

Reformation for Psychiatric Rehabilitation in Hong Kong?

Prof. K Y Mak, MD, BBS, JP

Vice-President
The Mental Health Association of Hong Kong

Abstract

Psychiatric rehabilitation in Hong Kong has been outstanding and proud among Asian countries for many years. With worldwide rapid advances in psychiatric knowledge and holistic approach towards mental illnesses, there is for Hong Kong a definite risk of losing ground, as illustrated in this article. In order to keep up with effective momentum of past achievements, mental health professionals and service providers must seriously and scientifically inspect the present condition and services, and to find out deficiencies and pitfalls. We must in addition be ambitious and bold enough to transform and even reform, as suggested in this paper.

Keywords: psychiatric rehabilitation, services, transformation, specialization

Introduction

Over the past few decades, Hong Kong has been foremost in psychiatric rehabilitation in Asia, pioneering in many services for the chronic mentally disabled persons, such as sheltered workshops, half-way and long stay care homes, case management, etc. There have obvious been progress and steady improvement in patient care and the psychiatric service (e.g. the use of novel medications, and the increase in mental health professionals). But in my opinion, for the past decade and more, while other countries in Asia are catching up, there seems that everything remains status quo in Hong Kong, without much noticeable advanced application of scientific knowledge and skills.

Current issues in psychiatric rehabilitation

To justify such bold criticism, let me explain some of the issues to see whether there is an urgent need for transformation.

1. Sheltered workshops for mental patients: the value of sheltered workshops had been challenged for many years. There is little evidence that mental patients who have undergone such service provision

could find a stable job outside the protective environment, similar to the results of a study for intellectually disabled persons in the United Kingdom (Cimera, 2011).

2. Psychiatric half-way houses: in theory this serves as a temporary residential place for mental patients' incapable of independent living, but for many residents, half-way becomes long-stay, not many differences compared with 'long-stay care homes' except perhaps for the financial costs. Although quite a number of half-way house residents have been switched to compassionate rehousing, but for most of them self-reliance is still far from sight, and relapses of illness seem higher due to lack of constant supervision, due to various limiting factors (Cometa et al., 1979).

3. Case management: such service really sounds important for individualized patient care, including those discharged from half-way houses. However, due to lack of adequate qualified staff in providing expert care, unenthusiastic undertrained staff are deployed, with no gross outcome improvement in patient functional recovery. Serious mishaps continue to happen under such case managers supervision. Reinhard (2000) commented that case management

Correspondence concerning this article should be addressed to Prof. K Y Mak, The Mental Health Association of Hong Kong, 1/F, 2 Kung Lok Road, Kwun Tong, Kowloon.
Email: mhahkho@mhahk.org.hk

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rarely provides clients with evidence-based therapy techniques, such as those developed from a cognitive-behavioural perspective. Consequently, clients with mental illness are not being provided with skills which could help them systematically reduce their emotional disturbance.

4. Community mental health centres: this service sounds good for providing continuous, comprehensive, community-oriented care to people suffering from mental illness, and also early detection and management of mental illness in the community. But as had happened in western countries, such goals are only partly successful, especially for the lower socioeconomic class (Avery & LaVoice, 2023), and quite often misused by those with only minor ailments, while the moderately to severely ill patients in the community remain underserved.

5. Supported employment: this is an evidence-proven model for improving employment success for patients with severe mental illness. But the main limitation to recruitment was employers' scepticism of mental health patients' work performance, as some potential employers were worried that the patients might turn violent or suicidal at the workplace. Besides, discriminatory attitudes from the co-workers present another challenge for the patients to adapt and adjust to the new workplace (Khalid et al., 2023). Besides, the skills trained by the supporting staff in one setting may not be generalized into other settings or for long term.

6. Social enterprise: this should be considered an advanced service providing salaried jobs for the moderately disabled psychiatric patients, working together with abled co-workers in a rehabilitative setting. However, throughout the years, not all such enterprises are successful, and seem benefit more for the able-bodied staff who use such service as a stepping stone to other jobs. As those working in such places have difficulties (or reluctance) in finding open employment, the turnover rate may be low, thus limiting the number of patients benefiting from this. Besides, many such enterprises heavily rely on government support, privileges and finance, leading to unfair competition with commercial businesses especially during periods of economic downturn. Further research into its cost-effectiveness and other socio-political issues are needed (Kidd et al., 2015).

