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團結香港基金

# Towards a Fit-for-Purpose Mental Health System

Executive Summary





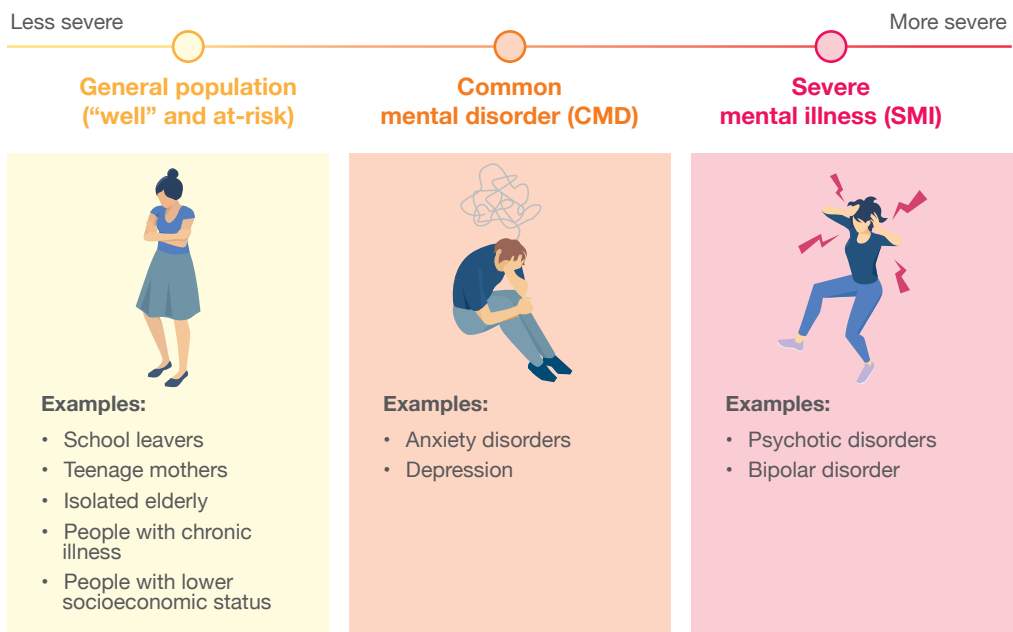
# Executive Summary

## There is no health without mental health

In 2018, Our Hong Kong Foundation (OHKF) published the policy paper *Fit for Purpose: A Health System for the 21st Century* that put forward the imperative need for Hong Kong to transform its health system to meet emerging healthcare needs of the city's rapidly ageing population. Hong Kong must move towards a fit-for-purpose health system that can meet emerging needs in an ever-changing context which necessitates accompanying system changes. Hong Kong needs to reorient towards a health system that is primary care-led and person-centred, and provides integrated care to optimise citizens' health—a state the paper understood as not just the absence of disease, but “of complete physical, mental, and social well-being” (WHO, n.d.-a).

While mental health conditions span a spectrum of severity, the population can broadly be categorised into three groups: (1) persons with severe mental illness (SMI), (2) persons with common mental disorder (CMD), and (3) the general population, including those at risk.

■ Figure A. **Categorisation of population mental health across a spectrum of severity**



Source: FHB, 2017

Mental disorders have been documented to be detrimental to personal and public health. A leading contributor to global disability, mental disorders have also been shown to strongly affect one's quality of life while bringing high social and economic costs. The COVID-19 pandemic has unleashed a mental health crisis across the globe and in June 2022, the World Health Organization (WHO) published the *World Mental Health Report* to address increasing needs for mental health support. This report put forward the importance of integrating mental health support into health systems and beyond, with particular emphasis on the need for mental health service provision in community settings.

