Mental Health Policy and Service Programmes

Panel on Health Services
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Submission from the Equal Opportunities Commission

Purpose

This paper aims to provide views of the Equal Opportunities Commission ("EOC") on the enhancement of mental health services.

Prevalence of Mental Illness

At present, over 190,000 patients with varying degrees of mental health problems received psychiatric services provided by the Hospital Authority ("HA"). The Hong Kong Special Administrative Region ("HKSAR") Government does not have a comprehensive data collection system for mental illness. A report of the Census and Statistics Department published in 2008 estimated that there are 86,600 persons with mental illness or mood disorder, which means they only represent 1.3% of the population. [1]

Recent surveys suggest that the prevalence of mental illnesses may have been underestimated in the past. A survey[2] commissioned by the Organising Committee of the Mental Health Month last year shows that one in three people in Hong Kong failed to reach the median score of the mental well-being indicator, and the middle-aged, unemployed men with low education level are the most vulnerable. Furthermore, the Food and Health Bureau has commissioned the first territory-wide mental health study, The Hong Kong Mental Morbidity Survey 2010-2013, to examine the prevalence of mental disorders in Hong Kong. An interim report of this Survey released in May 2012 finds that 362 (14.5%) of the 2500 respondents are considered as having significant levels of neurotic symptoms. In other words, one in seven of those aged between 16 and 75 suffered from various levels of neurotic symptoms.

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[1] Census and Statistics Department (2008). Special Topics Report No. 48 – Persons with disabilities and chronic disease.

2 The survey was conducted in August and September 2012 and telephone interviewed 1,000 people selected by random sampling.

Impact of Mental Illness

Mental illness is a clear threat to human health. While life expectancy worldwide, especially in the developed economies such as Hong Kong, has risen steadily over the years due to the advance of medicine, a recent study reveals that these gains in health are being undone by the growing burden of non-communicable diseases, inter alia, mental illness.

The Global Burden of Disease 2010 study[3] published by the medical journal The Lancet[4] in December 2012 measures disease burden worldwide in terms of disability-adjusted life years (DALYs)[5], which is the sum of years of life lost (YLLs) due to premature mortality and years lived with disability (YLDs), i.e. years of healthy life lost due to time lived in states of poor health or disability.

The largest contributor to YLDs was mental and behavioural disorders.[6] Mental and behavioural disorders accounted for 22.7% of all YLDs in 2010. YLDs caused by this group of disorders have increased by 37% from 1990 to 2010 from 129 million to 177 million.

Mental illness also places a great economic burden to both individuals as well as the society. In a report[7] jointly prepared by the Havard School of Public Health and the World Economic Forum in September 2011, cardiovascular disease and mental health conditions are the dominant contributors to the global economic burden of non-communicable diseases. The global cost of mental health conditions in 2010 was estimated at US$ 2.5 trillion, with the cost projected to surge to US$ 6.0 trillion by 2030 as populations increase and age over the next two decades. About two-thirds of the total cost comes from indirect costs[8]

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3 The Global Burden of Diseases, Injuries, and Risk Factors Study 2010 (GBD 2010) has been implemented as a collaboration of seven institutions, including the World Health Organisation. The Institute for Health Metrics and Evaluation acts as the coordinating centre providing academic leadership.

4 The Lancet, Volume 380, Issue 9859, Pages 2197 - 2223, 15 December 2012

5 One DALY represents the loss of the equivalent of one year of full health. In 2010 study, there were a total of 2•490 billion DALYs, or 361 DALYs per 1000 population; 31·2% of DALYs in 2010 were from YLDs and 68·8% from YLLs.

6 The Lancet, Volume 380, Issue 9859, Pages 2163 - 2196, 15 December 2012

7 The World Economic Forum and the Harvard School of Public Health (2011). Report on The Global Economic Burden of Non-communicable Diseases.

