

Government Mental Health Service

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History

The following contains a fairly comprehensive account of the historical background and developments of the Mental Health Service in Hong Kong as it is in 1981.

Care of the Mentally Ill (1895-1925)

Very little is known about how the mentally ill were dealt with in Hong Kong before 1895. In 1895 a small wing of the Government Central Hospital situated in Sai Ying Poon area was designated as a lunatic asylum for the management of mental patients. Up to 1925 this asylum was staffed by 5 nurses and 17 minor staff. A medical officer of the Central Hospital paid occasional visits when required. Between 1895 and 1912 there were only 30 admissions to this asylum. The first patient, an American woman diagnosed as suffering from dementia, was admitted on New Year's day in 1895. The second patient, a German, was admitted in 1902, and the third patient, a British, in 1905. The first Chinese patient was admitted as late as 1912. After the admission of the first Chinese patient, the number of admissions rose to 242 in 1913. Since the mental patient was considered to be a disgrace because of revealing the poor heredity of the family, the relatives would as far as possible tolerate the burden of caring a mentally disturbed patient in the family. As a matter of fact, several wealthy families were known at that time to have built extensions in their gardens to house their mentally ill relatives. Some even sent them back to Canton where a few European doctors were practicing

psychiatry. One patient probably suffering from recurrent manic attacks was locked up in his family houses in Canton during relapses and allowed to come to Hong Kong during remissions (spontaneous).

From an old register, the oldest patient admitted was 76 and the youngest 10 years old. The condition of patients on admission was often described as 'emaciated' or 'thin' and given the diagnosis as "mania". It would appear that this term had a very wide connotation, probably equivalent to "psychosis" as we use it to-day. Other diagnostic labels in order of frequency were dementia, G.P.I., alcoholism, epilepsy, imbecile/idiocy, melancholia and delusional insanity. No mention was made with regard to treatment but there was a column of 'destination' indicating where the patient was disposed of. Over 75 per cent of patients were sent back to China and 13 per cent died in the asylum. Only 10 per cent could be returned to their relatives.

The Mental Hospital in Earlier Days (1925-1949)

A mental hospital was built in High Street in 1925 for the care of mental patients. Initially it consisted of a single block and in 1931 a second block was added.

During this earlier period the mental hospital offered little psychiatric treatment. Disturbed patients had to be restrained with the help of straight jackets and placed in padded rooms. "Hydro-therapy" which consisted of immersing a patient alternately in hot and cold

Source: W H Lo (1981). In T P Khoo (Ed.), *Aspects of Mental Health Care: Hong Kong 1981* (pp. 48-53).

water was thought to “shock” him back to his senses. It appeared then that the main function of the mental hospital was to provide custodial care for disturbed patients before their transfers to Fong Chuen Hospital in Canton. Once a month 10 to 20 patients would be escorted there by 1 or 2 male nurses. Probably in this mental hospital in Canton the management of mental patients was even more unsatisfactory because from time to time a few patients would escape, stole a ride on a train to Hong Kong and would seek admissions to the mental hospital in High Street.

For the small number of patients who improved or remitted, their discharge became a great problem since their families would not accept them for fear of social stigma. The number of admissions rose from 308 in 1925 to

679 in 1940. The number dropped between the war period from 1942 to 1945.

Advent of Modern Psychiatry and Present Structure of the Mental Health Service

The periodic transfers of patients to China was brought to an abrupt end by the founding of the People’s Republic of China in 1949. At this time a qualified psychiatrist, the late Prof. P.M. Yap was appointed the first medical superintendent of the Mental Hospital, and thanks to his devotion and planning, there has been an orderly expansion of the Mental Health Service, providing mental health care for a rapidly growing population.