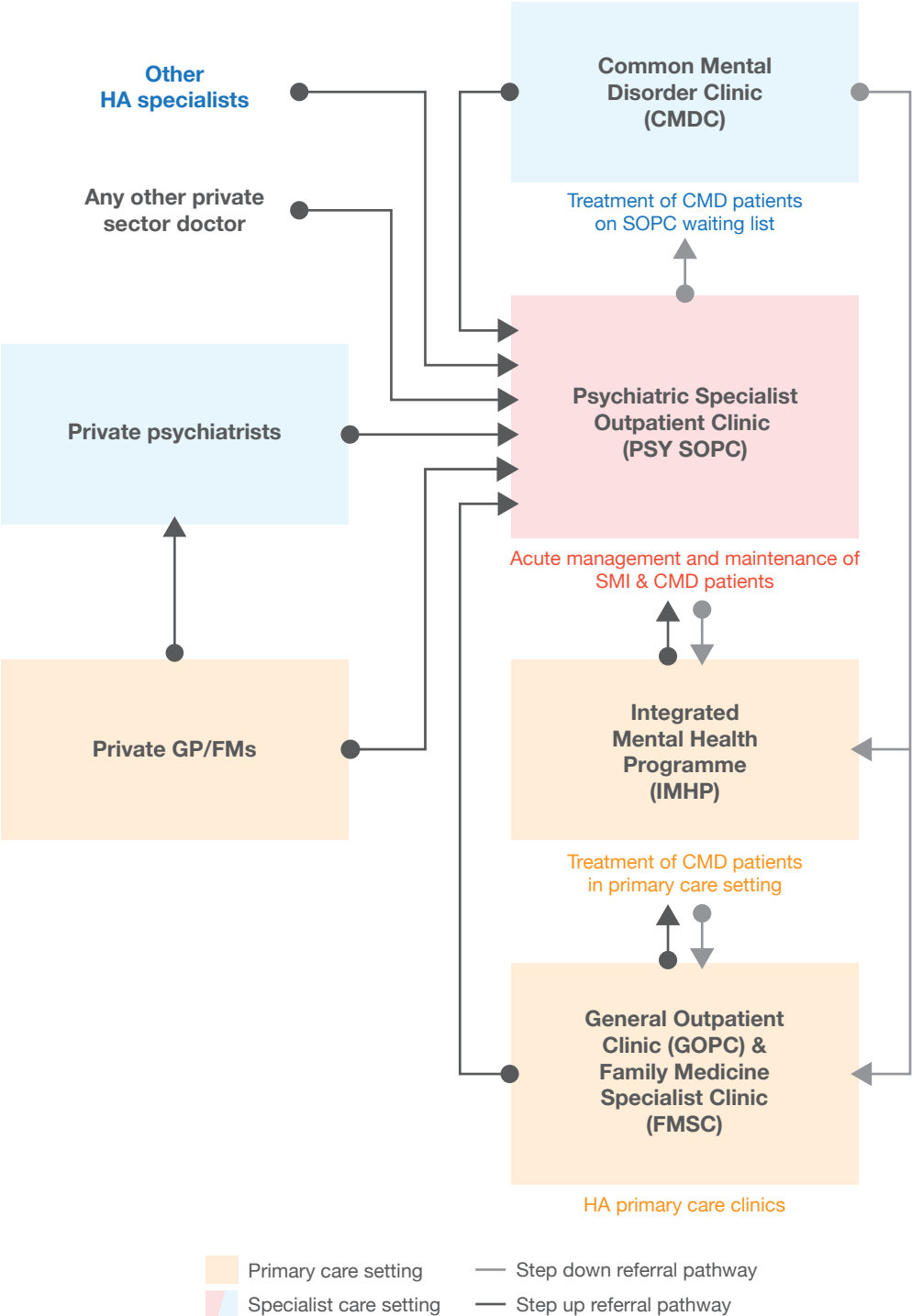
The mental health status of the Hong Kong population has been worsening over recent years, as illustrated by the decreasing WHO-5 Well-being Index Score; this is underscored by a local study conducted in March 2022, wherein nearly half of the 1,000 adult respondents reported depressive symptoms (Mind HK, 2022). While ongoing efforts are in place to continuously evaluate and improve Hong Kong's mental health service landscape, as aptly demonstrated by the *Mental Health Review Report* (Review Report) published in 2017, the emerging mental health crisis points to a pressing demand for ongoing review and enhancements to achieve a reoriented mental health system that adheres to a "fit-for-purpose" vision.

## Strengthening the role of primary care to enable timely access to mental health support

While Hong Kong's approach to mental health support has become less institutionalised over the last century, reform has been slow and care still largely remains at the specialist level. Accordingly, formal cross-sectoral collaboration between medical and social care has been inadequate, and the focus of care is still generally targeted initiatives for persons with SMI, with less attention given to supporting persons with CMD or the general population.