8 Indirect costs refer to the costs associated with lost productivity and income owing to disability or death.

and the remainder from direct costs[9]. This is not a surprise given that mental illnesses are largely chronic, require long term treatment, affect work attendance and sometimes take people prematurely out of the workforce and hence the impact of mental illness on productivity is huge.

In addition, family members of patients with mental illness also suffer from emotional and social stress which are frequently made worse through stigmatization by the community.

Rights of and Discrimination faced by Persons with Disabilities

The Convention on the Rights of Persons with Disabilities ("CRPD") is applicable to Hong Kong. Article 25 (b) of the CRPD requires that State Parties shall "*provide those health services needed by persons with disabilities specifically because of their disabilities*".

In addition, the CRPD aims to ensure the full and effective participation and inclusion of persons with disabilities in the society. Article 19(c) of the CRPD provides that "*States Parties to this Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community, including by ensuring that: (c) Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.*"

Discrimination on the ground of a person's mental illness is unlawful under the Disability Discrimination Ordinance ("DDO") (cap. 487). For the past three years, the EOC received an average of 100 complaints of disability discrimination on the ground of mental illness each year. That means, on average, 20% of the complaints received under the DDO are related to this type of discrimination from 2010 to 2012. On average, around 70% of complaints investigated are in the employment field.

9 Direct costs may include personal medical care costs or personal non-medical costs such as the cost of transport to a health provider

Discrimination against and stigma attached to mental illness will prevent persons to seek help until a crisis occurs, which in turn, further stamp the stigma on persons with mental illness and a vicious circle will continue. Those suffering from mental health conditions will find themselves excluded from various aspects of life which will lead to a downward spiral of unemployment, poverty, family problems and deteriorating mental and physical health.

In fact, the high unemployment rate of persons with mental illness is evidence of such stigma. According to the Survey conducted in 2006-2007 by the Census and Statistics Department, the unemployment rate of persons with mental illness/mood disorder and ex-mentally ill persons was 14%, while the overall unemployment rate for the Hong Kong population in 2007 was 4%.

Inadequate medical services

It is the international trend to gradually increase the share of community and ambulatory services, in addition to hospital and bed-based psychiatric services, in the treatment of mental illness. Since 2001, the HKSAR Government has launched a number of initiatives to improve community support services for persons with mental illness ("PMIs") and discharged mental patients ("DMPs"), in order to help them improve their social adjustment capabilities for early and better re-integration into the community.

In addition, the HA adopted the Mental Health Service Plan for Adults in 2011which is a framework to guide the mental health services for adults in the years 2010-2015. Under the new service direction, patients with severe or complex mental health needs will be provided with co-ordinated multi-disciplinary specialist care in appropriate hospital settings. For patients with less severe or less complex needs, including those with common mental disorders, they will receive specialist-supported care in the community including primary care settings.

In spite of the efforts and measures mentioned above, there is still a wide gap between demand and supply of services due to a shortage of mental health professionals.

As at the end of September 2012, the median waiting time for first appointment at psychiatric specialist out-patient clinics under the HA is around seven weeks, and the number of persons waiting for treatment is about 13,000. At the end of 2012, there are about 334 doctors (including psychiatrists), 2,073 psychiatric nurses and 243 psychiatric medical social workers providing various in-patient, out-patient and outreach psychiatric services under the HA.

In other words, there are only 4.6 doctors serving every 100,000 population in the public sector. This ratio is far lower than the median rate of 8.59 psychiatrists per 100,000 population in the high income countries, according to a WHO survey.[10]

Moreover, the Government closed all evening out-patient clinics for mental patients ("evening clinic") in 2005 due to the low utilization rate. However, according to a survey on mental health service users conducted by Society for Community Organization in 2011, about 80% of the 350 respondents said that they had to attend medical consultations on their own, and half of the respondents indicated that the closure of the evening clinic had negative impact on their work, income and image as they had to take leave at daytime to attend medical consultation.

Way Forward

HKSAR Mental Health Policy for All

It is encouraging to see that the HA adopted the Mental Health Service Plan for Adults 2010-2015 which set out the objectives, strategies and plan for mental health services for adults. Having said that, corresponding service plans for children, adolescents and the elderly are yet to be formulated.