The psychiatric facilities in Hong Kong are outlined below (Table 1):

Table 1

Mental Health Centres (out-patients & day centre)	Psychiatric Hospitals (in-patients)	Psychiatric Units (in-patients, out-patients & day centre)	Psychiatric Clinics (out-patients)
Hong Kong Psychiatric Centre (H.Q. of M.H.S.) (1961*)	Castle Peak Hospital (1921 beds) (1961*)	Kowloon Hospital Psychiatric Unit (147 beds) (1971*)	Queen Elizabeth Hospital Psychiatric Clinic (1962*)
Yaumatei Psychiatric Centre (1967*)	Lai Chi Kok Hospital (324 beds) (1974*)	+Queen Mary Hosp. Psychiatric Unit (15+ beds) (1971*)	Miscellaneous Sunday Psychiatric Clinics
South Kwai Chung Psychiatric Centre (1977*)	Kwai Chung Hospital (1336 beds) (1980*)	++United Christian Hospital Psychiatric Unit (28 beds) (1974*)	
Chai Wan Psychiatric Centre (1977*)	**Siu Lam Psychiatric Centre (200 beds for mentally ill offenders) (1972*) **Siu Lam Subnormal Hospital (200 beds for the severely subnormal) (1972*)		

Legend:

* Year opened.

** Visiting psychiatrists provided by Mental Health Service.

+ Run by Department of Psychiatry University of Hong Kong.

++ A subvented hospital.

The great majority of the facilities are directly administered by the Mental Health Service, a sub-department of the Government Medical and Health Department. Generally

speaking, psychiatric services are provided along the same lines as in western countries. The main difference is the relative lack of psychiatric staff in Hong Kong.

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Psychiatric Hospitals

Castle Peak Hospital was opened in 1961. It was originally designed to accommodate 1,000 patients, divided approximately equally between the sexes. In 1967 two ward blocks were added and the bed complement was increased to 1,242 to meet the growing need for in-patient treatment. The hospital is one of the few psychiatric hospitals in the world built after the war. The design is not entirely satisfactory although the buildings are located in spacious grounds and all the wards have their own gardens. In the first few years, it provided a Drug Addiction Centre which pioneered a voluntary system of treatment of narcotic addiction.

Lai Chi Kok Hospital was until very recently an infectious disease hospital. Following the transfer of its infectious disease unit to the Princess Margaret Hospital, Lai Chi Kok Hospital has been used as a psychiatric hospital to accommodate the overflow of patients from Castle Peak Hospital. About 100 long-stay psychiatric patients requiring minimal nursing care were transferred there in late 1974. The number has now increased to 324.

South Kwai Chung Hospital is situated next to Princess Margaret Hospital. It occupies an area of 11 acres and the construction cost is over \$100 million. It consists of 7 blocks of buildings which are linked by a system of subways. This enables the movement of staff and even patients in adverse weather conditions. Two major blocks of 11 and 9 storeys provide ward units with a total bed complement of 1,336. This is in all probability the tallest psychiatric hospital in the world.

The appearance of the whole complex is similar to that of a general hospital but there are special features to cater for special needs of psychiatric patients. There are

spacious areas for social and recreational activities apart from playground, sports fields and roof gardens. Nevertheless, there are certain security measures. In selected areas, windows are made of safety glass and closed circuit television installed to enable closer observation of disturbed and violent patients.

To minimise the adverse effects of a large institution, a few sub-specialties will be created. So there are wards for children, adolescents, geriatrics, neurotics and psychosurgical cases. For the first time in Hong Kong, a psychiatric community nursing unit will be established. As a matter of fact, 216 patients were transferred to this hospital from Castle Peak Hospital at the end of 1980. It started admitting patients direct in May 1981.

Mental Health Centres

The *Hong Kong Psychiatric Centre* in which is located the Headquarters of the Service provides treatment for both day-patients and out-patients including follow-up cases from psychiatric hospitals. It is the reference centre on Hong Kong Island for the majority of patients for admission. The Centre moved into its present modern premises in 1971.

The *Yaumatei Psychiatric Centre* opened in 1967 provides similar services in Kowloon. Its facilities include a part-time child psychiatric clinic, the first of its kind in the Colony, which is patterned now by the Hong Kong Psychiatric Centre and the South Kwai Chung Psychiatric Centre.

The *South Kwai Chung Psychiatric Centre* was opened in December 1977, providing a full-time out-patient clinic for people living at West New Territories. A day hospital became operational in September 1978. At present it also has a small day centre for children.

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The *Chai Wan Psychiatric Centre* converted from the 2nd floor of an M.C.H. Centre was opened in October 1977, providing out-patient facilities for people living in Chai Wan and Shaukiwan. The Centre has a day hospital also, albeit not a large one.

Psychiatric Units

The *Kowloon Hospital Psychiatric Unit* was opened in 1971. It is located in the new wing of the Kowloon Hospital and provides a comprehensive psychiatric service in a general hospital setting, with an out-patients' section, a day hospital and an in-patients' section. Admission and discharge procedures are on informal basis.