Although improvements have been shown in past decades, Hong Kong is still challenged by mental health stigma which has been identified as a barrier to help-seeking (Chung et al., 2019). Even when people seek help, support from medical specialists is often preferred, particularly psychiatrists. Such preference contributes to the overload of the Hospital Authority (HA) **psychiatric specialist out-patient clinics (PSY SOPCs)**, which is reflected in the long waiting times for the intake of new cases, ranging from 14 to 64 weeks for stable cases (HA, 2022). Also contributing to the heavy bottleneck of service provision is the practice of case referral to PSY SOPCs by different medical practitioners in the system, although at the time of writing, **77% of all PSY SOPC patients are persons with CMD. Among these, stable and less complex cases, after careful assessment, could potentially be handled at the primary care level in non-specialist settings and provided with more timely mental health support.**

Figure B. Mental healthcare pathway in primary and specialist medical care settings



The Government established the Review Committee on Mental Health in 2013, which subsequently released the Review Report in 2017 that set out key directions and suggested initiatives needed to enhance the local mental health service landscape. These efforts have been spearheaded by the Advisory Committee on Mental Health (ACMH). Notably, the Review Report called for more persons (particularly adults) with CMD to receive care at the primary care level, to offload pressure from PSY SOPCs. Our report leverages this momentum, explores how this can be actualised, and further considers how the focus of care can be broadened towards more upstream services, such as prevention and early intervention for the general population.

## A fit-for-purpose mental health system requires structural changes across sectors at all levels

In line with OHKF's advocacy for a fit-for-purpose health system, we envisage the city's mental health system to be more person-centred, primary care-led, and integrated. Keeping with the Government's latest efforts in strengthening and promoting a primary healthcare reorientation of the health system, **mental health must also be anchored as a core component of primary healthcare. We propose that mental health system integration happens along four key axes: between primary and secondary care, psychosocial and medical services, public and private sectors, and physical and mental health.** Realising the vision requires changes to existing system structures and innovating models of care. In particular, to leverage the momentum created by the ACMH, more timely and effective initiatives are needed to address ever-increasing mental health needs, especially among persons with CMD and the at-risk population. The Government should take on an evidence-based, innovative approach to mental health policy development. This involves proactively designing transformative solutions to meet the city's mental health needs, conducting large-scale trials for promising projects, and rigorously evaluating such programmes for cost and clinical effectiveness.

Through interviewing 77 key stakeholders across medical, social, academic, government and other sectors, conducting two focus groups with mental health service users, and collecting opinions from key service providers in the community through questionnaires, we map the landscape of mental health services, identify the service gaps and challenges in accessing suitable services, and analyse how capacity in the community particularly at the primary care level can be better leveraged for mental health service provision in Hong Kong. We put forward five policy directions and 14 key recommendations that contribute to the transformation towards a fit-for-purpose mental health system.

## Policy direction 1:

### Hong Kong must optimise service accessibility through current care models, particularly in non-hospital settings

Hong Kong's mental health support system is mismatched to population needs. Of the people willing to seek professional mental health support, over half (53%) see a psychiatrist, showing that the majority default to seeking specialist care even if their needs could potentially be met in lower-level non-specialist care settings (Lam et al., 2015). A shortage of care professionals coupled with underutilised providers fuel this mismatch, but simultaneously offer potential opportunities for optimising existing service providers to right-site patients for a more timely and appropriate level of care.

Psychiatrists and clinical psychologists (CPs) are core mental health service providers within Hong Kong's existing service landscape. Hong Kong's psychiatrist-to-population ratio is currently 7.55 per 100,000 persons, trailing behind the OECD average of 18.00 (FHB, 2022; HKCPsych, 2022; OECD, 2021). Similarly, the local CP-to-population ratio is 8.15 per 100,000 persons, which lags behind the OECD average of 53.00 (OECD, 2021). The Government should continue to address the observed shortage of psychiatrists and CPs to ensure adequate support for mental health service provision. To better understand the challenges associated with manpower supply, the Government should stratify the projected healthcare manpower supply by specialty to better estimate the shortage situation and subsequently mandate additional headcount according to the estimations. Additional studies into the local CP supply should be conducted to offer insight into CP supply gaps.

To achieve a community-centric vision in mental health service provision, while putting emphasis on the importance of multidisciplinary care teams, **general practitioners (GPs) and/or family medicine specialists (FMs) should be better leveraged** in the provision of mental health care. The Government should continue developing a public-private partnership (PPP) between PSY SOPCs and private practitioners, and consider using strategic purchasing as the key design and implementation framework. This strategic approach should include consideration for targeting persons with CMD assessed to be in a stable condition, and mobilising GPs and FMs with demonstrated clinical competency in mental health care and who have received additional training where appropriate.

