Identifying Effective Approaches to Reduce Public Opposition in the Siting of Integrated Community Centres for Mental Wellness and Other Mental Health Facilities

Research Report

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May 2019

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Executive Summary

INTRODUCTION AND BACKGROUND

1.   Since October 2010, the Integrated Community Centres for Mental Wellness (ICCMWs) have been providing one-stop, district-based community support services ranging from prevention to crisis management for discharged mental health patients, persons with suspected mental health problems, their families/carers, and residents living in the serving districts in Hong Kong.

2.   The siting of the ICCMWs has been a challenge since the commencement of the service, associated mainly with community opposition due to negative public perceptions of persons with mental illness and public fear over disturbances caused by service users to the nearby neighbourhoods.

3.   This research study aims to understand the rationales for supporting and opposing the siting of ICCMWs, examine public preferences for conflict resolution options, evaluate the feasibility of different consultation approaches, identify effective ways to reduce public opposition, and recommend possible approaches to public consultation and successful siting.

4.   This study includes two major components: a review of local and overseas literature about the siting of mental health facilities, and key informant interviews to learn about past experiences of establishing ICCMWs in different neighbourhoods and viewpoints on how consultation mechanisms could be improved.

5.   This study supplements the research conducted by the Equal Opportunities Commission (EOC) in 2016 and examines issues related to siting and public consultation associated with the establishment of ICCSWs via interviews with key informants from a wider range of different sectors and the review of relevant documents and practices both in Hong Kong and other jurisdictions. This enabled a more detailed study of consultation processes. The key informant interviews in this study went beyond the service providers interviewed in the 2016 study, including stakeholders such as Legislative Councillors and District Councillors, all District Social Welfare Officers, community members (including resident representatives and community volunteers), and ICCMW services users. Factors facilitating and hindering the siting and establishment of ICCMWs have been further identified through in-depth analyses of ICCMW case studies in different districts.

METHODS

6.   The local documents reviewed include minutes of District Council discussions on ICCMW site selection, mental health policy documents, and speeches by government officials concerning the establishment of permanent ICCMW premises.

7. The overseas literature reviewed covers nine jurisdictions/locations including China Macao, China Taiwan, Japan, Republic of Korea, Singapore, Canada, the United States, Australia, and New Zealand. We also sought advice from four experts in academia and direct services from China Macao, Japan, Australia, and Canada to learn about procedures for establishing community mental health facilities.

8. Key informant interviews were conducted with 13 officials from the Social Welfare Department (SWD) and Housing Department, 14 representatives of ICCMW operators, 19 Legislative and District Councillors, 20 community members (including chairpersons of mutual aid committees (MACs) and owners' incorporations, community organizations, and volunteers), and eight ICCMW service users. In total, 74 interviews were carried out between September 2017 and May 2018.

RESULTS

Overseas approaches to the provision of mental healthcare services

9. The findings of the literature review and interviews with experts illustrate four major approaches for public engagement in relation to the siting of mental health facilities in neighbourhoods: 1) human rights-based approach, 2) legal-oriented approach, 3) negotiated approach, and 4) "laissez-faire" approach. Similarities and differences between each of these approaches and related situations in Hong Kong are highlighted.

Human rights-based approach

10. Countries adopting a human rights-based approach include Australia, New Zealand, and Canada. The key characteristics of this approach include explicit legal provisions to prevent discrimination against people with disabilities and mental illness, and statutory rights of people with mental illness such as residential arrangements and rights to receive social services. There are also clear protocols for land zoning specifically for social services, with a strong emphasis on social integration rather than establishing separate premises for mental health services. Affordable housing as a right for people with disabilities is strongly promoted, as well as anti-stigma community education and emphasis on social integration.

11. Local governments in countries based on a human rights-based approach take charge of the final decisions on land use. Each community formulates relevant documents based on its own situation and adopts the residents' opinions in formulating appropriate policies. Residents are mobilized to participate in relevant policy decision activities.

12. With respect to eliminating discrimination, New Zealand emphasizes national education. In this national campaign, activities have targeted people from different cultural backgrounds. These educational activities deepen citizens' awareness of mental health and thus reduce discrimination against those with mental illness and ex-patients.

13. Compared with human rights-based countries, Hong Kong has relatively less-established policies to promote the rights of persons with disabilities and mental illness. The legislations or official guidelines (such as *the Hong Kong Planning Standards and Guidelines*) in Hong Kong may not be as effective as in the human rights-based jurisdictions in protecting the rights to access services free from stigmatization.

14. Jurisdictions adopting a human rights-based approach emphasize social integration and community education. In Hong Kong, community education measures and publicity on receptiveness toward mental illness have been relatively weak.

Legal-oriented approach

15. Countries adopting a legal-based approach, such as Singapore and the US, generally adopt explicit legislations outlining land zoning approaches for different purposes (including for mental health services), which are stricter than in countries adopting right-based approaches. In the US, for example, the 14th Amendment to the Constitution specifies that every citizen has a right to equal protection under the law and should be offered help when in need.

16. Countries adopting a legal-oriented approach have legally binding strategies to achieve the goal of establishing social welfare facilities. In Singapore, public consultation is mainly conducted for national programs (general master zoning plans) and not for specific sites, projects, or purposes of individual sections of the plans. The establishment of social welfare facilities are included in Master Plans, reflecting the importance of social welfare facilities and the determination of the government to establish them. A country with such legal mechanisms would largely shorten the time required to establish a social welfare unit in communities and neighbourhoods.

17. Land development plans in Hong Kong have long neglected the assurance of welfare facilities that a new community needs. The statutory binding force of the land plans as implemented in the countries adopting a legal-oriented approach could effectively reduce the time for facility establishment.

Negotiated approach

18. Jurisdictions adopting a negotiated approach such as Macao and Taiwan focus on negotiation and collaboration with community stakeholders when establishing mental health facilities and other sensitive community services. These are mostly housed in private properties and there are no official standardized guidelines or protocols for public consultation. Service providers and patients' groups generally have to negotiate with owners' and local residents or community organizations. Some non-governmental organizations and patients' groups have also developed public engagement strategies.

19. Areas that use a negotiated approach focus on communication with community stakeholders and recommend that social welfare facilities should be established in government buildings and private properties. The situation in Macao and Taiwan is similar to that in Hong Kong, where land resources are extremely scarce. Establishing social welfare and community service facilities in government buildings or private properties could speed up the time required for establishment and reduce disputes with residents in nearby neighbourhoods.

20. Due to historical and cultural reasons, the Macao government relies on traditional community associations to communicate with residents about decisions on service establishment. However, many residents may think that these associations do not represent them and believe there is a lack of transparency in the government's decision-

making processes. To a certain extent, residents may not oppose the establishment of a welfare or community service facility itself, but rather the way the government handles the views of community or neighbourhood members.

21. Taiwan's neighbourhood representatives, such as community leaders, have always played a very important role in decision-making processes for service establishment. Residents trust these representatives, and it would be difficult to establish any welfare or community service facility if these representatives disagreed with the decision. In Hong Kong, in addition to District Councillors, the chairpersons of owners' incorporation or MACs play a very important role in establishing social service facilities in public housing neighbourhoods. They understand the situation in their own estates very well, and may affect the final decision.

22. Taiwan has unofficial guidelines proposed by social groups for the establishment of social welfare and community service facilities; but different communities also make decisions based on their various considerations.

Laissez-faire approach

23. Japan and Korea have adopted a 'laissez-faire' approach, as they do not have official policies and protocols for siting community mental health facilities. In addition, in-patient treatments carried out in hospitals are still the mainstream approach to mental health services.

24. National and local policies for protecting the rights of people with mental illness are less developed, largely due to cultural taboos and stereotypes. Most facilities, however, have been successfully established without formal public consultation, as these premises are private properties and require consent only from the landlords.

Informant Interviews

Attitude towards mental illnesses in Hong Kong and the establishment of ICCMWs

25. The majority of key informants pointed out that the level of acceptance of mental health patients and ex-patients in Hong Kong has significantly improved in recent years, due to the efforts of service providers, service users, and volunteers in engaging the public and serving communities.

26. Some informants reflected that the newly developed neighbourhoods in Hong Kong are found to have a higher acceptance of mental health facilities. Some District Council members pointed out that it is hard to accommodate new and 'sensitive' service units in existing or older public housing estates. They explained that residents are getting more knowledgeable and that soliciting their support for every government policy is an arduous task. However, districts with residents from diverse sociodemographic backgrounds and cultures may have a higher acceptance of different people.

27. All Legislative Councillors and District Councillors interviewed fully supported the general idea of ICCMW services, the integration of ICCMWs in the community, and the establishment of ICCMWs in their constituencies in case of need. Some highlighted the

lack of mental health rehabilitation and community education in Hong Kong, and emphasized the need for ICCMWs in the community.

28. In general, there are concerns and worries about ICCMW users triggering threats and disturbance among residents. The 'Not in My Backyard' (NIMBY) phenomenon in neighbourhoods persists in Hong Kong, and people feared that ICCMWs would have a negative impact on real estate value, personal safety, and peace in the neighbourhood. However, a few councillors shared that NIMBY tensions are aroused by political dynamics and diverse views between politicians or political parties.

Public preferences for conflict resolution options and feasibility of different approaches to consultation: Findings from case studies

29. Through interviews with relevant stakeholders and review of literature and documents, the research team has prepared six case studies considered of special value, which illustrate successful and unsuccessful consultation approaches and siting outcomes. Factors such as the timing of the consultation, how early a consultation begins in a designated neighbourhood, and the attitudes and roles of government officials, District Councillors, and community leaders were found to facilitate or delay the establishment of an ICCMW.

30. The expansion of the scope of the consultation process is also very important, as engagement and interaction conducted by the SWD and service providers should not be limited to community leaders. Every resident should be informed and invited to take part in consultations, and should be provided with diversified means to enquire and opine on siting plans.

Length of time for public consultation

31. Many key informants, such as Legislative Councillors, District Councillors and informants from the social service sector opined that the neighbourhood consultation period for establishing ICCMWs always takes too long and that these 'public engagement attempts' are unable to generate consensus and gain support from residents, but delay the establishment of ICCMWs in those neighbourhoods.

32. A few government officials agreed with establishing a timeframe for public consultation and welcomed guidelines for the process of siting ICCMWs. At present, the government has a planning standard guideline for the siting of social welfare facilities and a procedure for public consultation. However, it is suggested that more details should be given in the guideline concerning approaches to conducting public consultation and community inclusion and that the implementation should be specific to each district. Another official commented that protocols to introduce such facilities, if available, should only be for reference but not mandatory.

33. A District Council member pointed out that there is no specific timeframe for the establishment of welfare facilities, which results in lengthy postponements. Given that opposition to ICCMW siting plans is common, it is suggested that adequate time should be given to allow stakeholders, especially residential committees, to reach a consensus.

34. Community members, service providers, and District Councillors expect the government not only to have a stronger determination in establishing permanent sites for ICCMW but also to adopt more comprehensive strategies at the early stage in addressing community concerns and providing necessary compensation to residents.

Mechanisms for engaging members of the public

35. Although the *Hong Kong Planning Standards and Guidelines* stipulate criteria for ICCMW locations and the necessity of conducting public consultation before establishment, there are currently no standardized protocols or guidelines for public consultation and other procedures for the establishment of ICCMWs (for use by the SWD and service providers). There are no specific time frames identified for each consultation process or targeted dates for successful siting.

36. Although Hong Kong has a planning guide stipulating that the establishment of sensitive welfare facilities requires public consultation, the District Social Welfare Officers are expected to consider the situation in their own districts. Public consultation is needed to understand public concerns regarding the opening of ICCMWs. The SWD would ask the District Social Welfare Officer to formulate a plan if they think a particular district should have an ICCMW, and the District Social Welfare Officer would contact the Housing Department and the District Council chair for their opinions on the plan.

37. From site selection to the establishment of an ICCMW, many professional judgments would be considered by the SWD. The SWD has a project-planning unit that is responsible for coordinating some services, new constructions, and bidding processes. They also communicate with other government departments such as the Housing Department or other relevant agencies.

38. Most services providers adopted sophisticated and strategic ways (such as 'soft' means) to package and deliver their advocacy message. For example, service providers, District Council members, and community leaders suggested that government and service providers avoid using some terms like 'mental illness' or 'rehabilitation centre'. Instead, they prefer the term 'mental health'. Most agencies also highlighted that these 'soft' means would contribute to better long-term community relations and mutual trust. Some community members suggested that neighbourhood residents could communicate more with service users, in order to enhance understanding and reduce or eliminate discrimination.

39. Different types of activities are also suggested to be organized during consultation processes, including event collaborations with SWD and other welfare service units, visits to centres (open days), fun fairs, booths, leaflets and banners publication, souvenir distributions, inviting celebrities as spokespersons, and mobile promotion truck. Face-to-face consultation is often preferred.

40. In order to avoid resistance from different stakeholders, the ICCMW service providers suggested not to propose any ICCMW plans during election periods.

Responsibilities of government departments and service providers in siting and public engagement

41. Although District Social Welfare Officers are involved in some communication and consultation on ICCMW plans, different stakeholders (including District Council members, MAC chairpersons, and service providers) reported that government officials sometimes leave most of the lobbying and public engagement responsibilities to service providers in the target neighbourhoods. However, these operators usually receive little support in negotiating with residents.

42. In light of these observations and concerns, several District Councillors suggested a closer cooperation between government officials and service providers. NGOs were not always effective in clarifying the details of services and policies on behalf of the government, while government departments did not build up much contact with the District Council members. Several District Councillors thought that for the SWD, consulting with MACs would be adequate in terms of representation, although community members generally thought that it would not be sufficiently representative to only consult the MACs.

Effective ways to reduce public opposition

Coverage of public consultation and extent of information reaching neighbourhood residents

43. In some cases where there were strong controversies over the establishment of ICCMWs, key informants reflected that residents were not clearly informed about who the potential users of ICCMW would be or the scope of services to be provided in their neighbourhood. Usually, information on some key aspects of ICCMWs and potential benefits of the ICCMW for the neighbourhood are not provided.

44. Some informants from the social service sector maintained that District Councillors should play a decisive role in public consultation and advocacy. In their experience, almost all District Councillors supported the siting of ICCMWs in their constituencies. Sometimes community leaders might hold an open attitude towards ICCMW while residents might not. As such, councillors could help facilitate interactions between the SWD, service providers, and residents.

45. Most frontline key informants from NGOs expressed that holding a residents' forum to discuss the siting of an ICCMW could bring adverse effects to the consultation process, i.e. magnifying oppositional opinions.

46. Many informants from the community suggested that the SWD and service providers may invite ICCMW users to share their experiences with mental health rehabilitation and engage in more consultation sessions with Estate Management Advisory Committees (EMACs), district leaders, and District Councillors to obtain wider ranges of opinions, as well as working closely with District Councillors. They can also organize visits to other ICCMWs for residents to let them understand more about ICCMWs and to listen to their concerns.

Possible alternatives for establishing new ICCMWs in the future

47. The siting of ICCMWs in social service complexes, usually within the proximity of residential areas, involves less complicated consultation processes and might trigger fewer public controversies. The establishment of ICCMWs in new public housing projects could also help to avoid prolonged lobbying, although incoming residents should be informed about available service units in the estate before moving in. Different informants, including those from the social service sector, legislators, and District Councillors, have described these approaches as the preferred ones.

48. Some community key informants and ICCMW users from districts that already have ICCMWs nearby suggested that if an ICCMW needs to be sited in the future, the location should not to be close to schools, including kindergartens and primary and secondary schools.

RECOMMENDATIONS

49. Overall, Hong Kong's approach to the establishment of ICCMWs has many unique features as compared with overseas experiences. It would thus not be fully feasible to select only one approach or example of overseas experiences as a model for reforming ICCMW public consultation mechanisms for application in the Hong Kong context, given that its socio-cultural characteristics, town planning, and constitutional and legal systems are not identical to those countries adopting human right-based and legal-oriented approaches.

50. Hong Kong's existing mechanisms for siting sensitive facilities such as ICCMWs are similar to practices in Macao and Taiwan, which consist of elements of negotiated approaches. Community negotiations have been widely carried out in Hong Kong for many decades and should be considered an effective approach to enable members of the public to feel respected. Therefore, instead of eliminating all negotiation practices from the existing mechanism, approaches involving negotiation with residents should be retained in response to Hong Kong's unique social context. The long-term roles and influence of community stakeholders and relationships between leaders and residents (as in the other two Chinese societies) should be taken into account, even though some elements of human rights-based and legal-based approaches should be adopted to facilitate the siting process and protect the interests of service users.

In-depth neighbourhood studies and cohesive engagement at the commencement of public consultation

51. The SWD, service providers, and other departments, such as the Home Affairs Department and Housing Department should carefully study the characteristics of the neighbourhoods in which ICCMW sites are planned. This should include identifying key stakeholders, political and social dynamics and controversies, and community demographics.

52. The SWD and Home Affairs Department should be more proactive in engaging different stakeholders and key parties at once a potential site is identified as part of the siting process. The government could take initiatives such as informing District Council

members from different political spectrums and local community leaders once the potential site is identified.

53. The government should establish a central-level inter-departmental coordinating mechanism to set out policies and strategies for siting such service facilities across different districts in Hong Kong, to address residents' concerns and questions, and to mitigate public opposition. Under this mechanism, different government departments and sections could better understand one another, and public engagement activities and targets for establishing these facilities could be standardized.

54. At the neighbourhood level, once a suitable site for a permanent ICCMW premise is identified, a formal 'task force' consisting of the district offices of government departments identified above, the ICCMW service provider, District Councillors, and resident representatives should be established to identify effective consultation and engagement strategies, in order to ensure the proposed ICCMW site is smoothly established in a timely manner. This task force should be jointly led by the DSWO and the District Officer from the Home Affairs Department.

55. If the Home Affairs Department is unable to assist with relationship building for establishing ICCMWs, we advise the SWD to enhance its relations with local communities, given that most key informants pointed out that the Home Affairs Department currently does not play a formal role in the mechanism for siting ICCMWs. While it is understandable that it might be difficult for District Social Welfare Officers to engage the community, the SWD may consider establishing an official community liaison position in every district to be responsible for ongoing local relationship building and community engagement to prepare for collaborative planning with local resident groups and community members.

Development of a public consultation protocol for the siting of ICCMWs

56. A public consultation protocol for the siting of ICCMWs should be developed to facilitate smooth and effective public consultation. The protocol should specify the time frame for each consultation process and targeted dates for successful siting, in order to avoid prolonged lobbying and delays in establishing these services. Overseas experiences of protecting the rights of people with disabilities and collective consultation approaches in community projects should be considered, such as engaging residents through residential meetings and frequent communications. The maximum time period for the establishment of an ICCMW, including public consultation and engagements activities, modification of plans, and other logistics, should not exceed 18 months.

57. More specifically, we propose the following three-stage protocol with a time frame of approximately one and a half years (18 months):

- Stage 1 refers to the preparatory stage, which may account for around 3 months, beginning at the point when a site has been identified. A task force jointly led by the district officers from both SWD and HAD on the siting should be established, consisting of representatives from relevant departments. In this stage, the authority investigates local dynamics and informs community stakeholders of the plan.

- Stage 2 refers to public consultation and engagement activities. We should limit the duration of such activities to 12 months. In consultation processes, we suggest adopting face-to-face approaches, such as general residential meetings and other channels of communication and as such residents feel respected, receive more information, and are able to voice out their concerns. Meanwhile, the design of the premises and change of land use procedures should be carried out.

- Stage 3 is the decision-making process. In the event that there are local oppositions, more time and effort would be needed for negotiations and community education. Ultimately, after the SWD has addressed the concerns via any appropriate modifications of plan, a decision should be made within a 3-month time frame.

58. In terms of the content, the protocol should:

- Outline steps for initial studies of neighbourhood characteristics (physical and demographic) and facilitate closer collaboration with influential community stakeholders to ensure that consultation messages (including the nature of ICCMW services) are delivered to the residents.

- Outline the roles of government officials, ICCMW operators, District Councillors, and other stakeholders, to ensure that service providers receive sufficient support from government bodies during consultation processes. A holistic consultation framework that involves the SWD, Home Affairs Department, and Housing Department should also be developed.

- Specify some possible community engagement approaches. These might include means of informing residents of ongoing consultation, service provision aspects, and available channels to voice their concerns. A specific time frame should be set for these activities.

- Include detailed provisions specifying steps for collecting views from the community, including the approximate number of meetings with members of EMACs/owners' incorporations, the time frame, and frequency of collecting and answering residents' concerns. Modification processes to mitigate possible impacts on residents should also be developed.

- Stipulate the final decision-making mechanism. These include how the government and service providers will confirm the establishment of ICCMWs with community leaders and other stakeholders, within a designated period.

Stronger legal measures

59. Anti-discrimination laws to protect people with mental illness and disabilities and their rights to access services in the community should be strictly implemented in accordance with existing discrimination ordinances. Countries such as New Zealand, Australia, Singapore, and the US that can smoothly set up social service facilities have legal provisions that stipulate the rights of people with disabilities. Discrimination against people with different types of disability is subject to legal responsibilities in several countries adopting human rights-based and legal approaches to implementing community mental health services.

60. We recommend that specifications of mental health services in relation to the establishment of sensitive community facilities in the *Hong Kong Planning Guidelines and Standards* should be removed, in order to avoid or reduce stigmatization against service users with mental illnesses and discharged patients.

Prior planning and zoning in future development

61. As echoed by many key informants including several politicians, an effective strategy to facilitate the process of siting ICCMWs would be to house ICCMWs in newly-built public housing estates and government complexes. We recommend that government departments and agencies conduct advance and proactive planning in the development of new communities and identify suitable premises as early as possible in accordance with community needs.

62. The example of the establishment of a new ICCMW in the new Housing Society project in Tseung Kwan O Area 73A is a good example. The plan for establishing an ICCMW was one of the conditions specified in the land grant, and was stated clearly in the sale brochure. Potential buyers were informed the future establishment of an ICCMW and other public facilities in the housing estate, to prevent public opposition.

63. Some informants from the social service sector also suggested that the government should consider subsidizing NGOs to rent private properties.

64. The demand for mental health rehabilitation services will continue to increase and more ICCMWs will be needed in future. It will be necessary for authorities to plan ahead to reserve spaces for establishing these facilities. We propose that the government establish a strategic zoning protocol not only for ICCMWs, but for all social welfare services in the community. This will facilitate the smooth and efficient establishment of social services, especially those 'sensitive' ones. This protocol should clearly delineate the size of spaces required by each type of services, and these should be taken into consideration in advance in new town development and urban redevelopment.

65. We also suggest applying a remodelling approach on abandoned or idle premises in public housing estates (for example, converting the use of old kindergartens and school premises) by forming an independent queue specifically for sensitive or urgent social services to be sited.

Continuous enhancement of community education on mental health and receptiveness towards service users

66. All users and community members interviewed emphasized the importance of community education. They agreed that with good community education, residents would know why it is important to set up a mental health centre in the community. We thus recommend the use of both subtle and explicit approaches to facilitate better understanding and appreciation of needs of mentally ill patients and develop higher receptivity to mental health patients and ex-patients. Promotional and public engagement efforts should start very early in designated neighbourhoods before the commencement of the actual public consultation, and should be implemented in different settings, including education activities in schools and community-based programmes. These programmes should put a

strong emphasis on anti-discrimination and the rights of service users in accessing the services they need.

67. In Hong Kong, the number of new arrivals from different parts of the world has increased in recent years. Several centre volunteers and District Councillors suggested that because of cultural differences, new arrivals from diverse backgrounds might benefit from more community education about mental health and mental illness. In this regard, we suggest making reference to the example of New Zealand where mental health promotional programmes have been designed for new immigrants. A territory-wide interdepartmental mental health campaign in all districts should be carried out at least once a year to educate and emphasize receptiveness, tolerance, and service users' rights to services. The involvement of District Councils and resident groups could effectively engage the interest and attention of the at large community.

Chapter 1   Introduction and Background

1.1. Background

    1.1.1. In a 2009-2010 Policy Address, the then-Chief Executive announced the restructuring of community mental health support services by establishing Integrated Community Centres for Mental Wellness (ICCMWs) in all 18 districts across the territory. The aim was to provide one-stop, district-based community support and social rehabilitation services for discharged psychiatric patients, persons with suspected mental health problems, their families and carers, and local residents.

    1.1.2. Since October 2010, ICCMWs have been providing support services ranging from prevention to crisis management for discharged mental health patients, persons with suspected mental health problems, their families/carers, and residents living in the serving districts in Hong Kong. Services include outreach visits, casework counselling, therapeutic and supportive groups, social and recreational activities, day training and public education programmes, and, where necessary, referral of cases to the Hospital Authority (HA) for clinical assessment and psychiatric treatment. ICCMWs need to work jointly with the HA and other service units in service delivery when necessary. ICCMWs are day-time centres and not hostels, and therefore do not provide residential care services to members. In these ways, services provided by ICCMWs are different from other types of mental health facilities (such as halfway houses or mental hospitals).

    1.1.3. However, the siting of ICCMWs has been a challenge since the establishment of the very first ICCMW in October 2010. This has presented barriers to responses to service users' interests as well as the operation and logistics of individual centres. In July 2018, only 15 of the 24 ICCMWs that have commenced services were located in permanent premises, and six were operating in temporary sites despite having secured permanent premises. The controversial siting plan in Mei Lam Estate, Tai Wai, has been completed and this permanent premise is expected to open by the end of 2018. Another permanent premise in New Territories West will also open soon. One permanent premise is earmarked in a subsidized housing project and will be completed around 2021. Three more ICCMWs are planned to be sited in government social service complexes and vacant school premises in the future. No suitable permanent premises have been identified for the remaining three ICCMWs (details are reported in Appendix 2).

    1.1.4. In July 2016, the EOC conducted a study on challenges encountered in the siting of ICCMWs and other social welfare facilities in Hong Kong. It found that of the 18 ICCMWs for which public consultation exercises on securing permanent sites had been held, nine had encountered community opposition. The main reasons behind community opposition included perceptions of persons with mental illness and discharged patients as violent, the possibility of users causing disturbances to residents, the potential congregation of persons with mental illness in the neighbourhood, and negative impacts on neighbourhood crime rates.[1] However, according to a study on public opinions about ICCMWs conducted by SOCO in

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[1] http://www.eoc.org.hk/eoc/upload/ResearchReport/2016761533251523232.pdf

2011, nearly 70% of interviewees agreed with establishing an ICCMW in their residential area. Their main reasons for supporting these facilities were that ICCMWs helped service users integrate into society and that district residents would also benefit from these centres. For those opposed to the establishment of ICCMWs in their community, the main reason was concern about danger caused by service users to residents (SOCO, 2011).

1.1.5.   However, recent experiences of siting ICCMWs have not echoed the promising findings of the SOCO study regarding high public support. ICCMW siting problems had not significantly improved by late 2016, as only one additional centre had secured permanent accommodation since early 2015. According to an ICCMW officer responsible for establishing a centre in Tai Wai, a unit had been reserved but in 2014 the residents of the building opposed the establishment of an ICCMW due to worries about violence by mental illness patients and threats to residents' safety （麥佩雯, 2017）. The unit was left vacant due to public opposition. The officer explained that for ICCMWs without permanent accommodation, programmes and activities had to be held in different locations, it was difficult to hold long-term training and therapeutic groups, and it was impossible to establish meeting points for discharged mental health patients. This illustrates the implications of siting failures for ICCMW service provision and for service users.

1.1.6.   In January 2015, responding to a LegCo question regarding ICCMW services, the then-Secretary for Labour and Welfare reiterated that although only 13 centres were providing services in permanent accommodation, the Social Welfare Department (SWD) "will continue to identify suitable permanent accommodation for the remaining five ICCMWs through various channels". This would include maintaining close contact with relevant government departments (e.g. Lands Department, Planning Department, Housing Department), to reserve premises for ICCMWs when planning new (re)development projects. It was also noted that the SWD would closely monitor the availability of vacant government property, school premises, and public housing units that could be converted or renovated for ICCMW services.[2]

1.1.7.   The *Hong Kong Planning Standards and Guidelines,* published by the Planning Department, identify criteria, principles, and standards specifically for establishing community facilities, including welfare services (Planning Department, 2016). This document clearly states that, in order to maximize user convenience, an ICCMW "should be located where population is concentrated" and should be accessible by public transport, barrier-free and physically accessible means (e.g. ground floor space, lifts), and located close to other social welfare facilities. Additionally, the need for the provision of rehabilitation services in a district should not only be determined based on population size, but also demographic, geographical, and service demand factors, in collaboration with the Social Welfare Department (according to the Rehabilitation Programme Plan).

1.1.8.   While clear standards and criteria are outlined to facilitate the establishment of ICCMWs in communities, siting decisions in reality are challenging, according to

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[2] http://www.lwb.gov.hk/eng/legco/07012015_2.htm

service providers, service users, and previous research studies. The contextual information described above draws attention to actual and potential roles of key stakeholders in ICCMW siting processes, including government-level service planners and executors, ICCMW service providers from welfare agencies, ICCMW service users (including discharged patients and family carers), neighbourhood residents, and community concern groups. In this current study, the research team examines not only the perspectives of these relevant stakeholders regarding the siting of ICCMWs, but also their actual practices, considerations, and challenges. This is accomplished by reviewing relevant protocols, documents, and research related to this topic, particularly materials concerning consultation processes in the siting of ICCMWs and other mental health facilities.

1.1.9.   Elaborations are made in response to the 2016 EOC study and the perspectives of key informants. In this study, the research team has reviewed relevant documents and practices both in Hong Kong and other jurisdictions to explore how the consultation processes for ICCMW siting could be improved. This study has further elaborated the 2016 study by studying the consultation processes in more detail and interviewing key informants from many other sectors beyond the service providers interviewed in the 2016 study, such as Legislative Council and District Councillors, all District Social Welfare Officers, community members (including resident representatives and community volunteers), and ICCMW service users.

1.1.10. This section of the research study will provide an overview of the research team's perception and understanding of the subject matter of this study. The section consists of two parts: 1) an overview of previous research on stigma against people with mental illness and impacts on related services and rehabilitation, and 2) an overview of the effects of 'NIMBY' ('Not In My Backyard') mentalities on the siting and operation of mental illness facilities and facilities for disadvantaged groups, including the role of consultation and public engagement in facility siting.

1.2. Mental illness stigma and impacts on services and rehabilitation
1.2.1.   Stigmatization of people with mental illness is a complex issue that involves both psychological and socioeconomic factors associated with a particular place and time period. Numerous types of mental illness are subject to public stigmatization, such as depression, schizophrenia, and anxiety, and stigma can take many different forms. In a study of public stigma attitudes towards schizophrenia, depression, and anxiety, Wood et al. (2014) found that stigma attitudes share three factors: negative stereotypes, patient blame, and perceived inability to recover. Schizophrenia was associated with the most negative stereotypes, the least blame, and was viewed as least likely to recover compared to anxiety and depression. In another study, Angermeyer et al. (2014) examined the development of attitudes toward allocating financial resources to the care of people with depression (structural discrimination) over the past decade in Germany, compared to the public's desire for social distance from these people (individual discrimination). While the public may more readily accept cuts in care for individuals with mental illness compared to medical illness, perceptions have changed with a growing public awareness of depression. However, structural and

individual discrimination attitudes are not necessarily linked, and a comprehensive understanding of stigma must consider both forms together (Angermeyer et al., 2014).

1.2.2.   Previous studies have found that stigma against mental illness affects the use of mental health services and rehabilitation progress for people with mental illness. Mental health stigma directly and indirectly influences treatment attitudes and physical health (Sickel, Seacat, & Nabors, 2016). For example, a study by Clement et al. (2015) found that the total indirect effect of experienced discrimination on service engagement is statistically significant due to effects on individuals' mistrust in mental health services and therapeutic relationships. This illustrates the importance of building and maintaining service users' trust in mental health services and relationships with professionals, and countering public discrimination that may erode this trust (Clement et al., 2015). A study by Lasalvia et al. (2013) found that discrimination related to depression is a barrier to social participation and successful integration, and that experienced discrimination is associated with lower willingness to disclose a diagnosis of depression, which in turn is a barrier to seeking help and receiving effective treatment. Stigma and discrimination can also affect symptoms of mental illness. For example, experiences of negative discrimination have been linked to higher levels of positive symptoms of schizophrenia and lower negative symptoms (Kowchorke, 2014).

1.2.3.   Generally, stigmatization and discrimination against people with mental illness (including opposition to local siting of treatment facilities) is a serious issue that should be clearly addressed, since it has been shown to negatively affect willingness to receive services and assistance among individuals with mental illness as well as their rehabilitation processes and self-image. Given its importance, measures of stigma should be included when assessing and carrying out interventions to support patients facing discrimination, and it is important to address public stigma in order to achieve social and political change, including in relation to the siting of mental health facilities.

1.3. The 'NIMBY' syndrome and challenges to siting mental health facilities
1.3.1.   An existing body of literature has examined the "Not in My Backyard" (NIMBY) syndrome, which is commonly identified as a challenge to development processes and is associated with the construction of new facilities not favoured by residents of a particular neighbourhood. When such projects are proposed, residents may take sceptical or even hostile approaches to the construction of new facilities. The 'NIMBY' phenomenon can exist as a real barrier to opportunities and services for people with mental illness. Research conducted in the United States by Borinstein (1992) indicated that although the majority of Americans (69%) believed that the number of people with mental illness had increased over the past twenty years and that mental illness was a serious health problem, they were reluctant to welcome mental health facilities into their communities and 14% indicated that their neighbourhood had opposed some type of facility in recent years. More recently, Cowan (2003) found that the relocation of mental health services from an institutional to community base in different parts of the United Kingdom involved incidents of public opposition.

1.3.2. 'NIMBY' mentalities may be related to a lack of public knowledge and understanding of mental illness and the ways in which public consultation and engagement are approached. For example, Takahashi's (1997) research in the United States found that most respondents reported that they were not very well informed about mental disability, that they rarely had personal experience with mental health care, and that the information they obtained often originated from popular media. Planners should therefore address mechanisms influencing the formation of public frames of reference concerning risks and explore how new perceptions can be constructed and perpetuated to address controversies over the siting of mental health facilities.

1.3.3. The ways in which public consultations are conducted can encourage or discourage 'NIMBY' mentalities in communities. Cowan's (2003) study in Scotland examined opponents' views in response to the relocation of mental health services to communities, in which he found that hurdles and strong sentiments opposing the relocation of mental health services could be related to processes of public consultation. While consultation is often relatively unproblematically defined in terms of its function, the specific nature, process, and outcomes of consultation can be more challenging and complex.

1.4. In this study, we aim to understand perspectives on these issues based on a review of local and overseas documents and interviews with different key informants regarding the siting of ICCMWs and other mental health facilities. The research sample covers a range of stakeholders from different institutions, agencies, and disciplines related to the siting of ICCMWs, including representatives of government departments, Legislative District Councils, service providers, community members (such as residential representatives), and service users. We also interviewed four overseas experts from Canada, Australia, Japan, and Macao, to gain a better understanding of the mechanisms and practices of siting community mental health facilities. These approaches have enabled the achievement of the following research objectives:

- To understand the rationales for supporting and opposing the siting of facilities
- To examine public preferences for conflict resolution options
- To evaluate the feasibility of different approaches to consultation
- To identify effective ways for reducing public opposition

1.5. This research report includes seven chapters in total. Following this introductory chapter, Chapter 2 presents the study approaches and analytical framework, including the Framework Integrating Normative Influences on Stigma (FINIS). Chapter 3 reports on the methodology of this research and details on the in-depth interviews conducted with key informant groups, while Chapter 4 presents the methods of data processing and analysis. Chapter 5 covers the findings of the review of local and overseas documents and literature related to the siting of community mental health and other 'sensitive' facilities, and the major findings derived from key informant interviews are reported and analyzed in Chapter 6. Case studies of successful and unsuccessful siting of ICCMWs will also be presented. Chapter 7 presents the recommendations of the research team, including in-depth neighborhood studies and cohesive community engagement, the proposed public consultation protocol for the siting of ICCMWs, strengthening of anti-discrimination measures and planning strategies, and enhancement of community education programmes on mental health.