Mental Health is more than the absence of any mental illness. It is also related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

10 World Health Organisation (2011). World Mental Health Altas 2011.

Instead of piece meal solutions to address specific problems related to mental health issues one at a time, the EOC believes it is overdue for the HKSAR Government to map out a comprehensive and long term Mental Health Policy to promote and improve the mental health of the people of Hong Kong as a whole, and to set strategies and objectives 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 professional as well as allied health personnel with experience in community mental health services.

Setting up a central coordination body – Mental Health Council

Mental illnesses are believed to result from a complex interaction among social, economic, psychological and biological/genetic factors. Treatment and re-integration of mental patients into society, as well as the promotion of mental health requires the participation of various Government bureaux and departments, and the engagement of relevant stakeholders.

At present, the facilities and workforce of HA provides front line medical services, while the Education Bureau, the Labour and Welfare Bureau, Labour Department and Social Welfare Department all have a role to play in community care and re-integrating PMIs into community. The Food and Health Bureau assumes the co-ordinating role. However, a comprehensive mental health policy can only be formulated and implemented effectively if a high-powered central coordination body is in command and be accountable for the mental health policy as a whole.

The Government should set up a high-powered and broad based Mental Health Council, preferably chaired by the Chief Secretary for Administration, who should proactively co-ordinate and monitor the formulation and implementation of both short term and long term policies and action plans related to mental health support services. In this way, the Government can truly adopt a multi-sectorial and co-ordinated approach to provide integrated and accessible community health support services to PMIs, their families and carers and residents living in the community.

Information system

A comprehensive mental health policy requires accurate and timely information to form its basis for planning. No wonder article 31 of the CRPD provides that "*States Parties undertake to collect appropriate information, including statistical and research data, to* enable *them to formulate and implement policies to give effect to the present Convention.*"

Currently, there are no accurate and reliable figures to reflect the prevalence of mental illness and the need for mental health services. Even the HA's Mental Health Service Plan for Adults 2010-2015 is based on estimates of the number of people with mental disorders from the rate worldwide in a World Health Organisation report. In the absence of a thorough knowledge of the mental health profile of the population, it is difficult for the Government to formulate effective policies and provide adequate manpower and services to meet the actual demand.

The Government should commission regular surveys and set up a comprehensive database to provide reliable data for policy planning.

Enable PMIs to re-integrate into community

Mental health problems require more than a medical solution. Mental health policies should not be solely concerned with mental illness, but should also recognize and address the broader issues which promote mental health.

For instance, there is a growing trend to encourage and support DMPs or ex-mentally ill persons to re-integrate into the community so that they may lead a normal life again, like any other recovered patients. Hence, the Government should boost vocational training and employment to PMIS and DMPs, and improve support for employers too. We urge the Government to sustain a regular and enhanced public education on mental health to rectify public misunderstanding about PMIs, as part of the effort to facilitate the employment of PMIs and DMPs. A job will not only give them financial support, but also help them regain their self-worth and re-integrate into the community.

In addition, non-governmental organizations should also be encouraged to support and participate in local initiatives. Families are often the primary care providers. It is essential to help families understand illness, acquire skills of care and support, encourage medication compliance and recognize early signs of relapse to lead to better recovery and reduce disability.

Engaging the private sector

It is also important for the private sector to have a strategic vision on how to fulfil its role as a key agent for change and how to facilitate the adoption of healthier lifestyles by employees in order to promote mental well-being. A healthy work-life balanced policy would also be a great help towards promoting a healthy lifestyle for employees. Most of the complaints relating to mental illness investigated by the EOC are in the employment field. The participation of the private sector is vital in eliminating discrimination in the workplace.

If the challenges imposed on the Government, the community and individuals by mental illness are to be met effectively, they need to be addressed by a strong multi-stakeholder and cross-sector response and adequate resources.

Equal Opportunities Commission
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