7. Mental Health First Aid: this is important move in educating the public and other concerned bodies about mental disorders and may ameliorate the stigma towards mental patient. Such service should

be promoted further and modified to help school students. However, the lack of practical training and the complexity of mental disorders make it difficult for Mental Health First-aiders to apply their knowledge in real-life (Crate, 2019), unlike Physical First Aid by experienced trained instructors. In fact, many trained persons feel at loss or embarrassed when facing psychiatric patients in crises or exhibiting suicidal gestures.

Care by the community

For many years, community psychiatric rehabilitation experts have repeatedly talked about the ideology of "Care by the Community", but so far, Hong Kong has remained static in "Care in the Community". Therefore, there seems an urgent need for "Transformation" (not just improvement) in psychiatric rehabilitation, from the personal point of view of the author, especially in the following areas:

1. Empowering carers: To answer the issue of unfortunate incidents of crime in society by mental patients, service providers just emphasized the need for more staffing. But despite the increase, cases of delusional killing by relapsed paranoid patients continued. In reality, the most important supervising person for such patients should be the family members (the carers), many of whom are not knowledgeable about early signs of relapses, nor empowered to seek emergency support. Therefore, there should be special provision for these carers (Zhou, 2020), and at least encourage the society to be "caregiver friendly" (Tell et al., 2022), such as flexible schedules at work or emote working, additional time off, etc.

2. Psychiatric rehabilitation social work specialists: unlike psychiatrists and community psychiatric nurses, many experienced psychiatric social workers in Hong Kong are generic in nature and not recognized as experts in the field and are often transferred (or promoted to administration) in other areas or disciplines, thus losing their skills in time, and may even be less knowledgeable than their subordinates. There is an urgent need to train up more lifelong experts in the area, with special professional status and responsibilities (Hong Kong Social Workers Association, 2024)

3. Social clubs: such service aims to provide a place to socialize safely and to establish healthy peer relationships, with feedback on their social behaviour and learning life skills, and perhaps provide access needed resources. However, in Hong Kong, it seems that such service is an outlier and quite confined to

a small number of users, with less than desirable support in resources (especially staffing). This should be further expanded to serve more diverse clientele, as research elsewhere did confirm its importance and usefulness (Labun et al., 2012).

4. Emphasis on “functioning recovery”: for years, treatment of psychiatric patients has emphasized the control of psychotic and disturbing symptoms, disregarding whether the patient would become apathetic and dysfunctional. As there is no evidence of complete symptom removal in the long run, the primary goal of psychiatric rehabilitation should be “functional recovery” (Swildens et al., 2018) which goes beyond clinical remission and encompasses multiple aspects of the patient’s life, including recreational enjoyment.

5. Emphasis on assets: for decades, assessment of psychiatric patients is only on symptoms and disabilities, without enquiry into patients’ assets and talents, including past achievements. Identifying and using the strengths of psychiatric patients is positive psychology in practice, and a new territory in rehabilitation (Zargham-Boroujeni et al., 2015). With specialized support, perhaps employing technological advances, can restore their self-reliance and abilities, thereby lowering public stigma and occupational discrimination.

6. Integrated multidisciplinary decompartmentalized service: presently, psychiatric rehabilitation services are provided separately and compartmentally by the psychiatric units under the Hospital Authority and NGOs under the Social Service Department, without in-depth cross-cultivation and sharing of expertise. For social psychiatric rehabilitation services, as many chronic adult patients (especially those living into old age) have other medical comorbidities with multiple health needs (Wolfgang, 2024), so far, there has been no special provision for them, which is against the principle of healthy aging.

7. Incorporating informative technology: the digital revolution is rapidly transforming psychiatric rehabilitation services, and frontline professionals and staff must be heavily involved in designing and implementing technologies, according to an editorial by Tsang and Lin (2022). They recommended that the dissemination of these technologies should focus on understanding the attitudes and concerns of professionals to identify the barriers and enablers, ensuring service providers are well equipped with relevant knowledge and skills, and making sure that

the service context is appropriate and feasible to aid adoption and sustained uptake of digital technologies.

