

Mental Health Challenges and Barriers for Ethnic Minorities in Hong Kong

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Outline of Presentation

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Definition of Mental Health Disorders and Prevalence in HK

- MHD are serious medical conditions that cause changes in emotions, thinking and behaviour . They cause distress and disruption in levels of functioning at work, affects relationships, family life and ability to conduct daily activities.
- Not one cause but inter-connected factors; genetics, chemical and hormonal imbalance, environmental stressors and traumatic incidents.
- MHD can affect anyone at anytime across life span development .
- 1 in 7 people (13.3%) suffer from a Common MHD such as Depression or Anxiety in HK (Lam et al, 2015).
- Only 26% of sufferers consulted mental health professionals
- Stigma – biggest barrier to seeking treatment (Mak et al, 2015)
- Lack of studies done in HK on MH
- EM's are not a priority as viewed as a transient population often misunderstood, overlooked and neglected.

Recovery Orientated Approach (ROA)

- ROA is an integrated, all encompassing, whole person approach to recovery.
- Recovery must be functional not just symptomatic
- Shift from solely focusing on conventional treatment (drugs, therapy) to fostering hope and belief ,connectedness, identity, range of meaningful coping skills, empowerment and a secure base
- Without these elements, recovery is unsustainable.
- Recovery is about having the opportunity to live a meaningful life in the absence/presence of mental illness.

ROA Continued...

- Recovery not synonymous with cure
- Recovery is non linear, non-sequential, complex and multi-dimensional
- Movement from an individualistic to a more collectivist culture towards MH recovery emphasising family involvement (Samson et al, 2014)
- Recovery is the process and outcomes by which and in which a person with a psychiatric disability regains his level of functioning (the being), sense of hope for the future (the becoming) and connection with oneself and others (the belonging)

Ethnic Minorities (EM's) in Hong Kong

- Definition of EM's (Hong Kong Census and Statistics Department & Status of EM in HK, 1997-2014)

“The ethnicity of a person is determined by self-identification. The classification of ethnicity is determined with reference to a combination of concepts such as cultural, origin, nationality, colour and language.

- Total EM's account for 8% of the population
- For purpose of this presentation, EM's are non-ethnic Chinese in particular South and East Asian Minorities. ‘White/Caucasian’ or Foreign Domestic Helpers’ are not included.
- EM's make up 1.8% of the population (112,711) and have been increasing over the last decade: Thai 0.12%, Filipino 0.29%, Pakistani 0.25%, Nepalese 0.36%, Indonesian 0.11% , Indians 0.47%

EM Mental Health Perception

- EM's deny mental illness as a real problem or a mind disease
- Mental health problems are highly stigmatised , considered as a weakness, choice, must be concealed, resulting from a lack of prayer or failure to abide by community's rituals and values.
- Consult peers or to go to a religious leader rather than counselling – network may not have accurate information-affecting appropriateness, timeliness and outcome of treatment.
- Negative perception of counselling due to lack of understanding and education. Seeking assistance from social workers /outsiders implies lack of self sufficiency and self reliance
- Counselling is short-lived for EM's because of lack of cultural understanding and sensitivity from social worker, perceived and actual stigma from self and family, lack of commitment from EM patient, loss of meaning and essence of counselling when interpreted, hard to build trust and connection with therapist, lack of understanding of confidentiality and rights.

Mental Health Challenge -Identity

- Identity – sense of belonging, sense of self, interpersonal acceptance, personal freedom to be who you are.
- Torn between 2 worlds and lack of belonging to either – ethnic origin and HK society
- Strong anti-immigrant feeling despite some EM's living in HK for over 4 generations makes it hard for EM's to establish HK identity and sense of belonging despite longstanding connection and contribution to HK.
- Strong sense of ethnic pride – 90% reported proud of ethnic origin, sticking together and helping each other through difficult times
- 63% of EM Youth identify themselves as both ethnic origin and HK person –highly hybridised sense of identity amongst EM students in HK
- Recent study (TZF , 2018) found that 89.3% preferred to be called something other than EM and suggested the terminology Hong Kong + Indian, Hong Kong + Thai. Revision of term EM.
- Identity has implications for education, health, crime and overall wellbeing.

Mental Health Challenge -Substance Abuse

- Accepted culturally as a coping skill
- Most apparent amongst EM male youth
- More susceptible to drugs than Chinese population due to peer pressure from fellow EM's brotherhood, social isolation and marginalisation in HK life.
- 60% of EM youth lack knowledge about drugs and effects (Kely Support, 2012) .

Mental Health Challenge -Domestic Violence (DV)

- 4.7% of total DV cases recorded by SWD were related to EM victims
- Many cases of DV go unreported due to shame, stigma and fearful consequences by family members for speaking out/getting help.
- Failure of victims to identify themselves as being domestically abused due to different cultural standards of acceptable behaviours . E.g. Indian women reporting case of abusive husband is contrary to being a good wife – self –sacrificial vs self preservation .
- Serious shortage of shelters spaces for EM DV victims and lack of social provider cultural competencies.

Obstacles to Recovery –Language

- Language is the biggest barrier in cultivating inclusion, integration and sense of belonging for EM's and impacts all areas ; information access, public services, understanding of human rights, healthcare, employment and education.
- 52.1% of EM Youth feel that language is their greatest challenge (TZF, 2018)
- Creates connectedness and hope for EM's
- 51.8% of EM's speak Chinese (excluding reading and writing) compared to 98.8% of local population puts EM's on the periphery despite willingness to contribute to society.