Chapter 2   Study Approach and Analytical Framework

2.1. The basic structure of this study included: 1) a systematic literature review using a scoping review strategy, and 2) qualitative research involving in-depth key informant interviews (discussed in Chapter 3). In order to provide a basis for data formation, collection, and analysis processes, it is important to draw on an established analytical framework to interpret the findings in a systematic way. In this study, we drew on the *Framework Integrating Normative Influences on Stigma* (FINIS) developed by Pescosolido, Martin, Lang, and Olafsdottir (2008) in order to ensure a systematic approach. This framework provides a point of view, set of assumptions, and conceptual map to understand public perspectives concerning the siting of ICCMWs.

2.2. The FINIS framework is based on the idea that stigmatization (related to mental illness and facilities) is linked to multiple levels of social life: micro-level or individual factors (e.g., psychological, socio-cultural), mezzo-level or organizational factors (e.g. social network), and macro-level or societal-wide factors. FINIS is a general framework but can inform more specific middle-range models. As a general framework, FINIS may be applied to any stigmatizing condition, and its substance and hypotheses can be tailored for use in empirical research and substantive cases (Pescosolido et al., 2008). This framework can thus enable an understanding of the views of the general public and local communities in Hong Kong regarding the siting of ICCMWs and mental health facilities, from different perspectives.

2.3. According to Pescosolido et al. (2008), FINIS offers the potential to build a broad-based scientific foundation based on understanding the effects of stigma on the lives of people with mental illness, resources devoted to the organizations and families who care for them, and policies and programmes designed to combat stigma. FINIS may help to understand why attempts at stigma reduction fail or succeed, including the ways in which contexts (both within and outside the experimental or policy frame) may operate to prevent intended effects. For this study, qualitative data collection approaches covered micro, mezzo, and macro-level issues in order to examine different factors associated with stigmatization against persons with mental illness and issues related to siting of mental health facilities.

2.4. Figure 1 depicts the FINIS model, illustrating a variety of theoretical influences on stigma. The factors toward the centre of the model represent those best understood and most studied, while the outer layers represent newer areas of study. At the micro level, the left side of Figure 1 contains concepts related to characteristics of persons with mental illness and how they might combine to predict stigmatizing responses. Mezzo-level issues are related to one's 'contact' with persons with mental illness, which can be a potential source of change in perspective. The right side of the model addresses macro-level issues, with stigma embedded in a larger cultural context that shapes the extent of stereotyping and stigmatization, the nature of social cleavages that define 'others', and the ways that different groups accept, reject, or modify dominant cultural beliefs. Details of the proposed themes and questions to be covered are described in Chapter 3, in the discussion of research design and data collection methods.
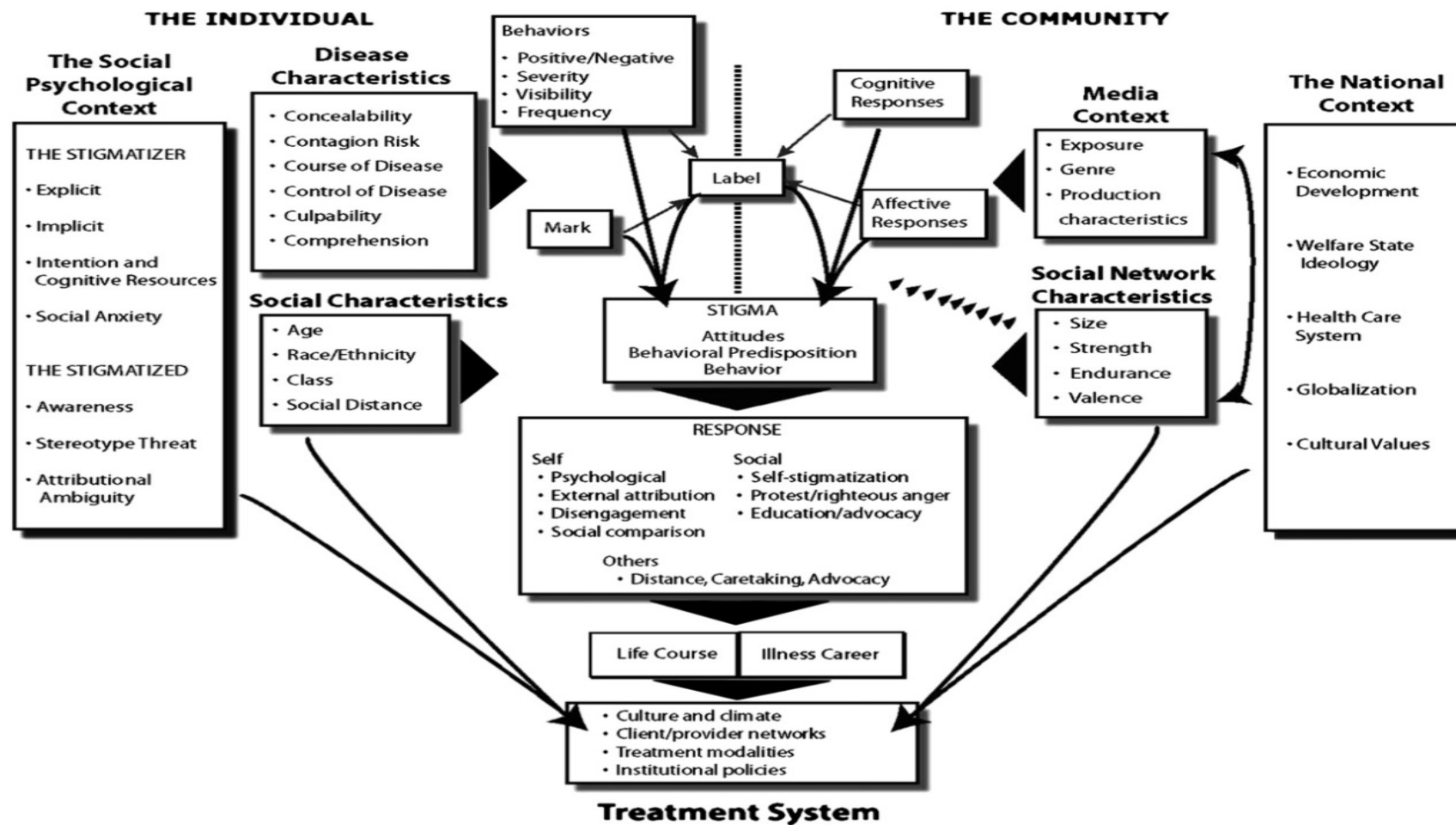
Figure 1. Framework Integrating Normative Influences on Sigma (Pescosolido et al., 2008, p. 434.)

Chapter 3   Research Design and Data Collection Methods

3.1 Systematic literature review

3.1.1. We conducted a systematic review of existing literature relevant to the study topic prior to data collection. We examined literature that described the processes and experiences of siting and establishment mental health facilities, with attention to factors affecting siting decisions, challenges, best practices and strategies (including consultation processes) for successful outcomes, and the roles and perspectives of different stakeholders (including aspects of stigma).

3.1.2. We also examined literature describing processes and experiences of siting and establishing mental health facilities in different international country and community contexts, particularly in Asian contexts. This provided greater understanding of the strategies, approaches, and protocols used in different jurisdictions for establishing mental health facilities in communities. We also reviewed existing Hong Kong governmental materials outlining the implementation of the siting of mental health facilities in communities. The findings of this intensive literature review informed the design of the research questions, themes to be addressed during key informant interviews, and data analyses.

3.1.3. *Literature review strategy*

3.1.3.1.   We conducted a systematic review of literature and existing materials to gain insight and understanding of relevant issues, incidents, and practices related to the siting of ICCMWs and other mental health facilities in the previous decade. This literature review enabled us to better understand incidents associated with stigma against mental health patients, with a particular focus on successes and failures in resolving these controversies. We also reviewed literature and materials focusing on the above issues in the Hong Kong context (mainly government documents, research reports from community organizations, and news archives) as well as in other jurisdictions in the Asian region and western societies.

3.1.3.2.   We adopted a **systematic scoping review** strategy in preparing the literature review. Scoping reviews are commonly used to clarify the working definitions, key concepts, and conceptual boundaries of a topic or field and to map the main sources and available evidence (Peters et al., 2015; Tricco et al., 2016). This strategy is particularly useful when a body of literature is complex and diverse or has not yet been comprehensively reviewed, as is the case with the current study topic. Scoping reviews can also be used to map a body of literature with relevance to time period, location (e.g. country or context), source (e.g. peer-reviewed or grey literature), and origin (e.g. discipline or academic field) (Peters et al., 2015). The strategy used in this study integrated a scoping approach, to provide an overview of key concepts and evidence on the topic, with a systematic approach that focuses on particular criteria or questions of interest (including interventions and outcomes) (Peters et al., 2015; Tricco et al., 2016).

3.1.3.3.　　We developed a review protocol that was guided by the following questions:

  a)　What are the issues and challenges encountered by government officials, service providers, communities, and service users related to the siting of ICCMWs and other mental health facilities?

  b)　What are the practices and norms adopted by governments in different jurisdictions to establish mental health service facilities?

  c)　What are the considerations and practices involved?

  d)　What are the factors related to successes and failures to resolving challenges in the planning, consultation and establishment processes?

3.1.4.　*Sources of literature*

3.1.4.1.　　The local literature and materials reviewed mainly included official documents and guidelines concerning the establishment of ICCMWs. Through these resources, we were able to identify crucial factors related to the successful establishment of mental health facilities, processes of public consultation conducted in the past, and concerns of different stakeholders. We also retrieved minutes of various District Councils to identify key issues, including supporting and opposing viewpoints and the SWD's efforts to identify suitable premises. Finally, we examined official reports on mental health policies and service planning, with a specific focus on the implementation of ICCMW services.

3.1.4.2.　　In addition to these official documents and primary materials, we collected publicly accessible materials, including coverage in local newspapers, magazines, and other media platforms (e.g. television programmes) related to the siting of ICCMWs (including decisions, controversies, and opposition).

3.1.4.3.　　Materials on the siting of mental health facilities in communities and neighbourhoods in other jurisdictions were reviewed in order to assess whether international cases, norms, and practices regarding public consultation, site selection, and strategies for reducing stigma could be good references for refining consultation mechanisms and other siting issues in Hong Kong. These overseas materials included journal articles, official papers, and guidelines and protocols for establishing 'sensitive' social service facilities.

3.1.4.4.　　As Internet-based resources and literature provide limited information on the experiences of other jurisdictions in establishing community mental health facilities and conducting public consultations, we also interviewed a number of overseas experts to gain additional insights into different scenarios and to clarify information that was unavailable or unclear in the available literature. These experts were identified through our personal connections, online contact information, and consulates and representative offices of relevant jurisdictions in Hong Kong. We interviewed six experts from Macao, Taiwan, Singapore, Japan, Australia, and Canada, by telephone, video-conference, or email. These interviews not only provided general information concerning community mental health facilities and consultations

in these jurisdictions, but also additional details and personal experiences and insights.

3.2 Qualitative key informant interviews

3.2.1. The key informant interviews conducted with the stakeholders related to the siting issues of ICCMWs enabled the achievement of the following objectives:
   a) To understand the rationales for supporting and opposing the siting of the facilities
   b) To examine public preferences for conflict resolution options
   c) To evaluate the feasibility of different approaches to consultation
   d) To identify effective ways for reducing public opposition

3.2.2. In-depth key informant interviews were conducted between early September 2017 and mid-May 2018. A total of 74 interviews covering 84 individuals or cases were successfully completed. Interviews were conducted in semi-structured manner, which enabled the interviewees to share their knowledge and viewpoints with minimum limitations, so that we could obtain as much detailed information as possible. Each interview lasted for an average of approximately 45 minutes.

3.2.3. For all categories of interviewees, interviews focused on four key dimensions: 1) interviewees' knowledge of existing consultation mechanisms and personal experiences in the siting of ICCMWs; 2) interviewees' observations and experiences concerning stigma and discrimination against people with mental illness and ex-patients in their respective communities; 3) interviewees' understanding of public attitudes towards mental health patients and ex-patients in recent years, and 4) recommendations for improving consultation mechanisms and approaches to reduce public oppositions to the siting of ICCMWs.

3.2.4. Additionally, for those ICCMWs that have not yet secured permanent premises, we examined previous service operation experiences, current challenges, and future plans for service development and locating permanent premises.

3.2.5. *Interview targets, sampling, and focus*
   3.2.5.1. Key informants for this study included: 1) representatives of government departments/district offices, 2) heads/managers of ICCMWs, 3) District Council members and Legislative Council members, 4) community leaders and residents, and 5) ICCMW service users and self-help organizations. Table 1 presents the key informant categories, the number of in-depth interviews conducted during the course of data collection, and the number of people or cases covered in those in-depth interviews.

   3.2.5.2. A purposive sampling method was used to identify informants. This is a type of non-probability sampling in which potential subjects are selected on the basis of the researcher's judgment about which interviewees will be the most useful or representative (Babbie, 2011). We also adopted snowball sampling methods in recruiting key informants. We first identified potential suitable key informants through publicly available channels and our personal networks. For example, we established connections with all 11 ICCMW service providers through a representative of one of the providers with whom

we had a long working relationship, and they assisted us in contacting colleagues in charge of ICCMWs from other agencies.

3.2.5.3.   Through contact information available on the Internet, we were able to contact government officials from the Social Welfare Department and Housing Department. We also made successful interview appointments with a few members of the Legislative Council and District Councils by distributing email invitations.

3.2.5.4.   As we shared personal networks with a number of District Councillors, it was easier for us to interview them. Although some of their constituencies were not located exactly in or near the neighbourhoods where existing or proposed ICCMW premises were located, they were able to provide us with valuable information and opinions about how public consultations for the establishment of 'sensitive' social service facilities should be conducted, and personal experiences in handling issues related to mental health in the community. They also referred us to other District Councillors from ICCMW-related neighbourhoods. Some District Councillors and service providers helped to build connection with community members, including service users, chairpersons of Mutual Aid Committees (MACs) and owners' corporations, key neighbourhood organizations, and volunteers and activists who had been supportive of the establishment of ICCMWs.

Key respondents	Number of interviewees
Government departments/bureaus	13 (1 with ADSW; 11 with District Social Welfare Officers; 1 with Housing Department)
Heads/Managers of ICCMW operators	14[*]
District Council (DC) members and Legislative Council members (12 DC members and 5 legislators)	19 (15 DC members & 4 LegCo members)
Community leaders and residents (Mutual Aid Committees (MACs)/Residential organization representatives; non-member volunteers from the community)	20
Service users	8
Total number of key informant interviews	**74**

Table 1. Number of informants from different stakeholder groups (September 2017-May 2018) ([*]Interviews with ICCMW operators included representatives from all 24 ICCMW locations)

3.3 Comparison of ICCMW Siting Process

3.3.1 A comparative study method examining specific ICCMW siting cases was used to identify specific factors that may have affected the siting of ICCMWs in Hong Kong, and to help to understand the potential factors contributing to a smooth or challenging siting process. Among the 24 ICCMW cases reviewed, six cases characterized by unique consultation processes, negotiations with neighbourhood stakeholders, and other circumstantial factors were included in a more in-depth comparative analysis. They are categorized as either successful or unsuccessful examples. These cases include two cases that have been reported in the media, namely Mei Lam Estate in Tai Wai and

Yat Tung Estate in Tung Chung, as well as four anonymous cases that were selected based primarily on the findings of key informant interviews and the review of documents related to those sites. The comparison domains include engagement process, roles of different stakeholders, and circumstantial uniqueness.

Chapter 4   Data processing and data analysis plan

4.1. Analysis of scoping review data

    4.1.1. The data obtained through the scoping review of existing literature was systematically organized and tabulated to align with the research objectives and questions. Thematic categories relevant to this study were identified, including: 1) challenges and difficulties associated with establishment of mental health facilities in communities, 2) strategies for addressing stigmatization associated with the establishment of mental health facilities, 3) official protocols and process adopted, 4) consultation processes adopted, 5) strategies for addressing concerns and oppositions in the consultation process, and 6) tactics and best practices for handling stigmatized public responses and opposition.

4.2 Comparative analysis of study cases

    4.2.1. For the qualitative key informant interviews, we adopted a comparative approach to compare data collected from communities with a successfully established ICCMW and those from communities that had not yet received a permanent site, through the analysis of viewpoints expressed by stakeholders in those communities. The differences between these two community types, and the factors behind the successful and unsuccessful establishment of permanent ICCMW sites were identified and addressed through data collection and analyses.

4.3 Analysis of interview data

    4.3.1   The content of each interview was summarized and studied using a thematic analysis method. Thematic analysis is a widely used qualitative data analysis method. It is one of a cluster of methods that focus on identifying patterned meaning across a dataset (University of Auckland, n.d.). One of the advantages of thematic analysis is that it is theoretically flexible and can be used within different frameworks to answer different types of research questions. This approach suits questions related to people's experiences, views, and perceptions. It involves an inductive approach to analysis, with coding and theme development directed by the content of the data. When analysing the data, we followed the procedural framework for thematic analysis outlined by the School of Psychology, University of Auckland:

a)   **Searching for themes**: This phase involves examining the codes and collated data to identify significant broader patterns of meaning (potential themes). Data relevant to each theme is then collated, enabling a review of the viability of each theme.

b)   **Reviewing themes**: This phase involves checking the themes against the dataset, to determine whether they tell a convincing 'story' that answers the research question. In this phase, themes are refined (split, combined, or discarded).

c)   **Defining and naming themes**: This phase involves a detailed analysis of each theme, determining the scope, focus, and 'story' of each. It also involves deciding on an informative name for each theme.

d)   **Writing up**: This final phase involves weaving together the analytic narrative and data extracts, and contextualizing the analysis in relation to existing literature.

Chapter 5   Local and Overseas Approaches to the Provision of Mental Health Care Facilities: Similarities and Differences

5.1 The review of local documents included government publications, academic articles, news reports, and Legislative Council and District Council meeting minutes related to the siting of ICCMWs. Government publications and Legislative Council and District Council meeting minutes can be accessed from the official webpages of the government departments and councils, respectively. Academic articles and news reports were located through searches of academic databases and search engines. Materials were selected for inclusion in the review based on the criterion that they belong to the thematic categories relevant to this study. This scoping review enabled a more in-depth understanding of ICCMW siting controversies, which in turn formed the basis of subsequent key informant interviews as well as the analysis of approaches adopted and identification of factors associated with successful siting.

5.2. We also reviewed materials related to the experiences of establishing community mental health facilities, public consultation processes, and strategies for reducing stigma in other jurisdictions. The countries and territories that were selected for this review include regional contexts such as Macao, Taiwan, Singapore, Japan, and Korea, and international contexts such as Australia, New Zealand, Canada, and the United States. The selection of these contexts for inclusion in the literature review is based on their geographical proximity to Hong Kong, cultural characteristics, and legal and administrative systems. They are similar to Hong Kong in various aspects, which will enable us to determine whether their experiences could provide useful references for reviewing and planning effective strategies for public consultation and stigma reduction. We retrieved overseas literature through Internet-based searches and through personal connections with experts and scholars in those locations. This literature included agency reports, journal articles, government websites and policy documents, and media reports and commentaries.

5.3 As Internet-based resources and literature provide limited information on the experiences of other jurisdictions in establishing community mental health facilities and conducting public consultations, we also interviewed a number of overseas experts to gain additional insight into different scenarios and to clarify information that was unavailable or unclear in the available literature. These experts were identified through our personal connections, online contact information, and consulates and representative offices of relevant jurisdictions in Hong Kong. We interviewed six experts from Macao, Taiwan, Singapore, Japan, Australia, and Canada. Interviews were conducted by telephone, video-conference, or email. These interviews provided us with some general information concerning community mental health facilities and consultations in these jurisdictions, as well as additional details and personal experiences and insights.

5.4 The resources that we reviewed on overseas experiences were primarily reports, protocols, and guidelines issued by governments or public bodies. These reports address issues such as stigma reduction strategies, social integration for people with mental health problems, land zoning for public services, and consultation guidelines. We also reviewed websites on mental health services in the selected jurisdictions, including websites of NGOs, community groups, and private institutions, to understand how mental health services and anti-discrimination efforts have been approached.

5.5 We paid particular attention to approaches to public consultation concerning the establishment of mental health or other 'sensitive' community services that might face opposition by neighbourhood stakeholders. We are particularly interested in modes and means of consultation regarding community service planning and the siting of such 'sensitive' services, so that we can compare their mechanisms and experiences with consultation approaches and experiences in Hong Kong. This includes attention to the roles of government authorities, service providers, and community leaders in engaging residents in making decisions that would affect communities, and the effectiveness of these consultations.

5.6 As the ICCMW service model as a community-based non-residential service facility is not commonly adopted in other jurisdictions, we also covered siting methods and public consultation approaches related to the establishment of affordable housing for all underprivileged groups including mental health patients, discharged patients, and others and other types of 'sensitive facilities' that were not welcomed by nearby residents, such as drug and alchohol addiction treatment services and support services for offenders. These provide useful references to comment on existing ICCMW siting mechanisms in Hong Kong and to formulate recommendations for future improvements.

5.7 We also reviewed materials related to legal protections for people with disabilities in other jurisdictions, especially those with mental illness, and anti-stigma policies. Finally, we reviewed news reports from the selected jurisdictions concerning public attitudes towards mental illness and opinions about the siting of community services in order to understand public perspectives on these issues, alongside official discourses.

5.8 Background of ICCMWs

5.8.1   As announced in the 2009- 2010 Policy Address, the Hong Kong Government, in view of rising demand, reformed mental health rehabilitation services by establishing territory-wide ICCMWs. This reflected the adoption of a medical-social collaboration model that was estimated to bring numerous benefits and echoed a global trend of allowing suitable patients, upon assessment, to receive care at the community level in order to support better rehabilitation. There has been an increase in rates of mental illnesses in Hong Kong in recent years, and mental health services and rehabilitation facilities are indispensable in every community. These services are needed more than ever, after numerous fatal incidents involving mentally ill patients in recent years.

5.8.2   However, the process of establishing ICCMWs has been impeded by numerous challenges, and regional differences have resulted in varied outcomes across Hong Kong's 18 districts. The foremost challenge has been associated with the siting of ICCMWs. Service providers in several districts were able to obtain permanent sites, while others are still renting and/or borrowing spaces from other agencies. For these service providers, the absence of permanent premises has hindered the delivery of mental health services and has made service use inconvenient for recipients.

5.8.3   A recent study conducted by SOCO revealed that majority of community respondents agreed to the establishment of an ICCMW in their neighbourhood (SOCO, 2011). However, progress in establishing ICCMWs has remained

stagnant, which indicates that there are other barriers associated with this issue. The reasons for the difficulties faced in finding premises for ICCMWs are complicated, multi-dimensional, and regional. These include, for instance, public opposition due to traditional cultural beliefs and misunderstanding, red tape in departmental coordination, and opinions of district leaders.

5.8.4 This section of the literature review examines local approaches to and experiences of establishing ICCMWs in different neighbourhoods in Hong Kong, including the implications of public opinion, government policies, and public consultation processes.

5.9 Reasons for establishing services

5.9.1 In response to public concerns over community support for discharged mental health patients and the inadequate supply of mental health services, the HKSAR Government announced in its 2009 Policy Address that the Hospital Authority's case management service would introduce a pilot programme to reinforce support for mentally ill persons at the community level (Equal Opportunities Commission, 2016). It was stated that specialized clinics would only treat mentally ill patient with complex needs following assessment, while diverting those with minor mental issues to community mental health centres, later named Integrated Community Centres for Mental Wellness (ICCMWs) (HKSAR, 2009). Psychiatric patients can now visit the ICCMW in their district, which provide closer and more accessible care.

5.9.2 The prevention, detection, and rehabilitation of mental illness are thus the major service provision focus of ICCMWs, while treatment for patients with severe mental health problems are the responsibility of public hospital psychiatric services. This could facilitate medical-social collaboration in mental health care. It also intended to enhance treatment services and concentrate resources by freeing up hospital beds for public healthcare and achieving better mental rehabilitation services in communities.

5.10   Official approaches

5.10.1 The purpose of ICCMWs is to provide one-stop, neighbourhood-based mental health services to those in need, including mental illness prevention, detection, and rehabilitation, embodying a community care approach. The 24 ICCMWs in Hong Kong provide a range of community-based support for persons with suspected mental health problems, ex-patients, and their families. The government has provided increasing support, with expenditure expected to double between 2010 and 2017. The aim is to provide intensive and tailor-made support to those in need.

5.10.2 The Social Welfare Department (SWD) is responsible for identifying sites that are appropriate for permanent ICCMW premises in all 18 districts in Hong Kong. While the SWD is responsible for the formulation and implementation of ICCMWs, there are differences in experiences of securing permanent premises across districts and communities. The SWD and service providers have encountered a range of challenges and hurdles during these processes.

5.10.3 Chapter 3 of the *Hong Kong Planning Standards and Guidelines* (HKPSG) stipulates how community and welfare service facilities, including ICCMWs, should be established in communities. Clause 10.2.49 makes it clear that accessibility and elevation are key features of an ICCMW location:

An ICCMW should be located where population is concentrated and easily accessible by public transport. For the convenience of its service users, the centre should be barrier-free and preferably be located close to other social welfare facilities. Ground floor space is preferred for an ICCMW although other floors served by lifts are also considered suitable. An ICCMW should be situated at a height no more than 24m above street level.

5.10.4 Clause 10.2.50 provides detailed directions about factors to be considered for establishing ICCMWs, including service demands, demographic characteristics, and district geographical factors. These directions also state that there should not be any predetermined standard of provision in a district, and that a project must be worked out with the SWD according to the Rehabilitation Service Plan:

There should not be a pre-determined standard of provision for the rehabilitation services in a district. The need for these facilities should be determined taking into account not only the size of the population, but also the demographic characteristics, geographical factor, service demand, and worked out in liaison with Social Welfare Department within the context of the Rehabilitation Programme Plan.

5.10.5 The HKPSG identifies provisions for conducting public consultations for 'sensitive community facilities'. Clauses 1.4.3 and 1.4.4 suggest that government departments, with the help of the Home Affairs Department and respective District Office, should formulate public consultation strategies to gain public support. This involves the identification of potential consultees and proper consultation channels at the early planning stages, as well as setting out the project background, reasons for site selection, and service content. The scope of such public consultation should be as wide as possible:

In the planning process on reservation of specific sensitive community facilities, the project proponent should, at early stage, consult Home Affairs Department and the respective District Office to formulate a public consultation strategy to gain community support. Depending on the nature of the proposed facilities, it is necessary to identify at an early stage the target consultees and the proper consultation channel. The background for the need of such facilities and the reasons explaining the choice of sites should be clearly set out in the consultation. The scope of consultation should be wide enough to allow all relevant parties, i.e. the District Councils, other relevant local groups and associations representing the public views to be informed of the subject matter and to have opportunities for making comments. (1.4.3)

5.10.6 District Councils, residential associations (e.g. Estate Management Advisory Committees (EMACs), Mutual Aid Committees (MACs), Owners' Incorporations), and community concern groups) should be engaged in consultation to make sure their opinions and viewpoints on incoming services

are heard. Since ICCMWs belong to one of the 'Group B'[3] facilities, extra efforts are suggested to enhance the mandate for public consultation, including responsiveness and follow-up actions:

Extra efforts would likely be required to foster the public's understanding and acceptance of the sensitive community facilities, particularly the Group B facilities. The concept of community integration should be stressed during consultation to gain local support where appropriate. The consultees should be informed of the results of the consultation exercise. All comments raised during consultation should be properly responded to. Proper records of the public consultation should also be kept for record purpose as well as for undertaking any necessary follow-up actions.

5.10.7 Generally speaking, the HKPSG has provided precise recommendations for conducting public consultations before a new community service facility is established in a neighbourhood. These comprehensive provisions cover issues such as formulating consultation plans in the beginning stages of planning, identification of people and groups to be consulted, contents of and information provided to stakeholders, and responses to consultees' concerns.

5.10.8 In theory, these guidelines should have been applied in the siting of existing ICCMWs. However, there have been some obstacles to securing permanent ICCMW premises in a number of districts, mainly due to public opposition, which has largely resulted from discrimination and stigmatization. The following section reviews previous research and materials on the issue of stigmatization and discrimination against people with mental illness and ex-patients in Hong Kong.

5.11   Public opposition to and support for siting

5.11.1 Mental health and social stigmatization/discrimination in Hong Kong

5.11.1.1   In recent years, research has shown that stigma towards people with mental illness is entrenched and involves various socio-cultural and institutional factors. Based on collectivist aspects of Chinese culture, stigma affects not only mental health patients and ex-patients, but also their families and caregivers (Tsang & Tam, 2003). Researchers have studied stigmatization and discrimination toward mental patients in Hong Kong, and have identified a range of factors associated with these issues.

5.11.2 Misconceptions of mental illness

5.11.2.1   Stigma and discrimination may be associated with misconceptions or misunderstandings of mental illness. For example, a study by Chiu and Chan (2007) found that respondents had little knowledge of mental illness and rehabilitation. Misconceptions and stereotypes were common as public perceptions were easily shaped by media.

5.11.2.2   Members of the wider public often think that people with mental illness are assaultive, unpredictable, and irrational, and may thus keep a distance from people with mental illness. This can in turn affect mental health

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[3] Facilities of more local or district significance serving specific clients who require frequent services from the facilities. These facilities include special medical and health clinics, education facilities, and social welfare services such as hostels and day centres for discharged mental patients and severely mentally handicapped persons.

conditions and recovery of people with mental illness (Equal Opportunities Commission, 2002). Misunderstandings about mental health contribute to stigma, resulting in greater social distance and unwillingness by patients to seek help.

5.12   Incidents

5.12.1 Since the 2009 policy address, there have been a number of incidents that have directly or indirectly affected ICCMW service planning, consultation, and operation. Additionally, the 2011 District Council elections made the sensitive issue of establishing ICCMWs even more complicated and controversial. Acute opposition was expected due to the poor timing of proposing such plans in the community (LegCo, 2011), and three ICCMW consultations were suspended to avoid the District Council election period (Equal Opportunities Commission, 2016).

5.12.2 There are concerns that past tragedies involving mentally ill patients as perpetrators that have been reported on the news (such as the Tsim Sha Tsui Station firebomb attack) could intensify stigma toward people with mental illness, leading to difficulties in renting space for service and rehabilitation centres for patients (LegCo, 2017).

5.12.3 Challenges to service providers and users

5.12.3.1   As explained by Tsang and Tam (2003), some opposition to the siting of mental health facilities is associated with the 'Not in My Backyard' (NIMBY) sentiment among community residents concerning the construction of facilities in their neighbourhood. Opponents might acknowledge the service needs of mental health patients, including the need for ICCMWs, but believe that facilities should be placed anywhere except their 'backyard'.

5.12.3.2   According to a 2016 EOC study, NIMBY syndrome among neighbourhood residents in opposition to potential ICCMW establishment is associated with issues such as selfishness, effects on property prices, perceptions of such facilities as unnecessary, and concern for public safety. However, some service providers expressed that these centres are essential to the community and should be placed near residential areas in order to reach more people.

5.12.3.3   When service providers do not have sites for operation, they may borrow space from community centres operated by non-governmental organizations or SWD premises. In such cases, frequent transportation between different locations and logistical difficulties are inevitable as the space is merely temporary. This negatively affects service stability and efficiency. This also affects service users, limiting the extent to which they feel a sense of belonging within the service environment (HKCSS, 2013).

5.12.3.4   As of 2012, the financial subsidy for renting an ICCMW premise was fixed at $4.2 per square feet (the same as for public rental housing), while renting a space in shopping mall would cost at least $15-20 per square feet. As such, it is financially impossible to rent a temporary space for ICCMWs

(LegCo, 2012). Consequently, clients of specific service providers might need to visit centres outside of their community. This is understood to create inconvenience for clients, as well as discouraging people in need from seeking help and therefore impeding efforts to identify mental illness cases (Wen Wei Po, 2011).

5.12.3.5   If service providers are renting a commercial unit, it may be difficult for residents to know about them, which hinders service operations. Additionally, the management systems of commercial buildings where temporary premises could be located place limitations on ICCMW services. For example, they may prohibit 'noisy' activities (e.g. dancing, karaoke) that may disturb other tenants or require that a list of visitor names be submitted to the management office before any visits (RTHK, 2017).

5.12.3.6   According to the Funding and Service Agreements, each ICCMW must include occupational therapists, qualified psychiatric nurses, and at least two registered social workers with a minimum of three years of experience in mental health services (LegCo, 2017).

5.12.4 *Official government and NGO responses*
5.12.4.1   In response to the aforementioned issues, the Government and concerned parties have responded in the following ways, as reported in government and NGO reports, policy papers, protocols, guidelines, planning standards, news reports, and other documents.

5.12.4.2   *Lack of support*: Local leaders might not support plans to establish mental health facilities. For example, the Tuen Mun District Council vice chairman strongly opposed turning a former kindergarten site at Wu King Estate into an ICCMW. This opposition could be due to misconceptions about mental illness, as well as voters' opinions in the election year (LegCo, 2011).

5.12.4.3   *Pleasant ICCMW environment*: Compared to hospitals, ICCMWs' environments are more welcoming to patients, as they are more modern and friendly and thus less stigmatizing (Oriental Daily, 2011).

5.13   Controversies over the siting of ICCMWs
5.13.1 Difficulties in identifying sites and progress in securing permanent premises over the years

5.13.2 Land is very scarce in Hong Kong. The availability of social welfare premises is highly dependent on the land supply provided by the government, although they have different workflows and procedures for releasing these spaces (Law, Wong, & Ho, 2012). Based on previous experiences, it has been estimated that it would take ten years for all ICCMWs to be established in permanent premises (as announced in 2009).

5.13.3 A number of factors have been identified as challenges in the siting of ICCMWs. It should be noted that every district is different in terms of the

adequacy of space, the scale of the population, and stakeholder personnel and resources, so the following factors might not apply to all contexts.

5.13.4 Initiative of responsible parties

5.13.4.1   The government decided to rapidly establish a total of 24 ICCMWs without engaging in deliberate planning or locating available sites, which represents a rather ad-hoc approach. The planning period for establishing ICCMWs, from announcement to implementation, may be very short, although the process involves a number of complex activities. Locating suitable premises, consulting local stakeholders, and carrying out re-engineering work require time and effort. The duration for planning and siting ICCMW premises varies from case to case, but can last from years to decades (Law, Wong, & Ho, 2012). Records indicate that some consultations have lasted less than one year while others have lasted more than two years (Equal Opportunities Commission, 2016). As there is no standard guideline regarding ICCMW consultation, they may be heavily infuenced by the roles and attitudes of participating individuals.

5.13.4.2   Based on District Council meeting minutes, it seems that variations in the development of ICCMWs across districts could be due to the initiative of respective district officers as well as local demand. Some officers might identify the development of ICCMWs as a higher priority in response to higher local demand, while others might not (Law, Wong, & Ho, 2012). Some SWD officials have demonstrated an unyielding attitude and emphasized the urgency to the District Councils, and the project eventually moved on, while in another district the official withdrew the proposal in response to community concerns (Equal Opportunities Commission, 2016).

5.13.5 Availability of suitable space

5.13.5.1   The suitability of ICCMW sites is based on a number of factors, including the floor area of the site. The floor area of ICCMW premises should be adjusted according to staff numbers, and the size should be planned to accommodate the future growth of staff and members. In existing facilities, conversion of the site and change of purpose might be required in order to use the site for an ICCMW. The Link Real Estate Investment Trust, one of the sources of space, has limitations in terms of the leasing of sites, including short-term leases, unfavourable locations, and profit-making considerations (Law, Wong, & Ho, 2012; RTHK, 2017). In most cases where ICCMW service providers are still operating at temporary sites, available premises are either of poor quality or in the midst of applications (Equal Opportunities Commission, 2016).