Conclusion

Hopefully, with the switch of emphasis (and resources) from conventional rehabilitation services into innovative enterprises, and complemented by advances in medical therapeutics, psychiatric rehabilitation in Hong Kong can emerge in another leading role in the area, with maximal, rational and real-life benefits to psychiatric patients and their families. Nevertheless, the above comments may admittedly be biased or over-critical with references rather selective, and maybe unfair to the many good work already done by mental health colleagues. Still the author does feel deeply that there is “structural” problem of our services in Hong Kong, at least in the field of psychiatric rehabilitation. There are sure many other areas that can be improved, and hopefully, this article serves to stimulate colleagues in the area to rethink about the need of transformation (rather than gradual improvement) in our services.

Acknowledgement

The author wishes to thank his many professional colleagues and friends who have shared their experience and comments in care provision to psychiatric patients and their carers.

摘要

香港精神康復服務需要改革？

一直以來，香港精神康復服務在亞洲國家中名列前茅。但隨着世界各國對精神醫學及全人關顧服務的迅速發展，香港要保持領先位置確有失手的風險，正如本文中所提及的。故此，若要保持過去成就的有效動力，精神衛生專業人士及服務提供者必須嚴肅及科學化地審視目前狀況、尋找不足之處，及對有關項目勇於更新與改革，包括文章內提供的一些建議。

References

- Avery, M., LaVoice, J. (2023). The effect of “failed” community mental health centers on non-white mortality. *Health Economics*, 32(6), 1362-1393.
- Cimera, R.E. (2011). Does being in sheltered workshops improve the employment outcomes of supported employees with intellectual disabilities? *Journal of Vocational Rehabilitation*, 35, 21-27.

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- Cometa, M. S., Morrison, J. K., Ziskoven, M. (1979). Halfway to where? A critique of research on psychiatric halfway houses. *Journal of Community Psychology*, 7(1), 23-7.
- Crate, M. (2019). *The pros and cons of Mental Health First Aid training*. <https://weareilluminate.co/the-pros-and-cons-of-mental-health-first-aid-training/> November 12 2019.
- Hong Kong Social Workers Association (2024). *Hong Kong Social Workers Association, 2022-2023 annual report*. https://www.hkswa.org.hk/wp-content/uploads/2024/02/Final_Annual-Report-2022-2023.pdf
- Khalid, K., Jamaluddin, R., Ismail, M. S. (2023). Enhancing employment outcome among stable psychiatric patients: lesson learnt on innovative model of work inclusion. *British Medical Journal Open Quality*, 12(2) e002139.
- Kidd, S. A., Kerman, N., Cole, D., Madan, A. (2015). Social Entrepreneurship and Mental Health Intervention: a Literature Review and Scan of Expert Perspectives. *International Journal of Mental Health and Addiction*, 13(6), 776-787. DOI:10.1007/s11469-015-9575-9
- Labun, E., Yurkovich, E., Ide, B. A. (2012). Satisfaction with and Benefits of a Psych-social Club: Development of a Mixed Method Evaluation Instrument. *Archives in Psychiatric Nursing*, 26(6), 457-463.
- Zargham-Boroujeni, A., Maghsoudi, J., Oreyzi, H. R. (2015). Focusing on psychiatric patients' strengths: A new vision on mental health care in Iran. *Iran Journal of Nursing & Midwifery Research*, 20(3): 340-346.
- Reinhard, J. (2000). Limitations of Mental Health Case Management: A Rational Emotive and Cognitive Therapy Perspective. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 18(2), 103-117.
- Wolfgang, S. (2024). Integrated mental health care could improve treatment of older hospital inpatients with complex health needs. *The Lancet Psychiatry*, 11(9), 666-667.
- Tell, E., Nadash, P., Guggeri, S. (2022). Strategies to create caregiver-friendly workplaces. *Innovation in Aging*, 6 (Suppl 1), 284.
- Tsang, H. W. H., Lin, J. J. (2022). Editorial: Novel technology in psychiatric rehabilitation. *Frontiers in Psychiatry*, 13: 979888.
- Swildens, W. E., Ellen, V., Bähler, M., et al. (2018). Functional recovery of individuals with serious mental illnesses: Development and testing of a new short instrument for routine outcome monitoring. *Psychiatric Rehabilitation Journal*, 41(4), 341-350.
- Zhou, D. H. R. (2020). Empowering primary family caregivers of people with schizophrenia in Hong Kong. *Hong Kong Journal of Mental Health*, 46(1), 37-41.