In keeping with the need to build up community-centric mental health support particularly within the primary care level, the Government should also look toward reassessing the role of Integrated Community Centres for Mental Wellness (ICCMWs) in supporting persons with CMD. To better understand the present challenges experienced in service provision at ICCMWs, OHKF conducted a survey that was completed by all 24 ICCMWs in Hong Kong. Survey results point to challenges experienced in service provision within ICCMWs, such as a shortage of social workers, mismatched ICCMW service target group, limited physical space, and inadequate training for evidence-based interventions, despite recent efforts to boost manpower supply and increase physical space accessibility. These reported



challenges substantiate the majority opinion (over 79%) of ICCMW operators that a reassessment of ICCMW services is needed. In particular, given the increase in demand for evidence-based psychological interventions in the community, the Social Welfare Department (SWD) should re-evaluate the role of ICCMWs in delivering more evidence-based psychological services and to provide training and support as necessary.

As a key primary healthcare initiative that functions as a service and resource hub for health promotion and disease management, District Health Centres (DHCs) should be better leveraged in the coordination of mental health support. Currently, DHCs almost exclusively focus on physical health. The Health Bureau (HKB) should explore incorporating more mental health services into the DHC service model to enable integrated physical and mental health care, to reduce mental health stigmatisation, and to facilitate early detection and early intervention. To understand the attitudes of DHC operators in relation to the delivery of mental health care, OHKF invited all 18 DHCs and DHC Expresses to participate in an online survey, receiving 15 responses. Most respondents agreed that DHCs should provide psychological support (60%). The HKB should review the DHC/DHCE service model with consideration for enhancing capacity in coordinating mental health support, including the provision of mental health services by network medical providers and community-driven services. Additionally, the HKB should ensure clear role delineation in the provision of mental health services, and consider creating a formal relationship and case sharing protocol between DHCs and ICCMWs.

## Policy direction 2:

### Hong Kong should strengthen formal care models for diverse mental health needs

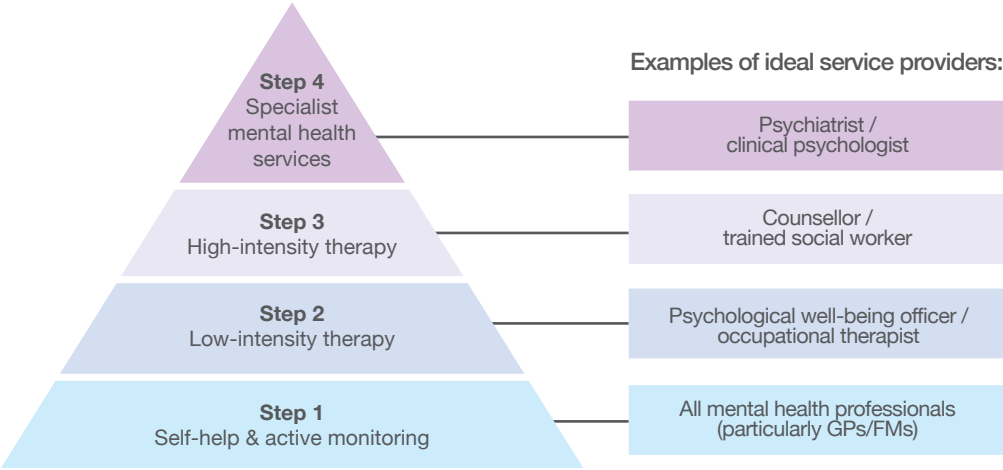
To mediate the service bottleneck in the public sector, beyond exploring how existing professionals and services at the primary care level and community settings can be leveraged, revisiting and enhancing the overall service models for formal and informal mental health care is also needed. Interviews with stakeholders have revealed that persons with CMD have narrow access to psychological services in the public sector, with most psychological services catering to persons with more severe mental health issues, and most psychological therapies being specialist-level interventions. Generally, psychological therapies are observed to be under-provided for persons with less severe mental health needs in the public sector.

The Government should optimise **stepped care**, which applies the appropriate intensity level of psychological therapies based on risk stratification of patients, in the provision of mental health services with a view to improving accessibility of low-intensity interventions. Stepped care services have been adopted to some extent by the public sector and some NGOs in Hong Kong, which show promising preliminary clinical effectiveness, however, without a more top-down approach, these projects suffer from a lack of sustainable funding and provider interest. To implement accessible stepped care services, the Government should consider piloting stepped



care psychological services involving DHCs and ICCMWs, ranging from self-help and active monitoring provided by their GP network to interventions of low/high-intensity provided by trained mental health workers in the community. To ensure sufficient capacity for services at higher steps, the Government should consider leveraging counsellors to provide a steady manpower supply offering high-intensity therapy and clearly listing the qualifications necessary to provide these services. In parallel, the Government should consider elements that contribute to sustainable stepped care psychological services, such as subsidising the cost of training courses and recognising/accrediting non-CP psychological professionals.