5.13.5.2   Other community amenities, namely District Elderly Community Centres (DECC) and Neighbourhood Elderly Centres (NEC), also face challenges associated with undersized space and are in need of premises (Law, Wong, & Ho, 2012). As a result, there is competition for spaces between agencies. As pointed out by the Equal Opportunities Commission (2016), the root of the problem is the scarcity of land. A conscientious long-term planning process could have resolved this issue. It has been suggested that clear priority guidelines or a voucher system should be established to

inform space allocation processes for different social service agencies (Law, Wong, & Ho, 2012).

5.13.6 Systemic obstacles

5.13.6.1   Currently, the Planning Department and Housing Department are not responsible for welfare planning. Additionally, conflicting policies exist among government departments. It is suggested that the protocols in the *Hong Kong Planning Standards and Guidelines* (HKPSG) should be revisited to ensure that government departments can assume specific responsibilities and take specific actions to initiate and facilitate siting processes, rather than relying entirely on the SWD (Law, Wong, & Ho, 2012).

5.13.6.2   As an example of the current lack of coordination, there are lands under the Urban Renewal Authority and Planning Department that are to be redeveloped, but specific sites are confidential and largely unknown to the SWD. The SWD can consult Urban Renewal Authority and Planning Department authorities about available sites that could be used for welfare facilities, which would speed up the establishment of these facilities (Law, Wong, & Ho, 2012). However, the SWD may not be powerful enough in interdepartmental negotiation (Equal Opportunities Commission, 2016).

5.13.6.3   Lastly, the current manner for processing land supplies for welfare facilities is overlong and decentralized, and due to lengthy SWD procedures for reviewing potential sites, some suitable locations originally available for rental have been taken by others (LegCo, 2012). It has also been reported that the SWD has not made efforts to obtain premises from the Government Property Agency to proactively increase the priority of ICCMWs (Law, Wong, & Ho, 2012). Individual branches and district offices handle demands for premises at their own discretion, and the waiting time for a vacant premise usually takes years. There is a need to develop and implement a standardized system for premise demands, to ensure fairness and efficiency in siting processes and to affirm the priority of services that face serious shortfalls.

5.13.6.4   Community resistance

5.13.6.5   Sensitive community services such as ICCMWs usually face opposition or doubts from neighbourhood officials and residents. For example, District Councillors, local leaders, and community stakeholders might reject and protest proposals for establishing ICCMWs, due to perceptions of poor transparency or unnecessary services and discrimination. The 2014 Tai Wai case is a prominent example, in which some residents and community leaders claimed they were not notified about the siting. The controversy was recently repeated when the SWD recently brought up the proposal, with incidents of violence affecting community harmony (CableTV, 2018; HK01, 2018). To avoid such resistance, new development sites should be allocated to establish sensitive facilities, in the interest of further ICCMW development.

5.13.6.6 There is no standard SWD protocol for conducting public consultations in Hong Kong's 18 districts. The existing flexibility allows for the implementation of different approaches, and activities can be tailored for lobbying local leaders and residents in order to best address specific neighbourhood situations. However, this means that performance varies across locations and over time. Similarly, processes for transparency and SWD district office approaches vary across locations, with some adopting more conservative approaches (Equal Opportunities Commission, 2016).

5.14 Discussions and arguments

5.14.1 The ICCMW policy has sparked controversy in communities and has generated heated debates in the Legislative Council (LegCo) and various District Councils. Official records detail arguments from politicians and responses from government officials. A review of these records enables a better understanding of the context and history behind these controversies, along with the identification of effective approaches in ICCMW policy and associated gaps. This section summarizes a number of points relevant to these discussions.

5.14.2 LegCo policy debates and discussions

5.14.2.1 In 2011, the Concord Mutual-Aid Club Alliance expressed that the new ICCMW service structure introduced by the government had disrupted the ongoing rehabilitation of patients, who had to adapt to a new service mode and to new therapists and social workers. Unlike past service models, users are now required to go to the ICCMW in their respective district, although some have gone to centres in other districts in order to avoid being recognized (LegCo, 2011).

5.14.2.2 Various legislators have expressed concern that two years after the policy announcement, some ICCMW service providers were still unable to find a suitable, permanent site. The Alliance of Ex-Mentally Ill of Hong Kong has suggested that this is because the SWD did not work with other government bodies (such as the Planning Department, Lands Department, and Housing Authority) to achieve targets for obtaining permanent premises (LegCo, 2011).

5.14.2.3 Additionally, the approach adopted by the government emphasized 'returning to the community', but not social inclusion. As a result, there is no explicit attempt to reduce stigma and stereotypes toward people with mental illness. The issue of stigmatization is much broader than rehabilitation and recovery, and requires attention to social structures, resource allocation, and policy-making.

5.14.2.4 Agencies have said that the SWD-led ICCMW project did not involve consultation with any mental illness patients before launching. For instance, the Alliance of Ex-Mentally Ill of Hong Kong has accused the SWD of disrespecting users and overlooking users' perspectives. They added that current and ex-patients, as key ICCMW project stakeholders, should have the right to know and choose ICCMW sites. While the alliance had 9,000 members territory-wide, they claimed that the SWD did not contact them in order to consider their needs (LegCo, 2011). Based on the above points,

it could be inferred that the ICCMW planning process is not sufficiently comprehensive to adequately consider mental health patients' perspectives, leading to discontent and inconvenience for potential service users.

5.14.3 District-level discussions

5.14.3.1   When it comes to district-level processes for establishing ICCMWs, individual District Councils have specific concerns and conditions for addressing controversies and engineering issues. This section outlines the major discussions in the relevant District Councils, based on their minutes concerning the siting and establishment of ICCMWs.

5.14.3.2   *Kowloon City District Council*: In 2012, councillors in Kowloon City urged the government to invest more resources in mental health rehabilitation services. By applying community care approaches, they believed that tragedies relating to mental illness would decrease (Kowloon City DC, 2012). District Councillor Luk King-kwong maintained that transportation and accommodation had to be taken into account when selecting sites for mental health facilities. Councillor Mok Ka-han pointed out that the SWD should have a comprehensive plan to minimize the impacts of the facility on the community and that the site should be located away from residences.

5.14.3.3   An SWD representative replied that the department would respond to the needs of social welfare premises at the local level, and would consult stakeholders about the design of the proposed facilities. He also addressed doubts about the nature of clients of the proposed facility and services, and suggested that the name of the facility should be 'neutral' rather than explicitly referring to 'mental health' (Kowloon City DC, 2012).

5.14.3.4   In 2014, the Community Building and Social Services Committee of the Kowloon City District Council supported a proposal to move the Lung Ching Fong ICCMW, then housed in a temporary premise, to an upcoming government complex in the district, where a permanent premise could be placed (Kowloon City DC, 2014). However, as of March 2018, the proposed new permanent premise is not yet available to the service operator.

5.14.3.5   *Kwai Tsing District Council*: Local councillors urged the SWD to conduct comprehensive consultation and communication initiatives to mitigate people's concerns and misunderstandings. Councillor Lam Tsui-ling criticized the SWD for its 'incomplete' consultation (for example, questioning whether the SWD had consulted the kindergarten opposite the proposed site). Councillor Wong Bing-kuen maintained that the SWD must ensure honest and sufficient consultation before pushing forward the plan to establish the ICCMW (Kwai Tsing DC, 2013). In response, the SWD organized a wide range of activities and consultations regarding the ICCMW establishment in Tai Wo Hau, including visits, talks, forums, and an enquiry hotline. However, limited space has largely hindered service provision in the district.

5.14.3.6   Councillors were also concerned about the operation of the facility, in particular the ICCMW's referral mechanism, follow-up actions for users who did not show up for treatment, and coordination and relations between the SWD, hospital, and ICCMW. The SWD's representative emphasized the issue of accessibility, explaining that the ICCMW should be placed in a densely populated area in order to serve more people in need (in contrast to suggestions by local residents).

5.14.3.7   Responding to a councillor's enquiry on why the ICCMW was not going to be established in new estates, the officer said there were no newly built public housing estates in Kwai Tsing District at that time, and that old neighbourhoods also required mental health services. The Chairman stressed the importance of community care, recalling that it has helped the recovery of patients and ex-patients, and contributes to building a harmonious neighbourhood (Kwai Tsing DC, 2013).

5.14.3.8   *Eastern District Council*: In early 2011, it remained difficult to find an appropriate site for an ICCMW. This meant that one of the service providers (the Baptist Oi Kwan Social Service in Eastern District) had to refer Eastern District clients to their centre in Wan Chai. District Councillor Kung Pak-cheung expressed concern about the possible threat presented by mentally ill persons to local residents, and proposed to the SWD that mental health should be allocated more resources. Councillor Lam Tsui-lin supported the delayed development of municipal complex buildings and expressed concern about whether it would lead to the postponement of the district's mental health services (Eastern DC, 2013).

5.14.3.9   *Southern District Council*: In 2011, the Housing Authority and SWD identified a site in Wah Fu Estate to serve the Southern District. However, District Councillor Au Lap-shing criticized the slow implementation of the ICCMW. As the premises were under the Housing Authority's management, changes in land use involved a complicated and lengthy process, and the site was still not in use one year after it was made available. He suggested that the SWD should ask the Housing Authority to prioritize this type of process in the future, as postponement could lead to changes in residents' opinions about the siting of the ICCMW (Southern DC, 2012).

5.14.3.10 *Islands District Council*: The ICCMW in Yat Tung Estate was established in August 2013, and was intended to serve as a sub-base in response to rising needs. With more space, the sub-base would allow for the provision of more activities for those in need as well as administration of staff and professionals. The urgent demand for mental health services on Cheung Chau, backed by Cheung Kwai Estate Management Consultative Committee, led to the establishment of the ICCMW on the island. Service providers actively hosted community education activities and enhanced communication and social networks (Islands DC, 2014). These were facilitating factors associated with the successful siting of the ICCMW.

5.14.3.11 *Yau Tsim Mong District Council*: A District Councillor complained to the SWD about the lack of suitable sites for establishing an ICCMW (Yau

Tsim Mong DC, 2013). In response to the 2017 firebomb attack at Tsim Sha Tsui MTR Station, councillors called on the SWD to support enhanced promotion of mental health and inquired about the selection process for the ICCMW site.

5.14.3.12 Councillors also asked about follow-up actions from authorities when patients do not attend check-ups on time. Co-opted member Shum Chu-wah recommended that the government strengthen training of psychiatrists and increase the number of graduates in order to support mental health service provision. Member Tang Ming-sum stressed the importance of mental health education and suggested inviting celebrities with mental illness to share their experience, in order to raise public awareness of mental illness. Furthermore, councillor Hui Tak-leung raised questions about the planned ICCMW site, which was under the Buildings Department but was not secured by the SWD. The SWD replied that they were actively working on this issue (Yau Tsim Mong DC, 2017).

5.14.3.13 In November 2017, the Planning Department announced the proposal of the Sai Yee Street compound at the DC meeting. It will house an ICCMW, among other welfare facilities. The Department claimed to have sent out 227 consultation papers at the affected area with a 22% response rate. Among them, the majority supported either one of the designs (Planning Department, 2017).

5.14.3.14 *Sai Kung District Council*: In 2011, an NGO running the ICCMW in Tseung Kwan O had still not secured a permanent site, which meant that clients were referred to the Shatin centre (Wen Wei Po, 2011). Temporary premises were later found and have been in operation for several years. The Housing Authority's new subsidized housing development in Tseung Kwan O has reserved limited space for an ICCMW in response to the SWD's service proposal (Sai Kung DC, 2016). It is expected that new permanent premises will be in operation in a few years, possibly upon completion of the housing development.

5.14.3.15 *Tai Po District Council*: District Councillors in Tai Po were concerned about public stigmatization, which could deter ex-patients and persons with suspected mental health problems from using ICCMW services. This is not an issue of availability of physical facilities, resources, or locational issues, and it was recommended that the SWD should enhance activities to address and prevent stigmatization. The SWD's Tai Po task force responded that they understood that this was a long-term community development issue, and that they had organized numerous educational activities. The SWD's representative stated that trained ICCMW personnel would proactively approach persons with suspected mental illness and persuade them to receive treatment. Coordination between the SWD, hospital, police force, and ICCMW was ongoing (Tai Po DC, 2016).

5.14.3.16 *Tuen Mun District Council*: A District Councillor suggested that while community care for mental health rehabilitation was feasible, its risks must be carefully assessed. District Councillors recommended to the SWD that

ICCMWs in the district should enhance awareness promotion work, to raise public awareness about mental health, prevention, and rehabilitation. The SWD acknowledged recommendations for enhancing advocacy efforts and noted they would continue to strive for an optimal plan. The District Council would support the SWD's operation, and the chairman agreed that community care would allow patients to recover in a convenient and facilitating neighbourhood (Tuen Mun DC, 2013).

5.14.3.17 *Tsuen Wan District Council*: An attempt to establish an ICCMW in permanent premises was made as early as 2010. During public consultations, community residents expressed concerns that mental health patients would threaten those nearby, and opposed plans to establish an ICCMW near residential areas. Councillors also expressed concerns that the proposed ICCMW site was too close to schools. The SWD's representative emphasized that only patients who were steadily recovering would be seeking services at the ICCMW, and explained that establishing the centre close to the community would cater those in need (Tsuen Wan DC, 2010).

5.14.3.18 The SWD subsequently arranged site visits for District Councillors, and an ICCMW representative explained the nature of their work and mental health education. The District Council members endorsed the service and suggested that the centre provide them with mental health-related courses so they could continue to follow up with the services (Tsuen Wan DC, 2012). However, as of March 2018, a permanent site had still not been secured for the ICCMW in Tsuen Wan, which was still housed in temporary premises in a commercial building.

5.14.3.19 *Northern District Council*: District Councillors had been urging the SWD to speed up the process of locating a permanent site for the ICCMW. The Northern District ICCMW was temporarily located in a halfway centre for its service provision activities and was renting a commercial building unit for its offices. The SWD official reported that the identification of a permanent site was difficult and that the SWD had been actively discussing with the Department of Health about co-locating the ICCMW with the health clinic at a former school site (Northern DC, 2013). The Northern District Council generally welcomed the establishment of a local ICCMW, but members were concerned that the selection process had taken several years and was not yet completed (Northern DC, 2016).

5.14.3.20 For the remaining seven District Councils not mentioned above, there were no significant ICCMW discussions identified, or councillors had no comment about it. It could be that ICCMW siting was not controversial in those districts (for example, Kwun Tong and Wong Tai Sin). When summarizing the major arguments and viewpoints raised during District Council discussions in different regions over the years, it must be noted that most councillors have not explicitly opposed the establishment of ICCMWs in their respective districts. They presented very few reasons based on discrimination, vilification, or stereotypes associated with mental illness

(such as claiming that service users would be violent and threatening toward the community).

5.14.3.21 When expressing concerns, District Councillors generally referred to the potential impacts of ICCMWs on the community environment and suggested that ICCMWs be established in locations away from residential areas. SWD representatives usually explained that the availability of public housing estate locations in those areas meant that choices about ICCMW sites were limited. However, no councillors pointed to the issue of accessibility to users, which is essential to ICCMW services.

5.14.3.22 As shown above, a number of councillors in Northern District, Tuen Mun District, Yau Tsim Mong District, Eastern District, Kwai Tsing District, and Kowloon City District were quite supportive of the development of ICCMWs. They questioned SWD representatives about the slow progress in identifying permanent ICCMW premises and about how ICCMWs could be more effectively supported by the administration. The government officials usually responded that they were still working on the siting.

5.14.3.23 Progress in the siting of permanent ICCMW premises was a significant concern to the SWD, service providers, service users, and community leaders, including some of the District Council members quoted above. In Hong Kong, while many people fear or dislike mental health problems, most District Councillors agree that there should be more mental health care services available but state that those services should not be located nearby. Under the SWD's guidelines as revealed by SWD key informants during the interviews, the EMACs, which include tenants, and all tenant-led MACs, must agree on having an ICCMW in their community before a lease can be signed. In many cases, these representatives provide many reasons why their estate is not the best site for it, even though many would express support for ICCMWs in principle.

5.14.3.24 Some LegCo members were dissatisfied with the government's attitude to securing permanent premises for ICCMWs that remain housed in temporary premises (LegCo, 2012). One suggested that the government does not have the determination to establish these centres, even though they have the authority to do so in public sites, including those located in Housing Authority-managed public housing estates. Another member thought that the best solution would be for the government to amend the law forbidding discrimination against people with mental illness by, for example, allowing victims to file lawsuits on their own under the relevant discrimination ordinances. He further pointed out that when some centres were discouraged from displaying signs indicating their nature, this already represented a form of discrimination.

5.14.3.25 In response to these obstacles associated with the siting of ICCMWs, a legislator suggested that the government should not insist on having a 'no objection motion' passed by tenant committees. However, "despite repeated appeals for change by various NGOs and patients' organizations,

the department has stood its ground". He further appealed to the SWD to stand firm in the face of public opposition during consultation process, as they need to work for the best interests of the service users.

5.14.3.26 The review of local documents and information regarding the siting of ICCMWs indicates that there have been enormous challenges in identifying suitable locations to accommodate facilities. The general discourses concerning these challenges, as pointed out by stakeholders such as politicians and ICCMW service providers, focus mainly on the lack of a holistic planning mechanism to establish permanent premises for ICCMWs, lack of determination on the part of the government in carrying out siting plans in the face of public opposition, lack of standard protocols outlining the processes and time frames for public consultations, and lack of effective public education programmes to enhance people's awareness and receptiveness regarding mental health. It is clear that the shortcomings of existing official planning and consultation mechanisms do not help to smoothly secure permanent premises for ICCMWs.

5.14.3.27 Although land might be scarce in Hong Kong, some holistic planning strategies for locating social service facilities (especially 'sensitive' ones) could support the effective identification of ICCMW premises, so as to minimize impacts on service users and service providers. Additionally, standardized guidelines adopted by government departments (which stipulate time frames for public consultations, responsibilities of different government departments and parties, and forms of negotiation involved) might help to facilitate successful siting. Resources such as news reports, the 2016 EOC report, and Legislative Council and District Council proceedings indicate that prejudice and discrimination against people with mental illness are still common in Hong Kong. Factors such as misunderstanding of the symptoms and behaviors of patients and ex-patients have informed public opposition to the siting of some ICCMWs, such as the well-known case of Mei Lam Estate, where the siting plan was postponed for nearly five years. Some scholars and politicians have called for strengthened public education strategies to enhance people's awareness and receptiveness towards mental health.

5.14.3.28 These documents effectively introduce some basic facts and issues related to the siting of ICCMWs. However, they do not provide sufficient detail about reasons for public support and opposition in response to the siting of ICCMWs in each neighborhood, how current public consultations are conducted, and different stakeholders' opinions on how consultations could be carried out and effective ways to reduce public opposition. In-depth interviews with key informants, as reported in Chapter 6, have provided greater insight into these issues.

5.15 Review of Overseas Literature
5.15.1 New Zealand
5.15.1.1 National approach

5.15.1.1.1 The New Zealand government's investment in mental health services has been increasing annually. The government budget for community-based services is considerable and accounts for 76% of the overall health budget (Ministry of Health, 2012). There has also been a significant increase in the utilization rate of experts, resulting in a surge in the availability of treatment. After a report showed that unemployed people were more likely to have a mental illness and that unemployment (especially youth unemployment) had significantly increased in past years, the government announced that it would allocate NZ$152 million for training, education, and reemployment of unemployed youth in order to reduce mental health problems among adolescents (TePou, 2009).

5.15.1.1.2 According to New Zealand's Health Minster, investment in mental health increased by 18% in 2015/16. However, he also pointed out that there is still much more to be done by the government. The new Labour administration has promised to increase support and improve the quality of mental health services (Jones, 2017). Overall, the New Zealand government has given great attention and support to mental health.

5.15.1.2   Consultation mechanisms for establishing welfare facilities
5.15.1.2.1 Legal measures related to mental health are quite comprehensive in New Zealand. Different types of laws and regulations are enforced regardless of the mental health status of populations, such as prisoners, drug users, alcohol addicts, or general patients.

5.15.1.2.2 The level of transparency for establishing social services in New Zealand is very high. It is common for public consultations to be held before establishing such projects and information about most projects can be found on government websites. For example, as New Zealand's population is aging society and older people's demands for affordable housing is growing (Taylor, 2016). In order to effectively deal with the housing shortage in Auckland, the city has been divided into a number of special housing areas (SHAs). The council has reserved specific lands for affordable housing, and anyone with housing difficulties (such as people with low income and/or people with a disability) can submit a written application for affordable housing to Housing New Zealand (Auckland Council, 2017; Housing New Zealand, 2017; Citizens Advice Bureau, 2017).

5.15.1.2.3 Although the council had special usage of the lands for affordable housing, some public opposition still exists, based on concerns about housing prices, security, traffic, and noise. In order to avoid discrimination and encourage income mixing in the community, affordable housing may be built in high-level housing areas (KANNZ, 2017). However, residents have reported that the council does not provide sufficient notice before building affordable housing in these areas (Gibson, 2015).

5.15.1.2.4 Another report pointed out that the level of public participation in New Zealand is high in discussing the establishment of community facilities deemed to be sensitive. Most residents are effectively engaged in the process. Each City Council has a strategy for community engagement. For example, in Christchurch the City Council launched a Community Engagement Strategy in 2013, to emphasize the importance of public participation and ensure that policymakers listen to and value public opinions. The City Council has special teams directly responsible for public consultation and engagement, namely the Public Affairs Group Consultation Team, Capital Programme Group Consultation Team, Strategy and Planning Group, Property Consultancy Team and Transport and Greenspace, and Asset Network Planning (Christchurch City Council, 2013). All information about proposed projects as well as information about consultation processes and outcomes is meant to be reported by the media to ensure the public is aware of the most up-to-date information (Christchurch City Council, 2016).

5.15.1.2.5 Participation of public stakeholders is intended to avoid disputes when policy decisions are made or when facilities are established. Other regional interest groups (such as residents' associations) can also influence local council processes (Wouters, Hardie-Boys & Wilson, 2011; Christchurch City Council, 2016; New Zealand Productivity Commission, 2016). One city council has noted that interest groups can be very influential in planning decisions (McDermott, 2016). New Zealand has passed special legislation and established an independent hearing panel to review opinions from interest groups, to ensure all opinions are heard, although it is noted that projects will not be overturned due to the size or the power of a particular interest group (OECD, 2017).

5.15.1.3   Community education initiatives

5.15.1.3.1 Public mentality is an obstacle to the establishment of mental health centers in the community in New Zealand. Many people believe that their safety will be threatened if there are patients with mental illness in their communities and suggest that these patients should stay away from residential neighbourhoods and receive treatment in remote areas (Star et al., 2005). Media reports generally reflect such views of mental illness. There are not many public sources of information on mental health services, and residents rarely take the initiative to understand these services. Therefore, discrimination and misunderstanding toward mental illness persist among members of the public.

5.15.1.3.2 In New Zealand, one of the key factors associated with the integration of mental health centers into communities has been a decades-long national campaign for eliminating stigma and discrimination. The core value or slogan of this campaign, launched in 1997, is, "Like Minds, Like Mine" (LMLM). The campaign involves two components. The first is mass media advocacy for

mental illness, focusing on mild and common mental illnesses such as depression and more serious mental illnesses such as schizophrenia. People who have or have recovered from mental illness are invited to share their experiences through national media channels, in order to educate the public about mental illness and to eliminate fear toward patients and ex-patients. The second campaign component involves local events and activities organized in every community, to highlight community characteristics and to draw people's attention to mental health. LMLM is underpinned by a social model of disability and the power of contact and reflects a human rights-based approach that represents the interests of people with mental illness.

5.15.1.3.3 Although the campaign has not quickly or entirely eliminated discrimination or bias toward mental illness patients, it has been described as moving in the right direction (Thornicroft, Wyllie, Thornicroft & Mehta, 2014). Mass media has played an important role in promoting positive publicity of mental illness. Many mental health service workers believe that LMLM can reduce stigma and discrimination and thus facilitate the establishment of mental health facilities in the community (Star et al., 2005).

5.15.1.4   Promotion of mental health in the Chinese community

5.15.1.4.1 New Zealand is a country with a multicultural population. According to the 2013 census, there were around 100,000 Chinese native speakers in New Zealand, accounting for 2% of the total population (Stats, 2013). Generally, Chinese communities in New Zealand have received abundant support from the government and local community for mental health care. For example, 'Kai Xin Xing Dong', a public education program funded by the Ministry of Health in collaboration with the 'Kai Xin Xing Dong' advisory group, was launched in 2006 to raise awareness of mental illness among Chinese communities and to help reduce stigma and discrimination facing Chinese mental health patients. This program originated from the LMLM campaign, and was initially designed to publicize national government psychiatry-related messages among Chinese residents. The program has been well received by the Chinese community.

5.15.1.4.2 According to some Chinese residents, the 'Kai Xin Xing Dong' programme helps to minimize rumours about mental illness and can alter attitudes about community mental facilities. Some stakeholders also pointed out the important role that mass media plays in addressing stigma and discrimination, as the radio, TV, and local newspapers are the main sources through which Chinese community members receive new knowledge about mental illness (Kai Xin Xing Dong, 2013). This suggests that if mass media is well utilized to promote information about mental illness, people's awareness can be effectively enhanced and stigma and discrimination toward people who have experienced mental illness may be reduced. People

can develop different perspectives on mental illness due to messages communicated through mass media, and may have fewer concerns about mental illness. Community acceptance of mental illness could also be greatly improved.

5.15.1.4.3 In general, New Zealand has paid significant attention to mental health. The government has made significant efforts in preventing mental illness as well as facilitating support and protection for mental illness patients and ex-patients in the community. Although New Zealand does not have community mental health facilities similar to ICCMWs that are not residential-based, their models, including that of affordable housing for older people and public education campaigns, are suitable references for us to review Hong Kong's approaches in establishing other so-called 'sensitive' social welfare facilities. Public consultations for the establishment of 'sensitive' community services reflect a people-oriented approach, considering residents' concerns and opinions as well as the successful establishment of welfare services in the community to support users in need. The rationale is to strike a balance between public acceptance and providing adequate social services. Therefore, Hong Kong can refer to how the New Zealand authorities interact with residents, so that 'sensitive' social welfare facilities can be successfully established in communities.

5.15.2 Australia

5.15.2.1 In Australia, mental health has become one of the most common health problems. In the 2007 National Survey of Mental Health and Wellbeing, nearly 45% of Australians aged 16 to 85 experienced a mental health issue, and a more recent report shows that 14% of Australians aged 4 to 15 have some mental health challenge (AIHW, 2018). 'Mission Australia', a charitable organization, conducts annual surveys of young people and reported that mental health represented the most concerning issue among young people in 2017, with more than 33% of respondents believing that mental health is a nation-wide problem. Most respondents claimed that they were very concerned about their mental health, as they feel depressed and stressed. The report points out that stress and depression are obstacles for young people to find a job after school or to pursue goals (Duong, 2017).

5.15.2.2 In response to these findings, many programs addressing adolescents' mental health have been implemented across the country. However, people with mental illness often experience stigma and discrimination in areas such as the healthcare system. Although there have been a number of activities organized by mental health centres, people with mental illness are often afraid to seek help. In order to develop a compassionate and equal society, Australia has invested significant financial and human resources in mental health care and has launched a number of anti-discrimination regulations to protect people with mental illness (Carr & Halpin, 2002).

5.15.2.3 Support from the state

5.15.2.3.1 In recent decades, government expenditures on medical care services at national and state levels in Australia have increased by more than 170%. The average number of medical staff and social workers in each centre has also increased. Because of the expansion of such professionals, the quality of mental health services has been enhanced and the public has become more receptive to community-based rehabilitation centres. They may believe that patients in mental health centres can be more effectively controlled due to the availability of professionals.

5.15.2.4   Mental health statements of rights and responsibilities

5.15.2.4.1 The Mental Health Statement of Rights and Responsibilities is a statement based on a report by the Mental Health Consumer Outcomes Task Force, which was first implemented in 1991 by the Australian Health Minsters Council and was amended in 2012. This statement clarifies the rights and responsibilities of consumers, carers, and communities. The first part of the statement states that people with mental illness should enjoy the same rights as other citizens and should have the right to be respected by the community: *This statement aims to ensure that: a. members of society recognize their responsibility to respect the human worth and dignity of mental health consumers* (Department of Health, 2012).

5.15.2.4.2 This statement also identifies a significant relationship between mental illness and social exclusion. This illustrates the importance of attention to social inclusion, in addition to anti-discrimination. The statement identifies the rights of mental health consumers, such as equal opportunities to access services and housing. It also identifies requirements such as respect for the dignity of individuals, health, safety, and so on. People with mental disabilities have the right to receive support according to their religion, beliefs, and culture, and the government is responsible for carrying out relevant programmes to promote mental health and reduce stigma and discrimination.

5.15.2.4.3 The third chapter of this statement indicates that it is the government's duty to fully support the development of hospital-based and community-based mental health services, and it is the government's primary responsibility to develop and maintain a high-quality mental health system as well as to build up community-based facilities. For example, they need to *'be responsive to the mental health consumer, and to facilitate and support their recovery… provide appropriate and current education and training to the staff of the service about mental health problems and mental illnesses, including education and training about the rights and responsibilities as expressed in this statement'* (Parliament of Australia; AIHW, 2018). These guidelines indicate that the Department of Health focuses not only on the rights of mental health service users, but also the quality of services.

5.15.2.4.4 It is also the responsibility of the government to ensure that mental rehabilitation services are suitable for the current needs of society and that good working conditions are provided for well-trained staff to provide optimal services to users. According to the 2008 National Mental Health Policy (Department of Health, 2009), Australian governments are obliged to ensure that all laws and regulations are up to date and in line with the contents of the statement described above. For example, the Fifth National Mental Health and Suicide Prevention Plan is a guiding document or framework for the development of mental health responses, including stigma and discrimination reduction (a major priority area). This Plan identifies public consultation as an essential component (Department of Health, 2017).

5.15.2.5 Land zoning

5.15.2.5.1 Australia's government has developed policies and programmes to protect minority and vulnerable groups in society. The government has issued sophisticated but clear guidelines for developing policies and establishing public facilities. It also emphasizes transparency and public participation in government affairs, ensuring that all information about national planning proposals and processes, including dates of public consultations, can be found on government websites.

5.15.2.5.2 Public opposition may occur when government authorities want to build public facilities that might increase pressure on stakeholders. At the same time, public actions can influence the decisions of authorities. For example, Housing Organizations and Councils in Victoria have taken measures to manage residents' opposition and impacts on communities. For a project involving the building of affordable housing in Port Melbourne, the council developed a communication and stakeholder relations plan to respond to possible public opposition to land transfers. This plan had three aims: to engage key stakeholders in the area and minimize the possibility of opposition, to promote the council's affordable housing policy that may not be welcomed by neighbourhood residents, and to use the media to manage certain issues. Housing organizations normally adopt strategies to address residents' concerns and minimize opposition. Common strategies to appease concerns and minimize objection include contacting the residents door-to-door and delivering letters in the community (Davison, et al. 2013). These approaches aim to inform residents of proposed development projects and possible impacts. By conducting these engagement activities, officers can also gather information on residents' attitudes toward these developments.

5.15.2.5.3 However, questions have been raised about these approaches. For example, a non-profit housing organization has suggested that these approaches may actually cause residents to pay too much attention to the impact of community subsidies and developments (Davison et

al. 2013). In addition to governments, community leaders play an important (and potentially more effective) role in driving project development and reducing negative impacts. For example, Father Bob, a Roman Catholic priest and a philanthropist, is very concerned about community dynamics and has established a foundation for homeless youth. Father Bob is an outstanding community leader and his decisions face very little opposition, as members of the public believe that criticizing him represents criticism of the Father Bob Foundation.

5.15.2.5.4 The role of mass media in engagement processes cannot be ignored. Governments and some housing organizations use media to spread positive information about mental health care projects in the community, such as possible changes after the project is completed and positive impacts for the community. Based on the points described above, it appears that governments and housing organizations should actively identify residents' concerns about developments through door-knocking and public consultation, and should respond to their concerns in a timely manner. At the same time, they should not ignore the role of community leaders and the media, and should work with them to promote the development of mental health care in the community.

5.15.2.6   New South Wales: Local Environmental Plan

5.15.2.6.1 For the optimal development of mental health care facilities in communities, city councils in each state have developed specific local legal zoning regulations, although they share similar rationales and practices. For example, there is a Local Environmental Plan in New South Wales, a Planning Scheme in Queensland, a Local Planning scheme in Victoria, and so on. The Local Environment Plan is a legal document based on the 1997 Environmental Planning and Assessment Act, and places great emphasis on public participation. For example, if a resident wants to rebuild their house, they must inform all neighbours within twenty metres of the house and obtain their permission.

5.15.2.6.2 Regardless of the size or type of project, public consultation or other activities involving public participation are necessary. Before public consultations, the relevant planning authority usually prepares a planning proposal for the Minister or Greater Sydney Commission (GSC), for Gateway determination (NSW Department of Planning and Environment, 2016).

5.15.2.6.3 The process for establishing a mental health care facility in the community is clearly outlined on the government website. Taking the Northside Mental Health Facility in New South Wales as an example, the Department of Planning and Environment (DPE) held a public consultation to seek opinions from the public, and all information about this facility could be found on the DPE's website. The public consultation lasted for nearly two months and involved

written and online suggestions (DPE, 2016). In general, both home-based remodelling and urban projects require consultation on public opinion and participation in planning prior to implementation.

5.15.2.6.4 In addition to reviewing existing literature, we conducted an interview with a Hong Kong social work scholar who is an expert in Australian mental health services. He discussed service frameworks and mechanisms in Melbourne, Victoria, and explained that community mental health services have been well developed there. In-patient psychiatric units in hospitals have long been abolished in Victoria, and therapeutic and supportive services for patients and ex-patients are mainly housed in the existing integrated community facilities together with other types of social services, in order to reduce stigma and stereotyping.

5.15.2.6.5 A number of supported homes for discharged mental health patients have been established within residential areas, to facilitate rehabilitation and adaptation to social life. These facilities do not indicate that they serve people with mental illness, to avoid stigmatization and ensure that different types of service users can more easily use the services and be integrated into the community. This scholar also explained that anti-discrimination laws are very effective in protecting the rights and reputations of people with disabilities in Australia. For example, if someone in the neighbourhood expressed their opposition to the establishment of a service facility or clinic nearby using vilifying or defamatory words, they could be subject to legal liabilities. Therefore, strong neighbourhood opposition with obvious discriminative words and actions rarely occur in Victoria or elsewhere in Australia.

5.15.2.6.6 When asked about public consultations for establishing mental health facilities and supported housing for ex-patients, this scholar explained that unlike the 'mentality of Chinese societies' such as Hong Kong, the state of Victoria does not encourage a distinction or differentiation between specific types of vulnerable groups when formulating public policies and land planning. Consultations and public hearings on land use and zoning would only be conducted on an overall basis, rather than referring to specific services that would be provided in the proposed facilities. Residents are consulted about the establishment of community and welfare facilities in general, rather than singling out opinions on mental health services or other 'sensitive' services.

5.15.2.6.7 If a site is designated for community and welfare services, a mental health unit could be established at that site without being affected by public opinion. This approach was described as effective not only to avoid stereotyping against mental health service users, but also to nurture public receptiveness to people with mental illness. In general, the state of Victoria has adopted an integrated approach to the siting

of mental health facilities in communities and to relationships between service users and community residents.

5.15.2.6.8 In conclusion, the Australian government has provided very strong support for mental health services. Each state follows guidelines established by the federal government to develop and implement regulations tailored to their own context. Authorities have actively responded to public opposition by conducting public consultations, posting all relevant information on official webpages, and welcoming opinions from all parties through written statements to their designated address or through an online system. In addition to the relatively holistic measures to deal with opposition to the construction of affordable housing, there is a well-developed land zoning policy ensuring that the government will not shelve housing construction plans due to opposition from residents. These policies and regulations are also applied to other 'sensitive' social welfare facilities in Australia.

