cases on average. At present, there are many community health services, including Halfway Houses, Community Mental Health Link Service, Community Mental Health Care Service and Community Mental Health Cooperation Plan. However, these services operated by social welfare agencies do not have clear referral relationship with psychiatry service provided by the Hospital Authority. The patients are easy to be lost track of in the health care system. The community rehabilitation services are segregated and they lack integration.

##### 3. Increasing need for psychiatry consultation and rehabilitation service based on ages

Hong Kong lacks any age-specific psychiatry consultation and rehabilitation service. For example, due to aging of the population, the need for psychogeriatric service has increased remarkably. Moreover, the concern for mental problems of children and teenagers has also risen recently. Based on figures from the Hospital Authority in 2006/2007, 9,513 teenagers aged 6-19 received psychiatry consultation. During the period of 2001/2002 to 2006/2007, the number of children cases had risen by 56%, and the number of teenager cases had also risen by 32%. It is estimated by the Hospital Authority that only 20.85 psychiatrists and 5.4 clinical psychologists were responsible for providing psychiatry consultation and hospitalization for children and teenagers as at end of 2006. Hospitals are understaffed seriously. Some teenagers even have to wait for 18 months to be treated. There is also a lack of community rehabilitation facilities especially for teenage ex-mental patients.

**Concerns:**

Social workers have the following concerns on promotion of community health and well-being and related rehabilitation services.

1. The need for mental health services will keep increasing. However, due to limited resources, we should provide more community-based mental health services, including those for prevention, treatment and rehabilitation services. Other integrated services such as establishing supportive network in local communities for early identification and timely treatment. The government should allocate more resources to enhance supportive services. In addition, it should also establish platforms and systems in these communities to establish linkage and facilitate coordination among hospitals and communities to ensure seamless services.
2. The present mental rehabilitation services mainly focus on treatment. To help the patients more effectively, the supportive services should be recovery-oriented. They should improve the abilities of the patients to make sure that they can handle difficulties in their lives resulting from their mental problems. Furthermore, community supporting services should also be enhanced to meet the needs of patients and their families in economy, education, employment, housing and social participation so that they can fully participate in community life.
3. Mental health is related to social and cultural conditions of our society. The increase in number of emotion disease or depression and elderly suicide in Hong Kong illustrate this relationship well. In this connection, primary health care should be strengthened for prevention and early identification, based on which hidden mentally ill patients receiving general medical services can be identified and referred to receive specialist care earlier. The prevailing expert-led model in the process of diagnosis, treatment and support service delivery often glosses over the differences in the needs of different patients coming from different cultural backgrounds, neglecting how these differences may affect the manifestation of illness, behavioral patterns, communicative competence etc, which in turn limit the choices of treatment methods accessible to them. This

deserves special attention in the local context of multiple cultures. The special needs of the people of ethnic minority deserve special attention.

4. Currently, treatment for mental illness is still largely based on the western medical model. In a society where Chinese constitutes the majority of the population, patients should enjoy their rights to choose Chinese medicine or mixed mode of treatment. We recognize that Chinese medicine has its unique professional knowledge system in diagnosis, though it is different from the western medical model. Yet, the Chinese medical system has not comprehended the concept of referral and established a referral system well. There is still room for further development of synergy between Chinese medicine and social service for rehabilitation in the interest of the patients.
5. We should foster mental health of the entire life cycle of people when designing and providing services. Services should be based on the needs for growth and development of service users of different age groups. We should also set up a specialist body to promote mental health and provide supportive services to ensure that children have a healthy beginning of life. Meanwhile, different service models should also be provided according to various needs of teenagers, adults and the elders.
6. Intervention and Service Support
  - Different types and levels of mental illnesses will have different impacts on the patients. Adopting the concept of Mental Health Spectrum to address the needs of different patient with different multiple-service intervention models is important.
  - For those young patients, service support should be rendered in natural settings. Therapeutic groups in community centres/integrated children and youth centres adopting a “strength-based approach” and a “district-based strategy” that mobilizes different community organizations or stakeholders (e.g. schools, private medical doctors, churches etc.) are believed to be most specific and effective in providing support to patients and their families. Services provided in this way will also reduce social stigma against the patients and their families, and promote rehabilitation. However, to achieve this effect, frontline practitioners should be provided with more training, in terms of skills and knowledge, on psychiatry and mental health.
  - In devising intervention plan for patients and clients in rehabilitation, we need to strengthen professional communication and dialogue among different professions such as social work and medical profession as well as among different fields of services within the social work sector. This is to ensure that different professional practitioners have accurate understanding and assessment of the needs of the service recipients, to facilitate an integrated service provision model, and to provide the service recipients with more choices.
  - Strengthen concern over preventive work: Identify risk factors of individuals/families in the community and of the high risk groups (those

with high education). Enhance the general competence of the public in recognizing the mental health and mental illness. Provide people suspected to be suffering mental health problems with counselling service.

