

EO Files (October 2015)**“THINGS WE DO, PEOPLE WE MEET - Reflections in Brief”****Stigma a stumbling block in Hong Kong's efforts to promote mental well-being**

York Chow calls for an end to the stigma that prevents the mentally fragile among us from seeking help

October is Mental Health Month, and this year's World Mental Health Day theme, observed annually on 10 October, is “Dignity in Mental Health” – to highlight the fact that many people with mental illnesses continue to suffer indignities, both in access to necessary treatment as well as in everyday life.

Undoubtedly, the stigma and prejudice associated with mental illness poses a real barrier to ensuring a dignified life for those living with such conditions. In 2011, the Equal Opportunities Commission found in a survey that people with mental illness were consistently among the most stigmatised and avoided groups in different areas of public life, including housing, public services and education.

More than half of the Hongkongers surveyed said they did not want people with mental illness to live in their neighbourhood, while nearly 70 percent disagreed that integrative schooling is preferable for children with mental illness.

These statistics clearly show that we still have a long way to go to dismantle the stereotypes and biases associated with mental health, as also demonstrated in the local opposition to the setting up of integrated community centres for mental wellness in various districts.

Certainly, such thinking leads to discrimination in employment and education against people with mental health conditions, which reduces their chance to participate in society and make an independent living.

Lack of employment opportunities also contributes to the continued exclusion of people with mental health issues from community and civic life. Some may become homeless, as they cannot find gainful employment, while others may be shunned and left to fend for themselves.

At present, it is unlawful under the Disability Discrimination Ordinance to discriminate against a person with mental illness in such public domains as

education and employment. Yet the Equal Opportunities Commission receives and handles these complaints from time to time, which often stem from a lack of understanding of mental illness.

More worryingly, such misunderstanding also poses a real hurdle in relation to timely treatment and intervention. Patients, as well as their families and loved ones, may feel too ashamed to seek necessary help. The Hong Kong Mental Morbidity Survey 2010-2013 estimated that one in seven is living with mood disorders such as anxiety or depression; however, only 26 percent of those sought professional help, leaving many more to suffer in silence.

The consequence of such seclusion can also be seen in a number of recent tragedies involving persons with mental conditions.

In fact, life in our city is most stressful, with long working hours, high living costs, and a highly competitive environment. Such stress can often lead to mental health issues, particularly among young people who face enormous pressure to excel in their studies, given our city's focus on academic qualifications. This is very worrying.

In last year's Mental Health Index Survey of the Mental Health Month Organising Committee, there was a significant decline in index score of those aged 15 to 24 years, from 63 in 2013 to 53 in 2014.

This deterioration in mental wellness among our youth can have truly devastating impact. This year, the Samaritan Befrienders, a non-governmental organisation working on suicide prevention, released a survey in which it found that nearly 40 percent of respondents aged 11 to 30 have had suicidal thoughts because of stress.

As a society, we must do better to help our children build the right skills to navigate and handle our city's stressful education and employment systems. This has to be done with non-judgmental support and understanding, and a positive attitude towards mental health conditions among parents, teachers and peers.

Meanwhile, there remain inadequate support measures and other limitations in the health-care system. In the year 2013-14, the median waiting time for first appointment at psychiatric specialist out-patient clinics under the Hospital Authority was eight weeks, compared to six weeks in 2011-12. There is still not enough health-care manpower, including psychiatric doctors and nurses, as well as allied health professionals, to adequately service the mental health needs of our

city. The shortfall would invariably have an impact on the quality of care being provided, and hamper the recovery of mental patients.

The Equal Opportunities Commission has been advocating for the government to map out a more comprehensive and long-term mental health policy to promote and improve the mental health of Hongkongers, including strategies to promote the integration of persons with mental illness and discharged mental patients back into the community, as well as measures to address age-specific mental health problems.

The government should also map out long-term manpower plans in relation to the training of mental health professionals, based on appropriate and broad-based statistical and research data.

Furthermore, the commission believes that a high-level mental health commission should be considered by the government, to coordinate and monitor mental health services, in order to ensure successful multi-sectoral approaches that would include a strong public education element to combat stigma and prejudice.

But above all these, what is vitally needed is more compassion and understanding. Mental wellness affects all of us. Most of us, in our lifetime, will experience some mental health concerns or become emotionally distressed. Certainly we would want support and care, instead of judgment and exclusion.

Indeed, there can be no life of dignity without inclusion and freedom from discrimination. Everyone, from the government to organisations both public and private, as well as individuals, must therefore do their part for a society that supports mental well-being and recovery. This includes educating ourselves about mental health issues and speaking out against unfair characterisations and disparagements of people with mental conditions.

Let us use this time to take a hard look at what we must do, as a community, to care for one another in time of need.

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