Language- Education

- Lack of equal access to schools leaving EM's no choice but to go to EMI or designated schools resulting in defacto racial segregation of EM students from Chinese Students.
- Mainstream schools not equipped to teach EM's, inability to access other curriculum subjects as delivered in Chinese.
- Secondary School attendance rates EM's 76.2% and HK 86% (Kapai, 2014). Higher rates of dropout from secondary school in EM's aged 13-17 compared to local Chinese.
- Hong Kong hasn't developed Chinese as Second Language Curriculum (CSL) which puts EM's at a disadvantage impacting entry into tertiary education and job prospects.
- Proficiency levels on graduation remain at P2 or P3 level for EM's inadequate for higher education or vocational training opportunities resulting in low rate of university attendance compared with HK Chinese counterparts.

Language - Employment

- 9.6% of EM youths regard career prospects as greatest challenge.
- 75% of EM's are in elementary occupations such as catering, construction work or manual labour jobs, earning lower monthly income as population as whole.
- Monthly median income amongst EM is generally lower than the whole population except for Indians (HK\$9.3K vs HK\$12K) – affects security, empowerment and hope. Poverty rate amongst EM's is higher than the average HK person.
- EM's are grossly underrepresented in civil service jobs
- Majority of EM's experienced challenges in the workplace e.g. communication problems with supervisors, unequal treatment at work and different standards compared to Chinese population.
- EOC has a Code of Practice to protect against racial discrimination at work but this is not widely distributed. EM's don't know their rights.

Language - Healthcare

- All HK residents are entitled to equal access to healthcare regardless of their socioeconomic status, race or religion
- More than a third of EM's experience communication problems with hospital staff making them unable to fully express their health concerns and problems to doctors and nurses, e.g. Panadol therapy
- Onsite translators at all public hospitals in a number of EM languages but service only available for advanced booking – unavailability for emergency services poses significant danger – social exclusion .
- Insufficient mental health support for EM - lack of access and service providers are mainly NGO's, questionable quality of care, training and experience.

Obstacle to Recovery - Racial Prejudice and Discrimination

- EM's face discrimination on grounds of race, culture, immigration status and nationality.
- Survey showed that racial acceptance was lowest for all categories of Indians and highest for Chinese and Caucasians (Racial Acceptance Report , 2012)
- Hari and Andrew's case. Are EM's treated equally with same kind of urgency as Chinese ?
- Racial discrimination and prejudice is evident against EM's - witnessed in range of different settings - public transport, hospitals, landlords, estate agents , workplace ,(Racial Acceptance Survey, 2008 & 2015). E.g. Sham case

Recommendations

1. Minimise language and cultural barriers: (focus on education and employment)

- Develop Chinese as a Second Language Curriculum (CSL) and implement it at schools giving EM's the opportunity better chance to gain proficiency in the language. Put an end to segregation of schools for better integration.
- Provisions must be made to give EM's the opportunity to pursue tertiary education and skilled professions by having a CSL entry requirement.
- Curriculum needs to be more diverse focusing on culture and heritage , belonging, respect and equality. Education curriculum does not facilitate inclusion and diversity amongst different religions.
- Provide information and education to EM youth parents about schooling

Recommendations

2. To promote recovery and mental wellbeing:-

- Provide Mental Health Education and Counselling Services in main EM languages – assessing and monitoring quality, scope, training (**currently only by NGO's**)
- Train counsellors to have deeper understanding of cultural challenges , sensitivity and preferences experienced by EM's including in DV shelters.
- Grow the number of EM social workers, teachers, peer workers, counsellors – Role models for EM youth and understand the challenges of EM's.

3. Build a supportive and integrated community

- Improve access to public information and service provision for EM's - Basic human right as a HK citizen i.e., housing scheme, minimum wage etc.
- Revise the term EM and replace it with Hong Kong + to encompass hybridised sense of identity. e.g. Hong Kong Thai, Hong Kong Indian.
- Public education campaign to end racial discrimination and stereotypes of EM's.
- Monitor the impact of the employment charter for EM's
- Build community centres for EM's in the specific districts where communities are

Current EM Mental Health Service Providers

Government has attempted to integrate EM's into community and enhance their access to public services through NGO's - 6 designated support services centres and 2 sub-centres for EM's.

- Public Health Care System – long waiting times, problem's with language, interpreters, lack of cultural understanding, racial prejudice
- Hong Kong Christian Service – provide information, classes and interpretation for EM's.
- St John's Cathedral Counselling Service provide multilingual services on a sliding fee.
- Resources Counselling Centre – provides counselling in 7 different Indian languages – sliding fee based on income
- New Life Psychiatric Rehabilitation Association /Fu Hong Society– welcomes EM's into half way houses, hostels and long residential stays but lacks counsellors with multilingual skills.
- Integrated Comm. Centre for Mental Wellness – counselling and public mental health education for EM's.
- Be The Change – provides free counselling in Hindi for EM's
- Rain Lily – Provides counselling in some EM languages for Domestic Violence cases
- New home Association :- range of education, counselling, after school classes for EM's.

Current EM Mental Health Service Providers

- Christian Action – support, classes, interpretation and counselling for Em's in South Asian languages.
- Drug related services : Methadone Clinic – EM's found it hard to integrate, affiliation with Christianity, racism and discrimination – need a more religion neutral service.
- The Zubin Foundation – promoting EM awareness, reducing barriers and offering services to EM Women (Call Mira Hotline for SE Asian Women)
- Hong Kong Community Network- integration and information for EM's youth
- Chomolongma Multicultural Community Centre- range of services for EM's in different EM languages.
- CHEER and TEAM – Free translation hotline

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