

Mental Health Education: What Can We Do in Hong Kong?

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During Dr. Lo's professional life, he was always keen to conduct mental health education, especially community mental health education. For this reason, he was one of the pioneers in setting up the Mental Health Association of Hong Kong.

However, in Hong Kong, a constant shortage of health and allied health resources has been a problem for many many years, this is particularly true in the mental health field. Not only that mental health professionals depend heavily on a multidisciplinary team approach, they lack the armaments, as enjoyed by their medical and surgical counterparts, in clinical physio-pathological support. Psycho-social pathologies require time to elicit and manage, which cannot be compromised by cutting short the time in out-patient consultation or in-patient care. Out-patient consultation cannot be limited to dispensing medicines without listening to the patients and/or their relatives and providing counselling. Indeed, the time required for assessing and managing people with mental illness (PMIs) can be twice or more than that for patients with physical illnesses. Furthermore, in-patients must be regularly assessed by weekly individual consultant rounds, during which the care of every in-patient is critically reviewed and the junior medical officers are trained. Furthermore, rehabilitation of PMIs with more complex psycho-social pathology cannot be done by just sending them home. In addition to out-patient follow-up, they require careful and regular monitoring with home-

visits by allied health professionals, who understand the patient's family dynamics and living circumstances and provide effective counselling for better adjustment.

In 2007 the lancet published a paper¹ by a group of international experts entitled "No health without mental health", which emphasises the importance of mental health. Some may argue that this is simply an increased demand in developed countries. In the same year, the Lancet's Global Mental Health Group published a paper² emphasised the importance of mental health in low and middle income countries. These publications received staunch support from the government of the United Kingdom. In 2012 the support was further put into action by publishing an implication framework³, jointly by the UK Department of Health, the National Health Service Confederation's Mental Health Network, as well as other community organisations. They suggested setting up goals and strategies to scale up mental health services. Five priority areas were identified: (1) To place mental health on public-health priority agenda; (2) To improve organisation of mental health services; (3) To integrate the availability of mental health in general health care; (4) To develop human resources for mental health; and (5) To strengthen public mental health leadership.

In 2016 the Intelligence Unit of the Economist published a survey report about mental health among 15 Asia Pacific countries/jurisdictions⁴. Each country/jurisdiction was

scored according to 18 indicators within 4 categories. (1) Environment for PMIs to lead a full life. This includes 5 indicators: Social welfare benefits and financial control, presence of a de-institutionalisation policy and care, home care, parental rights and custody, and family and carer support. (2) Access for PMIs to receive medical help and services. This includes 5 indicators: Assertive out-reach, mental health workforce, advocacy within the healthcare system, access to therapy and medication, and support in prison. (3) Opportunities (job-related) available for PMIs: This includes 3 indicators: Back-to-work schemes, work-placement schemes, and work-related stress. (4) Governance of the mental health system. This includes 5 indicators: Involuntary treatment, human rights protection, cross-cutting policies among government agencies such as education, employment and housing, changing attitudes in workplace and in schools, and assessment from the patient perspective. Hong Kong only ranked 7th among them. Not only that we were surpassed by New Zealand and Australia, we were even behind Taiwan, Singapore, South Korea and Japan! What have gone wrong with mental health care in Hong Kong? How can we solve these chronic problems, and keep up with our front runners? Or, what can we learn from the other countries/jurisdictions so that we can provide a better mental health care system?

To follow on to Dr. Lo's active interest in community mental health education, we should continue to better our mental health care system. It appears that the most urgent task for us is to formulate a comprehensive mental health policy for developing a mental health care system, which should be supported by a mental health legislation that provides structure, strategy and resources for achieving it.

References

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