5.15.2.6.9 Additionally, the government and agencies have been proactive in promoting mental health information in communities in order to facilitate social integration and better acceptance of mental health patients. Generally speaking, consultation mechanisms and anti-stigma strategies to enhance the acceptance of people with mental health in the community are adequate and comprehensive.

5.15.3 Canada

5.15.3.1 Housing is considered a crucial issue in Canada, especially for mental health patients (Dunn, 2000). The Canadian government has signed the International Convention on Economic, Social and Cultural Rights, and Article 11 states that '*the right to adequate housing'* should be respected across the country without discrimination (UN, 2014; ACT, 2009). Similarly, Article 25 (1) of the non-legally binding Universal Declaration of Human Rights emphasizes the right to housing for everyone (Canada Without Poverty, n. d.). Canada's Mental Health Act has driven demands for residences and facilities for people with mental health challenges. The Special Needs Residential Facility (SNRF) is identified as one dimension of the 2000 Four Pillar Strategy developed by the Non-Partisan Association (NPA), based on the theme of 'harm reduction, prevention, enforcement, and treatment'.

5.15.3.2 Although the government regulates land use and discrimination is prohibited in Canada, discrimination and prejudice against mental health patients still exist in hospitals, workplaces, and schools, in rural areas and urban communities, and among friends and families (Jimenez, 2002; Mental Health Commission, n.d.).

5.15.3.3 Federal policies

5.15.3.3.1 Human rights, including non-discrimination based on any disability, are protected by the Canadian Constitution and are regulated by federal and provincial laws. Federal legislation such as the Canadian

Charter of Rights and Freedoms and the Canadian Human Rights Act prohibit prejudice against people with mental disabilities and propose equal employment and community residence rights for mental health patients. Section 15 of the Charter states that 'every individual in Canada – regardless of race, religion, national or ethnic origin, colour, sex, age or physical or mental disability – is to be considered equal' (Government of Canada, 1982). The Canadian Charter of Rights and Freedoms, an important component of Canada's Constitution, lists the legal rights of all Canadian citizens regarding politics and social life. All provincial and territorial governments, as well as local governments, must work under such regulations.

5.15.3.3.2 The Charter maintains power over housing planning, including the zoning of facilities, unreasonable housing planning, and so on, and "applies to the legislature and government of each province in respect of all matters within the authority of the legislature of each province" (Government of Canada, 2017).

5.15.3.3.3 There are several laws that play an important role in community development, such as municipal acts, planning acts, building codes, and environmental evaluation acts. In addition to federal laws, provincial and territorial by-laws hold a significant position. Licensing processes regulated by provinces or territories should adhere to federal legislation to ensure the safety of the community and the success of local projects (Community Inclusion Awareness Committee, 2015). Local governments are effectively in charge of land use and addressing NIMBY sentiments. They have direct engagement with residents and are able to obtain resources from provincial and federal authorities.

5.15.3.4   Provincial and territorial measures to facilitate social integration

5.15.3.4.1 Every provincial or territorial government is responsible for establishing a legislative framework to carry out housing development for communities for those in need (Ministry of Forests and Range Housing Department of British Columbia, n. d.). These involve measures to facilitate social integration and address NIMBY sentiments. In Ontario, an official statement against NIMBY sentiments has been made, based on every citizen's right to housing. While non-profit organizations are engaged in improving the treatment of people with mental disabilities, provincial and territorial laws regulate the management of public funds for establishing residential facilities.

5.15.3.4.2 In several provinces, people who cannot afford proper accommodation can access rent supplements or housing allowances, and people with mental disabilities can settle in vacant apartment units to avoid NIMBY responses or public opposition (ACT, 2009).

5.15.3.4.3 To address NIMBY sentiments and public opposition, British Columbia's Ministry of Housing, Recreation and Consumer Services formed a task group in 1995 to formulate practical approaches to address community resistance. They identified a need to cooperate closely with local governments, build good neighbourhood contexts, and solicit residents' opinions through public consultation (Province of British Colombia, 2014). In Manitoba, adults with mental health challenges can access medical care services from community facilities protected by the Winnipeg Regional Health Authority's Adult Mental Health Program and other projects. Some community residents have expressed doubts about the establishment of facilities, and the government attempts to build positive relationships with community allies to strengthen proposals and lower opposition. Specific measures include cooperation with like-minded groups, saving contact lists, frequent communication through meetings and hearings, and collecting facts and evidence about the reliability of the project (Community Inclusion Awareness Committee, 2015).

5.15.3.4.4 Provincial and territorial governments are responsible for formulating siting and zoning regulations for land use, defining mental health care facilities (such as group homes, personal care centres, and so on), and specifying the legal interests of facilities identified as residential. Public hearings should be held before project implementation, to enable decision makers to hear the opinions of local residents. Oppositional voices are respected and taken into account when adjusting plans. At the same time, provincial licensing must be clearly regulated and strictly carried out, to ensure that residents with mental illness are provided with proper services. For example, in Manitoba, the provincial licensing department that regulates facilities for adults eligible for residential care provides information on licensing requirements and standards in accordance with the Manitoba Building and Fire Codes.

5.15.3.4.5 Lastly, provincial governments have close and frequent contact with local authorities to provide timely, up-to-date information (Community Inclusion Awareness Committee, 2015).

5.15.3.5   Municipal measures to support mental health services

5.15.3.5.1 Under legislative frameworks established by provincial or territorial governments, municipalities develop their own regulations to plan housing developments and ensure community stability (ACT, 2009). In Vancouver, a Homeless Action Plan was proposed in 2004 by the Social Planning Department in collaboration with the Housing Center, and specifies that the city should provide special services to people with mental disabilities. Additionally, the Therapeutic Community Treatment Model for building group homes for people with mental health challenges in the community has been developed by a team from the John Volken society with support from the Social Planning Department (City of Vancouver, 2007).

5.15.3.5.2 The City of Toronto has developed similar approaches, including the 2009 Toronto Housing Charter – Opportunity for All. The Charter aims to address discrimination and ensure every citizen's right to housing, which is a part of Toronto's 10-year 'Housing Opportunities Toronto' plan to support people facing difficulties in finding housing. The Charter states that every resident has equal access to housing without discrimination, as stipulated in the Ontario Human Rights Code, and that the government should assist people with disabilities and support public engagement in response to discrimination (City of Toronto, 2009).

5.15.3.5.3 Another example is the city of Canmore, Alberta's 2008 Comprehensive Housing Action Plan to achieve Perpetually Affordable Housing (PAH). Two initiatives, the Employee Housing Linkage Program and Density Bonus Incentives, have been developed and implemented, and require builders and planners to take everyone's needs into account (City of Canmore, 2008).

5.15.3.5.4 Likewise, the city of Montréal announced the Inclusion of Affordable Housing plan as part of their New Residential Projects in 2005. This plan included approaches to deal with NIMBY sentiments, such as engaging all stakeholders before projects to share goals, predicting potential opposition, engaging in public consultation, and collecting and understanding residents' concerns. Specific strategies include the optimization of current housing subsidy programs, use of municipally-owned land, partnership with major public property owners, the city's service delivery model, adoption of regulatory and planning tools, and research, development, and communication activities (Habiter Montréal, 2005).

5.15.3.5.5 In addition to cities and metropolitan areas, suburban communities have also been actively engaged in the development of mental health care facilities in the community and campaigns against discrimination. For example, in 2009 the Town of Richmond Hill, a suburb in northern Toronto, released a strategy to engage community members in the project plan. This involved activities such as in-depth face-to-face stakeholder interviews, focus groups, a community survey, a community launch event, and a community forum (Department of Planning and Development, 2009).

5.15.3.6   Responses to public opposition
5.15.3.6.1 The establishment of mental health care facilities often faces obstacles associated with NIMBY campaigns organized by citizens who hold prejudicial attitudes toward mental illness. Stigma caused by fear among residents has been listed as one of the biggest barriers to deal with mental illness in both the 1999 US Surgeon General's Report and 2001 WHO World Health Report (Satcher, 2000; World Health Organization, 2001). In recent decades numerous efforts

have been made to combat prejudice, misconceptions, and discrimination associated with mental disabilities in Canada.

5.15.3.6.2 Generally, the scale of opposition to the placement of a new mental facility was not influenced by neighbourhood or cliental type, but was lessened if the community was engaged before implementation as residents would be informed of the advantages and significance of the facility. Therefore, public consultation represents a useful and effective strategy to mitigate the impact of NIMBY sentiments (Jimenez, 2002). In a study by Jimenez (2002), citizens in Vancouver wished to participate in the establishment of residential facilities and felt that they needed to be informed of the details of the plan.

5.15.3.6.3 The establishment of a consumer speakers' bureau within the community is a useful strategy to deliver information to populations, enabling people who experience interactions with mental health patients to share their experiences and answer factual questions. Speakers are meant to receive training and are required to report about their presentation upon completion. These presentations are intended to raise compassion and endorsement among audiences of community residents. Media-watch groups made up of local and national advocacy groups can also help to filter positive information to improve the public image of mental disabilities and form connections among local media outlets. Group members are responsible for keeping national media-watch bodies informed of negative portrayals, replying to calls to action from national advocacy groups, and communicating with local media outlets about stigmatization in the community (Warner, 2008).

5.15.3.6.4 To further understand Canadian experiences, we interviewed an expert on community mental health who is a psychiatric professor in Toronto. He discussed how support services for discharged mental health patients are approached in Toronto. Most discharged patients who cannot secure their own accommodation or require follow-up services are referred to support housing located in residential neighbourhood apartments or houses, and the government subsidizes rental costs and some other living expenses. Providing supportive housing is intended to promote social integration and allow ex-patients to return to normal social life, which is the best model for effective rehabilitation. The service provider responsible for residential accommodation does not conduct public consultation or specifically inform existing building or neighbourhood residents that ex-mental health patients are moving, as this could create social stigmatization against ex-patients.

5.15.3.6.5 This expert reported that public health facility projects have been continuously developed in Toronto in recent years, including mental health service facilities and other types of clinics. These clinics must be situated in sites that have already been zoned for community and

welfare purposes during planning processes. Therefore, opinions of nearby residents do not affect the implementation of a proposed clinic project, as long as that site has been statutorily zoned for community and welfare services.

5.15.3.6.6 Residents may sometimes voice concerns about the potential impacts of the proposed facilities, and in these cases the agencies responsible for the project negotiate with them by adopting a 'give-and-take' strategy. For example, when explaining to residents the potential project impacts, officers might also provide incentives such as opening clinic parking lots and other facilities to residents so that the clinic becomes part of the community. As far as this expert could recall during his 20 years of experience in community mental health services, only one public consultation event for establishing a facility was conducted in Toronto. He believed that stigma against mental health patients and ex-patients is generally not serious in Toronto and in Canada as a whole, and that social integration has been working quite well.

5.15.3.6.7 In general, Canada's laws on mental health and methods to address NIMBY sentiments are relatively comprehensive and pertinent in tackling issues of community-level discrimination and opposition through legal protections and integrative housing.

5.15.3.6.8 Special attention has been paid by Canadian authorities to ensuring adequate housing for ex-mental health patients and other vulnerable groups. Affordability, receptiveness, and freedom from discrimination are the major principles guiding the establishment of supported housing, to provide a desirable and integrated environment for mental health rehabilitation in the community.

5.15.3.6.9 In general, opposition to the establishment of social welfare facilities for ex-mental health patients to stay or live may be stronger, but because of Canada's strong legal provisions and comprehensive land zoning policies, facilities that could be deemed 'sensitive' can be established successfully in the community. Therefore, Hong Kong may make reference to the legal zoning approaches implemented in Canada in ensuring equal opportunities to receive services in the community, despite the fact that most of the examples in Canada are related to the siting of affordable housing.

5.15.3.7   Summary
5.15.3.7.1 Key characteristics of the New Zealand, Australian, and Canadian approaches include legal provisions to prevent discrimination against people with disabilities and mental illness and protect the statutory rights of people with mental illness, such as residential arrangements and rights to receive social services. There are also clear protocols for land zoning specifically for social services, with a strong emphasis on social integration rather than establishing separate premises for mental health services. Local governments in

these countries take charge of final decisions on land use. Each community formulates relevant documents based on its own situation and integrates residents' opinions when formulating appropriate policies. Residents are mobilized to participate in relevant policy decision activities. Public education on mental health has been carried out for decades.

5.15.3.7.2 New Zealand, Australia, and Canada emphasize social integration and community education. In comparison to these countries, Hong Kong has relatively less-established policies to promote the rights of persons with disabilities and mental illness. Legislation or official guidelines in Hong Kong may not be as effective as those three countries in protecting rights to access services free from stigmatization. Community education measures and publicity on receptiveness toward mental illness have been relatively weak.

5.15.4 The United States

5.15.4.1 Different levels of government in the U.S. hold the belief that individuals have right to be close to mental health facilities in the community (Foster et al., 2002). As early as 1977, the Lanterman Developmental Disabilities Act provided for legal services for mental health treatment in the community, and more than 15,000 licensed mental care centers have been established across the country. This Act encourages people with disabilities to live in the community rather than being institutionalized, and establishes the right of people with disabilities in California to receive treatment in the community under restricted conditions. For example, some group homes for mental health patients integrate professional facilities and treatment (Schmelkin, 2015).

5.15.4.2 However, implementation has been challenged due to residents' concerns about the negative influence of such facilities in the community, such as undesired sound, heavy traffic, and other disturbances. When siting facilities, public opposition to the improper use of residential homes have also emerged. In past decades, different legislative measures have been developed to address neighbourhood fears, such as land use regulations, discrimination control, and cooperation among federal, state, and local governments (Foster et al., 2002).

5.15.4.3 Federal approaches to promoting mental health services

5.15.4.3.1 While there are various federal laws regulating mental health services in the U.S., some of these laws are contradictory or can be interpreted in different ways. Therefore, final decisions about mental health services are supposed to be made after consulting professional legal personnel. To maintain standards of justice in siting and establishing mental health facilities, the Equal Protection Clause of the 14th Amendment to the U.S. Constitution specifies that the government should respect the rights of every citizen in the equal protection of the laws, and that the government should offer help to private parties in need (Los Angeles County, 2004).

5.15.4.3.2 There are two federal laws that specifically concern discrimination and the placement of facilities. The 1988 Fair Housing Act aims to integrate people with disabilities into the community and provides for group homes for children. The 1990 Americans with Disabilities Act (ADA) restricts discrimination and promotes community facilities (Foster et al., 2002). In addition, Section 504 of the 1973 Rehabilitation Act identifies strict regulations against discrimination, including banning discrimination on the basis of disability in federally funded projects. Section 504 together with the ADA aims to ensure that persons with disabilities do not experience exclusion and can enjoy the same study, employment, and other rights as other people (Los Angeles County, 2004; DREDF, 2018).

5.15.4.4 Situations at the state level

5.15.4.4.1 State-level requirements play an important role in zoning and addressing discrimination. Local governments have authority over final zoning decisions. In California, the California Fair Employment and Housing Act prohibits discrimination against people with mental health problems, and ensures the reasonable location of mental health facilities (Foster et al., 2002). Additionally, the Unruh Civil Rights Act forbids discrimination on the basis of disability in all business establishments (Los Angeles County, 2004). Disability Rights California (DRC) provides funding to projects fighting stigma and discrimination toward mental patients through three-year grants (California Mental Health Services Authority, 2011).

5.15.4.4.2 In New York, the Padavan Law has been introduced to address discrimination. It states that a community mental care facility that is not a medical care facility and that provides a supportive living environment for people with special needs aged 18 to 59, should be considered a normal family residential unit. The law promotes the development of sustainable land use regulations, including design that ensures accessibility within walking distance and spaces for affordable residences, and the diversification of residential styles to care for people with varied backgrounds (Schmelkin, 2015).

5.15.4.5 Local approaches to establishing mental health services

5.15.4.5.1 Local authorities are responsible for making decisions about land use and local regulations regarding mental health care, with obligatory hearings required by states for siting choices. In California, every residential facility that cares for mental health patients must be licensed by the California Department of Social Services (CDSS), except for facilities where a third party that is not the housing provider provides mental health care instead of the home owners. When it comes to zoning, there are specific requirements. Mental care facilities can be established regardless of the number of patients they serve in any place where the building of hospitals and nursing homes is allowed, given that residential facilities for mental health patients are included in the category of health facilities.

However, the CDSS has the right to disapprove the establishment of a facility when the distance between this facility and another licensed facility is less than 300 feet (Kautz, 2011).

5.15.4.5.2 One remaining problem in the local management of mental health care facilities is that some patients with mental disabilities are treated in unlicensed centers because these centers can take advantage of gaps in state law to declare themselves lodging houses or offices of other commercial use. In 2006, California introduced regulations that facilities serving fewer than seven persons without a license can be governed by communities, although this regulation was later abolished due to fierce public opposition to the lack of consultation (Kautz, 2011).

5.15.4.5.3 As discussed earlier, NIMBY sentiments refer to public opposition by a group against the establishment of a new facility in the community (Schively, 2007). NIMBY sentiments represent a serious concern in the establishment of new mental health facilities in the U.S. Residents may worry about safety problems, such as assaults, threats, or other offenses. In a study by Takahashi (1997), the majority of residents did not have good knowledge of mental illness, showed little empathy toward mental health patients, and did not understand the process of mental care service or facilities. Local authorities are meant to handle public safety problems, based on local regulations and laws (Foster et al., 2002).

5.15.4.6   Strategies to reduce public opposition
5.15.4.6.1 In past decades, some laws have been introduced to influence decision making by local governors in response to NIMBY sentiments. The Senate Concurrent Resolution 27 Care Facilities Task Force proposed community care with enhanced quality and facilities of wider range of services, although implementation was incomplete due to financial challenges. While the introduction of the Substance Abuse and Crime Prevention Act (SACPA) led to a 17% increase in service capacity due to improved facilities, there also emerged new fears about drug offenders settling in neighbourhoods as well as public opposition to longer waiting times to access facilities (Foster et al., 2002).

5.15.4.6.2 An 'Anti-NIMBY' Law has been introduced to deal with residents' opposition to the integration of mental health facilities in communities. This law prevents local authorities from denying the development of residential facilities, except in special cases such as when a new facility might affect residents' health or safety or when a project contradicts the general plan. Additionally, California and Federal Fair Housing Laws officially ban discrimination against patients with special mental care needs within private or public land usages, to ensure the inclusion of protected groups (based on LGBT status, disability, race, etc.) in the community (DFEH, 2018). The 1988 federal Fair Housing Amendments Act facilitated affordable

housing prices for these protected groups to lessen the burden of integration into the community (Rawson, 2003).

5.15.4.6.3 In addition to these legal provisions, public perceptions of mental illnesses should be considered (including public prejudice based on misunderstandings of mental illness), as these contribute to NIMBY sentiments and organized resistance (Schively, 2007). According to Takahashi's study (1997), popular media largely influence public perceptions of mental illness, and residents' perceptions determine their acceptance of community mental facilities. Therefore, it is proposed that local service providers be actively engaged in reforming public perceptions of mental illness, that popular media be used to disseminate information on mental illness and care, and that collaboration be developed between schools, the criminal justice system, and other stakeholders so that a long-term, sustainable mental health care plan can be enforced with less public opposition (Warner, 2005).

5.15.4.6.4 Through the popularization of general knowledge about mental illness, planners can also take advantage of existing facilities in or close to neighbourhoods to illustrate that residential mental care facilities will not harm residents and to explain in detail the ways in which the new facility will influence the community. This method has proven to be effective in reducing neighbourhood fears (Takahashi, 1997). Specific measures include holding informal discussions and open forums, establishing neighbourhood advisory committees, and selecting community leaders or outside spokespersons (Corporation for Supportive Housing, 2006). After the public is informed of the existence, nature, and spread of NIMBY impacts, they may develop a better understanding of assumed risks, leading to greater trust and confidence in forthcoming programs (Schively, 2007).

5.15.4.7 Summary

5.15.4.7.1 The U.S. generally adopts explicit legislations outlining land zoning approaches for different purposes (including for mental health services), which are stricter than in countries adopting right-based approaches. For example, the 14th Amendment to the Constitution specifies equal protection of each citizen under the law and states that each citizen should be offered help when in need. Although Hong Kong currently has a Disability Discrimination Ordinance to protect the rights of people with disabilities, the legal system is still not strong enough and does not adequately protect their rights to access needed social welfare facilities.

5.15.5 *Five Asian Jurisdictions: Republic of Korea, Taiwan, Singapore, Macau, and Japan*

5.15.5.1 In addition to the countries described in the previous sections, we also reviewed literature from five Asian jurisdictions including the Republic of Korea, Taiwan, Singapore, Macau, and Japan. Hong Kong, the Republic of

Korea, Taiwan, and Singapore are well known as the four 'Asian Tigers' due to their rapid economic development between the 1960s and 1990s, and may thus share some similar contextual factors. Their rapid economic development has contributed to an increase in life pressure facing populations, which may be associated with the emergence of mental health problems. These have in turn drawn the attention of governments in these countries. Macau is adjacent to Hong Kong and has experienced similar colonial experiences.

5.15.5.2　According to a 2016 survey, while Japan and Hong Kong belong to the group of high-income regions or countries, Japan's mental health index is slightly higher than Hong Kong's (Economist Intelligence Unit, 2016). According to the Macau Daily News (2017), over 10 thousands people in Macau accepted psychotherapy in 2017, and the Macau government is committed to promoting relevant policies to implement community mental health centers. While these countries share some social and economic similarities, there are also differences in approaches to establishing mental health facilities in communities and responses to NIMBY sentiments. The following paragraphs describe mental health policies in these five Asian jurisdictions and the methods they have used to deal with public opposition.

5.15.6 Singapore
5.15.6.1　Overall setting of mental health facilities
5.15.6.1.1 Singapore has attached great importance to mental health treatment and rehabilitation in recent years, and mental health services have been integrated into master plans and other regulations to respond to the increasing demand for mental health services. The Institute of Mental Health, the only tertiary psychiatric institution in Singapore, provides acute and long-term care (Institute of Mental Health, 2017). The Ministry of Health (MOH, 2007) has stated that the community plays an important role in mental health services. In 2007 it announced that additional community mental health care would be provided in the form of early detection, improved countermeasures, elaborated services in polyclinics, a collaborated social care system, and expanded post-discharge care (Hui, 2017). In 2012, the MOH launched the Community Mental Health (CMH) Master Plan to improve the quality of community mental health services.

5.15.6.1.2 Following the increased capacity of mental health services and programmes, the MOH launched a new five-year CMH Master Plan in 2017 (Ministry of Health, 2017), which provides more suitable training to over 130 social services agencies to serve clients with mental illness and will increase community outreach teams from 18 to 50 by 2021. The priorities of these teams are to educate the public on mental health, reach out to vulnerable and at-risk individuals, and increase allied health community intervention teams to strengthen integrated mental health services in the community. These teams mainly support general practitioners (GPs), communities, and some grassroots organizations that serve people with mental health issues.

5.15.6.1.3 In addition to strengthening human resources, the MOH will also enhance social facilities. The MOH plans to establish more health facilities, including constructing, redeveloping, and opening new polyclinics in line with primary care plans, and to provide improved services. The number of aged care facilities in the community will also increase. Community mental health centres are usually located in districts and bureaus across the country for users' convenience, and consultation services are provided in hospitals and clinics by professional psychiatrists, psychologists, and physicians to assess, diagnose and treat patients (Singapore Silver Page, 2017).

5.15.6.1.4 In Singapore, the Response, Early Intervention and Assessment in Community Mental Health (REACH), based in regional hospital systems, is especially designed to care for the people with mental health problems (Lim et al., 2017), with a focus on the efficiency, availability, timeliness, affordability, and safety of services. REACH medical care is situated close to school zones (to serve children and adolescents) and is divided into four areas: north, south, east, and west. For adults aged 18 to 65, there is an adult Community Mental Health Team (CMHT) supported by the MOH and directed by the National Mental Health Blueprint.

5.15.6.1.5 CMHT services are provided by professionals, including psychiatrists, psychologists, occupational therapists, medical officers, social workers, and counsellors, who provide community psychiatric nursing and other services according to patients' symptoms. Medical facilities are situated in the community, but the CMHT is mobile and often reaches users at their residences. Users can determine the types of services they receive and the frequency of medical visits (Institute Mental Health, 2012).

5.15.6.2 Community collaboration on mental health care

5.15.6.2.1 The Singaporean government has stated that it will promote cooperation among different institutions so that mental health care networks can cover a wider proportion of the population. Greater numbers of professionals in areas of counselling, social skills training, and vocational rehabilitation have been assigned in clinics to treat patients in a timely manner. Singapore has been making efforts to facilitate collaboration among community partners, such as GPs, schools, community development councils, and voluntary welfare organizations (VWOs) (Ministry of Health, 2017). This can help to strengthen consultations in community clinics and ensure more timely and effective case analysis, as counsellors have first-hand patient information before patients enter the community mental health center (Lim et al., 2017).

5.15.6.3 Land zoning for mental health facilities

5.15.6.3.1 Singapore's development is guided by a master plan that is reviewed every five years. The master plan translates broad long-term strategies mapped out in the Concept Plan (Urban Redevelopment

Authority) into a detailed, comprehensive, and forward-looking framework for sustainable development, population density, and land use. This includes land zoning for health and medical centres, such as hospitals, polyclinics, and so on, as well as community institutions such as community halls, child care centres, aged care homes, and homes for people with disabilities (Singapore Government, 2014).

5.15.6.3.2 According to the Urban Redevelopment Authority (URA), Singapore's medical or welfare facilities should be people-centered and equally accessible to people with disabilities and their families. The land use map demonstrates that nearly all health and medical centres are next to residential areas (within walking distance). For example, the Bishan Home for the Intellectually Disabled is located in a site surrounded by residential buildings (URA, n.d.c.; Bishan Home, 2016). Educational institutions for people with disabilities are also located within the community (URA; Minds, 2010).

5.15.6.3.3 In addition to the master plan, other schemes reflect the state's concern for the construction of psychiatric rehabilitation centres. For instance, the Community and Sports Facilities Scheme (CSFS), introduced by the URA in 2003 (NCSS, 2018; ECDA, n.d.), aims to integrate community facilities in commercial development and stipulates that property owners can gain extra Gross Floor Area (GFA) only for special use, including child care, disability, family, and eldercare services, volunteer-based programmes, and community libraries, clubs, and sports. The CSFS has been able to resolve problems associated with land use in community facilities and facilitate community integration.

5.15.6.4   Public consultation on land zoning for community facilities
5.15.6.4.1 The Singaporean government has pledged to be transparent and respectful of public opinions when making decisions. As residents are usually concerned about developments in their neighbourhood, the URA organizes consultative activities in the community to introduce plans for community development (URA, n.d.c)). Public consultations are held when major decisions on planning are to be made, including decisions to update the master plan or any legal amendments.

5.15.6.4.2 In addition to public consultation, some community outreach activities are conducted. These include the URA Dialogue Series, conducted with community leaders and organized by the URA and National Community Leadership Institute of the People's Association. These are aimed to establish relationships with the community, share information about developments and planning with the public, and balance the different interests of community leaders (JLD, n.d.).

5.15.6.4.3 Public consultation is an integral part of the URA's land use planning approach and represents a way to connect with the community. In recent years, the URA has increasingly involved the public and private sector in developing plans, policies, and guidelines related to land use (URA, n.d.c). They have organized focus groups with participants of different backgrounds, professions, or social levels, in order to represent the public and discuss key issues related to the master plan or concept plan. Focus group participants conduct a series of investigations and continuous discussions on key issues, after which they make recommendations and present a final report on viewpoints collected from public forums as well as findings from the URA's lifestyle and online surveys. An example of this is the final focus group report on sustainability and identity for the 2011 concept plan, which contained information about the concept, strategies for developing a sustainable community, and other recommendations.

5.15.6.4.4 There were 12 meetings and one public forum arranged to discuss the recommendations in 2011. The first meeting focused on approaches to launch public consultations and collect public opinions on the recommendations, following a transparent and people-centered process (URA, 2011). In addition to conducting focus groups, the URA also organizes Public Officers Working in the 'Eliminating Red-Tape' (POWER) sessions to implement and review development guidelines and to satisfy public needs. Experts from different sectors present their professional opinions and ensure that everything is on the right track and viable. The advisory panels are necessary to facilitate public participation and ensure that different opinions are heard.

5.15.6.5   Public education on mental health

5.15.6.5.1 Stigma or discrimination from oneself and from others is one of the important factors that hinder people's access to mental health treatment. For example, a study by the Institute of Mental Health (IMH) reported that some people see mental health problems as a matter of personal weakness (Philomin, 2015). In order to reduce social stigma and encourage patients to seek help, government agencies, healthcare providers, and community partners in Singapore have been working closely together (Daud, 2017).

5.15.6.5.2 The Health Promotion Board (HPB) is the major department in charge of mental health promotion. They have organized a number of programmes intended to raise people's awareness of mental well-being and reduce stigma or discrimination against mental illness (MOH, 2010). For example, the HPB organizes activities in schools to enable students to recognize mental health condition, and works with the Ministry of Education to educate primary and secondary students to manage emotional problems and work through challenges (MOE, 2008). The 'Treasure Your Mind' (TYM)

programme aims to raise awareness of mental health problems in the workforce.

5.15.6.5.3 In addition to students in school and working people, the wider community is an essential part of public education on mental health. One initiative to strengthen public awareness of mental illness and reduce discrimination in Singapore is a collaboration between an NGO (TOUCH Community Services), the Land Transport Authority (LTA), and the MRT, involving mental health promotions on the subway that are expected to reach 8 million people (Teh, 2016).

5.15.6.5.4 The HPB also conducts many activities with different community groups to raise public awareness of mental illness, such as the Nurture Your Mind Pilot Programme, the Positive Wellbeing Bus, and so on. These programmes mainly target seniors or adults aged above 50, to enhance understanding of mental illnesses such as dementia through workshops and activities in the community (HPB, 2011a, 2011b). These workshops use relaxing educational approaches such as music, drama, and roleplaying for seniors. Research has found that participation in such leisure activities can reduce mental health problems (Verghese, 2003). In general, publicity activities can raise public awareness of mental illness and in turn reduce public discrimination toward mental health patients.

5.15.6.5.5 Singapore has adopted a relatively comprehensive approach to establishing community mental health services, when compared with other Asian jurisdictions. These approaches take into account of the needs of community members, using public consultations to collect public opinions before making major development decisions. A sophisticated land zoning system has been established for planning community facilities, including facilities for mental health care and other welfare services. This can facilitate the process of establishing mental health facilities in different locations, along with the heavy emphasis on public participation in the formation of the national master plan.

5.15.6.5.6 Public consultations can facilitate public participation in community affairs, raise public awareness of government plans and policies, reduce public misunderstanding, and minimize conflicts over sensitive or controversial policies that affect residents.

5.15.6.6 Summary

5.15.6.6.1 In Singapore, public consultation is mainly conducted for macro-level national strategies (such as general master zoning plans) and not for specific sites, projects, or purposes of individual sections of broader plans. The establishment of social welfare facilities would be included in Master Plans, reflecting the importance of social welfare facilities and the determination of the government to establish them. In Hong Kong, land development plans have long neglected the assurance of welfare facilities for new communities.

The statutory binding force of land plans as implemented in Singapore could effectively reduce the time required for facility establishment.

5.15.7 Taiwan

5.15.7.1 In Taiwan, the NIMBY phenomenon is quite significant, as most residents oppose the establishment of social welfare facilities in their community (林茂成, n.d.). Labrador protests, throwing eggs and rubbish, squirting paint, and damaging door locks of facilities are common forms of protest in Taiwan (Chiu & Lo, 2011). Most residents fear that these institutions pose a significant threat to their communities, such as threatening life and property safety and decreasing housing prices, traffic, and noise (Chiu & Lo, 2011). Mental health laws and a handbook on how to handle conflicts with residents have been developed, but even with legal support there are still some difficulties in practical operation.

5.15.7.2 People with Disabilities Rights Protection Act

5.15.7.2.1 The People with Disabilities Rights Protection Act was amended in 2015. The law mainly protects the rights and interests of persons with disabilities to equally participate in social, political, economic, and cultural events, and clarifies the responsibilities of government departments. Article 8 states that governments at all levels should have a plan to promote social education and advocacy concerning causes of disability and diseases. Article 62 states that the competent authority shall promote or combine available resources to establish welfare institutions for persons with disabilities according to population characteristics and needs of persons with disabilities in the jurisdiction, while Article 64 states that institutions are to be regularly supervised, audited, and evaluated by the competent authority.

5.15.7.2.2 With respect to media coverage, Article 74 states that media should not use discriminatory references or descriptions when reporting related incidents, or cover stories that are inconsistent with facts or cause discrimination and prejudice against persons with mental disorders. The latter part of the law deals with legal penalties for irregularities in institutions.

5.15.7.2.3 This Act comprehensively protects the rights of people with disabilities, and clarifies the power and responsibilities of all levels of government and relevant departments. It is also the responsibility of the government to advocate for the establishment of community-based institutions for people with disabilities and to supervise the operation of these institutions.

5.15.7.3 Handbook for Dealing with Protest against Residence and Community Services for Persons with Disabilities ("身心障礙者居住服務及社區服務遭民眾抗爭處理參考手冊")

5.15.7.3.1 This Handbook, developed by the League for Persons with Disabilities in 2001, is not an official handbook for public consultation and engagement. Rather, it was issued by a patients' rights group to guide service organizations and patients to negotiate with neighbourhood residents when establishing service units, and for promoting equality in the community. When a care centre for people with disabilities is established in the community, residents may demonstrate hostility or discrimination against people with disabilities due to a lack of awareness of disability. This makes it difficult for organizations to provide services in the community.

5.15.7.3.2 Even with the protection of laws and the assistance of relevant government departments, residents' opposition cannot be completely avoided. However, under government policies, community-based services will increase. In order to enable these institutions to better settle in the community, the government has collected similar cases in recent years and revised and printed this Handbook for service providers.

5.15.7.3.3 This Handbook is divided into four sections, describing assessment and preparation required prior to the establishment of institutions, legislation for establishment, possible objections, and tactics applicable to the organization. The first section reminds service providers to assess the community before establishing an institution, in order to fully understand the community and where and how to establish the institution. The second section outlines relevant regulations that institutions should follow before moving in, such as building management regulations and fire regulations. The third section discusses internal and external pressures that institutions may face upon moving into communities, including external pressures based on objections from residents, local representatives (leaders), community organizations, and government agencies such as social welfare departments and the police. The third section provides appropriate directions to solve these possible problems and to use the media to reduce opposition from residents. The fourth section identifies strategies that organizations can use to address objections by referring to tactics adopted in similar situations.

5.15.7.4 Overall community attitudes toward mental health facilities

5.15.7.4.1 To a certain degree, Taiwanese populations agree with the establishment of community mental health centres, although while some centres have been established, they rarely open. One of the most important factors is culture. The mental health centre in Keelung city is a prominent example. This rehabilitation centre was established in 2010, but users were unable to move in until 2013, despite the existence of a preparatory office for the establishment of the centre. The Director of this office reported that the centre facilities were basically perfect, but they could not be put into operation (周孟謙, 2013a). The main reason was strong opposition

from local community leaders and residents, fear of related authorities and a lack of understanding about mental disorders.

5.15.7.4.2 Additionally, the rehabilitation centre was unable to obtain a license for opening due to unclear laws and regulations. There are no well-completed and clear guidelines for establishing rehabilitation centres in the community. According to Taiwanese law, notably Article 82 of the People with Disabilities Rights Protection Act, if the community encounters difficulties in providing services for people with disabilities, higher authorities should assist them in removing obstacles:

Article 82: The competent authority of the municipality directly under the Central Government, the prefecture (city) and the related institutions for the disability and welfare shall provide residential services for people with special needs in the community. The municipalities directly under the Central Government and the county government shall assist them in removing the obstacles including any form of objection from the residents.

5.15.7.4.3 However, in the case described above, higher authorities refused the establishment of the rehabilitation centre, based on the argument that the resolution had not been approved. Similarly, the complex relationship between community leaders also impeded hearings, which meant that there was no way to explain the centre to residents or provide relevant facilities. District board members and public representatives were also strongly opposed to the establishment of the rehabilitation centre (周孟謙, 2013b). To some extent, this shows that although Taiwan has a policy to support community service centres, it is not clear and complete.