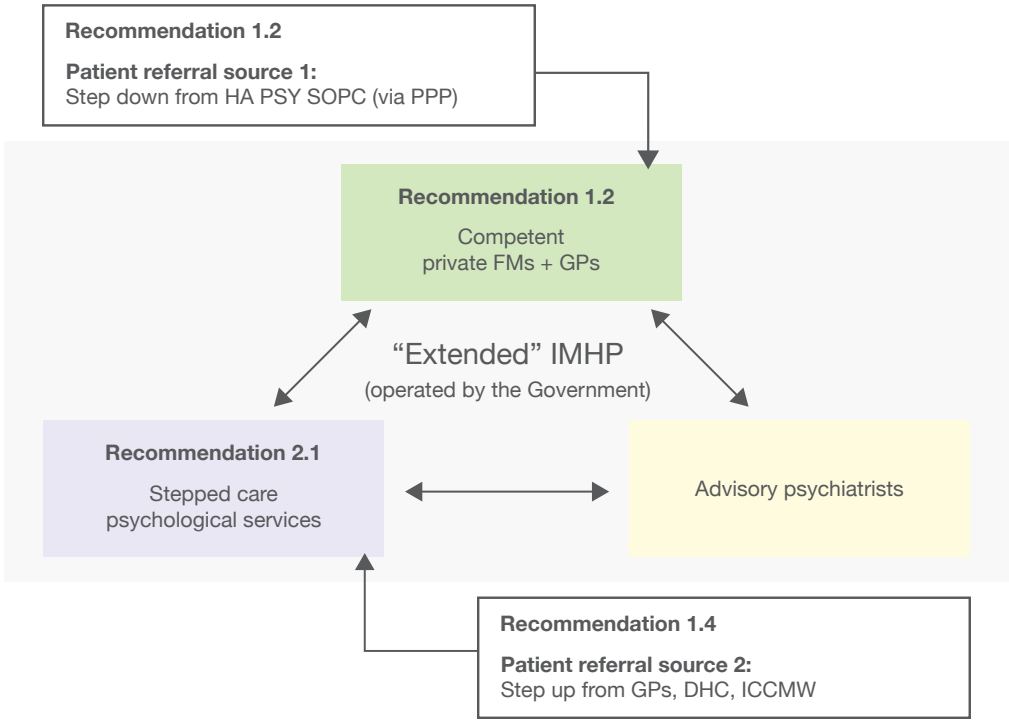
Figure C. **Envisioned stepped care psychological therapies for Hong Kong**



**Social workers**, as a key professional in Hong Kong’s mental health system, carry the expectation of providing evidence-based psychological interventions in addition to basic counselling to persons with mental health conditions in various settings, such as ICCMWs. Beyond training up paraprofessionals to provide interventions, the Government should also upskill and nurture social workers’ professional competency to cater to the surging demand for evidence-based psychological interventions. Often times, the medical nature of mental health, which manifests in complex social problems, is not something that social workers with basic training are trained to provide support for. To better support social workers, the Social Workers Registration Board (SWRB) should consider incentivising social workers to receive training to provide evidence-based psychological interventions, such as through training recognition. Conversely, trained social workers should be leveraged in existing service settings, such as ICCMWs and social service units for at-risk groups.

To further strengthen the availability of formal mental health care, the Government should pilot an “Extended” Integrated Mental Health Programme (IMHP) with private sector doctors. IMHPs in the public sector serve as a prime example of multidisciplinary mental health care by linking GPs and FMs with a key worker and advisory psychiatrist to help persons with CMD in a primary care setting. However, the IMHP remains a small-scale service and is limited in manpower. The Government should create an “Extended” IMHP that empowers private sector doctors to provide primary care-led mental health care with an intention to provide doctors with multidisciplinary support to provide mental health care. Referencing the IMHP model and with risk stratification of patients, private sector FMs and GPs should provide simple pharmacological treatment and care counselling to leverage private sector capacity, while key workers (that could be a paraprofessional providing low-intensity interventions) and advisory psychiatrists from the public/private sector provide stepped care psychological therapies.