Psychiatric Clinics

Full-time out-patient sessions are held in the Mental Health Centres and Kowloon Hospital Psychiatric Unit. Part-time clinics are also available in various parts of Hong Kong.

Professional Personnel working in the Mental Health Service (excluding Queen Mary Hospital Psychiatric Unit and United Christian Hospital Psychiatric Unit) in early 1981 numbered as below (Table 2).

Extent of Mental Health Care

The increasing demand on the provision of mental health care by the Mental Health Service is shown below (Table 3).

Table 2

Type of Post	Establishment	Strength
Psychiatrists	55	55*
Clinical Psychologists	8	5
Social Workers	25	23
Occupational Therapists	11	9
Nurses (including student nurses)	852	759

* Of the 55 psychiatrists, 15 hold psychiatric qualifications, F.R.C. Psych./M.R.C. Psych. and/or D.P.M. Apart from these, there are 25 psychiatrists in private practice and non-Government psychiatric departments

Table 3

Year	New out-patients	Old out-patients	Out-patient attendances	New admissions	Re-admissions	Day patients admitted
1949	306	-	-	419	148	-
1954	468	-	1,656	749	274	-
1959	752	-	6,406	1,024	473	-
1964	1,433	2,846	22,854	1,353	942	297
		(1965 figure)				
1969	2,628	9,109	72,507	1,470	2,177	400
1974	3,019	14,606	109,926	1,868	2,695	464
1979	4,050	22,649	158,126	1,893	3,472	746
1980	4,263	21,191	159,867	1,788	3,496	773
	25,454			5,284		

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Teaching and Training

The Mental Health Service works closely with the University Psychiatric Department and offers valuable clinical facilities and personnel in the training of medical students. The postgraduate training in Castle Peak Hospital and Kowloon Hospital Psychiatric Unit is recognized by the Examination Board, England for D.P.M., and psychiatric trainees with 3 years' experience are eligible for taking M.R.C. Psych. examination.

Training in psychiatric nursing is based on Castle Peak Hospital and Princess Margaret Hospital, and the diploma in mental health nursing is recognized in the United Kingdom. There is in-service training for social workers and the medical staff also give lectures to health visitors, general nurses, paramedical professionals or even teachers.

Liaison with other Government Departments and Voluntary Groups

The Mental Health Service works in close co-operation with a number of Government Departments, particularly the Social Welfare Department and the Special Education Section of the Education Department as well as with a number of voluntary bodies that have their main interest in mental health. These include the Society for the Aid and Rehabilitation of Drug Addicts, the New Life Psychiatric Rehabilitation Association, the Mental Health Association of Hong Kong and the Hong Kong Psychiatric Association which functions as the professional society in Hong Kong for psychiatrists and medical men interested in psychiatry. The New Life Psychiatric Rehabilitation Association provides for discharged mental patients a farm, two half-way houses for both men and women, two hostels for men and two sheltered workshops. The Mental Health

Association of Hong Kong operates a male half-way house and a social club for discharged mental patients, a special school and a residential centre for mentally retarded children as well as engaging in mental health education to the public. It also publishes the Hong Kong Journal of Mental Health and runs a volunteer visitors service for Government psychiatric hospitals.

Legislation

Legislation relevant to psychiatric practice in Hong Kong is contained in the Mental Health Ordinance, Cap. 136. This is modelled in the main on the Mental Health Act 1959 in England. The main effect of the Ordinance is simplification of admission and discharge procedures in the gazetted psychiatric hospital. Patients are admitted either voluntarily or compulsorily, and in recent years about half belong to each category. The continued detention of most patients admitted compulsorily is on a voluntary basis. Admission to psychiatric units in general hospitals is informal.

The Mental Health Ordinance has improved the proceedings in dealing with the criminally insane as well as with mentally disordered person's property.

Research

Research work mainly centres on comparative psychiatry, descriptive psychiatry and follow-up study. Recent published papers include those on koro, the natural history of obsessional illness in Chinese, urbanization and psychiatric disorders, the prognosis of schizophrenia in the Chinese, culture and depression, integration chronic schizophrenics into the community, problem children in Hong Kong and a few clinical trials of psychotropic drugs.