5.15.7.4.4 The Taiwanese public generally believes that institutions for people with disabilities, such as mental rehabilitation centres, should be located in remote areas. However, establishing institutions in the community is the best choice for people with disabilities to return to society. One head of an organization that has experienced serious resistance reported that if the facility is located in a building or area under construction or in an old or highly mobile community, the likelihood or severity of protest will be relatively low, mainly because it is difficult for residents in these areas to organize themselves. But it may be very difficult for an organization to move into a community where people are living. The way the institution is stationed may also affect residents' perceptions. Researchers argue that before moving into communities, institutions should inform residents of their services through various channels (Chiu & Lo, 2011).

5.15.7.4.5 Residents' oppositions, to a large extent, result from dissatisfaction when social welfare institutions hide the content and nature of their services (彭春翎, 2007). Other major reasons include lack of understanding of the services provided by organizations and fear of

people with disabilities. Therefore, some have suggested that institutions or relevant departments and personnel should try to understand residents' concerns through communication and clear explanations to increase acceptance (Chiu & Lo, 2011).

5.15.7.5 Progress in establishing mental health facilities

5.15.7.5.1 Taipei City has allocated a certain amount of funds for social welfare, but land resources are in short supply. Therefore, the establishment of institutions for people with disabilities usually includes buying a house directly or working in a building with other government institutions. The Department of Social Welfare of Taipei City prefers the second option, as there is less public less resistance when these institutions are integrated with governmental buildings. According to an expert from Chinese University of Hong Kong who is originally from Taiwan, there is no consultation required for social services established in government complexes. After ensuring there is a venue for the institution, the Department determines the establishment of the institution and the type of services according to the actual situation and considerations of all parties.

5.15.7.5.2 After determining the type of service, the Bureau of Social Affairs conducts bidding activities and all NGOs are welcome to participate. Regional reconstruction or urban planning projects provide opportunities for these institutions to move into the community. For privately run mental health services to be established in neighbourhoods, all levels of government play a part in the process. Service providers are responsible for public hearings and lobbying, occasionally with the support of municipal and county councillors. No official public consultation mechanisms and protocols have been adopted in Taiwan, which means that service providers, local politicians, and community leaders must develop strategies and solutions on their own.

5.15.7.5.3 The Yi-Shou Care Center is an example of this process. The center was established when the government built a government complex under an urban planning project. In the planning stage of the institution, the center was named Yi-Shou Care Center to reduce residents' fear of mental disorders. However, the community eventually became aware of the nature of the institution and began to oppose its establishment. Reports of a mental illness patient who poured sulfuric acid aggravated this resistance (華視新聞, 1998).

5.15.7.5.4 Many experts and scholars also opposed the establishment of the Yi-Shou Care Center, which intensified residents' opposition. The Director of Social Welfare held two coordination meetings in the area to clarify and respond to residents' concerns and to let residents express their dissatisfaction (容怡仙, 2009). However, both sides failed to reach a consensus. The chief of Social Affairs decided to

implement the proposal after the two meetings, which angered residents and intensified resistance, as they felt that the government had not considered their feelings or listened to their opinions. This took place during the general elections, when community representatives stood for the same ballot line as residents. Some researchers suggested that members of the public were opposing the government, rather than the center's organization (彭春翎, 2007; 容怡仙, 2009).

5.15.7.5.5 Some government respondents indicated that they had sent relevant information to the community in early and later stages of the center's establishment, to clarify residents' concerns. When establishing these institutions, the government should consider prevailing political events to avoid sensitive periods. In the case of the Yi-Shou Care Center, the Taipei Mental Rehabilitation Association held briefing sessions to listen to residents' objections, inform them of services, and enable them to listen to users' families. In order to avoid additional tensions, the center opened in a low-key manner and selected users very cautiously.

5.15.7.5.6 The establishment of community-based mental health centers in Taiwan has faced many obstacles. Even with the support of national policies, these centers are hampered by pressure from government agencies and members of the public when they move into communities. Therefore, when institutions move into the community, in addition to complying with existing laws and manuals, they are also required to make adjustments appropriate to the community and the institution itself, such as changing the name of the institution (謝詩華, 2012).

5.15.8 Macau
5.15.8.1 Available mental health services
5.15.8.1.1 In Macau, there is a lack of understanding of mental illness among members of the public. People tend to treat mental illness as a rare and untreatable disease, which leads to public fear of and discrimination toward mental health patients (Chi, 2013). In such a conservative society, people who have or are recovering from a mental illness are often vulnerable and isolated.

5.15.8.1.2 According to government figures, the number of patients undergoing psychiatric treatment at the Centro Hospitalar Conde de São Januário (Hill-Top Hospital) has been steadily increasing (Chi, 2013). According to União Geral das Associações dos Moradores de Macau, new immigrants are more likely to experience mental health problems, which suggests that cultural changes, communication difficulties, and a lack of support may contribute to mental illness (UGAMM, 2009). At present, there are at least three organizations providing mental rehabilitation services in Macao, including the Richmond Fellowship of Macau, outreach services provided by Fu

Hong Society, and long-term residential care services provided by Caritas. The Centro Hospitalar Conde de São Januário also provides psychiatric clinics and inpatient services (Chi, 2013).

5.15.8.1.3 The Richmond Fellowship of Macau works with a number of enterprises and provides recommendations to mental rehabilitation staff to carry out regular practice (Chi, 2013). There are many enterprises that are initially unwilling to participate as they do not know much about mental illness. However, after continuous publicity and stable work performance of people undergoing rehabilitation, more enterprises are willing to join this program. Although the number of enterprises involved in the program is small, the number has doubled since the initial implementation of the scheme. Attempting to integrate mental rehabilitation into social work can improve public attitudes toward mental illness and reduce misunderstandings (Richmond Fellowship of Macau, n.d.).

5.15.8.2 Public education on mental health and anti-discrimination efforts

5.15.8.2.1 In recent years, community education in Macao has improved and residents are increasingly exposed to mental illness education. Residents' tolerance toward people undergoing mental rehabilitation has increased significantly. The Macau SAR Health Bureau established a community health counseling team in collaboration with União Geral das Associações dos Moradores de Macau, in order to strengthen psychological counseling services in the community and promote public mental health education. Team members all receive psychiatric training at Centro Hospitalar Conde de São Januário and hold regular hold mental health activities in the community (UGAMM, n.d.).

5.15.8.2.2 The government of Macau also organizes a series of annual activities on Mental Health Day to educate the general public about mental illness and reduce discrimination (GIB, 2007, 2010; Macau Daily, 2017). However, some sensational events have occurred involving injuries caused by people with mental illness (Oriental Daily, 2013; Bastille Post, 2017), which adds to public misunderstanding. At the same time, this also demonstrates the important role of mass media in changing public understanding.

5.15.8.2.3 The Macao government has established a consultative committee in order to communicate efficiently and smoothly with other government departments, professionals, and members of the public when formulating and implementing policies and relevant social services, as well as to collect opinions and suggestions from these stakeholders. The government arranges public consultations on government planning projects, such as planning for rehabilitation services for 2016-2028. People can express their opinions in many ways, including posting to the Social Welfare Bureau, visiting the site to submit opinions, sending emails or voicemails, or attending public consultations.

5.15.8.2.4 This planning involves three consulting sessions, two of which are for people with disabilities and the third being for the general public, which include instant interpretation in Chinese and Portuguese, interpretation of sign language, and so on (SWB, 2018). The Macau government attaches great importance to the equal rights of residents and is committed to eliminating discrimination.

5.15.8.3 Social stigma against sensitive community services and modes of public consultation

5.15.8.3.1 Some research has suggested that social integration has been successful in Macao, with little discrimination or rejection against people with disabilities and no reports of unreasonable treatment toward community rehabilitation centres or their clients (Lee, 2005). However, members of the public and people with disabilities may have different perspectives, as people with disabilities have claimed that many residents seriously discriminate against them. Between 1999 and 2014, there were 30 NIMBY incidents in Macao, of which six were related to human service facilities. The protests in these cases generally lasted less than three months and most occurred in areas with high population density (which is often positively correlated with NIMBY sentiments). Researchers have pointed out that in many NIMBY cases, residents have tied the issue with politics, as slogans such as 'Against fake consultation! Transparent government!' were often seen during protests. Perceived threats to their 'homeland' and lack of community consultation are causes of objections among residents (Jiang, 2013).

5.15.8.3.2 One example is the proposed establishment of a methadone centre in Areia Preta, which has been very tortuous and has been opposed by three communities. The first two protests only lasted a short time due to government compromises. The government then decided to establish the centre in Areia Preta and although there was no violence (as compared with the previous protests), the third protest involved complaints to neighbouring organizations, slogans, leaflets, opposition signatures, press statements, demonstrations, petitions, press conferences, and even a court filing and a complaint to the ICAC (Lou & Jiang, 2012).

5.15.8.3.3 In 2010, over 500 local residents launched a protest in the open space nearby in order to oppose the establishment of the centre, paralyzing traffic. This prompted the Chief of the Health and Social Welfare Bureau to speak with residents to stop the protests, although this did not change the government's decision. Residents, including a large number of elderly adults, women, and children, later took part in a parade against the establishment of the centre (Agora, 2010).

5.15.8.3.4 While these protests were not successful, they prompted the Social Welfare Bureau to dramatically change the operation of service stations. For example, the policy clearly stipulates service hours,

targets, and numbers, as well as adjustments in supervision and management. The government has also put in place a promotion plan to raise residents' awareness of the centre and rename the methadone centre as a drug treatment centre in order to reduce public fear (Lou & Jiang, 2012, P115).

5.15.8.3.5 Researchers and a survey conducted by the University of Macau have suggested that public education and reduction of discrimination can take place through media campaigns, adding knowledge and concepts of disability and equality to primary and secondary school curricula, organizing exhibitions and other social activities, and inviting rehabilitators to talk. These measures are widely supported by the general public.

5.15.8.3.6 In addition, traditional social associations in Macau play an important role as a bridge connecting the public and the government. They transmit public opinions to government policymakers and assist the government in conveying information to the public (Yeung, 2016). The Macao government relies significantly on these associations, although these may not always be effective.

5.15.8.3.7 For example, in the case of the methadone centre described above, residents reported that the government did not provide sufficient notice of the site selection, while government officials said they provided sufficient notice and consultation. According to some, the inertia of the 'association advisory model' means that government departments think that as long as relevant traditional social associations, legislators, and experts are consulted in the decision-making process, this means that the decision-making is professional and legitimate (Yeung, 2016). During the colonial period, because of language differences, both government and residents strongly relied on social associations to obtain relevant information. Such language barriers no longer exist and the public can obtain relevant information from the mass media, which means that the role of associations is different than in the past. Residents are no longer satisfied with associations as their sole spokespersons and will fight for their own interests, which can lead to conflict between the government and residents.

5.15.8.3.8 This model was discussed by a member of Macao's Legislative Assembly, whom we interviewed about consultation processes in the region. Macao's government is mainly financing traditional social associations to lobby the neighbourhood instead of confronting residents who oppose the establishment of mental health and other 'unwelcome' facilities. Currently, those in need of mental health services have to seek help from the six district offices of the Social Welfare Bureau, but none of those offices are specialized in mental health. These offices refer patients to subsidized units operated by NGOs, in accordance with the circumstances of each case.

5.15.8.3.9 Additionally, although Macao residents have not launched any fierce protests associated with NIMBY incidents, the government should pay attention to potential protests. Professor Lou Shenghua at Macao Polytechnic Institute pointed out that Macao's government lacks experience in handling emerging social movements. He suggested that when establishing facilities, executive authorities should directly consult and even invite affected residents to participate in decision-making and supervision process, to reduce the potential occurrence of conflict (Lou, 2011).

5.15.8.4   Summary

5.15.8.4.1 Macao and Taiwan focus on negotiation and collaboration with community stakeholders when establishing mental health facilities and other sensitive community services. These are mostly housed in private properties and there are no official standardized guidelines or protocols for public consultation. Service providers and patients' groups generally have to negotiate with owners and local residents or community organizations. Some non-governmental organizations and patients' groups have also developed public engagement strategies.

5.15.8.4.2 Hong Kong's situation is similar to those of Macao and Taiwan. The relevant departments rely on community associations to communicate with the residents about decisions regarding service establishment. However, many residents may believe that these associations do not represent them and that there is a lack of transparency in the government's decision-making processes. Residents may not oppose to the establishment of a welfare or service facility itself, but rather the way the government handles the views of community or neighbourhood members.

5.15.8.4.3 As in Taiwan, community leaders such as District Councillors and chairpersons of owners' corporations or MACs in Hong Kong have always played a very important role in decision-making processes concerning service establishment. Residents generally trust these representatives, and it would be difficult to establish any welfare or community service facilities if these representatives disagreed with the establishment.

5.15.9 Republic of Korea

5.15.9.1   Mental health services and community supports

5.15.9.1.1 In Korea, regional mental health authorities and professional consulting committees have been encouraged to develop support for mental health services (WHO, 2006). Community mental health care in rural areas used to involve collective social networks based on family ties. However, an individualistic and achievement-oriented system has emerged with more fierce competition and capital flows, with the help of new technologies and awareness of equality (Song & Yeo, 2017). In 2012, nearly all clinics and around 94% of hospitals providing mental health care services were privately

owned and supervised by the regions, as the regional demand for health care determines the amount of service providers under social health insurance budgets (Kwon et al., 2015).

5.15.9.1.2 Mental health problems are a sensitive topic in Korea. People with mental health problems may hesitate to talk to other people about their issues and are often unwilling to talk to counsellors (Raintenshi, 2013). The development of guidance and counselling services in Korea has been slow and ineffective. For example, until 2013, there were no counselling services in schools to care for students with mental health problems (Lee and Yang, 2008).

5.15.9.1.3 The Central Mental Health Evaluation Committee and the Central Mental Health Supporting Committee are responsible for assessing demands for mental health care services. While they are also in charge of centralized guidance, no effective public engagement or consultation approaches have been identified (Kahng & Kim, 2010).

5.15.9.1.4 Public mental health expenditures in Korea account for just 3% of total health expenditures (excluding dementia), and 66.4% of this is spent on hospitals (OECD, 2013). Korea is meant to increase expenditures for services outside hospitals, such as public consultation services. Central committees, formed by Regional Mental Health Centers and Evaluation Committees and other Supporting Committees, guide service provision by psychiatric hospitals and mental health centres such as social rehabilitation centres, alcohol rehabilitation centres, outpatient clinics, and long-term care centres (Kahng & Kim, 2010).

5.15.9.1.5 In 2012, community mental health care centres in Korea covered about half the provinces and metropolitan cities and 56.5% of districts, providing patients with long-term and severe mental problems with support in the form of case management. Additionally, counselling on internet addiction has been developed to meet emerging public needs (Lee & Kim, 2013).

5.15.9.1.6 This model is facing challenges related to people's rejection of psychotherapy due to growing anxiety, largely related to social discrimination and lack of government benefits for mental illness patients. According to Dr. Kim Hyong-soo, a psychologist and professor at Chosun University, Korean people would rather bear mental health issues without telling others or seek services at private clinics, as they worry about being stigmatized for the rest of their life (McDonald, 2011).

5.15.9.2 Public deliberation and consultation for establishing mental health facilities
5.15.9.2.1 In 2016, there were 208 community mental health centers in Korea. They play an important role in the mental health system, including community-based prevention and treatment of mental illness.

According to Lee, Kim, and Lee (1999), it is important to have a basic understanding of community awareness and attitudes about mental illness before developing prevention polices and mental health projects (Lee et al., 2000). Therefore, surveys are conducted to assess residents' attitudes and awareness regarding mental illness in each region prior to the establishment of community mental health centres.

5.15.9.2.2 Based on survey findings, the establishment of community mental health centre should address the characteristics of the community and people's receptiveness toward mental illness, in order to develop a more suitable community mental health centre (Lee et al., 1999; Sakong & Chae, 2001).

5.15.9.2.3 In a recent study, Jung, Kang, and Lee (2017) examined the P-City psychiatric rehabilitation centre for chronic mental illness patients, established as part of the Northern Mental Health Centre project implemented in 1999. P-City operates based on a clubhouse model, with two community mental health centres providing training for community residents to reduce stigma and prejudice against mental illness (Jung, Kang, & Lee, 2017).

5.15.9.2.4 Prior to the full implementation of community mental health centre services in 2000, P-City authorities conducted a survey of community attitudes toward mental illness (Sakong & Chae, 2001), and the practice of conducting surveys before the establishment of mental health centres has been maintained to this day (Jung, Kang, & Lee, 2017). Jung, Kang, and Lee (2017) surveyed P-City residents to compare their attitudes before and after the establishment of mental health centres, and found that residents generally held positive attitudes toward mental illness, although attitudes varied by gender, age, education level, and other factors. Compared to survey findings from 2000, there was a significant positive change in attitudes toward mental illness in the community.

5.15.9.3 Public attitudes toward people with mental illness

5.15.9.3.1 Generally speaking, men, young people, or those with higher education levels have more positive attitudes toward mental illness. Community leaders play a very important role in affecting attitudes toward mental illness, as they are role models or leaders in the community and residents will follow them (Lee, 2010; Noh & Lee, 1998).

5.15.9.3.2 In 2010, Lee conducted a survey of community leaders' attitudes toward mental illness, and found that attitudes were generally negative. This illustrates a need for public education targeting community leaders, including training on mental health to reduce prejudices associated with mental illness (Lee, 2010). One of the roles of the P-City community mental health centre is to change public attitudes toward mental illness. It organizes regular

educational programs to reduce public stigma and to accept psychiatric rehabilitation patients as community members (Jung, Kang, & Lee, 2017).

5.15.10Japan

5.15.10.1 Psychiatric-based mental health care

5.15.10.1.1 In Japan, the number of psychiatric beds per capita is among the highest in the world, numbering 345,696 in 2008 (Setoya, 2012). There is no designated site for mental health care in Japan, so patients can choose where they want to go. Community residential facilities are operated primarily by the private sector, and administration is funded by the public. Patients can choose and register in whichever care centre or facility they choose (Setoya & Takeshima, 2017). The most prominent characteristic of Japan's community mental health care system is that inpatient medical services are still thriving despite the enhancement of community medical services. This raises questions about many patients are being treated by non-professionals in outpatient clinics. In 2015, the government endorsed psychologists in the country, but the medical care system is not mature enough and many people still chose to go to non-doctors charging fees. In these clinics, patients are only briefly examined and are often prescribed medication without a detailed diagnosis.

5.15.10.2 Mental health services in the community

5.15.10.2.1 The Japanese government has made some recent efforts to enhance community mental health care, such as introducing intensive forms of care management, direct support from multidisciplinary professionals, a multi-layered counselling system, and the 'Place, then train' approach to increase employment (which involves placing people with mental health issues in different workplaces for training). To reduce stigma associated with mental illness, the government has carried out the 'from institution-based care to community-based care' reform, intended to change public attitudes toward mental health and to reorganize and reinforce psychiatric mental services and community support systems (Setoya & Takeshima, 2017).

5.15.10.2.2 Mental health centres located in communities provide rehabilitation facilities, including daily life training facilities, welfare homes, residential vocational facilities, outpatient vocational facilities, welfare factories, community life support centers, and group homes. However, public attitudes toward these types of social welfare facilities have been quite negative. Researchers have pointed out that stigma is very common in Japan and that there is a lack of mental health understanding among the community (Kiyoto et al., 2017; Setoya & Takeshima, 2017). Japan's government aims to reform its mental health and social welfare systems, and there have been attempts to alter public attitudes toward mental illness and to strengthen mental health services and community support systems.

5.15.10.2.3 In the next decade, the government has planned to begin public education activities in order to strengthen public understanding of mental illness and to raise public awareness to more than 90% (Setoya & Takeshima, 2017).

5.15.10.2.4 We interviewed a scholar from the Department of Mental Health of the University of Tokyo, to learn about how community mental health service facilities are established in Japan. He explained that in Japan, respect for mental health patients and ex-patients is generally not as high as in other countries where social integration and tolerance have been more actively promoted. Mental health service users still face stigma and discriminative attitudes from other people, and self-stigmatization is also prevalent.

5.15.10.2.5 The national government has not invested many resources into enhancing mental health services and public education programs, and very few local governments support such initiatives. Unlike in other jurisdictions, public activities to promote mental health and disseminate information on mental health symptoms, preventions, and social receptiveness are rarely conducted in Japan, reflecting a generally conservative societal mentality toward mental illness. This expert noted that with respect to the siting of mental health facilities in Japan, community-based care services for people with mental illness and ex-patients are still not well established and that services and treatment are provided mainly in hospitals. This is largely attributed to the lack of funding and plans promoted by both national and local governments.

5.15.10.2.6 NGOs have established some new community mental health centres in neighbourhoods, but these are usually not welcomed by residents. However, most of these centres have been successfully established without formal public consultation, as most of the premises are private properties. As long as the landlords are willing to rent to those NGOs, residents do not push further opposition against them. Local government officials and councillors generally do not play active roles in the processes, so no official public consultation mechanisms have been developed.

5.15.10.3 Summary

5.15.10.3.1 Stigma and discrimination against people with mental illness are quite serious in Japan and Korea. National and local policies for protecting the rights of people with mental illness are less developed, largely due to cultural taboos and stereotypes. Most facilities, however, have been successfully established without formal public consultation despite strong stigma and prejudice against mental illness, as these premises are considered private properties in which tenancies only require the consent of the landowners.

5.15.11Overall summary and analyses of Asian experiences in siting mental health services

5.15.11.1 In general, the five jurisdictions described above appear to attach importance to the mental health of their populations and have introduced a number of projects intended to increase public awareness of mental illness and to reduce stigma and discrimination. These include campaigns either organized or supported by governments that aim to enhance people's awareness of mental health and to promote social integration and receptiveness toward mental health patients and ex-patients.

5.15.11.2 With respect to the operation and siting of mental health facilities in the community, different jurisdictions have adopted different approaches to address public opinion. In Taiwan, the government plays a minimal role in promoting the establishment of mental health facilities in the community. Proposed services are usually only handled by service providers, patients' rights groups, and occasionally local politicians (e.g. municipal and county councillors), without any official consultation frameworks. There may be public hearings in neighbourhoods and lobbying activities to engage residents and gain their endorsement or lower oppositional opinions hindering the proposed project.

5.15.11.3 In Korea (as shown in the P-City example), regional government agencies serve as equal partners to service providers and community groups in public consultation processes, without taking a leading and coordinating role. Consultations often involve only written surveys, without significant engagement with residents, although these can provide information on the general mentality of residents concerning the siting of mental health facilities. Comparatively, Japan is rather less developed and more passive in the development of community-based mental health services and the promotion of social acceptance for mental health patients and ex-patients.

5.15.11.4 Public stigma toward mental illness is still common in the Japanese social context. Japanese mental health services are still heavily based on psychiatric in-patient services, community-based rehabilitation works are not as developed as in other regional jurisdictions, and the state has played a minimal role in financing and operational aspects. Public education and official efforts for reducing stigma are not common, and there is no official and institutionalized framework for consulting neighbourhood residents on the establishment of mental health centres. Technically, a centre can be established in a neighbourhood without securing residents' endorsement, as such premises are usually private properties. Sometimes, however, service providers must engage local community leaders and stakeholders to seek their opinions on the establishment of proposed facilities.

5.15.11.5 Macao is similar to the cases of Korea, Taiwan, and Japan, with its government playing a minimal role in securing premises for mental health and other 'sensitive' community services that are not easily accepted by neighbourhood residents. As mentioned earlier, Macao's government has followed decades-long norms of relying on traditional community

associations and groups to consult and persuade residents about major public policies and projects.

5.15.11.6 However, as society has become more diversified and faces higher demands by residents for public affairs, this mechanism used in Macao has become less effective. There were incidents (such as the case of the methadone centre) where residents rejected the establishment of proposed 'sensitive' community services. Although controversies were settled largely by traditional community organizations and renowned leaders, the government has become more visible and active in mediating residential sentiments and explaining to the public the pros and cons of proposed projects. Singapore is a rather unique case among the five jurisdictions, as its community mental health services have been well organized and developed, with sophisticated frameworks and mechanisms to ensure that patients and ex-patients in need receive appropriate services. Public consultations for establishing mental health and other welfare services in Singapore are done very early in the formation stages of community master plans for development, rather than on an individual or piecemeal basis.

5.15.11.7 The Singaporean master plans stipulate the land use of particular zoning lots, and under this mechanism welfare services (including those for mental illness) can be assured at the early stages prior to the completion of development plans and building of communities. This model of siting welfare premises is legally based, systematic, and with clear guidelines. This can facilitate the establishment of 'sensitive' social services, as controversial and lengthy public consultation and engagement can be avoided when land use zoning works have already been determined before residents move in to new communities.

5.15.11.8 Asian jurisdictions generally tend to be more conservative regarding issues related to mental illness and rehabilitation, which affects the development of mental health services and the siting of such facilities in communities. Although efforts have been made to promote social integration between people with mental health problems and wider communities, a fully receptive and tolerant society with minimal level of discrimination has yet to be achieved.

5.15.11.9 In contrast, Western countries such as New Zealand, Australia, the U.S., and Canada appear to have developed more comprehensive mechanisms, legal provisions, and anti-discrimination measures to protect the rights of people with disabilities (including those with mental illness), more sophisticated public consultation mechanisms for establishing new community facilities (with codified protocols and guidelines for public deliberation and information collection), and land zoning policies to facilitate the siting of community and welfare services. These factors can successfully reduce public opposition and facilitate the establishment of services with minimal hindrances.

5.15.11.10 The Asian jurisdictions that were selected for review are generally not as proactive as the West with respect to such provisions. Governments have

not developed written policies, guidelines, and protocols to conduct public consultation and encourage residents to support proposed projects for 'sensitive' services. Public education campaigns for promoting awareness of mental health and social integration have not been as proactive as those in Western countries. Generally speaking, we acknowledge that there are significant differences between Asian and Western regions in this regard, although there are many differences between specific jurisdictions within each of these broad regions.

5.15.12 Overall analyses of the overseas experiences and recommendations for Hong Kong

5.15.12.1 Based on the review of overseas literature and interviews with experts, we identified four major types of approaches to public engagement in relation to the siting of mental health facilities in neighbourhoods: 1) a human rights-based approach, 2) a legal-oriented approach, 3) a negotiated approach, and 4) a 'laissez-faire' approach.

5.15.12.2 Countries adopting a **human rights-based approach** include Australia, New Zealand, and Canada. The key characteristics of this approach include explicit legal provisions to prevent discrimination against people with disabilities and mental illness, and statutory rights of people with mental illness such as residential arrangements and rights to receive social services.

5.15.12.3 In Australia, the Mental Health Statement of Rights and Responsibilities is based on a report by the Mental Health Consumer Outcomes Task Force. The first part of the statement explains that mental health patients have the equal right to access services and housing, as do 'ordinary' citizens. They have the right to choose what kind of support they need, based on their religious beliefs. In addition to ensuring the rights of mental patients, New Zealand provides support in different aspects, such as increased financial allocations to mental welfare facilities and help with education and re-employment for people in recovery.

5.15.12.4 The transparency of the government is very high in these areas. In addition to information about the construction of welfare facilities, the New Zealand government also welcomes citizens to present their ideas and opinions on a particular project.

5.15.12.5 The Australian government has greatly improved its support for medical rehabilitation services and the number of professionals in the community has increased. The above official documents indicate that the government is obliged to support the establishment of welfare facilities in the community.

5.15.12.6 Canada also pays significant attention to the basic rights of mental health patients and persons with disabilities. The Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act prohibit prejudice against people with mental disabilities and propose equal employment and community residence rights for mental health patients.

5.15.12.7 There are also clear protocols for zoning lands specifically for social services, with a strong emphasis on social integration rather than establishing separate premises for mental health services. In New Zealand, city councils have reserved specific lands for special uses, such as affordable housing and community services. The Australian government has issued sophisticated but clear guidelines for developing policies and establishing public facilities. For example, the Port Melbourne Council developed a communication and stakeholder-relations plan to respond to possible public opposition to land transfers. In Canada, provincial and territorial governments are responsible for formulating siting and zoning regulations for land use. These countries also provide affordable housing to people with disabilities, as well as conducting anti-stigma public education and promotion of social integration.

5.15.12.8 Countries adopting a **legal-oriented approach**, such as Singapore and the US, generally adopt explicit legislations outlining land zoning approaches for different community purposes. These include zoning legislation for mental health services, which are stricter than in countries adopting right-based approaches.

5.15.12.9 Singapore has attached great importance to the development of mental health services in recent years and has incorporated them into national planning documents. The Ministry of Health launched the Community Mental Health (CMH) Master Plan to improve the quality of community mental health service. Human resources have been greatly improved to ensure the quality of services. The national Master Plan also determines land for social welfare facilities.

5.15.12.10 According to Singapore's Urban Redevelopment Authority (URA), medical or welfare facilities should be people-centred and equally accessible to people with disabilities and their families. Therefore, medical or welfare facilities are all near residential areas.

5.15.12.11 The U.S. federal government has done significant work to protect people with mental illness or disabilities in order to ensure they are not excluded from society. There are two federal laws that specifically concern discrimination and the placement of facilities. The Fair Housing Act aims to integrate people with disabilities into the community and provides for group homes for children. The Americans with Disabilities restricts discrimination and promotes community facilities. Additionally, Section 504 of the 1973 Rehabilitation Act also states some strict regulations against discrimination, while the 14th Amendment to the Constitution specifies that every citizen has a right to equal protection under the law and should be offered help when in need.

5.15.12.12 State governments have the right to make final decisions on land use, and have legislation against discrimination. For example, in California, discrimination against people with mental health problems is prohibited by California's Fair Employment and Housing Act, which also ensures the

reasonable location of mental health facilities. In New York, the Padavan Law has been introduced to address discrimination.

5.15.12.13 Singapore pays great attention to the opinions of citizens, although public consultations are mainly conducted for general master zoning plans rather than for the purposes of individual sites.

5.15.12.14 Jurisdictions adopting **negotiated approaches**, mainly Macao and Taiwan, focus more on conducting negotiations and collaboration with community stakeholders when establishing mental health facilities and other sensitive community facilities. These are mostly housed in private properties and there are no official standardized guidelines or protocols for public consultations. Service providers and patients' groups generally have to negotiate with landlords and local residents or community organizations. Some non-governmental organizations and patients' groups have developed public engagement strategies based on their past experiences.

5.15.12.15 During the colonial period, the Macao government and residents relied on civil associations to conduct dialogue due to language barriers. This custom has been preserved. Government departments think that as long as relevant traditional social associations, legislators, and experts are consulted in the decision-making process, this means that the decision-making is professional and legitimate. As a result, residents think that the transparency of government affairs is low. However, it also further illustrates the position of civil associations in Macao's political construction.

5.15.12.16 The situation in Taiwan is similar to that in Hong Kong. For cultural reasons, Taiwan residents still resist integration of people with mental illness. However, government departments have made certain efforts in setting up mental health centres. Taiwan's People with Disabilities Rights Protection Act protects the rights and interests of persons with disabilities to equally participate in social, political, economic, and cultural events, and clarifies the responsibilities of government departments.

5.15.12.17 In order to better handle obstacles that may be encountered during the establishment of community service, Taiwan developed the Handbook for Dealing with Protest against Residence and Community Services for Persons with Disabilities. Due to the shortage of land, most welfare facilities are established in private buildings or government complexes.

5.15.12.18 In private buildings, even if the landlord agrees to the establishment of mental health centre, some community leaders and residents will still oppose it. The establishment of the Taipei Yi-Shou Care Centre was highly contested. Because the centre was established during a politically sensitive period, communication between the government and residents, especially with community leaders, was not smooth. Even though the centre has finally opened, this was done in a very low-key manner.

5.15.12.19 Because of cultural taboos, both Japanese and Korean populations are hesitant to talk about mental illness. Even when they encounter mental health problems, they tend not to seek help from others. Japan and Korea have been described as adopting a **'laissez-faire' approach**, as they do not have formal official and NGO policies and protocols for siting community mental health facilities.

5.15.12.20 Although there are occasional public engagement or consultation activities concerning mental health facilities in some municipalities, these are generally ad hoc activities initiated by local authorities. National and local policies for protecting the rights of people with mental illness and disabilities are less developed. Most facilities, however, have been successfully established without formal public consultation, as these premises are private properties only requiring consent from landlords.

5.15.12.21 In conclusion, Hong Kong's judicial system has already provided a legal basis to promote human rights practices and protect the rights of people with disabilities. Existing regulations should also serve as a basis for the implementation of social welfare facilities. At the same time, community engagement is very important, particularly due to the socio-political expectations of the general public in Hong Kong. The establishment of nearly all facilities needs to go through a consultation process, with some involving residents' meetings, District Council discussions, and a return to the relevant department to make the final decision. According to the government's administrative perspective and the expectations of politicians and general public, public consultation, in the appropriate format, is essential.

5.15.12.22 The research team believes that the basic rights of the service users should be protected. In fact, their rights are highly related to the government's determination in carrying out an ICCMW siting plan in spite of the oppositions and misunderstandings in the neighbourhood. Therefore, it is necessary to set a specific time frame to prevent prolonged consultations. A public consultation should be held within a certain time period in order to enable the residents to express their concerns. The oppositions of residents should not hinder establishment of an ICCMW.

5.15.12.23 On the one hand, legal protection for people with disabilities should be enhanced. However, it may not be possible for Hong Kong to fully imitate the systems and practices as other jurisdictions in the siting of mental health and other sensitive facilities. For example, Hong Kong's town planning and mental health care systems are very different from those of Singapore and the Western nations that do not have the siting issues in their neighbourhoods as in the case of Hong Kong. In those jurisdictions, their master town planning documents and protocols have already predetermined where different types of social services should be located. Therefore, site selections after the neighbourhood has been established rarely happen. Consultations in those jurisdictions mainly focus on master plans as a whole instead of individual sites. Therefore, a mixed-model approach for the consultation mechanisms could be based on the combined characteristics of

the negotiation, human rights-based and legal-oriented approaches. This mixed-method approach should be more suitable to facilitate the siting of ICCMWs in Hong Kong, and thus improving the rights of the people with disabilities, as well as providing an explicitly codified basis for future consultations to avoid the endless delays.

5.15.12.24 The following tables summarize the major elements of each of these four approaches to the siting of community mental health and other welfare facilities.