Figure D. Envisioned care structure of “Extended” IMHP



## Policy direction 3:

### Hong Kong should leverage mental health support beyond formal care

Beyond providing support for persons with mental health conditions and in the spirit of primary healthcare, the focus of the mental health system should extend to more upstream services that target “well” and at-risk populations, highlighting the importance of **promotion, prevention and early identification**. These services can be provided outside of formal care settings in everyday life. Research shows that Hong Kong people possess poor mental health literacy in identifying subtle mental health symptoms and managing these symptoms (Fung et al., 2021; Lui et al., 2016). The digital space and the workplace serve as desirable settings to encourage adults to seek help when encountering mental health conditions. Therefore, it is necessary to adopt a more informal approach to mental health and to develop mental health services that reach people in their everyday life, such as services in the digital space and workplace.

Digital mental health refers to any service that uses technology to facilitate mental health care delivery, which may span across a continuum of care, from promotion and prevention to intervention and management. As digital mental health continues to develop in Hong Kong, it is notable that the “Shall We Talk” campaign plays a critical role in raising public awareness towards mental health through a series of education and promotion efforts. Regarding promotion and prevention, the Government should explore conducting a full impact study of “Shall We Talk” in promoting the public’s perception of mental health conditions. Additionally, to optimise the use of the online assessment on the “Shall We Talk” website, the Government should improve its signposting function to refer individuals to a specific service that matches their needs after an initial assessment, with an aim to lowering barriers to mental health service entry. Concerning intervention, monitoring, and management services, digital therapies and telepsychiatry services present promising opportunities.

In concert with expanding the range of digital mental health services, the Government should also strengthen workplace and employee mental health. The Government’s efforts in providing mental health support in workplaces is demonstrated by the introduction of the *Mental Health Workplace Charter* (the Charter). In furthering these efforts to enhance the promotion of mental well-being in workplace settings, the Government should spearhead efforts through mandating bureaux and departments to join and sign the Charter. The Government should also commission research to develop a workplace psychosocial risk assessment as part of the Charter that allows companies to have an aggregate view of their company’s psychosocial risks and allows individual employees to have a gauge on their mental health. Additionally, the Charter should be revised to strengthen requirements for improving workplace mental health literacy. This may take the form of mandatory programmes, particularly at the managerial level. Furthermore, signatories to the Charter should be incentivised to provide early intervention services and training to support employees in need. Greater workplace support should also be given to people with mental illnesses, which may include training for managers on how to provide reasonable accommodations for persons with mental illness.

## **Policy direction 4:**

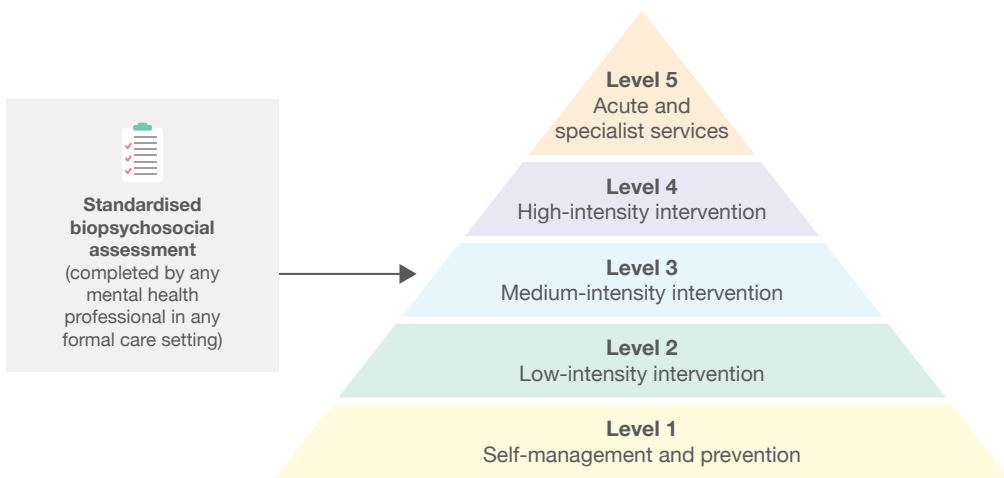
### **Hong Kong must facilitate system-wide integration through exploring the use of a multidisciplinary data communication system and adopting a system-wide standardised mental health care protocol to enhance care experiences**

The multidisciplinary nature of mental health implies that different service providers across sectors are often involved in the care process that may necessitate persons with mental health conditions to repeat their stories to different service providers. Health data communication and standardised care protocols are key in facilitating the integration of mental health services. Australia's mental health system offers an example of an integrated mental health system that uses a secure data sharing platform for all relevant care providers, including physicians and allied health professionals (such as psychologists and social workers). The Australian system also implements a common assessment and referral tool to match patients to the most suitable level of care. In Hong Kong, beyond improving different forms of formal and informal care, the Government must be proactive in taking a system-level approach in ensuring integration and coordination between mental health services. While data privacy remains a major concern in Hong Kong, data communication between multidisciplinary care teams should be explored to facilitate effective and efficient coordination, as should standardised care protocols for assessing patients' needs and guiding mental health practitioners on the best course of treatment.