- In education, prevention and support service provision, organizations providing rehabilitation services should strengthen their collaboration with youth service organizations, community centres, and family service centres to provide more comprehensive services the patients and their families.
  - Provide the patients and their families with easily accessible and updated service information.
7. The rights of the patients and their families should be respected and protected in the process of service provision. They should be encouraged to take an active part in the rehabilitation process and choose a treatment and recovery model according to their personal needs. Apart from providing supportive services, we should also increase resources and create channels to encourage service users and their families to set up self-help organizations and networks so that they can get involved in the formulation of policies and express their opinions. The existing Mental Health (Revised) Ordinance and Disability Discrimination Ordinance have yet provided them with widest protection in the areas such as employment and choices of treatment
  8. Employment is a major component for mental rehabilitation and recovery, establishing self-competence while reducing reliance on social welfare. It is one of the factors that help to bring them back to the society's mainstream. Occupational placement for rehabilitating persons however often depends on how open-minded employers are. Thus, public education to strengthen employers' awareness in providing more job opportunities is important. Furthermore, we should look into the existing CSSA system which does not provide enough incentives for people in rehabilitation to participate in the labor market.
  9. The existing occupational rehabilitation services provided by rehabilitation organizations focus more on the group of ex-patients who were severely ill previously. For those who suffered from mild illness previously and/or with professional backgrounds who are very much concerned with stigmatization or who have a different set of needs, the existing services and the treatment environment are relatively less favorable. On the other hand, the side-effect of medicine usually makes the motivated and young ex-mentally ill persons unable to participate in the labor market fully. For these groups of people, the employers should create a more favorable work environment, such as offering part-time job, to facilitate their participation.
  5. The government is lacking long-term planning for promoting mental health. On the other hand, it also lacks a set of strategies to prevent illness. To promote community health and well-being, we should not just think about services for the mental patients, but also protect people's basic lives through a framework of comprehensive social policies in social and economic lives, employment,

education, housing, medical service, social welfare, environment and culture and so on. This will create conditions for a healthier life and is good for fostering mental health of individuals and the whole community. Moreover, these policies can also help to build a society with tolerance, harmony, respect for human rights and free of discrimination.

**Possible Actions:**

**1. Promote long-term planning for medical and welfare services for community health and well-being**

In order to enhance the planning and the linkage between medical and welfare services, government departments should make long-term planning for mental health and rehabilitation services together to estimate the need for human resources in the future. It is also suggested that regular platforms should be established in every community to help specialists of medical and welfare systems to communicate and make referrals regularly. Care plan for individual cases should be formulated for those who are waiting for mental treatment, those receiving services as well as ex-mental patients to realize seamless service.

**2. Strengthen community-based supportive services**

In line with the service idea of “community care”, community-based planning, projects and service promotion should be strengthened and be facilitated. With other services, this can support patients’ psychological needs, social life, family life, housing, education, employment, economy, medical treatment and other needs to ensure a normal life in community. Because the need for supportive services is great, relying on specialist service resources in community rehabilitation is not enough. Therefore, community rehabilitation services should be strengthened and provided in coordination with other service units (such as services for teenagers, families and the elders) to promote preventive services, assessment and identification, intervention and community support. In addition, specialist community mental health supportive service can be set up based on the needs of different age groups through the community collaborative mechanism. At the same time, we should develop community-based informal caring and service model to help meet the new service needs and fill the service gaps.

**3. Enhance supportive services for relatives/caregivers**

Relatives/caregivers are the most important support of patients. Therefore, supportive services should be enhanced to coordinate families and caregivers. Such services will not only reduce the stress of caregivers, but also help to establish supporting organizations among relatives and patients so that they can express their voices for service development.

**4. Improve public education to eliminate discrimination and advocate respecting human rights**

To eliminate misunderstanding of the public towards mental illness, the government should provide community education in different places, including schools, workplaces, enterprises and communities. The aim is to promote a

correct understanding of this illness among the public and further increase opportunities for patients to recover and integrate into the society. The ultimate aim is to promote the core values for building a society with tolerance and respect of human rights. We should advocating the rights of patients/ex-patients and strike a balance between compulsory treatment and protecting the rights of the patients. It is important to create a natural support environment for their rehabilitation so as to reduce social stigmatization. To ensure that they can fully integrate, we should promote an employment policy which encourages employing persons in rehabilitation.

**5. Formulate social policies to achieve a healthier life**

In the course of rapid economic development and social changes, vulnerable groups are facing greater challenges and mental stress. This can illustrate the positive relationship between poverty and incidence of mental illness. Therefore, the government should improve the basic life of citizens through comprehensive social policy planning to reduce the sense of helplessness of vulnerable groups. It should also create favourable conditions for building a healthy society and environment so that all individuals can realize their potentials, be positive about life and make contributions to the whole society. The government should set up a long-term prevention policy/strategy that targets the special qualities of different age groups. The policy should include measures to enhance individual resilience, foster patients' recovery and prevent relapse or development of other illnesses or disabilities.

**6. Enhance professional training to improve quality of service**

To support service development, elements of community mental health services should be incorporated in the professional training for social workers. This can make sure that those serving at the frontline should master professional knowledge, counselling skills and intervention strategies to handle mental illness. Through cooperation with universities, different service models for different needs of different age groups can be consolidated and their effectiveness be measured, tested and enhanced. In addition, another important training area is to provide consultation on clinical treatment for the supervisory social workers in service agencies. Both pre-service, in-service and district-based trainings are needed.

**7. Service planning and development should be evidence-based**

In addition to the lack of long-term planning for mental health service development, Hong Kong lacks empirical evidence for service planning in terms of statistics and research concerning the incidence of mental illness among different age groups and various kinds of mental disorder. Therefore, the government should invest resource to collect figures to estimate the needs and the trend of development. Only in this way can the government plan future treatment and social services and estimate manpower according to actual needs.

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