Human rights-based approach: Australia, New Zealand and Canada			
	Australia	**New Zealand**	**Canada**
Official directions	Mental Health Statement of Rights and Responsibilities	Different types of legislations and regulations are enforced regardless of the mental health status of populations, such as prisoners, drug users, alcohol addicts, or general patients	1. The Canadian Charter of Rights and Freedoms and the Canadian Human Rights Act prohibit prejudice against people with mental disabilities and propose equal employment and community residence rights for mental health patients 2. The Canadian Charter of Rights and Freedoms lists the legal rights of all citizens regarding political and social life 3. Several laws play an important role in community developments, such as municipal acts, planning acts, building codes, and environmental evaluation acts
National support measures	1. Government expenditures on medical care services at national and state levels have increased by more than 170% 2. The average number of medical staff and social workers in each centre has increased	The government budget for community-based services is considerable (76%). More resources have been allocated to services provided by experts, leading to expansion of services	

Land zoning	The government has issued sophisticated but clear guidelines for developing policies and establishing public facilities. For example, Port Melbourne has developed a communication and stakeholder-relations plan to respond to possible public oppositions to land transfers	Special housing areas (SHAs) refer to reserved specific lands for affordable housing	Provincial and territorial governments are responsible for formulating siting and zoning regulations for land use
Public consultations	Consultations and public hearings on land use and zoning are conducted on a general basis rather than on the usage of individual sites	Christchurch City Council launched a Community Engagement Strategy in 2013 to emphasize the importance of public participation and ensure that policymakers listen to and value public opinions	Consumer speakers' bureaus have been established within communities
Public education	1. Community leaders play significant roles 2. Mass media can play a significant role in communicating positive information	1. Campaigns exist at the national level, such as 'Like Minds Like Mine' 2. Specific campaigns have targeted the Chinese community, notably 'Kai Xin Xing Dong'	

Table 2A   Major provisions of countries adopting a human-rights approach

Legal-oriented approach: Singapore and the United States		
	Singapore	**United States**
National plan/policies	The MOH launched the Community Mental Health (CMH) Master Plan to improve the quality of community mental health services	1. The Equal Protection Clause of the 14th Amendment to the Constitution specifies that the government should respect the rights of every citizen in the equal

		protection of the laws, and that the government should offer help to private parties in need
		2. The Fair Housing Act aims to integrate people with disabilities into the community and provides for group homes for children
		3. The Americans with Disabilities (ADA) restricts discrimination and promotes community facilities
National support measures	1. Community outreach teams educate the public on mental health, reach out to vulnerable and at-risk individuals, and strengthen integrated mental health services in the community 2. Efforts are made to facilitate collaboration among community partners, such as general practitioners (GPs), schools, community development councils, and voluntary welfare organizations (VWOs)	
Land zoning	1. The national master plan determines land zoning for social welfare facilities 2. According to the Urban Redevelopment Authority (URA), medical or welfare facilities should be people-centred and equally accessible to people with disabilities and their families	1. State-level requirements play an important role in zoning and addressing discrimination 2. Local authorities are responsible for making decisions about land use and local regulations regarding mental health care, with obligatory hearings required by states for siting choices
Public consultations	1. The URA holds consultative activities in the community to introduce plans for community development 2. Public consultations are held for major decisions on planning, including decisions to update the master plan or any legal amendments	
Public education	1. Activities in schools enable students to recognize mental health condition, and the Ministry of Education collaborates to educate primary and secondary students to manage emotional problems and work through challenges	

2. A public collaboration between an NGO (TOUCH Community Services), the Land Transport Authority (LTA), and MRT involves mental health promotion in subways 3. Activities with different community groups aim to raise public awareness of mental illness, such as the 'Nurture Your Mind Pilot Programme', the 'Positive Wellbeing Bus', etc.	

Table 2B   Major provisions of countries adopting a legal-oriented approach

Negotiated approach: Macao and Taiwan		
	Macao	**Taiwan**
Legal approach		The People with Disabilities Rights Protection Act protects the rights and interests of persons with disabilities to equally participate in social, political, economic, and cultural activities, and clarifies the responsibilities of government departments
General guideline (not official)		The Handbook for Dealing with Protest against Residence and Community Services for Persons with Disabilities provides advice to service organizations and patients to negotiate with neighbourhood residents to promote equality in the community
Role of government	The government has established a consultative committee to formulate and implement policies and relevant social services, and to collect opinions and suggestions from these stakeholders	
Overall community attitudes	Social integration has been successful, with little discrimination or rejection against people with disabilities and no reports of unreasonable treatment toward community rehabilitation centres or their clients in the community	The public does not strongly oppose the establishment of community mental health centres

Important stakeholders involved	Traditional community associations and residents	Community leaders play a significant role
Public consultations	The government arranges public consultations on community projects, such as planning for rehabilitation services for 2016-2028	No official consultation is needed for social services established in government complexes
Approaches they preferred/used	Centres should be renamed to improve public image	1. The Department of Social Welfare of Taipei City prefers working in a building with other government institutions as there is less public resistance and no consultation is needed for social services established in government complexes 2. Service providers, local politicians, and community leaders must develop strategies and solutions on their own

Table 2C   Major provisions of countries adopting a negotiated approach

Laissez--faire approach: Japan and Korea		
	Japan	**Korea**
Legal approach	Japan basically has no legal provisions concerning the establishment of community mental health facilities or anti-discrimination measures	Korea does not have specific legal provisions associated with the siting of mental health facilities, users' rights, or measures against stigmatization
National approaches	The government has made recent efforts to enhance community mental health care, such as introducing intensive forms of care management, direct support from multidisciplinary professionals, a multi-layered counselling system, and the 'Place, then train' approach to facilitate higher employment	1. The Central Mental Health Evaluation Committee and the Central Mental Health Supporting Committee are the responsible authorities. 2. No effective public engagement or consultation approaches have been identified
Public consultations	Most centres have been successfully established without formal public consultation, as most of the premises are private properties (as long as the landlords are willing to rent to those NGOs, residents do not further oppose them)	1. No information about formal public consultation mechanisms on the siting of community mental health facilities was identified 2. Occasional surveys are conducted to assess residents' attitudes and awareness regarding

	mental illness on regional level prior to the establishment of community mental health centres

Table 2D   Major provisions of countries adopting a laissez-faire approach

Chapter 6   Major Findings of the Key Informant Interviews and Case Comparisons

6.1 For this research project, we conducted 74 in-depth interviews with key informants who have knowledge about issues associated with the siting of ICCMWs. Key informants were invited from various sectors, including government officials, politicians, representatives of ICCMW service providers, community leaders and volunteers, and ICCMW service users. This chapter presents the major findings derived from these interviews, covering the main themes of perceived rationales by the key informants for supporting and opposing the siting of ICCMWs, and public preferences for handling the conflicting public views. In order to further analyse the cases and identify factors affecting the siting process, we have selected four typical successful and two unsuccessful cases out of the 16 targeted ICCMW sites in public housing estates to identify the effective and ineffective approaches in carrying out siting plans and conducting public consultations in neighbourhoods.

6.2 Rationales for supporting and opposing the siting of ICCMWs

  6.2.1   Public support or opposition to the establishment of ICCMWs depends to a large extent on the public's attitude towards mental patients and their understanding of mental health. Interviews with some service users found that discrimination against people with mental illnesses including self-discrimination of patients and their families, is widespread. Education on mental health in Hong Kong is insufficient at the current stage, leading to some public misunderstandings about people in recovery and the services mental health patients receive. This research has found out that communication with residents, and about their understanding of mental illness, can be improved through large-scale publicity activities, thereby increasing public support for the establishment of ICCMWs such as the ones in Sha Tin, Tseung Kwan O and Tai Po. The followings further detail the issues of public attitudes and community education.

  6.2.2   *The key stakeholders' and residents' attitude towards mental illness and ICCMWs*

  6.2.2.1 Despite the majority of key informants pointed out that the level of acceptance of mental health patients and ex-patients has significantly improved in Hong Kong in recent years, due to the efforts of service providers, service users, and volunteers in engaging the public and serving communities, most community members believed that discrimination still exists. Some ICCMW volunteers expressed that mass media often reports negative news about mental illness, creating the impression that many mental health patients could be dangerous. Isolated incidents related to the behaviours of some mental health patients could easily trigger the negative and worrisome sentiment of the residents in a neighbourhood.

  6.2.2.2 In view of the discrimination sensed, many service users will tell friends that they are going to a community centre instead of the truth that they are using

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the services of an ICCMW. Centre staff members are often asked by the users not to show their staff ID cards to the security personnel when doing home visits due to the concern that the security guards and other residents in the same building may know about their mental illnesses. Some service users and their families are afraid of being labelled. If service users require urgent medical attention, the centre staff has to be very careful when communicating with security guards to avoid unnecessary trouble and onlookers.

6.2.2.3 The residents of newly-built housing estates and neighbourhoods in Hong Kong are found to have higher levels of acceptance toward mental health facilities. One District Council member said that it is hard for long-term residents in older public housing estates to accept the new establishment of 'sensitive' service units such as shelter workshops, rehabilitation centres, and ICCMWs. Another councillor stated that if an ICCMW is to be sited in an existing public housing estate, it would be difficult for local leaders to lobby residents for support because nowadays people are more conscious and knowledgeable about their own rights and will not agree so easily with every government policy. As the residents of the new housing estates might already know what social service facilitates, including the 'sensitive' ones, would be established in their neighbourhood before or shortly after they have moved in, it should be easier for them to accept ICCMWs to be sited in their neighbourhoods.

6.2.2.4 Conflicting perspectives have been identified in this research about how sociodemographic backgrounds would have a role to play in the level of support by the local residents to the establishment of an ICCMW. For instance, some District Councillors and MAC members have indicated that districts with residents from diverse sociodemographic backgrounds and cultures may have higher acceptance of different people, including those with mental illness. On the contrary, another MAC member in one neighbourhood in Kowloon indicated that when residents are mainly from the grassroots and ethnic minority backgrounds, residents tend to have less understanding towards mental illness, and therefore be somewhat resistant towards the establishment of an ICCMW. However, one service user from Hong Kong Island also pointed out that residents from middle class would also find it difficult to accept the establishment of a mental rehabilitation centre in their own neighbourhood due to their worries about real estate prices.

6.2.2.5 In one neighbourhood in the New Territories with a relatively large number of recent immigrants, a volunteer pointed out that due to their lower level of understanding about mental illnesses in general, they have shown to be less receptive towards mental health service establishment. On the other hand, regarding a neighbourhood with a higher proportion of older people, some key informants there noted that older residents tend to be more open-minded

towards mental illness because themselves as their relatives or friends may have experienced similar mental health problems. It has been suggested that the government should play a more active role in targeting the understanding of the younger families in the community.

6.2.2.6 All District Council members and legislators agree with the general principle and benefits of ICCMWs and the establishment in their own constituencies if needed. Some of them, who are also social workers, shared personal experiences of helping mental health patients, ex-patients, and their families. Some highlighted the shortage of mental health rehabilitation and community education services in Hong Kong, and emphasized the need for ICCMWs in the community. Some referred to the importance of an open mind-set acknowledging the benefits of such facilities, such as assisting service users and increasing public awareness of mental health. They understood that permanent sites could achieve the best outcomes for service users, resulting in more convenience and a higher sense of belonging and privacy. However, there were still District Council members indicating a serious concern about the government acting against the residents' oppositional views. Some District Council members would cite representing the opinions of their local constituencies as their obligations and duties. Often the rationale for such opposition would be based upon the appropriateness of the protocol and procedures related to the consultation process with the residents.

6.2.2.7 The active support from members of EMACs and the local District Council member is critical to a smooth establishment process at least in seven ICCMWs in public housing estates. For example, the establishment of an ICCMW in a New Territories neighbourhood was smooth, with strong support from EMACs and public housing owners' corporations. The District Council member actively reached out with the service provider and SWD to promote residents' understanding and acceptance towards the establishment of the centre. In another ICCMW, the District Social Welfare Officer and the District Councillor actively communicated with each other and promoted to the local residents about the needs of the users and the obligation of the community in the siting process. As a result, the targeted ICCMW was established without much opposition.

6.2.2.8 According to a District Social Welfare Officer, there were two main factors leading to the successful establishment of an ICCMW in his district. The first is the supportive attitude of a newly-elected District Councillor that replaced the outgoing one who was less active towards the setting up of the facility. The second is a church in the area, which has helped the neighbours by providing a wide range of support. Both the local District Council member and the church reached out to the EMAC members to explain the purposes and services of ICCMWs. As a result, the EMAC members and local residents did not object the ICCMW's siting.

6.2.2.9 Several District Council members believed that the stance of a given District Council member could be critically important. For example, an elected member may concern his or her own view to support an ICCMW could trigger voters' negative responses in the next election. A number of service users and community members also agreed on the importance of District Councillors in the establishment of ICCMWs, noting that if Councillors takes an early and proactive step to endorse the plan, residents are generally willing to accept it. This view is also corroborated with the successful cases reviewed in this research.

6.2.3 *Community education and promotion of mental health and ICCMW services*

6.2.3.1 Inadequate and ineffective community education is one of the obstacles to establishing ICCMWs. Nearly all key informants who are local community members agreed that discrimination originates mostly from misunderstanding. The government should increase resources so that relevant departments can further strengthen community education to address discrimination. The leading role of the government is a key factor to enhancing community awareness and acceptance.

6.2.3.2 Among the various approaches used by service providers to promote community understanding, the use of large scale promotional activities that drew the attention of a bigger number of residents are usually adopted. The focus was on educating the residents that persons in recovery are not violent. The involvement of service users in sharing their own stories and experience, speaking of the benefits and importance of mental health services was considered to be a useful approach gaining residents' support.

6.2.3.3 Most services providers adopted sophisticated and strategic ways (such as 'soft' means) to package and deliver their advocacy messages. For example, one service provider emphasized the concept of 'mental health' instead of 'mental illness'. Some District Council members agreed with this. The name brand for titling an ICCMW has followed the principle of using simple terms and avoiding labelling wordings by service providers. This approach is viewed as useful by some service users and residents.

6.2.3.4 One MAC chairman did a lot of community work to promote mental health. She put up advertisements about mental health in the community, and invited people in recovery and residents to perform and watch. In one district, service providers would regularly promote the benefits and importance of mental health services in schools, and perform street exhibitions to let potential mental health patients know where they can get help and appeal to residents not to discriminate against service users.

6.2.3.5 One ICCMW made a short video to introduce mental health, mental health patients' feelings, and ways for residents to support mental health patients.

It also organized a street show in a crowded place (e.g. a busy district in Kowloon). These activities include games and exhibitions to interact with residents and let them know more about mental health. Promotional activities were occasionally held in the community, including street exhibitions in shopping malls, and hospital psychiatrists were invited to give lectures.

6.2.3.6 According to service users, local residents generally accept people in recovery. When they first moved in, residents would tell others not to get close to the centre and discrimination did exist. However, by holding activities with local residents every year after moving into the community, the centre is recognized and supported by the Housing Department and District Council members. A large number of residents have changed their minds after participating in these activities, especially those living nearby.

6.2.3.7 At first, service users were reluctant to come to the centre for fear that others would know they had mental health problems. However, they managed to overcome the negative emotions and attitudes, and the nearby residents are slowly accepting the centre. They started to recognize the role and features of the centre, and know that the centre can provide support as long as they need. This shows that all parties have made unremitting efforts for the successful establishment of the ICCMW and enhancement of public awareness of mental illness.

6.2.3.8 One legislator thought that the excuses that people are giving for resisting the establishment of 'sensitive' social service units (such as worrying about increasing crowds and the number of visitors from outside, suggesting other land uses for proposed sites, etc.) actually reflect implicit discrimination against people with mental illness. Another legislator pointed out that most residents who oppose the establishment of ICCMWs are worried that mental patients are violent. He highlighted that although some residents might not explicitly oppose ICCMWs, they maintain the NIMBY mindset, reflecting implicit discrimination. An experienced District Council member observed that NIMBY concepts remained prevalent, although residents would oppose this by saying that the mental health services were irrelevant to them.

6.2.3.9 In one case, a legislator remembered that there were some oppositional voices from residents but these were discrete during public consultation on the siting of an ICCMW. He suggested that these oppositions could be prevented through active engagements and negotiations with the residents. For example, if residents are concerned about the location of the proposed ICCMW entrance, the service provider could make adjustments to address this concern.

6.2.3.10 Some districts with a functioning ICCMW had concerned citizens enquiring and even complaining the centre services. According to some volunteers, residents with children are more likely to oppose the

establishment of ICCMWs, mainly because they fear that service users would be offensive.

6.2.3.11 Hong Kong people are still evasive about mental health issues and few secondary schools permit mental health-focused activities because parents think these indicate that their children have problems. Some parents are members of the Parent Committee and are strongly against activities that involve people in recovery. A MAC chairman described such a situation, reporting that parents opposed their children's participation in the centre's activities and would not even let their children greet service users.

6.2.3.12 One legislator also stressed that it would be unfair to place the entire blame for prejudice and stigmatized attitudes toward mental illness on the community. Instead, educational efforts from both public and private sectors are necessary to enhance 'mental health literacy' among members of the general public.

6.2.3.13 However, a service provider opined that despite the government's investment in public mental health education in Hong Kong, prejudice and stigma toward people with mental illness seem to have worsened. Possible reasons include high population density and public preoccupations with any negative impacts on real estate prices. An ICCMW centre in-charge suggested that it is important to persuade more communities to welcome mental health facilities. Securing easily accessible services for users is crucial to the success of a community-based mental health service model.

6.2.3.14 Real estate value is another major concern among residents. One District Social Welfare Officer pointed out that some residents believe that establishing mental health centres or other social welfare facilities near their dwellings would affect their prices.

6.2.3.15 In general, concerns and worries about ICCMW users concerned safety and disturbance. The NIMBY phenomenon persists in Hong Kong, and people fear that ICCMWs will have a negative impact on real estate value, personal safety, and peace in the neighbourhood. However, a few District Councillors shared that the NIMBY attitudes are always triggered by political dynamics and diverse views between politicians or political parties.

6.3 Public preferences for conflict resolution options and feasibility of different approaches to consultation

6.3.1 *Existing mechanisms for engaging members of the public*

6.3.1.1 With reference to examples from other jurisdictions such as Australia and New Zealand, social welfare facilities can be successfully established largely because the residents there usually do not show much opposition to extending assistance and services.

6.3.1.2 The *Hong Kong Planning Standards and Guidelines* states that the establishment of sensitive welfare facilities requires public consultation although the format for conducting such consultation is not specified. SWD expects the District Social Welfare Officer to act according to the situation in their districts. The implementation plan for siting and ICCMW rests upon the responsibility of the District Social Welfare Officer. The District Social Welfare Officer would then contact the Housing Department and the District Council chairman to obtain opinions on the project.

6.3.1.3 There should be specific guidelines available for the process of siting ICCMWs on top of the general specifications listed in the *Hong Kong Planning Standards and Guidelines*. More details on approaches to conduct public consultation should be established. While the SWD officials generally agree with this suggestion, some consider that the protocols should be used as reference but not mandatory due to variation in the characteristics and contexts of different local neighbourhoods.

6.3.1.4 Many key informants indicated that residents are often not well informed about the users of ICCMWs and the scope of services in their neighbourhoods. The protocol for public consultation should therefore include appropriate steps to engage residents' understanding at the site selection stage. Information on risk management and safety measures for local residents and ICCMW users should also be proactively provided at an earlier stage of the consultation process.

6.3.1.5 A centre volunteer said that relevant government departments should emphasize the consequences when service users do not have permanent ICCMW premises, as well as possible compensation plans for residents. Relevant departments must understand the major reasons for public opposition, so that they can better prepare residents to accept the establishment of a mental rehabilitation facility in the neighbourhood at an earlier stage in the siting process.

6.3.1.6 The use of mail out consultation documents or information sheets has not gained support from the key informants. One District Councillor pointed out that '*there are so many advertisements nowadays, when residents open their mailboxes, they will dispose the leaflets right away. Also, those residents who are really interested actually prefer face-to-face replies rather than replying us through questionnaires'*.

6.3.1.7 Views about using resident forums as a public consultation format are diverse. While members residing in the community tend to prefer the use of resident forums in public consultations, government officials and elected members are more cautious about the potential fallouts (e.g. intensification of conflicts and confrontation or minority rights not being well represented) of using this approach.

6.3.1.8 When conducting consultation with EMACs, community leaders, and District Councillors, it has been suggested by many volunteers that soliciting users' sharing of personal experience in mental health rehabilitation could be useful. Targeting these key stakeholders by providing them first-hand observation of the ICCMW services is encouraged. For example, the siting in Tung Chung and Aberdeen had been a relatively smooth process due to the success in engaging strong support from the EMACs and District Councillors.

6.3.1.9 About the timing of consultation, a number of community members and government officials agreed to avoid proposing ICCMW plans during sensitive times such as District Council or Legislative Council Elections, as the siting plan will easily be used as a political tool by different candidates.

6.3.1.10 Similarly, another challenge could be the conflicting political stances of local leaders. A legislator suggested that people in Hong Kong might associate mental health policy with matters related to politics and elections. Another legislator said that during a previous public consultation for the siting of an ICCMW, he and another District Council member proactively helped to connect various community stakeholders to discuss the issues and resolve controversies. He asserted that District Councillors' stances on ICCMWs would depend on their assertiveness to support the plan (as it may affect their performance in the next election) and their mind-set about the wellbeing of vulnerable groups and mental health. In one district, some District Council members had contrasting opinions and proposed opening the centre elsewhere, and an agency representative suggested this was due to the District Council election.

6.3.1.11 Some community members, including resident representatives, volunteers, and District Council members, emphasized the importance of the government's determination to successfully establish ICCMWs in the face of public opposition during the consultation process. Once a site has been selected, the government should target the successful siting and avoid prolonged delay or withdrawal from the decision. A few service users believed that the government is fully capable of and responsible for establishing ICCMWs. One interviewee said that in Hong Kong, everyone needs a home, so some people with special needs require mental health rehabilitation facilities in the community.

6.3.1.12 From the perspective of a government official, the current procedure will not significantly improve unless the government can legislate to grant people with disabilities their due rights. For example, it has been suggested that under strengthened legislation, public opposition to the establishment of ICCMW could be constituted as illegal.

6.3.1.13 In some cases, as shared by a few District Council members, even when District Council members agreed with the siting plan, the resident representatives could vote against the plan. The latter faced the dilemma of bearing responsibility for potential accidents and the need for mental health services in the community. Service providers believed that the public was highly influenced by mass media reports about mental illnesses focusing on tragic incidents, which could affect the atmosphere of public consultations.

6.3.1.14 One agency representative maintained that if the SWD's district officer had pre-existing positive relations with community leaders and held informal meetings or discussions, this would be advantageous to implement ICCMW siting plans.

6.3.1.15 In summary, a more structured protocol should be formulated to guide the procedures for setting up ICCMWs in a more orderly, consistent, and transparent manner. It is also important to expand the scope of the consultation process in advance. The SWD and service providers should not be limited to engaging in activities and interactions with community leaders. If needed, the consultation process should include opportunities for residents to raise concerns and for government officials and service providers to address and respond to the relevant concerns accordingly.

6.3.2 *Length of time for public consultation*

6.3.2.1 Many key informants, such as Legislative Councillors, District Council members, and informants from the social service sector opined that the neighbourhood consultation process for establishing ICCMWs always takes too long and that these 'public engagement attempts' are unable to facilitate consensus and gain support from residents. In turn, this delays the establishment of ICCMWs in those neighbourhoods. The case of prolonged consultations and negotiations for the proposed ICCMW to be sited in Mei Lam is a typical example.

6.3.2.2 One MAC chairman noted that in her district, the ICCMW was established after a former District Council member asked the MAC to set up an ICCMW in a vacant kindergarten, but pointed out that it takes a long time to set up an ICCMW. First, the District Council proposes to establish an ICCMW, then passes the proposal to the district and later to the EMACs. The discussion at the next meeting will take two months and due to lack of time, many officials will attend the meeting together, including the SWD, the Welfare Department, the Housing Department, social workers, and centre staff. When ICCMWs are established, she suggested that the time period from consultation to final establishment should be shorter. She worries that cross-sector cooperation takes too long, which may cause many things to be redone when the members of the Legislative Council, District Councils, or MAC are re-elected.

6.3.2.3 A few official key informants agreed that the time frame for consultation should certainly be 'the sooner the better'. Most government officials disagreed with establishing a formal rigid time frame for public consultation for siting ICCMWs, but accepted a non-mandatory 'checklist' of the suggested approaches and activities for public consultations.

6.3.2.4 A District Council member believed that time is needed for stakeholders to agree with ICCMW plans, so patience is important. He thought that local consultation processes have not improved much in recent years. Communication and consultation are usually supported by the Home Affairs Department. If someone in the residential committees opposed a plan, the process would come to a halt, so these oppositions should be addressed first. He pointed out that the establishment of welfare facilities, unlike other infrastructures, does not always have a specific time frame, hence there have been lengthy postponements.

6.3.2.5 In summary, key informants including LegCo members, District Councillors, service providers, and some community members have widely agreed that a time frame is needed for ICCMW establishment. However, most have considered that public consultation is important and that the length of time for public consultation should therefore be long enough to allow residents to feel involved and understood. The key is to strike a balance between the progress of the ICCMW siting plan and respect for the residents. Most informants suggested that the SWD should persist with the original plan of establishing an ICCMW once a suitable location has been identified, but that the siting plan should not be prolonged or withdrawn due to public opposition. At the same time, residents' concerns should also be addressed in a responsive and patient manner, to ensure they feel respected and to mitigate negative impressions toward an ICCMW in the neighbourhood. Therefore, a designated time frame for public consultation, providing sufficient time for community engagement and lobbying, may be desirable to facilitate the success of a siting plan. However, government officials generally doubted the idea of establishing time frames for each consultation step, as most felt the current consultation mechanisms have been quite effective in gaining support from neighbourhoods and facilitating lobbying in most circumstances. A specific time frame and standardized protocol for consultation was perceived to be too rigid and reduce flexibility in responding to the unique circumstances of individual districts.

6.3.3 *Responsibilities of government departments and service providers in siting and public engagement*

6.3.3.1 Interviews with key informants revealed that close collaboration between service providers, government departments, District Councillors, and community leaders is very important. However, many informants pointed out that there are some aspects of current cooperation that need to be

strengthened, such as transparency, communication between parties, and the lack of support from government.

6.3.3.2 Setting up ICCMWs requires officials from the SWD to carry out strategic tasks such as consulting with community members or organizations with great influence in the community, such as the church, inviting them to attend EMACs meetings, and then joining them in the community. A number of key informants, including District Council members, MAC chairpersons, and service providers, noted that some government officials leave most of the lobbying and public engagement responsibilities to service providers in target neighbourhoods, and that these operators may receive little support in negotiations with neighbourhood residents.

6.3.3.3 One MAC chairman suggested that relevant government departments can help welfare facilities to settle in the community and that NGOs must strive for cooperation with the government or SWD. If the Housing Department approves a place for the centre but the residents strongly oppose it, the relevant department should find out the reasons for opposition and explain the centre purpose to residents.

6.3.3.4 In a few cases, service providers conduct consultations and lobbying on their own without actively collaborating with the government departments, such as SWD and HAD. This would essentially put them in isolation without much support.

6.3.3.5 From the perspective of a SWD official, district social welfare departments should communicate with District Council members and residents' representatives before holding a resident conference, if this is required.

6.3.3.6 In general, informants from the social welfare sector complained about the low transparency of the SWD district office on siting matters. One indicated that the SWD had posted a list of available premises on the website in the past but no longer does so. NGOs have to independently contact the Housing Department offices to look for empty premises.

6.3.3.7 Some District Council members opined that the SWD should not shift the entire responsibility for lobbying and public engagement to NGOs. One District Council member thought that service providers could not competently handle public opposition, and could not recall any involvement of the Home Affairs Department in public consultation and engagement for the siting of sensitive community social welfare units. A legislator raised a concern that liaison officers from the Home Affairs Department did not always do very much, partly due to their inadequate 'frontline' experience.

6.3.3.8 Several District Councillors suggested that cooperation between government officials and service providers could be strengthened. NGOs were not always

effective in clarifying the details of services and policies on behalf of the government, while government departments did not build up much contact with the District Councillors. Several District Councils thought that for the SWD, consulting with MACs would not be adequate in terms of representation. A District Council member said, *'Actually I think the EMACs is not much representative nowadays, even District Councillors… On certain matters, they could represent the residents, it was situational'*.

6.3.3.9 One legislator mentioned poor coordination between government departments in facilitating the siting of welfare facilities, citing a case in which the SWD approved the proposal but the Housing Authority later declined the lease application.

6.3.3.10 One agency representative said that the frequency of joint meetings on mental health in their district, involving NGOs, the Hospital Authority, the SWD, and others, had decreased from twice a year to once a year.

6.3.3.11 The responsibilities of different stakeholders should be clearly defined, as stressed by key informants from ICCMW operating agencies, various politicians, and community members. Cooperation between government agencies, communication between government officials and other stakeholders in the community, and support for services providers need to be strengthened. Community lobbying and public engagement processes should not rely solely on service providers, as NGOs are not always able to clarify the details of services and policies on behalf of the government. Therefore, other government departments should also assist the SWD and service providers to enable a better understanding of different features and issues related to districts and neighbourhood.

6.4 Case comparisons: Analyses of successful and unsuccessful cases of ICCMW siting

6.4.1 In order to examine specific factors affecting the siting of ICCMWs across different districts in Hong Kong, we selected four typical examples of successful and two unsuccessful cases in the establishment of the siting of ICCMWs. They illustrate the characteristics of effective and ineffective consultation approaches adopted by government departments, service providers, District Councillors, residential representatives, and other stakeholders. These six cases help to understand the conducive and non-conductive factors facilitating a smooth or challenging siting process, and how those could be adopted as references for future siting plans.

6.4.2 In the following analyses, we have identified four successful, two unsuccessful cases, and also the effective and ineffective approaches to consultation. A successful case involves a shorter consultation period, proactive involvement of the elected District Councillors in supporting the siting plans and lobbying, less opposition from residents and efficient responses to public concerns and

progress of siting by the government. An unsuccessful case may include a prolonged consultation process (for example, more than one and a half years) and public opposition that is not being handled in a timely, accurate, or effective manner. In order to achieve a successful consultation, the adoption of effective approaches is critical, including early support from District Councillors in the consultation process (e.g. explicitly express their support for the siting plan to the residents, lobby them, and connect them with SWD and the service providers). Besides, it is also important to engage the majority members of the neighbourhood, and there should be open and transparent decision-making mechanisms offered to be residents. The government should also be determined to carry on the siting plans despite there are oppositional opinions and not to withdraw or hold up the siting plan. Those 'extremely successful' cases involved few negotiations, and those ICCMW premises housed in government service complexes or existing service provider units that had not undergone formal public consultations are not selected for in-depth case studies given their limited analytical value.

6.4.3   The case comparisons involve two named cases, Mei Lam Estate in Tai Wai and Yat Tung Estate in Tung Chung, that have been widely reported in the media, and four anonymous cases where stories and facts were collected from key informants. Among these six cases, four have successfully secured permanent premises, and one failed as the SWD and service provider were unable to obtain support from residents. Although the proposed ICCMW in Mei Lam is expected to open by the end of 2018 (i-Cable, 2018), it has gone through a very painful consultation process that has taken almost five years, so it should also be considered an unsuccessful example in terms of a smooth consultation with positive interactions between residents, the SWD, and the service provider.

6.4.4   Each of these six cases has unique characteristics in terms of consultation approaches, negotiations with neighbourhood stakeholders, and other environmental factors. Based on the experiences of each of the cases that were discussed by key informants, we pay particular attention to the effective and ineffective approaches adopted for public consultation, reasons for which neighbourhood stakeholders supported or opposed the plan, and how the permanent premises were ultimately successfully or unsuccessfully established.

6.4.5   From the analyses of the successful siting cases, we found five conditions that would commonly occur: (1) support from District Councilors, (2) support from residents' representatives, (3) support from residents, (4) strong determination of government officials, and (5) open and transparent public consultations or engagement activities.

6.4.6   All key informants from various sectors, including service providers, service users, and government officials, agreed that District Councillors have played a

critical role in leading to the success or failure of ICCMW siting plans (through their engagement with residents and in-depth explanations) and that their role should be further enhanced in the future. Councillors could help to inform residents about the potential benefits of an ICCMW to be sited in the neighbourhood, and act as a bridge between residents and the SWD/service provider in addressing residents' concerns. In most of the successful studies selected for in-depth analysis, the District Councillors have contributed significantly to mediate and communicate with residents, and providing advice to the SWD and service providers on factors to consider in the public consultation processes.

6.4.7   The role of residents' representatives cannot be ignored. Their support can make the establishment of an ICCMW smoother. Residents would have concerns about having an ICCMW sited in their communities, so how the MAC chairpersons convince the residents and disseminate the unbiased information to the residents is very important to smoothen the whole siting process, as revealed in some of the successful cases we have studied. If they can communicate frequently with and explain more about the siting plan and the nature of the ICCMW service to the residents, the result would be better as there would be less oppositions.

6.4.8   Residents' opposition to ICCMW is largely because of their misunderstanding towards the proposed ICCMWs. From the key informant interviews and the news reports, we have learned that they opposed the siting plans largely because they did not understand the nature of the service of ICCMW clearly. Meanwhile, as in the case of Mei Lam, many of them also misunderstood the meaning and the nature of public consultation. Some believed that public consultation is a channel for them to express their disagreements and they expect the government to accept their stances of not establishing the ICCMWs in their neighbourhood. Some people argued that public consultations are meaningless as the decisions might have already been made by the government. Their oppositions would not bring any effect on the result. Therefore, it is important to obtain the support of residents, but it is fundamental to resolve the misunderstanding of residents towards the nature of ICCMW services and the service users.

6.4.9   The government has been actively facilitating the establishment of ICCMWs across different districts. Nevertheless, the determination of SWD in carrying on the siting plans in face of fierce public oppositions has been relatively weak in some circumstances, as revealed in our two unsuccessful cases. The government departments should not hold up the siting plan when they encounter oppositions from the residents or other obstacles. They should follow up with the oppositional voices and difficulties positively, and address the residents' concerns instead of withholding or prolonging the siting plans.

6.4.10 Public consultation or other engagement activities is necessary. Nowadays in Hong Kong, there is a high expectation amongst the public concerning the contents and coverage of consultation on major issues that they deem as related to vital public interests. Public consultation is an effective way to collect public opinions and demonstrate the transparency of government policies and measures. Other public engagement actives such as community education would enable residents to be more aware of issues related to mental health and the service nature of ICCMWs. On the other hand, many residents may misunderstand the purposes of public consultation as allowing them to indicate or vote for their stances for an ICCMW siting plan. This phenomenon was obviously illustrated in one of the public consultation sessions that we attended in the case of Mei Lam in May 2018. Yet public consultation should be a channel for the residents to raise their specific concerns while the service providers and SWD could use the feedback to formulate appropriate accommodation and responses to those concerns. Nevertheless, this speaks to the need for the specific and appropriate purposes and process of conducting public consultations to be illustrated and explicitly specified in the siting protocol.

6.5 Case studies of unsuccessful cases of ICCMW siting plans

6.5.1 *A typical unsuccessful case with miscommunications and controversies: Mei Lam Estate*

6.5.1.1 Completed between 1981 and 1985, Mei Lam Estate in Tai Wai consists of four buildings. The site in Mei Wai House, Mei Lam Estate, has been empty since the Boys' and Girls' Clubs Association of Hong Kong moved out in 2014. The SWD decided to set up an ICCMW in the location, but the resolution was strongly opposed by the residents. The SWD stated that in 2013, they had a consultation with the MAC chairman from each building in the estate as well as the District Councillor, and that all agreed to the establishment of the ICCMW in Mei Wai House. Since then, a new MAC chairman was elected, and one of the current MAC members said that they have no knowledge of the 2013 consultation. They also pointed out that the former chairman of the Mei Wai House MAC only attended the meeting, without any right to vote. According to a Cable News report, the District Councillor also said that she agreed with the proposal only out of respect for the MAC. The service provider pointed out that the MAC chairman has refused to meet with them (i-Cable, 2018).

6.5.1.2 The establishment of the ICCMW in Mei Lam Estate was particularly difficult. For nearly five years, since 2013, the siting plan was not confirmed due to fierce public opposition (i-Cable, 2018). At present, it can only provide services in a 300-square-feet office in temporary premises, and staff members often have to meet with people seeking help in fast food restaurants or parks. The strong opposition by residents of the housing estate, and the lack of cohesive collaboration and communication between the District

Councillor, resident representatives, and other residents, have contributed to challenges for establishing the ICCMW (李慧筠, 2018a).

6.5.1.3 The Mei Wai House MAC submitted more than 500 oppositional petitions to the SWD and put up opposition banners in public spaces against the establishment of the ICCMW. According to news reports, one MAC member said that he did not oppose ICCMW services in principle, but expressed concerns about the possibility that members of the incoming ICCMW would pose a threat to residents. In 2014, the then-MAC chairman of Mei Wai House did not oppose the siting plan during EMACs meetings, so the establishment of ICCMW was passed by the members, but in fact that chairman has already resigned (i-Cable, 2018). When the MAC and District Councillor subsequently held a general residential meeting, the residents strongly objected the siting plan and the scene became so chaotic that the meeting was immediately terminated. These factors prevented the plan from being implemented for nearly four years (李慧筠, 2018a).