While various data communication platforms are in place within the HA and beyond, such as the Electronic Health Record Sharing System, consideration should be given to enable medical and psychosocial professionals to access and efficiently communicate via such platforms. To achieve data communication and ensure that relevant care professionals are given timely and appropriate access level to patients' clinical and psychosocial health information, the Government should explore the use of a data system that allows key health and social sector professionals, such as psychiatrists, CPs, social workers, and relevant health professionals, to communicate mental health information. The use of such a data system must also consider patients' data privacy and user autonomy.

In relation to service provision, Hong Kong's mental health system does not generally employ a common assessment tool between all relevant mental healthcare professionals. As a consequence, patients with similar mental health conditions may receive different referrals for care, depending on the professional they seek care from and the metrics that are used. To ensure consistent care quality and referral of patients to appropriate care levels, the Government should consider adopting a mental health sector-wide protocol including a systematic common assessment and digital decision-making tool to standardise diagnoses and follow-up care.

Figure E. **Suggested protocol for mental health services**<sup>[1]</sup>



Note: [1] Australia's mental health system is referenced.

## Policy direction 5:

### **Hong Kong should refine the policymaking process through conducting regular monitoring, evaluation, and review efforts to update its mental health policies and plans**

Underlying all mental health reform is the need for strong mental health policymaking and developing a cohesive set of initiatives that implement previously developed policy. Hong Kong has a mental health policy that presents a visionary multidisciplinary and integrated approach to mental health development, and with it, a series of plans and individual programmes. Despite the abundance of plans and programmes, the mental health system often does not act in an integrated manner that offers well-coordinated services to meet the varying and burgeoning needs of the public. To rectify this implementation issue, the Government should engage in a monitoring, evaluation, and review (M&E) effort to update the policy and attendant plans.

In addition to understanding the mental health system through the lens of service provision, which the Government has actively tracked, it is also critical to review how the service is performing in meeting population health goals. As such, the Government should consider appointing a functional mental health unit, which can be assumed by the ACMH, that is responsible for coordinating mental health policies, plans, and programmes. The Government should consider how to take this forward, including determining an appropriate scope of work and ensuring proper role delineation between the unit and other bureaux and departments. Overall, the Government should dictate a centralised list of key performance indicators (KPIs, also termed “core indicators” by the WHO) that will be used for routine assessment

of the performance of the mental health system. The Government should also ensure that information is available to support KPI tracking. Currently, information that specifically showcases and addresses the mental health needs of the population is generally scattered, missing, or outdated. Furthermore, there are no regular data sources that assess patients' use, experience, and treatment outcome from mental health services. The Government should determine a set of regularised and systematised data sources from which to collect population mental health data and to create a plan for the implementation of data collection.

The Government must also engage in system-level data analysis and synthesis to understand the gaps in service provision for vulnerable populations and potential policy interventions. Key areas for data analysis include: (i) reviewing and updating at-risk groups and relevant interventions in consideration of changes in the society triggered by notable events such as the COVID-19 pandemic; (ii) pushing for a systematic and regularised evaluation process for interventions that assesses their effectiveness and proposes ways forward; (iii) examining the economic cost of mental health care and assessing the cost-effectiveness of different strategies and recommendations. It is also incumbent on the Government to set up regularised documentation and tracking of progress in these arenas, thus highlighting the importance of an iterative M&E process whereby all steps are repeated regularly.

Furthermore, the Government should use collected data and syntheses to review and update mental health policies and plans with actionable objectives and timeframes. With reference to the regularly disseminated ACMH work report that demonstrates regular progress monitoring of the implementation of policy recommendations, the Government should publish a clear implementation plan, which includes measurable targets, specific timeframes, and resource planning. The Government may explore empowering the functional mental health unit to coordinate the execution of the implementation plan under the predetermined timeline.

# Summary of key recommendations

## Policy direction 1

### **Hong Kong must optimise service accessibility through current care models, particularly in non-hospital settings**

- 1.1 The Government should evaluate the workforce size of psychiatrists and clinical psychologists (CPs). This includes considerations for creating a strategic plan for recruiting, training, and retaining psychiatrists and conducting further research into factors contributing to Hong Kong's shortage of CPs.
- 1.2 The Government should apply strategic purchasing to the design of the public-private partnership programme between the Hospital Authority (HA) and private general practitioners (GPs) / family medicine specialists (FMs).
- 1.3 The Social Welfare Department (SWD) should reassess the role of Integrated Community Centres for Mental Wellness (ICCMW) in supporting persons with CMD. This should include reviewing ICCMW service agreements, re-evaluating the role of ICCMWs in providing clinical psychological services and considering corresponding support.
- 1.4 The Health Bureau (HKB) should increase mental health elements of the District Health Centre (DHC) service model to promote holistic wellbeing at the primary care level. The HKB should review service models of DHCs and DHC Expresses (DHCEs), with consideration for the creation of a formal relationship that includes a case sharing protocol between DHCs/DHCEs and ICCMWs.

## Policy direction 2

### **Hong Kong should strengthen formal care models for diverse mental health needs**

- 2.1 The Government should optimise stepped care in the provision of psychological services. This should include the consideration of piloting stepped care psychological services involving DHCs, the leveraging of professionals such as occupational therapists and counsellors to provide a steady manpower supply offering low/high intensity therapy, and consideration of elements that contribute to sustainable stepped care psychological services.
- 2.2 The Government should upskill social workers to cater to surging demand for psychological services. The Social Workers Registration Board (SWRB) should consider incentivising social workers to receive training to provide evidence-based psychological interventions, and these trained social workers should be leveraged in existing mental health services.



- 2.3 The Government should pilot an “Extended” Integrated Mental Health Programme (IMHP) to encourage multidisciplinary mental health care and leverage the private sector doctor workforce.

### Policy direction 3

#### **Hong Kong should leverage mental health support beyond formal care**

- 3.1 The Government should strengthen digital mental health services along the full continuum of care. This includes consideration for conducting an impact study of the “Shall We Talk” platform among the general public, and enhancing the platform’s signposting function by referring individuals to specific services that matches their needs after the initial assessment to lower service entry barriers. Consideration should also be given to normalising the usage of digital mental health for mental health intervention, monitoring and management including the implementation of digital therapies and telepsychiatry services.
- 3.2 The Government should continue to promote workplace and employee mental health. Firstly, the Government should spearhead efforts through mandating bureaux and departments to join and sign the *Mental Health Workplace Charter* (the Charter), and also commission research to develop a workplace psychosocial risk assessment as an extension of the Charter. Secondly, the Charter should be revised to strengthen requirements for providing training to improve workplace mental health literacy. Charter signatories should also be incentivised to provide early intervention services and training to support employees in need.

### Policy direction 4

#### **Hong Kong must facilitate system-wide integration through exploring the use of a multidisciplinary data communication system and adopting a system-wide standardised mental health care protocol to enhance care experiences**

- 4.1 The Government should explore the potential use of a medical-psycho-social data communication platform for person-centred care that is streamlined to relevant healthcare and social sector professionals, as well as to the patients.
- 4.2 The Government should conduct mental health service planning that is operationalised through a mental health sector-wide protocol including a systematic stepped care approach, common assessment, and digital decision-making tool.

## Policy direction 5

### **Hong Kong should refine the policymaking process through conducting regular monitoring, evaluation, and review efforts to update its mental health policies and plans**

- 5.1 The Government should ensure that key performance indicators (KPIs) for the mental health system are in place and initiate regularised data collection to facilitate monitoring and evaluation of progress. To achieve this, the Government can consider setting up a functional mental health unit for coordination purposes in aligning policy goals, financing, and implementation. This Unit should conduct research and determine a set of KPIs that can be used to measure the mental health system and direct efforts for future policy- and plan-making. Subsequently, the Unit should collect data to support assessment of KPIs in a regular and systematic manner.
- 5.2 The Government and relevant authorities should conduct data analyses and synthesis to assess progress towards mental health goals. This includes focuses on: (i) reviewing and updating at-risk groups and relevant interventions in consideration of changes in the society triggered by notable events, such as the COVID-19 pandemic; (ii) pushing for a systematic and regularised evaluation process for programmes that assesses their effectiveness and proposes ways forward; (iii) examining the economic cost of mental health care and assessing the cost-effectiveness of new and existing strategies.
- 5.3 The Government should consider reviewing Hong Kong's mental health policy and publish a comprehensive implementation plan that includes solid implementation timeframes and resource planning.

Please scan the QR code below to access the full research report:



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19/F Nan Fung Tower, 88 Connaught Road Central, Hong Kong

December 2022

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OHK/202212012E