6.5.1.4 From 2014 to 2018, the service provider organized a number of community activities to enable residents to better understand the ICCMW services, in an attempt to gain their support. However, in May 2018, when the SWD again held a general meeting for residents' enquiry, most residents still strongly opposed the proposal and expressed discriminatory views against the service provider and ICCMW users. The majority of residents claimed they did not know beforehand that an ICCMW would be sited in their building, and thought that information on the plan was seriously inadequate. They had little knowledge of the nature and services of the ICCMW, but believed that it involved violent mental patients rather than mental rehabilitation. They were also unsatisfied with the location of the centre as there was school in the community. They expressed dissatisfaction with the way the government handled this matter and their opinions at the early stage of the siting process, and felt the process for determining the ICCMW location was not sufficiently transparent. They also thought that the government had transferred relevant information only to a few resident representatives and felt they were not being respected in the process.

6.5.1.5 As the leader of the community, the District Councillor of the constituency said that her 'non-oppositional stance' should be helpful in the process (李慧筠, 2018b). However, although the relevant departments informed the MACs, District Councillors, and other leaders of their intention to site the ICCMW, residents were not informed. They did not circulate the siting plans and scope of service of the incoming ICCMW to majority of the residents and lobby them at early stages. The manager of the ICCMW said that these circumstances would inevitably lead to residents' stronger oppositions. Public objections more or less originated from misunderstandings and the conflation of mental patients with ex-patients under rehabilitation. Even if the ICCMW regularly organized engagement activities in the past few years,

it would be difficult to obtain their support as the residents had already developed a negative sentiment towards the plan.

6.5.2 *ICCMW A: Unsuccessful attempt to secure a permanent premise due to public opposition*

6.5.2.1 This ICCMW is located in a temporary premise in a commercial building. This temporary site has been in operation since 2012 and the lease has been renewed three times since then. The SWD and the service provider of this ICCMW have attempted to secure permanent premises, but the plan was suspended due to explicit opposition from residents in the public housing estate where the proposed permanent site was located.

6.5.2.2 In 2011, the SWD and the service provider identified a location in a public housing estate in the same area as the temporary premise, and began consultation processes and other lobbying activities. Originally, this particular location was earmarked for another type of non-sensitive social service run by the same agency, and received no queries from the residents. However, when the need to establish an ICCMW in this district arose and this service provider was appointed by the SWD as the operator, they attempted to change the plan of the proposed premises to a new ICCMW. The District Councillor of the neighbourhood, community leaders, and residents were informed about the new plan for the site.

6.5.2.3 The SWD and service provider began consultations and public engagement at the beginning of the siting process, almost at the same time as the new plan was proposed to residents. In addition to meeting with and lobbying resident representatives and individual residents to clarify the services and clientele of the proposed ICCMW, the service provider held public activities promoting information on mental wellness as well as the potential benefits of an ICCMW in the community. However, reactions from resident representatives were not positive at all, as they had doubts about the safety of community after the ICCMW was established. The SWD and service provider also engaged the District Councillor of the constituency, but he was reportedly rather passive in supporting the siting plan and might not have closely lobbied the EMAC members. These obstacles, according to the key informant concerned, may also be due to poor timing, as the consultation began soon after a violent incident in Kwai Shing East Estate involving a person with mental illness. It was thus difficult for community leaders and residents to accept the ICCMW siting plan during that period. Some residents also expressed their opposition because the centre would be near a school and could threaten the safety of their children. Additionally, the lack of long-term working relationships between the District Councillor, residential representatives, and the service provider (as well developed in Cases C and D) could negatively affect efforts to lobby residential representatives and residents.

6.5.2.4 During the EMAC meetings in which SWD and service provider representatives were present, resident representatives told them explicitly that they did not agree with the establishment of a permanent ICCMW premise, as they were concerned about potential threats posed by service users. While they claimed to be supportive of the rationale and contributions of ICCMW services and understood that service users were people under mental health rehabilitation, they still disagreed with the plan as they were hesitant to bear responsibility in case some 'tragic incidents' associated with the ICCMW occurred in the future.

6.5.2.5 After more than a year of lobbying and public engagement activities, resident representatives were still not persuaded. In view of this challenge, the SWD and service provider decided not to carry on with the permanent siting plan, and the ICCMW has been located in the same temporary premise to this day. Although the temporary premise has been stably operating for some years, the SWD and service provider are still working to identify a permanent location for the ICCMW. However, there are very few public housing estates in that district, and all the spaces planned for welfare purposes are already occupied.

6.5.2.6 This should be considered an unsuccessful example of public consultation, as an ICCMW permanent premise could not be established despite the SWD and service provider undertaking a series of lobbying and public engagement efforts. The main reason for public opposition was the misunderstanding about the potential threats that ICCMW service providers might bring to the community. Residents could not be persuaded differently even though they might be aware that ICCMW users were actually ex-patients and that the proposed site would not be used for residential care.

6.5.2.7 Four main reasons may have led to the failure of this siting plan. First, the SWD was not sufficiently determined in making this plan successful in the face of public opposition based on misunderstandings and discrimination against service users. In deciding whether the plan should be carried on or suspended, the result of EMAC voting became a major consideration for the SWD. This was quite unfair to the ICCMW operator and service users, as oppositional opinions were mainly based on worries that could hardly be justified. Second, there was not a well-established long-term working relationships between the service provider and the leaders of the neighbourhood, so the leaders and residents have less chances to understand the incoming mental health services. Third, as far as understanding, the District Councillor representing that agency at that time did not play a proactive role to express his or her endorsement for the siting plan and lobby the residents for support. Fourth, SWD decided to withdraw the siting plan as it failed to gain the endorsement of EMAC. No further efforts had been paid by SWD to reconsider the consultation strategies and lobby the neighbourhood stakeholders.

6.5.3   *Overall analyses of the unsuccessful cases*

6.5.3.1 Consultation is essential for the siting of all sensitive facilities, as it is required by the *Hong Kong Planning Standards and Guidelines*. It is a way to inform residents about the proposed service as well as for government departments to listen and respond to residents' opinions. In the above cases, it was not possible to successfully establish an ICCMW even with more than one public consultation. However, the out-dated public consultation practices did not help to promote the establishment of the ICCMWs. The above examples clearly show that in both cases, when government departments encountered difficulties or negative opinions, they simply held up or even withdrew the siting plans. It is essential for SWD and other government departments to undertake follow-up actions for the siting process.

6.5.3.2 These two unsuccessful cases further demonstrate the discriminatory attitudes of the neighbourhood residents towards service users with mental illness. Obviously, regardless of public consultations, many residents would strongly oppose the siting of ICCMW. Therefore, given the necessity to provide comprehensive mental health service to every one of us in Hong Kong, it is essential to adopt right-based or legal approaches to facilitate the successful siting of ICCMWs, which will be discussed in Chapter 7.

6.6 Case studies of successful cases of ICCMW siting plans

6.6.1   *Successful consultation with negotiations and clarifications with residents: Tung Chung*

6.6.1.1 Because of the complexity of its demographic structure, Tung Chung was once considered the second 'tragic city' after Tin Shui Wai (李慧筠, 2018c). However, the establishment of an ICCMW in Yat Tung Estate, Tung Chung, was relatively smooth. Although the organization encountered strong opposition from residents during the establishment, it was successfully established within a short period of time. In the case of this ICCMW, community leaders played a very important role. Residents initially opposed the establishment of the ICCMW, mainly because of a misunderstanding of its nature (perceiving it as a hostel) and incorrect information. Therefore, the MAC chairman of the building held an activity to promote communication with residents, explaining that ICCMW service users were not violent and were already in recovery. Besides, many users were also residents of the same housing estate. In addition, the MAC chairman personally guaranteed that service users would not harm residents. In addition, the District Councillors representing that estate also proactively involved in supporting the siting plan and lobby the residents. This ICCMW was successfully established in Luk Yat House in the estate. Therefore, it is important that relevant departments and stakeholders convey the right messages to individual residents and hold meetings to clearly address residents' concerns.

6.6.2 *ICCMW B: Successful after several rounds of public engagement*

6.6.2.1 The siting of ICCMW B has been successful and the new permanent premise is expected to be in operation soon. In 2013, the SWD identified a location that was deemed suitable for housing a permanent ICCMW. The resident representatives were consulted about the plan and the service provider commenced public engagement activities in the community. It was reported that those public engagement and educational activities were mainly related to the promotion of mental wellness and information on different types of mental illness, but the proposed plan to establish a permanent ICCMW premise in the community was not explicitly addressed with residents.

6.6.2.2 The plan for the establishment of the ICCMW was later tabled at the EMAC meetings, during which the SWD and service provider introduced the services to the representatives and the representatives discussed the plan amongst themselves. After several meetings, there was no opposition among EMAC members, so the plan was deemed to be passed. However, the District Councillor representing the community questioned the decision-making process, as he considered it too rough and felt that consultations were not conducted holistically in the community. The Councillor, who supported the plan, questioned the representativeness of the EMAC members in voting for the plan, and argued that all residents should be informed and consulted.

6.6.2.3 The ICCMW plan was thus postponed for a period of time, and the Councillor took responsibility for consulting individual residents. The consultation tools included a short questionnaire asking households whether they supported the plan and inviting residents to voice their views, and a residents' forum was held with the coordination of the Councillor. The participants in the forum did not express oppositions to the siting plan, and they had only asked some questions about the services and design of the ICCMW. He argued that these cohesive means of consultation could help to strengthen the legitimacy of the incoming ICCMW and ensure that every resident felt respected.

6.6.2.4 Although the response rate for the questionnaire was not satisfactory (only around 4%), there were no further oppositional opinions or concerns raised by residents during the general meeting or to the Councillor individually. Additionally, our research team interviewed a MAC chairperson where the proposed ICCMW was to be located, who reported that as EMAC members found that many residents had different mental health support needs, they understood the nature of ICCMW services and had no doubts or queries about the plan. The Councillor thus expressed to the SWD, service provider, and EMAC members that there was no strong opposition in the community and that the ICCMW plan could be carried out. As a result, the plan was confirmed and construction works commenced. The new ICCMW is expected to be in full operation soon.

6.6.2.5 The story of ICCMW B illustrates the importance of the supportive stances of District Councillors and resident representatives for ICCMW siting plans. In this case, the representatives' acknowledgement of the potential benefits of an ICCMW in the community was crucial, as some community residents had different types of mental health needs. Although the actions taken by the District Councillor might be seen as a hurdle to the SWD and the service provider, as the plan was slightly postponed due to the extended public consultation process, his efforts in consulting residents and his recognition of the siting plan itself can be identified as factors leading to the success of the siting plan.

6.6.2.6 Apart from the initial decisions made by the EMACs, the Councillor also ensured that the siting plan was not strongly opposed by the residents in the community. Since a survey questionnaire about the siting plan was sent to each household and an invitation to attend the general residents' forum was extended to all residents, all households were supposedly informed and given a chance to voice their concerns and views. With all of these consultation steps adopted, the residents should feel informed and respected. This could be a contributory factor in enhancing residents' acceptance of the proposed ICCMW and avoiding some possible strong reactions as happened in some other districts where the progress of the siting plans was affected.

6.6.3   *ICCMW C: Successful with a smooth consultation process*
6.6.3.1 The siting of ICCMW C, situated in a neighbourhood in the New Territories, should be considered a successful example of siting an ICCMW permanent premise. This involved collaboration between the District Councillor, service operator, and residents. Additionally, there were some environmental and infrastructural advantages in this neighbourhood for this siting plan.

6.6.3.2 ICCMW C was originally housed in a temporary office in the district, and began to provide mental wellness services in 2010. A year later, the SWD informed the operator that they had found a suitable permanent location for the ICCMW in a public rental housing estate. The SWD then asked the operator to commence public education and engagement activities in the neighbourhood, to enable residents to better understand mental illnesses and prevention. Meanwhile, both the SWD and the operator engaged the District Councillor representing the constituency, as well as representatives of owners' corporations (it is a housing estate under the Tenant Purchase Scheme), to introduce in detail the services and clientele of the proposed ICCMW.

6.6.3.3 The representatives of the SWD and service operator only formally met with the owners' corporation once during the consultation process. During the meeting, representatives generally indicated their support for the siting plan. Since the completion of the housing estate in the late 1980s, a number of social service units have moved into the neighbourhood and these units have

served the residents satisfactorily. A few representatives voiced concerns about the large number of 'outsiders' visiting the proposed housing estate, but the SWD and the provider explained that all ICCMW clients would be coming from the same district and that most of the existing ICCMW members actually lived in that housing estate. Therefore, the proposed ICCMW would mainly be serving their neighbours. As with other existing social service units (such as mental health hostels, shelter workshops, rehabilitation centres, and community centres for older people), an ICCMW would be beneficial to the residents by serving as a platform providing emotional and practical support for the neighbourhood as a whole.

6.6.3.4 We interviewed a member of the owners' corporation of the estate, who reported that the representatives met several more times following the introductory session. Some were concerned about a potential concentration of people with mental illnesses who needed medical care, but they became supportive of the plan when they received information about the scope of ICCMW services, which only served clients in rehabilitation rather than being a residential care service. The consultation process was quite smooth, and the siting plan was endorsed by the incorporation without controversy and confirmed by the SWD and Housing Department.

6.6.3.5 As mentioned above, the service provider began public education and engagement activities very early in the neighbourhood. During that time, agency workers held public activities and carnivals about once a month, to increase the popularity of their services among residents. In addition to providing information about mental wellness, they also offered simple medical check-up services, such as blood pressure and blood sugar tests. They also held celebration activities, such as distributing lanterns and mooncakes during a Mid-Autumn Festival. These activities helped to develop a positive impression of the provider among residents, to encourage more support for the ICCMW siting plan.

6.6.3.6 We interviewed the District Councillor of the constituency, who actively took part in the lobbying and consultation processes. Over the course of public consultations, he worked closely with resident representatives, but found there were no strong doubts about the siting plan. However, he and the representatives decided that ordinary residents should also be informed and consulted about the siting plan, so he included a summary of the plan in his Councillor's newsletter and stated that residents were welcome to contact him if they had questions and concerns about the plan. Although all residents were supposed to have received the newsletter, he received only a few questions. He believed that opposition to the siting plan generally did not exist and that residents did not have doubts about the ICCMW as a number of social service units were well established in the neighbourhood, which they generally found beneficial. He expressed to the SWD and service provider that the siting plan should be confirmed and carried out.

6.6.3.7 The case of ICCMW C illustrates another successful public consultation for the siting of an ICCMW in a neighbourhood. The SWD and service provider began the consultation mechanisms very early, when the site was first identified. They began to engage the Councillor and resident representative to gain their support and clearly explained the scope of the ICCMW services and clientele. Public engagement activities (e.g. festival celebrations and body checks) were held frequently in the neighbourhood. These activities could help to enhance the provider's popularity among the residents. Additionally, in order to respect the residents, the Councillor and resident representative distributed information about the siting plan through the newsletter. Even though there were only a few enquiries, residents were at least being informed and invited to enquire and opine on the plan.

6.6.3.8 Another major conducive factor was the relatively high number of social service units that had previously been established in the neighbourhood (some of which had been operating for nearly three decades). The residents were thus adapted to an environment with different types of service units in proximity, and generally appreciated the contributions of those services and found them to be useful. Therefore, an ICCMW was not perceived as a very different type of service. ICCMW members were mainly coming from the same housing estate, so residents were more receptive to the siting plan. In addition, the Councillor reflected that the socio-political atmosphere of his constituency had been quite tranquil and stable in previous years, so opponents did not view the siting plan as a controversial public issue. Therefore, the timing of public consultations could be crucial for their success.

6.6.4 *ICCMW D: Successful with good environmental factors and existing community networks*

6.6.4.1 The permanent premise of ICCMW D was opened in mid-2013 after a brief and smooth public consultation process. It is also located in a public housing estate and highly accessible to clients and the general public. When ICCMW D was first established in 2010, it operated temporarily in a halfway house for people with mental illnesses built in the district in the 1980s. Therefore, this service provider was well established in the community. Agency staff members reported that their halfway house had enjoyed a good reputation in the community and had built up good relationships with residents from nearby housing estates. They also had cohesive partnerships with the District Councillor and many resident representatives. The Councillor and community leaders were very supportive of the halfway house services and were very receptive to its staff members and users. The agency had also jointly organized community events together with residential organizations in the community.

6.6.4.2 When the government pushed forward the ICCMW service scheme in October 2010, the service provider began to search for a permanent site for ICCMW D. Shortly after, the operator identified a street-level space for a permanent premise, so the plan to establish a permanent site was proposed to the SWD and to the District Councillor, who was closely connected with them.

6.6.4.3 Since the 2011 District Council elections were coming up during that period, the Councillor and other candidates were busy with their campaigns. The service provider was therefore advised to postpone the public engagement processes during this sensitive period. The consultation process began after the election, and community stakeholders and the SWD soon endorsed the siting plan. The permanent site was put into operation in mid-2013.

6.6.4.4 We interviewed representatives of the service provider, the District Councillor, a resident representative, and a service user from the neighbourhood where ICCMW D is located. They all shared that the consultation process was generally smooth, as most residents knew the service operator well and were fully adapted to having the halfway house in proximity. The non-residential nature and clientele of the ICCMW were therefore not a concern. After a few brief discussions in the EMACs of that housing estate, the siting plan was endorsed.

6.6.4.5 The case of ICCMW D illustrates the importance of having an existing service facility (particularly a facility for mental health services) operated by the proposed service operator near the neighbourhood of the proposed permanent site. Agency staff members could closely liaise with the Councillor and resident representatives, to gain their endorsement. Additionally, the service provider had maintained a good track record of providing quality services to halfway house residents and the neighbourhood as a whole, and maintained good relationships between service users and residents. These could be critical conducive factors leading to the smooth siting of ICCMW D.

6.6.5 *Analyses of effective consultation approaches from the case studies*

6.6.5.1 The above case studies illustrate the processes and key elements of successful and unsuccessful cases of ICCMW siting, as well as a number of key effective and ineffective approaches for neighbourhood public consultations. Effective approaches involve means of consultation that explicitly deliver messages about the siting plans and that enable residents to easily understand the plan and incoming services. In terms of effective approaches, the cases suggest that public engagement should begin early in the neighbourhoods where the proposed ICCMW is to be sited. This is beneficial for both the government and service providers to build positive relationships or partnerships with community stakeholders, particularly

District Councillors and community leaders such as resident representatives and other influential persons.

6.6.5.2 The content of these engagement programmes might include providing information on mental wellness and physical check-up services for residents. In the cases of ICCMWs C and D, service operators were involved in neighbourhood events and celebrations with residents' organizations, which may help to enhance leaders' receptiveness towards the proposed ICCMW as well as building a good reputation and trust among residents regarding the service provider.

6.6.5.3 Collaboration with District Councillors appears to be very important in the consultation process. As revealed in the cases of ICCMWs C and D, the Councillors had long-term working relationships with the service providers, and they cooperated in different consultation activities such as meeting with and lobbying resident representatives, holding public engagement activities, and disseminating news of public consultations to residents through newsletters and personal networks. While the SWD and service provider might see the case of ICCMW B as a wholly smooth case, the Councillor actively supported the siting plan in his constituency and tried to ensure that there was no strong opposition in the neighbourhood. In contrast, in the case of ICCMW A, the Councillor's inactive attitude might have affected residents' stances and the ultimate siting result. Therefore, it is crucial for the SWD and service providers to work closely with local Councillors to understand community dynamics and to engage in lobbying, activities, and information dissemination.

6.6.5.4 As elected representatives of the residents, supposedly standing up for their interests, District Councillors should not become agents of government departments in promoting official schemes and policies, and should not be obliged to support the government. Nonetheless, if government departments (including the SWD and local Home Affairs Department offices) and service providers engage local Councillors at the earliest stage of the siting plan, explain the details of the plan and the potential benefits of an ICCMW to be sited in the estate, consult them about community dynamics (such as general attitudes of residents and existing controversies in the neighbourhood), and persuade them to lobby residents, this could help to facilitate a smoother and more peaceful consultation process.

6.6.5.5 The expansion of the scope of the consultation process is also very important, as engagement and interactions conducted by the SWD and service providers should not be limited to community leaders. Every resident should be informed and invited to take part in consultations, and should be provided with diversified means to enquire and opine on siting plans. The well-known case of Mei Lam Estate is a typical unsuccessful siting example, as the residents were not informed and consulted in the first place, contributing to

strong opposition. Moreover, the District Councillor representing that estate was rather passive in lobbying the residents to endorse the siting plan and help to build up consensus amongst the residents when they queries about the establishment of the ICCMW or even expressed discriminatory words against the service users. This could also be an unconducive factor leading to an unsuccessful consultation process.

6.6.5.6 The cases of ICCMW B and C, on the other hand, could be considered examples of effective approaches to consultation. The SWD, service providers, and District Councillors, working jointly or independently, were very concerned about the views of ordinary residents. They put significant effort into reaching as many residents as possible, through newsletters, invitations for submissions, personal communications, and general resident meetings. Even though relatively few residents submitted enquiries and opinions in these cases, they were being invited to participate and respected as consultations were not only conducted with resident representatives, such as those from EMACs and owners' corporations. This can strengthen the legitimacy of the ICCMW during the siting process and after its establishment in the community, and miscommunications and obstacles occurring in the case of Mei Lam Estate could be avoided. Although an expanded consultation was not conducted for the siting of ICCMW D, it was still a smooth process as the service provider and its halfway house had already built up rapport with both resident representatives and many other residents.

6.6.5.7 One effective approach to consultation and lobbying with residents involves reminding them that the establishment of an ICCMW in the neighbourhood can benefit (rather than harm) them, as revealed in the cases of Tung Chung and ICCMWs B, C, and D. In these cases, resident representatives and some residents found that family members and neighbours had mental health support needs, and that an ICCMW in their neighbourhoods would enable them to seek help easily. In the case of ICCMW C, resident representatives and residents supported the siting plan as some ICCMW members actually lived in the housing estate, so they saw the need for a platform for mental wellness support in the neighbourhood.

6.6.5.8 As mentioned earlier, the SWD and service provider could invite residents to visit and contact residents through games or carnivals or invite residents to enjoy and participate in drama performances (particularly those performed by ICCMW members). These events could enable residents and ICCMW members to better understand one another and minimize stigma and discrimination. A number of successful cases of ICCMW siting have shown that these engagement activities and resident-user interactions are key factors in altering residents' attitudes regarding siting plans. But at the end, SWD should be more mindful of the progress of a plan and the interests of the ICCMW service users by moving on the siting process in spite of oppositions

and queries in the neighbourhood, instead of withdrawing the plan or delaying the process for several years.

6.7 Overall analyses of possible alternatives for establishing new ICCMWs in the future

6.7.1　The siting of ICCMWs in social service complexes, usually in proximity to residential areas, involves less complicated consultation processes and might trigger fewer public controversies. The establishment of ICCMWs in new public housing projects could also help to avoid prolonged lobbying, although incoming residents should be informed of service units in the estate before moving in. Different key informants, including those from the social service sector, legislators, and District Councillors, described these as the preferred approaches. According to a volunteer, '*The centre can be built in a new estate. The residents will move in after it is established, so they can decide in advance whether to live in the estate with ICCMW around'.*

6.7.2　A new subsidized housing project initiated by the Hong Kong Housing Society in Tseung Kwan O is a good reference. The Mount Verdant project in Tseung Kwan O Area 73A, will have a new ICCMW established by its expected completion date in 2021. The establishment of the ICCMW has been stated in the Special Condition No. (13) of the Land Grant: '*the Grantee shall at his own expense and in all respects to the satisfaction of the Director of Lands erect, construct and provide within the Lot one integrated community centre for mental wellness ("Government Accommodation') to be completed and made fit for occupation and operation on or before 31st December, 2021*" (Hong Kong Housing Society, 2017). This plan is also specified in the Mount Verdant sales brochure. Therefore, all buyers are informed of the ICCMW before they decide to purchase their units. In addition, the Land Grant also stipulates that the Government 'reserves the right to alter or vary in its absolute discretion at any time the use of the Government Accommodation or any part thereof'. This is considered an effective approach contributing to the success of siting an ICCMW or other social service unit in the housing development. Despite being informed of the ICCMW, Mount Verdant was so popular among buyers that there was an over-subscription and applications had to be selected by random ballot.

6.7.3　To summarize conducive factors in the siting of ICCMWs, key informant interviews and news archives suggest that smooth communication on the siting plans between District Councilors, residential representatives, and residents is highly essential. In many cases, if the District Councilor and residential representatives are willing to share the ICCMW siting plan with residents and to lobby them after they are informed and consulted by government departments in the early stages, the consultation process could be more smooth and efficient. All key informants agreed that the role of District Councilors cannot be ignored, as their attitude toward the siting of ICCMWs affects the siting process. Therefore, it is important for government departments (such as the SWD and HAD) and service providers to conduct a detailed examination

of the demographic structures and community dynamics of the neighborhood where a new ICCMW is to be established, in order to identify any controversies between different political spectrums, the general attitude of the residents, and influential community figures in the neighborhood in order to engage the 'right' persons when launching a consultation process.

6.7.4   The potential benefits and impacts of the ICCMW for the neighborhood should also be clearly explained, in order to more effectively lobby the residents based on sufficient facts and arguments. The neighbourhood leaders should be encouraged to reach out to as many residents as possible to strengthen the mandate of the SWD and service providers in establishing the ICCMW. Consultations should not be limited to the Councilors and representatives; all residents should be informed of the details of the siting plan to ensure they feel respected. Information related to the siting plan could be disseminated through neighborhood newsletters, questionnaires, and public notices outlining mechanisms for residents to express their concerns, in order to help secure residents' trust. Generally speaking, frequent communication with leaders and influential figures by government departments and service providers, and cohesive public engagement activities such as dissemination of mental health information and carnivals, should begin as early as possible in the siting process.

6.7.5   The diversification of neighborhood services, such as the number of existing social service units already in operation (particularly services related to healthcare and rehabilitation such as clinics, hostels, shelter workshops, and elderly care centres), may also be a positive factor enabling residents to accept incoming ICCMWs.

6.7.6   Overall, careful investigation of neighborhood profiles and dynamics between different stakeholders, cohesive engagement with influential figures, and open and extensive consultation activities are effective facilitators of smooth public consultation for the siting of permanent ICCMW premises in a neighborhood.

6.7.7   The attitude of the SWD in ensuring the success of a siting plan should be an important successful factor. According to key informants and analyses of the case studies, the way in which the SWD responds and works when they encounter opposition is currently not satisfactory, as shown in the cases of Mei Lam Estate and Case A, where siting plans were either postponed for a few years or simply withdrawn. These have clearly affected service development and the interests of service users. In some circumstances, such as in the case of Mei Lam, most residents are dissatisfied only with the lack of transparency during the consultation, which could lead to negative comments and stigmatization. Figure 1 shows the current siting norms and practices for ICCMWs.
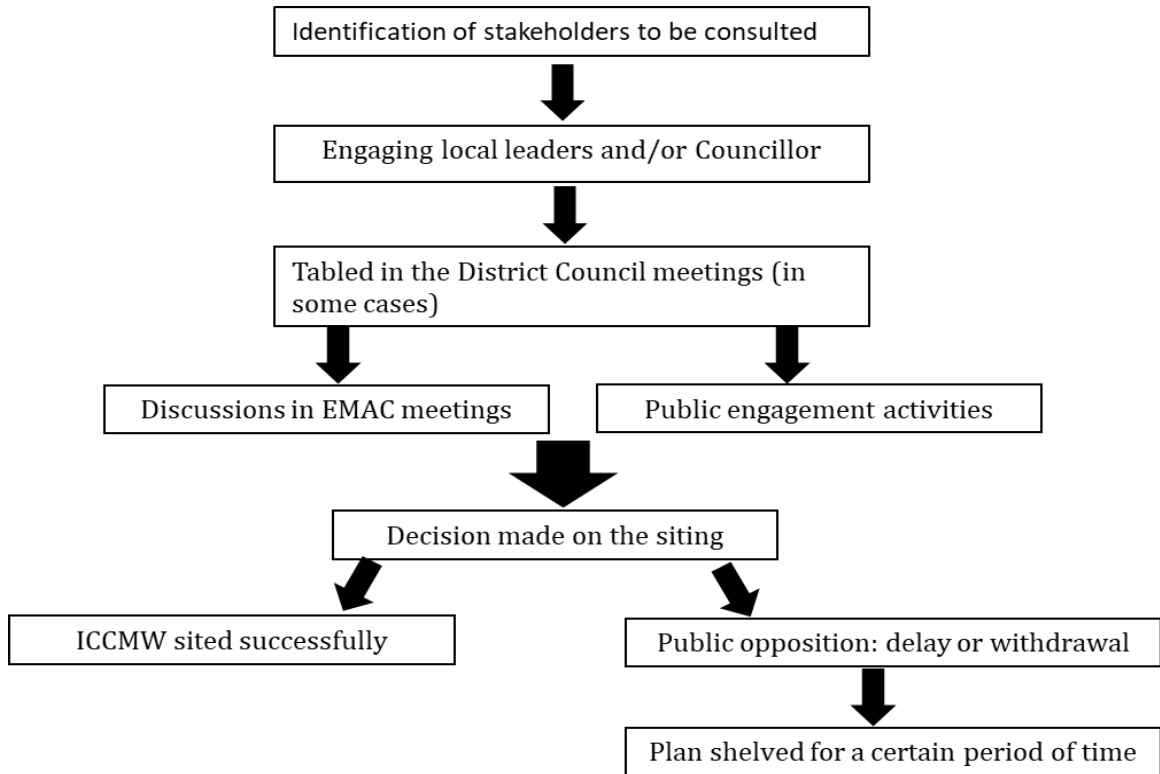
Figure 1: The current siting process for an ICCMW

Chapter 7   Conclusion and Recommendations

7.1. This research study has covered a wide range of themes and issues related to the siting of ICCMW permanent premises and public stigmatization toward the service users. We aimed to understand the rationales for supporting and opposing the siting of ICCMWs, examine public preferences for conflict resolution options, evaluate the feasibility of different approaches to consultation, and identify effective ways for reducing public opposition. To achieve these objectives, in the current study, review of local and overseas approaches to the provision of mental health care facilities and 74 in-depth interviews with key stakeholders (including government officials, ICCMW operators, Legislative and District Councillors, community members, and ICCMW service users) were carried out. Case studies of six ICCMWs were further analyzed to illustrate the factors facilitating and hindering the establishment of these mental health facilities. The main findings of the document review, the interviews, and the case studies are summarized below, and evidence-based recommendations will be subsequently presented.

Summary of Key Findings

7.2. Through in-depth analyses of overseas experiences, we have categorized four general approaches to the siting of mental health facilities, namely the human rights-based approach, legal-oriented approach, negotiated approach, and laissez-faire approach. We have also made comparisons between nine jurisdictions and Hong Kong in terms of their community mental health care systems, siting approaches and experiences.

7.3. Each community in countries/jurisdictions adopting a human rights-based approach (e.g. Australia, New Zealand, and Canada) formulates relevant documents based on its own situation and integrates residents' opinions when formulating related policies. Residents are mobilized to participate in relevant policy decision activities. When compared with countries adopting a human rights-based approach, Hong Kong has relatively less-established policies promoting the rights of persons with disabilities and mental illness. The enforcement of existing rights-based policies or legislation is often difficult and time-consuming. Thus, legislation and official guidelines in Hong Kong may not be as effective as in human rights-based jurisdictions in protecting the rights of persons with mental illness to access services free from stigmatization.

7.4. Countries adopting a legal-oriented approach (e.g. the United State and Singapore) have legally binding strategies to achieve the goal of establishing social welfare facilities. A country with such legal mechanisms could shorten the time required for establishing a social welfare unit in communities and neighborhoods. In contrast, land development plans in Hong Kong have long neglected the assurance of welfare facilities that new communities might need. The statutory binding force of land plans as implemented in countries adopting a legal-oriented approach could effectively reduce the time frame for facility establishment.

7.5. Categorized as using the negotiated approach, Taiwan has unofficial guidelines proposed by social groups regarding the established of social welfare and community service facilities,

but different communities can make decisions based on their specific considerations. However, there are no timing restrictions on the establishment of such facilities, which means that the establishment time for some welfare facilities is very long. The situation in Taiwan is similar to that in Hong Kong, where land resources are extremely scarce. Establishing social welfare and community service facilities in government buildings or private properties could shorten the time required for facility establishment and reduce disputes with residents in nearby neighborhoods.

7.6. Japan and Korea should be categorized as adopting a 'laissez-faire' approach in terms of the siting of community mental health facilities, as they are still oriented to in-patient care in supporting the mental health patients. National policies and regulations related to mental health are relatively less developed. The people and the social atmosphere in these two north-eastern Asian nations have been less receptive to mental health, the patients and ex-patients. Nevertheless, although people with mental illness are being discriminated, the establishment of mental health facilities in neighborhoods are relatively smooth compared to Hong Kong. This is largely because these facilities are generally located in private properties and no extensive public consultation are required. The mental health units could generally move into those premises as long as the landlords agree, even though there could be strong oppositions and complains from the residents in proximity. The governments basically do not have official protocols or strategies to support the service providers and users in terms of siting, and such community facilities are not common in these two countries.

7.7. The core of this research is the key informant interviews, which inform a deeper understanding of previous siting and consultation processes (either successful or unsuccessful) in Hong Kong, recent public attitudes and community atmospheres regarding mental illness, approaches to negotiation and lobbying in different neighbourhoods, and recommendations for effective approaches to public consultation and the siting of ICCMWs. The main concerns identified by key informants included the lack of public education and promotional programmes to enhance people's awareness of mental illnesses and rehabilitation in Hong Kong, and the lack of initiatives to promote people's receptiveness to service users and understanding of their equal rights and opportunities. The lack of coordination and collaboration between different government departments and service providers, and the disorganized planning mechanisms to ensure the supply of premises for welfare facilities also hinder the progress of ICCMW siting, as shared by many key informants from political parties, service providers, and community members such as residential representatives and volunteers.

7.8. As for suggestions concerning consultation processes, most key informants, including service providers and residential representatives, highlighted the importance of explicitly informing residents of the potential benefits and impacts of ICCMWs on the neighborhood. District Councillors and residential representatives should also be encouraged to reach out to as many residents as possible, in order to strengthen the mandate of the SWD and service providers in establishing ICCMWs. Consultations should not be limited to Councillors and representatives; rather, all residents should be informed of siting plans.

7.9. We have conducted in-depth analyses and comparisons of six selected cases of establishing permanent ICCMW premises. These cases studies demonstrate the processes and key

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elements of successful and unsuccessful cases of ICCMW siting, as well as a number of key effective and ineffective approaches for neighbourhood public consultations. They are the typical examples informing us what could be the potential successful and non-conducive factors, and the effective and ineffective consultation approaches.

7.10.   The position of the District Councillors and community representatives is critical. Their support would lead to helping SWD and service providers to persuade the residents. The District Councillors could serve as a bridge between residents and service providers to ease and mediate residents' concerns and offer advices to SWD and service providers in the consultation process. Yet, SWD should not hold up or prolong the siting plan even there are strong oppositions from the residents. They should follow up with the oppositional voices and difficulties positively.

7.11.   In the Hong Kong context, the expectation of the public to have consultation is inevitable and therefore public consultation is necessary. Public consultation is for collecting public views and demonstrating transparency of government decisions. Other public engagement such as community education will enhance awareness of mental health and ICCMW services.

7.12.   It is also essential for government departments and service providers to establish cohesive partnerships with key community leaders at an early stage. There should be close communication between District Councillors, resident representatives, and individual residents about an ICCMW siting plan. Community leaders' attitudes towards ICCMWs, whether positive or negative, are always influential in leading public opinion. If the District Councillor and community leaders of the constituency are more open-minded and recognize the need for mental health supports in their neighborhood, this could help with the siting process. They have acknowledged the benefits of having an ICCMW in their neighborhood, where they could seek help and refer residents in need to formal professional services offered by the ICCMW.

7.13.   In terms of consultation, it is important that residents feel respected by government departments and service providers during the process, including through transparent consultation mechanisms, having sufficient time to voice their concerns, and having their concerns addressed thoroughly, accurately and timely. Otherwise, it could be more challenging to carry out a smooth public consultation process and arrive at a mutual understanding because sentiments against the ICCMW will foment.

7.14.   The *Hong Kong Planning Standards and Guidelines* stipulates that all sensitive facilities require public consultation in order to gain community support (Chapter 3). However, community residents have historically opposed such facilities (e.g. halfway houses, special medical and health clinics, Community Rehabilitation Day Centres), whether these facilities were built in the 1990s (such as Laguna City incident in 1993) (Ho & Lee) or more recently. In general, these facilities may not be immediately accepted by the general public, and opposition emerges. Residents may feel unsafe as a result of the influx of service users who seem to be different from them, such as drug users, people who experience spasms, and so forth (Duke, 2010). That is the social nature and the reality of Hong Kong, and public attitudes

and mentalities toward the establishment of 'sensitive' community facilities have not significantly changed in past decades (Lee, 2018). This represents one of the obstacles to the siting of ICCMWs.

7.15.   Hong Kong is a free society with a democratically elected governing mechanism. When the government decides to establish sensitive facilities in the community, residents will express their views, opinions, and objections. On the one hand, this indicates that members of the public are very concerned about their own rights and wellbeing. On the other hand, some people automatically perceive the opinions of the public as necessarily just and right, and believe that the government must accept their viewpoints. As such, some citizens may misunderstand the meaning and purpose of consultation processes. Consultations should be a mechanism for authorities to inform the public about the establishment of a particular community facility and listen to residents' opinions. It should not be an opportunity taken by the residents to force the government to accept their opinions (Rodrigo & Amo). This misinterpretation of the meaning and purpose of 'consultation' can be identified as another obstacle to the siting of ICCMWs.

7.16.   Interviews with key informants revealed that, in their experience, once the government is determined to implement a policy, it will likely be realized. However, some people will use public opposition to delay the ultimate implementation of a government policy. Therefore, the government should be more determined and resolute in carrying out original siting plans after responding to and addressing the concerns of residents and stakeholders.

7.17.   The research report prepared by the EOC in 2016 pointed out that residents' opposition to the establishment of ICCMWs was mainly due to their fear of these facilities and misunderstanding of the nature of the services provided (EOC, 2016). However, based on interviews and community observations, it appears that residents' fear of sensitive facilities is limited in reality. Many interviewees pointed out that residents are not necessarily afraid of these facilities, but will use these reasons to question the transparency of government consultation processes. They suggest that residents' fears may be associated with the lack of transparency in government consultation and follow-up arrangements.

7.18.   According to interviews with key informants and analysis of official documents, there is a general lack of cooperation between government departments, and the role of each department in the siting of ICCMWs is not clear. Although the role of the SWD in the siting of ICCMW is important, they usually have a more limited understanding of local community dynamics and political atmosphere compared to the District Officer of the Home Affairs Department. Therefore, the potential role and influence of these District Officers in the whole siting and consultation process should not be overlooked or neglected.

Recommendations

7.19.   Overall, Hong Kong has many unique features in the establishment of ICCMWs. However, learning from the successes and failures of other jurisdictions can strengthen the wider system. In response to the findings discussed above, the following sections present our recommendations for

improving the process of siting ICCMWs, avoiding delays in service development, and addressing public attitudes and understanding regarding mental health and the rights of the service users.

7.20. In-depth neighbourhood studies and cohesive engagement at the commencement of public consultation

7.20.1. The SWD, service providers, and other departments should carefully study the characteristics of the neighbourhoods in which ICCMW sites are planned. This should include identifying key stakeholders, political and social dynamics and controversies, and community demographics. For example, the SWD should acquire population demographics from the Housing Authority. Key stakeholders should be asked to advice on issues about which the SWD and service providers should be aware in proceeding with public consultations. A number of key informants, particularly service provider representatives, legislators, and District Councillors shared this view.

7.20.2. An agency representative suggested using informational and interactive methods to engage local residents. Even there is some opposition, the service can run after the consultation period. If mental health service is given a lower priority than other welfare services, it will be difficult to smoothly secure permanent premises for ICCMWs even if residents do not hold strong opinions about this. Therefore, a legislator suggested the government should be more determined to push forward ICCMW proposals.

7.20.3. However, some service provider representatives noted that 'forcefully' establishing a centre without understanding the characteristics of the community would not be effective and would ruin community relationships. A number of District Councillors suggested that the government should consider residents' concerns rather than implementing the policy without assessing negative outcomes that are vital to the wellbeing of service users and providers. However, a legislator indicated that it would never be possible to satisfy all parties and reach a unanimous consensus, so the SWD should proceed with siting plans when it is appropriate.

7.20.4. A District Council member recommended that it is necessary for the government and service providers to develop knowledge about the local context, including relations between Owners' Corporations or EMACs and official organizations. In addition, the SWD should persist with ICCMW siting plans if the government wants to fulfil its own policy commitments of establishing the designated number of ICCMWs. However, this could lead to conflict between political parties. The SWD and HAD should be more proactive in engaging different stakeholders and key parties at earlier stages. One legislator thought that the government could mitigate political tensions by, for example, informing District Council members from different political spectrums and local community leaders earlier. This should be executed by HAD district officers, and through better coordination between the SWD and HAD at the higher level of government (for example, the policy secretaries).

7.20.5. We suggest that cooperation between government departments, particularly the Housing Department, SWD, and Home Affairs Department, should be strengthened.

As the Home Affairs Department is the most aware of community dynamics, norms, and needs, it is important to strengthen its cooperation with the SWD, Housing Department, District Councillors, service providers, and other stakeholders in the ICCMW siting process. A central-level inter-departmental coordinating mechanism should be established by the government to set out policies and strategies for siting such service facilities across different districts in Hong Kong.

7.20.6. Under this mechanism, different government departments and units could better understand one another, and public engagement activities and targets for establishing facilities could be standardized. Rather than having individual targets, objectives, and agendas, government departments should work together throughout each process of consultation, public engagement, logistics, and other matters related to the establishment of welfare facilities. The SWD should be responsible for outlining plans for ICCMW service development and identifying targets for the number of premises and service users for a certain period of time. As part of this mechanism, on the one hand, the Home Affairs Department should provide the SWD with their full support in obtaining and analysing information related to community dynamics, such as the roles of the community leaders, relationships between leaders and residents, and issues potentially affecting the establishment of new community service facilities in different neighbourhoods. The Housing Department, on the other hand, should learn about the service plans and targets laid out by the SWD, so that they are more sensitive to the availability of suitable locations for ICCMWs and other social service facilities in the housing estates under their management. They could also advise the SWD on approaches to effectively engage members of EMACs. Service provider, Legislative Council, and District Council key informants echoed the idea of establishing such a mechanism for cooperation and collaboration.

7.20.7. At the neighbourhood level, once a suitable site for a permanent ICCMW premise is identified, a formal 'task force' consisting of the district offices of government departments identified above, the ICCMW service provider, Councillors, District Councillors, and resident representatives should be established to identify effective consultation and engagement strategies, in order to ensure the proposed ICCMW site is smoothly established in a timely manner. This task force should be jointly led by the DSWO and the District Officer from the Home Affairs Department. Early in the siting process, the HAD district offices should help to build up rapport and linkages between the SWD, service providers, and key community stakeholders in order to discuss community dynamics and the feasibility of the ICCMW siting plan, based on their extensive networks with the community groups, leaders and other key stakeholders. Meanwhile, the Housing Department should cooperate with the SWD to proactively identify possible locations in the public housing estates that are suitable for ICCMWs, and help to liaise with and lobby members of the EMACs. The District Councillor of the constituency and the relevant resident representatives where the ICCMW to be sited should also be invited to the task force. In the task force, the government departments should explain the siting plan to the Councillor in detail, and encourage them to endorse the plan and connect with residents during subsequent consultation activities. Several legislators and District Councillors described poor

coordination between government departments in facilitating the siting of welfare facilities.

7.20.8. Many District Council members suggested that officials should inform local leaders of their plans before launching official discussions with District Councillors. This could reduce public opposition and bring fewer conflicts, as community stakeholders would feel respected in the process. District Council members generally held that SWD should provide clear explanations during transparent consultations, invite interested parties to visit service providers, and so on. The SWD should not avoid releasing sensitive information to the public.

7.20.9. As suggested by several District Council members and community members such as resident representatives and ICCMW volunteers, the SWD should make efforts to clearly understand regional political dynamics. One District Councillor pointed out that HAD has a better understanding of the community. If HAD, Housing Department, and SWD work together for lobbying and promoting social services, this enable social welfare facilities to more easily settle into local communities.

7.20.10.   A legislator discussed the need to start public engagement earlier in the siting process, and believed that it would be useless to carry out public engagement in the 'last minutes'. If relevant departments make an effort earlier in the process such as securing the support of the District Councillor representing that particular constituency during that state, the resources to be invested or challenges to be faced would be reduced.

7.20.11. If HAD is unable to assist with relationship building for establishing ICCMWs, the SWD could enhance its relations with local communities on their own. While it is understandable that it might be difficult for District Social Welfare Officers to engage the community, the SWD may consider establishing an official community liaison position in every district office to be responsible for ongoing local relationship-building and community engagements in order to develop collaborative planning of local social services with the local residential groups and individual community members.

7.21. Development of a public consultation protocol for the siting of ICCMWs
7.21.1. A public consultation protocol for the siting of ICCMWs should be developed to facilitate smooth and effective public consultation. The protocol should specify the time frame for each consultation process and targeted dates for successful siting in order to avoid prolonged lobbying and delays in establishing the services. The maximum time period for the establishment of an ICCMW, including public consultation and engagement activities, modification of plans, and other logistics, should not exceed 18 months.

7.21.2. The idea of proposing such a consultation protocol is based on the experiences of other countries adopting human rights-based and legal approaches (covered in Chapter 5). This reflects a model based on mixed approaches. The codification of the

time frame and means of public engagement for each stage of the consultation process can protect the rights and interests of service users, in terms of shielding them from stigmatization and discrimination. Such a protocol could also help to make the process of establishing permanent ICCMW premises smoother and more efficient, by obtaining the endorsement of residents and other community stakeholders in the neighbourhood.

7.21.3. Although it would not be a legally binding legislation, it is expected that this protocol would provide clear guidelines for government departments and service providers to follow in undertaking public consultation processes. It could also help to ensure transparency and facilitate consensus among different stakeholders.

7.21.4. Government officials may have doubts about the feasibility of a protocol laying out time frames and standardizing procedures, owing to different circumstances in different neighbourhoods. However, some legislators, District Councillors, and social service sector key informants generally agreed on the need to establish a standard protocol and guidelines. Many expressed that having a set of reference guidelines would be better than having no guiding information.

7.21.5. One legislator did not think that the absence of a protocol or schedule was the problem, but he did not oppose such a recommendation. Considering the drafting of a protocol and time frame, another legislator assumed that it would be of little use. He thought that the responsible District Social Welfare Officers should rethink their strategies if a plan has been held up for too long. However, another legislator believed that government officials are bureaucratic due to institutional constraints in carrying out social policies, and felt that such documents can provide a standard and prevent possible discrimination.

7.21.6. Such a protocol should provide a specific time frame for the completion of public consultations. According to the EOC's 2016 study, consultations for some ICCMWs have taken at least 12 months, and a number of the other consultations have lasted from 12 to 24 months. As the SWD, service providers, District Councillors, and other stakeholders may need time to address factors that impede effective consultation and siting, we suggest that the maximum length of time taken to conduct public consultations should be 18 months.

7.21.7. The protocol should outline steps for initial studies of neighbourhood characteristics (physical and demographic) and facilitate closer collaboration with influential community stakeholders to ensure that consultation messages (including the nature of ICCMW services) are delivered to the residents and that their voices are heard.

7.21.8. The protocol should clearly outline the roles of government officials, ICCMW operators, District Councillors, and other stakeholders, to ensure that service providers receive sufficient support from government bodies during consultation

processes. A holistic consultation framework that involves the SWD, HAD, and the Housing Department was also supported by service providers.

7.21.9. The protocol should specify some possible community engagement approaches. These include means of informing residents about ongoing consultation processes, service provision aspects, and available channels to voice their concerns. A specific time frame should be set for these approaches. Possible means for reaching as many residents as possible could include poster displays, distribution of leaflets, and general resident meetings enabling residents to understand more about ICCMW operations and have their concerns explicitly answered by the SWD and service provider representatives.

7.21.10.　　　The protocol should include detailed provisions specifying steps for collecting views from the community, including the approximate number of meetings with members of EMACs and owners' incorporations, the time frame, and frequency of collecting and answering residents' concerns. Modification processes to mitigate possible impacts on residents should be planned ahead.

7.21.11.　　　We suggest that government officials, District Councillors, and NGO representatives should hold at least four meetings with resident representatives during the course of public consultation to gain insight into updates on community dynamics, so that relevant issues could be addressed in a timely manner. We also suggest that there should be at least three rounds of public engagement to collect and answer residents' concerns during the consultation process.

7.21.12.　　　The protocol should stipulate the final decision-making mechanisms. These include how the government and service providers will confirm the establishment of ICCMWs with community leaders and other stakeholders, within a designated period. Both viewpoints supporting and opposing the siting plan should be taken into consideration. The SWD should have the ultimate authority to make the final decision.

7.21.13.　　　More specifically, we propose the following three-stage protocol with a maximum time frame of 18 months (Figure 2):
　7.21.13.1.　　**Stage 1** is the preparatory stage and may account for <u>three months or less</u>, beginning at the point when a site has been identified. A task force for the siting process should be established, consisting of representatives from the HAD, SWD, and Housing Department, the District Councillor of the constituency, and EMAC members, to discuss and plan for consultation strategies and map out community dynamics. The district officers from HAD and SWD should be the convenor. In this stage, the local authority investigates local dynamics and informs local leaders of the plan.

　7.21.13.2.　　**Stage 2** refers to public consultation and engagement activities. Such activities should be limited to a period of <u>12 months or less</u>. We suggest adopting face-to-face approaches to consultation, such as general residents' meetings and

other channels of communication (e.g. posters, leaflets, and surveys). The content of the siting plan and ways for residents to opine and enquire (such as phone numbers and email and office addresses) should be clearly stated on promotional materials. A number of key informants, such as government officials, legislators, District Councillors, and service providers, did not recommend holding focus groups, public participatory activities, and massive residents' meetings, as these could become a gathering place for residents opposing the siting plan. However, there have been successful experiences of public deliberation in carrying out new town planning and community facility projects in other countries, such as in Singapore and Canada. We thus suggest that such meetings could allow residents' viewpoints to be expressed more openly and ensure they feel respected. Meanwhile, the design of the premises and change of land use procedures should be carried out simultaneously.

7.21.13.3. **Stage 3** is the decision-making process. In the event that there is local opposition from residents and other community stakeholders, more time and effort would be needed for negotiations and community education within three months. Ultimately, after the SWD has addressed concerns via any appropriate modifications of the plan, a decision should be made within a three-month time frame.

7.21.14. The *Hong Kong Planning Standards and Guidelines* explicitly points out that "*extra efforts would likely be required to foster the public's understanding and acceptance of the sensitive community facilities, particularly the Group B facilities*", and that in the planning process, "*the project proponent should, at early stage, consult Home Affairs Department and the respective District Office to formulate a public consultation strategy to gain community support. Depending on the nature of the proposed facilities, it is necessary to identify at an early stage the target consultees and the proper consultation channel*" (Clause 1.4.4). However, no specific time frames and further details for each of those steps are suggested. Therefore, the rationale for our proposed consultation protocol is to codify the detailed steps and means of consultation, and most importantly to set out time frames for each stage of the process.

7.21.15. We recommend that any public consultation on the siting of ICCMWs should not aim to obtain the endorsement of every resident representative or resident, as pointed out by the 2016 EOC study (which suggests that generally speaking, the tenancy would only be offered by the Housing Department when the plan is approved or a 'no-objection motion' is passed by the EMACs). We believe that these could bring serious hindrances to the progress of the siting plan. The SWD should work closely with the Housing Department on the siting plan, and both departments should have a common goal and schedule of establishing an ICCMW on time in the neighbourhood. Consultation and public engagement activities should focus on addressing residents' concerns about the siting plan and thoroughly and clearly explaining the service provisions. The Housing Department should acknowledge that a 'no-objection motion' passed by EMACs should not be a prerequisite for offering a

tenancy for an ICCMW, and should offer the tenancy in accordance with the needs of ICCMW service users.

7.21.16.   The suggested time frame for each stage of the siting plan, as laid out in the protocol, should be reasonable in striking a balance between ensuring an efficient schedule for a successful siting, while also giving the SWD and service provider sufficient time to address residents' concerns about the siting plan. An 18-month consultation should be able to avoid a prolonged delay in the commencement of ICCMW services, as in the case of Mei Lam Estate, and is much shorter than the longest case of two years and eight months as cited in the 2016 EOC report. This will also help to avoid some 'sensitive periods' such as District Council elections, in which the siting of an ICCMW might become a controversial topic between candidates. An 18-month consultation period should avoid overlapping campaign periods, and ensure that a siting plan could be completed within the term of office of a District Councillor.

7.21.17.   During the 18-month consultation period, residents should have been given sufficient time to express their concerns to the SWD, service provider, and District Councillor, as well as providing these parties with time to answer and address concerns clearly within a transparent framework and with a respectful attitude toward residents. As there could be frequent back and forth communication between residents and those parties, and given the need for public engagement activities such as residential meetings and focus groups, one and a half years should be a reasonable length of time. These approaches should also help to resolve problems associated with possible lack of communication between Councillors, resident representatives, and residents, and echo the analyses of 2016 EOC study about ineffective approaches to consulting the public through community leaders.

7.21.18.   The consultation protocol is built upon various elements of the negotiated, legal-oriented, and human rights-based approaches, as explained in the review of overseas documents. Selecting only one approach or one example of overseas experiences as a model for reforming ICCMW public consultation mechanisms might not be fully feasible in the context of Hong Kong, given that socio-cultural characteristics, town planning, and constitutional and legal systems are not identical to those countries adopting human right-based and legal-oriented approaches. Existing mechanisms for the siting of ICCMWs in Hong Kong are closer to practices in Macao and Taiwan, reflecting elements of negotiated approaches. Instead of eliminating all negotiation practices from the existing mechanism, approaches to negotiation with residents should be more applicable to Hong Kong's unique social context, with respect to the role of community stakeholders and relationships between leaders and residents (as in the other two Chinese societies). Most importantly, this consultation protocol could enhance the strengths and effectiveness of such negotiations.

7.21.19.   The consultation protocol also includes other elements of the legal and human-rights based approaches. First, the protocol itself should be an enforceable official document that should be followed by government departments and service

providers, even though it is not a formal piece of legislation or by-law. The time frames for each consultation stage, the consultation tools involved, and the actors to be consulted by the SWD and service providers are all clearly stipulated rather than reflecting the ad hoc or unstandardized procedures implemented under current mechanisms. Second, the detailed and explicit provisions in the protocol should be able to ensure the rights of ICCMW service users, by avoiding prolonged consultations and delays in service development. It is expected that discussions on the siting plans could also contribute to reduced stigma and discrimination against service users.

7.21.20.   In summary, this proposed public consultation protocol is a mixed model largely derived from the human rights-based and legal-oriented approaches, with the use of explicit codified provisions to ensure the rights of ICCMW members to access services in the community in a convenient and timely manner. Public misunderstanding and stigmatization regarding service users should not prolong the progress of siting plans. However, as practices of negotiation and lobbying have been entrenched in Hong Kong and some other Chinese societies such as Macao and Taiwan, this protocol also emphasizes the importance of lobbying and engaging neighbourhood residents and other stakeholders, by widening the scope of consultations to every resident and addressing all concerns raised by them before confirming the siting plan.

7.21.21.   As community integration and the elimination of stigmatization against users of mental health services cannot be facilitated by the 'laissez-faire' approaches adopted in Japan and Korea, we have not made any reference to their experiences in the development of this proposed consultation protocol.

7.22. Stronger legal measures

7.22.1. Anti-discrimination laws to protect people with mental illness and disabilities and their rights to access services in the community should be strictly implemented in accordance with existing discrimination ordinances. Countries such as New Zealand, Australia, Singapore, and the U.S., where social service facilities can be smoothly established, and have legal provisions that explain the rights of people with disabilities. Discrimination against people with different types of disabilities is subject to legal responsibilities in several countries adopting human rights-based and legal approaches to implementing community mental health services. This point was further reinforced by feedback from a number of key informants, from legislators to service users.

7.22.2. As far as the *Hong Kong Planning Standards and Guidelines* is concerned, it is specified in Clause 1.4.2 that 'sensitive community facilities' are classified into two groups: Group A ("facilities of territorial importance serving the wider public but not specific client users and who would not require frequent services of the facilities: these facilities include correctional facilities, public mortuaries, funeral depots and parlours") and Group B ("facilities of more local or district significance serving specific client users who would require frequent services of the facilities:

these facilities include special medical and health clinics, education facilities and social welfare services such as hostels and day centres for discharged mental patients and severely mentally handicapped persons", under which ICCMWs are classified).

7.22.3. Clause 1.4.3 stipulates that in siting Group B facilities, integrating these facilities within local communities rather than segregation should be encouraged wherever possible, to meet social objectives and the policy of rehabilitation. However, while the definition of Group B mentioned above singles out 'hostels and day centres for discharged mental patients and severely mentally handicapped persons', facilities for other persons with disabilities are not specified. This reflects discrimination against people with mental illnesses and discharged patients, as they are being treated as 'special groups'. If public consultations on the siting of ICCMWs or other mental facilities are conducted in accordance with this framework, service users are placed in a disadvantageous position and are subject to stigmatization. We recommend that this specification of mental health services should be removed from this document. This document should also state clearly that ICCMWs are not inpatient or outpatient clinic, or any kind of hostel, it is only a support platform for those patients who are rehabilitated and all community members looking for information and advice on mental wellness.

7.22.4. Several District Councillors and a few government key informants suggested that district-based mental health rehabilitation and other social services should be made mandatory for communities through legislated policies and planning.

7.23. Using new public housing estates as sites for new ICCMWs and advanced planning
7.23.1. As echoed by many key informants, including several politicians, an effective strategy to facilitate the process of siting ICCMWs would be to house ICCMWs in newly-built public housing estates and government complexes. We recommend that government departments and agencies conduct advance and proactive planning in the development of new communities and identify suitable premises as early as possible in accordance with community needs. Since the number of ICCMW users will likely continue to increase in the future, a more visionary planning of premises available for service expansion is necessary. This is especially helpful for ensuring the availability of premises for so-called 'sensitive' services.

7.23.2. Similarly, several social service sector informants suggested that holistic planning should be conducted in order to realize the establishment of sensitive social amenities in the community.

7.23.3. Several politicians suggested that if sites for social services were reserved in newly planned developments, there would be less public opposition and no need to look for vacant premises with so much difficulty. They recommended that the government makes plan in advance in newly developed communities. In cases where highly sensitive facilities are in place, this should be stated in sale or rental conditions. This will leave the choice to buyers before moving in, and it would be an issue of 'give

and take'. These approaches may avoid strong public opposition while also ensuring accessibility for potential users.

7.23.4. The demand for mental health rehabilitation services will continue to increase, and more ICCMWs will be needed in future. It will be necessary for authorities to plan ahead to reserve spaces for establishing these ICCMWs. We propose that the government should establish a strategic zoning protocol not only for ICCMWs, but also for all social welfare services in the community. This will facilitate the smooth and efficient establishment of social services, especially 'sensitive' ones. This protocol should clearly delineate the size of spaces required by each type of services, and these should be taken into consideration in advance in new town development and urban redevelopment.

7.23.5. Extra spaces should be reserved in future public housing developments and urban redevelopments for possible new ICCMWs and other community mental health services.

7.23.6. We also suggest applying a remodelling approach on abandoned or idle premises in public housing estates (for example, converting the use of old kindergartens and school premises) by forming an independent queue specifically for sensitive or urgent social services to be sited in permanent premises.

7.23.7. The example of the establishment of a new ICCMW in the new Housing Society project in Tseung Kwan O Area 73A (Mount Verdant) should represent a good model that could be adopted in the future (Chapter 6). In the case of Mount Verdant, the plan for establishing an ICCMW was one of the conditions specified in the land grant and was stated clearly in the sale brochure. Potential buyers were informed of the ICCMW and other public facilities in the housing estate, so no public opposition should emerge at a later stage. We recommend that premises for ICCMWs and other 'sensitive' social service facilities should be reserved in future housing projects owned by the public bodies such as the Housing Society and Urban Renewal Authority, or by adding special conditions in land grants for private development, as suggested by the 2016 EOC report.

7.23.8. Moreover, it is also a desirable option to house new ICCMWs in government service complexes, as this mechanism would not involve intensive and confrontational public engagement. If required, engagement activities only concern the construction of a complex itself instead of the individual service units to be established. Therefore, the proposed ICCMW would not be singled out as an independent issue for public discussion. The government has adopted this approach in planning for medical and social services to be offered in future building complexes, including accommodations reserved by the government for ICCMWs that are currently operating in temporary premises. However, such complexes must be fully accessible to service users and the general public, and the rationales for community integration and user-friendliness associated with ICCMW services should not be overlooked.

7.24. Continuous enhancement of community education on mental health and receptiveness towards service users

7.24.1. We recommend the use of ongoing subtle and explicit approaches to facilitate better understanding and appreciation of needs of mentally ill patients and to develop higher receptivity to mental health patients and ex-patients in communities. These programmes should put a strong emphasis on the rights of service users to access the services they need and should frame support for permanent ICCMW premises as a collective societal obligation. Promotional and public engagement efforts should start very early in designated neighbourhoods, before the commencement of actual public consultations. They should be implemented in different settings, including education activities in schools and community-based programmes in collaboration with government departments, District Councillors, NGOs, and residential organizations.

7.24.2. Through the analysis of literature and the opinions of all parties, our research team highlights the importance of organizing promotion activities for mental health. According to HK01 (李慧筠, 2018d), the public is easily influenced by mass media. If there is no targeted public education before holding a public consultation, residents will largely oppose ICCMW siting due to a lack of understanding of mental health and associated services. In response to the recommendation for organizing corresponding activities raised in the 2016 EOC study, we have identified further recommendations in this study. We suggest that a territory-wide mental health campaign focusing on public receptiveness, tolerance, and mutual help should be held on an annual basis, to enhance residents' awareness of mental health. Each District Council should be the principal organizers of these campaigns, with relevant government departments, residential organizations, service providers, and so on. Although the government holds a 'Mental Health Month' every year, its activities include relatively little emphasis on the rights of mental health patients and those in rehabilitation, including protection from discrimination and stigmatization, the obligation of the general public to support those in need, and the importance of having accessible ICCMWs and other services in the community.

7.24.3. Some social welfare key informants suggested that the government should articulate the purpose of ICCMWs to the public. They viewed public education as a key factor for motivating higher receptiveness among members of the public towards mental health patients and ex-patients. Some community ICCMW volunteers suggested that the government should do more advocacy work and campaigning to promote mental health and receptiveness for patients and ex-patients. Some informants suggested that the SWD could work closely with local NGOs on public education programmes. One District Council member suggested that the government should delegate lobbying and advocacy matters to public relations firms, in order to achieve better outcomes.

7.24.4. In the opinion of a MAC chairman and a centre volunteer, government departments or service providers could hold activities such as lunch gatherings and tours between ICCMW users and local residents, as well as visits to the elderly. ICCMW service

users and local residents should be given more chances to jointly participate in different activities. It is desirable for both parties to communicate face to face or work on collaborative activities together, so that they can know each other and reduce stigma.

7.24.5. All service users and community members emphasized the importance of community education. They agreed that with good community education, residents would know why it is important to establish a mental health centre in the community.

7.24.6. However, some District Council members raised the issue of long-term insufficiency in public education activities on mental health promotion and social integration. Most residents are not aware of ICCMWs until public consultations begin (the moment when they are notified of the siting). An ICCMW volunteer who lives near a neighbourhood that once had turned down a proposed ICCMW site suggested that service providers could do more on community education in the district.

7.24.7. However, a legislator expressed that public education may not change entrenched public stigma associated with mental illness. Another legislator suggested that the government has no vision to minimize discrimination against mental illness. He suggested that local authorities might organize territory-wide 'tour roadshows', just like with fire drills for housing estates.

7.24.8. In Hong Kong, the number of new arrivals from different parts of the world has increased in recent years. Several centre volunteers and District Councillors suggested that because of cultural differences, new arrivals from diverse backgrounds might benefit from more community education about mental health and mental illness. In this regard, we suggest making reference to the example of New Zealand where mental health promotional programmes have been designed for new immigrants. We recommend that Hong Kong carry out a territory-wide mental health campaign in all districts at least once a year to educate and emphasize receptiveness, tolerance, and service users' rights to services. The government can fund District Councils, in collaboration with HAD and SWD district offices, to coordinate and organize campaign activities. The involvement of District Councils and residential groups could effectively engage the interest and attention of the wider large community.

Stage 1: Preparatory State (within 3 months)
- Select potential sites, and identify the technical issues and logistics
- In-depth studies on the local dynamics, demographics and background
- Develop cohesive engagement with the community leaders and stakeholders and form an inter-departmental and inter-sectoral task force to formulate the strategies of public consultations and other matters that need to be addressed

Stage 2: Public consultations and engagements (within 12 months)
- Inform the residents about the objectives of the consultations and the channels available for them to express their opinions and enquire about the proposed plan
- The viewpoints and concerns of the residents should be thoroughly responded and addressed.
- Confirm the design of the premise and other necessary procedures

Stage 3: Confirmation and decision-making (within 3 months)
- Conduct additional negotiations and lobbying with the residents if needed
- Modifications of the siting plan by making reference of the consultation results
- The final decision would be made by SWD on whether the the siting plan should be implemented or not given the results of the public consultations

Figure 2   The three major steps of the proposed public consultation protocol for the siting of ICCMWs

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Appendix 1: Interview Questions

Interview Questions (residential representatives and community members)

1. What is your role and experience concerning the establishment of mental health facilities (ICCMWs)?
2. What are the common public attitudes concerning the siting of an ICCMW in your neighbouhood?
3. What are the reasons of residents and other stakeholders for supporting or opposing the siting of an ICCMW in your neighbourhood?
4. What are your viewpoints and what actions did you take in voicing your support/opposition?
5. How was the process of ICCMW planning and consultation conducted in your community?
6. What do neighbourhood residents expect from these consultations? (For example, how should government departments engage with stakeholders, what should be the content of consultations, etc.)
7. What is your perspective about existing consultation mechanisms for understanding and addressing public concerns? (For example, are residents being respected during the process?)
8. What works well with existing consultation approaches?
9. What are the key challenges with existing consultation approaches?
10. What have been the most effective consultation approaches to address and resolve public concerns in the establishment of ICCMWs in your community?
11. How could existing consultation mechanisms be improved?
12. What factors would help to gain support from residents when establishing an ICCMW or mental health facility?

Interview Questions (LegCo and District Council members)

1. What is your role and experience concerning the establishment of mental health facilities (ICCMWs)?
2. Based on your personal experience and knowledge, what are the common public attitudes concerning the siting of ICCMWs among neighbourhood residents and stakeholders? What are some reasons for these attitudes?
3. From your experience and perspective, how has the process of ICCMW planning and consultation been conducted in your community/district?
4. What are the key challenges associated with consulting residents and other stakeholders when establishing an ICCMW?
5. From your experience and perspective, what do residents expect from these consultations? (For example, when and how should government departments engage with stakeholders, what should be the content of consultations, etc.)

6. What is your perspective about existing consultation mechanisms for understanding and addressing public concerns? (For example, are their opinions respected by the government?)
7. What works well with existing consultation approaches?
8. What are the key challenges with existing consultation approaches?
9. What have been the most effective consultation approaches to address and resolve challenges in selecting ICCMW sites and addressing public concerns?
10. How could existing consultation mechanisms be improved?

Interviewing Questions (ICCMW service providers)

1. What is your personal/professional background and experience in operating or establishing ICCMWs?
2. From your experiences in setting and/or running ICCMWs, what are the reasons for supporting or opposing the siting of a particular ICCMW location amongst the members of the neighbourhood?
3. From your experiences and viewpoints, how did the process of planning, consultation, and establishment of the ICCMWs unfold in your respective community/district?
4. What are the key challenges and difficulties in consulting the residents and other stakeholders in the neighbourhood/community for establishing an ICCMW?
5. From your experiences and viewpoints, what do operators and residents expect from the consultations? E.g. how did the government departments reach the stakeholders and what were the contents of consultation?
6. What is your perspective about the existing consultation mechanisms for understanding and addressing the concerns of stakeholders? Are the stakeholders being respected and would their opinions being addressed by the government?
7. How could the consultation mechanisms be handled differently or improved?
8. What have been or could be the effective and appropriate consultation approaches to address and resolve challenges in selecting ICCMW sites, public concerns, positions of the service providers, users' interests, and opposition in the establishment of the ICCMWs in your district/community?

Interview Questions (ICCMW service users)

1. What is your experience concerning the establishment of mental health facilities (ICCMWs)? (For example, success or failure in ICCMW establishment)
2. How do you view public attitudes concerning the siting of an ICCMW? What are the reasons for these attitudes?
3. As far as you know, how was the process of ICCMW planning and consultation conducted in your community? What were the key challenges?
4. What do you expect from consultations? (For example, how should government departments engage stakeholders, what should be the content of consultations, etc.)

5. What is your perspective about existing consultation mechanisms for understanding and addressing public concerns? Are service users' interests being respected?
6. What works well with existing consultation approaches?
7. What are the key challenges with existing consultation approaches?
8. What have been the most effective consultation approaches to address and resolve challenges in selecting ICCMW sites for users' benefits and interests?
9. How could existing consultation mechanisms be improved?

Interview Questions (government officials)

1. What is your role in (or knowledge of) planning for the siting and establishment of mental health facilities (ICCMWs)?
2. What are the key challenges in siting and operating mental health facilities?
3. What is your role in (or knowledge of) negotiations with community stakeholders about the siting of mental health facilities?
4. What are common public attitudes concerning the siting of mental health facilities in communities? What are the reasons for these attitudes?
5. How are consultations concerning the siting of mental health facilities conducted in different neighbourhoods?
6. Are there existing guidelines, documents, or protocols for conducting these consultations?
7. What does the government expect to achieve from consultation processes?
8. How do members of the public or other stakeholders respond to these consultation processes?
9. What works well with existing consultation approaches?
10. What are the key challenges with existing consultation approaches?
11. What have been the most effective consultation approaches for addressing public attitudes and resolving challenges in siting ICCMWs?
12. What is the government's perspective about existing consultation mechanisms for addressing stakeholders' concerns?
13. What consultation provisions could be modified to strengthen consultation approaches?

Appendix 2 Progress of Siting for ICCMWs permanent Sites
(as at July 31, 2018)

Type of premise	Progress of Siting	Locations	No. of locations
Permanent premises (15)	ICCMWs have already moved into the permanent sites#	Public housing estates*	10
		Government premises/public facilities#	2
		Social services building of NGOs	3
Temporary premises (9)	A permanent site has already been confirmed (e.g. sorting out the logistics or under renovation; the ICCMWs will be moved into these permanent sites in near future)	Public housing estates	2
		Integrated service buildings to be constructed	2
		Vacant school premises to be converted into a social service complex	1
		A subsidized housing project of Hong Kong Housing Society	1
	Permanent site is not yet identified@	SWD is working with the service providers in looking for suitable sites for the permanent ICCMW premises	3

Two of these ICCMWs have more than one service points and offices. One ICCMW has its main base housed in a government social service complex and a sub-base in the podium level of a public housing estate in the same district. A permanent location for one service point is successfully confirmed in a public housing estate by public consultations and is currently under renovation
* One of the ICCMWs is located in an independent social service complex in a public housing estate, while the others are located in the podium level of the housing estates
@ One attempt of identifying a permanent premise was failed and the siting plan was ultimately withdrawn due to public oppositions