

The role of social workers in the Hong Kong psychiatric service

JLC Ma

The role of social workers within the Hong Kong psychiatric service is not satisfactory. This paper argues that these roles should be flexibly re-examined and revised, so that the needs of mentally ill patients and their families and new challenges faced by the mental health service can be met. To enhance service quality, social workers employed in a psychiatric setting need to improve their manpower ratio, gain professional knowledge, be involved in clinical supervision, coordinate teamwork, assume an active role in policy change and advocacy, and engage in empirically based research.

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Introduction

The drug revolution in psychiatry and changes in ideology and practice have resulted in deinstitutionalisation and the short-term hospitalisation of mentally ill patients in the West and Hong Kong. Custodial care has supposedly been replaced by community care. In the United States, the average duration of hospitalisation for patients with serious mental disorders such as schizophrenia has decreased in some cases from 18 months to approximately 15 days.¹ In Hong Kong, the length of hospitalisation for psychiatric patients has been shortened from an average of 124 days in 1994 to 114 days in 1996.² Successful community care requires careful discharge planning by multidisciplinary mental health teams and better service coordination between the family and mental health and social welfare services.

Socio-cultural factors shape a patient's ability to cope and adjust,³ and a purely biomedical model is not adequate for treating mental illness. Thus, social workers, through their professional competence, can improve the social functioning of their clients and thereby contribute to the mental health service.⁴ The psychosocial assessments and interventions made by social workers also help to demystify the pathology of the patient's problem(s) and expand the management scope from the individual to family and societal levels.

However, the contributions of social workers to the psychosocial care of mentally ill individuals and their families are limited in Hong Kong, especially social workers who are employed by the Social Welfare Department (SWD). Their roles have been circumscribed by the amended Mental Health Ordinance (1989) and by government policy, rather than being directed by a professional mission and the needs of mentally ill people and their families. In the next century, our mental health service will be expected to take care of increased numbers of people suffering from mental disorders with significant psychosocial determinants and more chronically ill and aged patients who have different social difficulties (eg unemployment or lack of family support). Changing demographics (eg the ageing population and decreasing household size) will leave an increasing number of chronically ill and aged patients without employment, family support, or residential care. The mental health service will be called on to provide not only medical but also social support. It is timely for social workers in psychiatric settings to examine their roles and functions in the light of the above expected changes.

This paper examines the current performance of social workers in Hong Kong psychiatric settings only (including mental hospitals, day hospitals, and out-patient clinics). The performance of social workers in other settings related to the mental health service (eg the Family Service, School Social Work Service, or Rehabilitation Service) will not be discussed. The paper also identifies factors accounting for the limited contribution of social workers to psychiatric services and proposes ways of improving their work performance in the future.

Department of Social Work, The Chinese University of Hong Kong, Shatin, Hong Kong
JLC Ma

Correspondence to: Dr JLC Ma

The current situation

From the establishment of the 'almoner' role in the health care service in 1939, and until 1982, the Medical and Health Department ran the medical social service in Hong Kong. In 1982, the medical social service was transferred from the Medical and Health Department to the SWD.⁵ Since the establishment of the Hospital Authority (HA) in 1989, medical social service has been provided under a dual system. In the three psychiatric hospitals and the five psychiatric units of general hospitals, medical social workers are staff of the SWD (Schedule I). In the psychiatric units of two non-government hospitals under HA administration (the United Christian Hospital and Caritas Medical Centre), medical social workers are considered to be employees of the HA (Schedule II).

Mental health social workers are responsible for assisting the mentally ill and their families in overcoming social and emotional difficulties—for example, difficulties linked to finances, work, accommodation, family matters, and interpersonal relationships. Through the provision of tangible services, resource mobilisation and psychosocial intervention at the individual, family, and societal levels, social workers in the psychiatric service help mentally ill people and their families achieve optimum social functioning.

Having amended the Mental Health Ordinance in 1989, the Hong Kong Government approved SWD social workers carrying out statutory duties stipulated by the amended Mental Health Ordinance (1989).⁶ Duties included the management of psychiatric emergencies, supervision of conditionally discharged mental patients living in the community, and the preparation of social reports for applicants who appealed to the Mental Health Review Tribunal for discharge.

Local research findings^{1,7-9} show that mental health social workers' professional time and energies are spent in psychosocial assessments, the arrangement of tangible services, mobilisation of community resources, and statutory duties. Drolen¹ found that social workers at the Castle Peak Hospital spent most of their time solving practical problems with patients, families, and staff, and performing assessments and paperwork. Those interviewed recognised the importance of family in the care of the mentally ill and wished to spend more time doing family work.⁸ Chiu⁹ modified Drolen's questionnaire and interviewed

mental health social workers in the SWD and in non-government social service agencies and obtained similar findings. Participants in Chiu's study thought themselves more competent in "developing discharge plan", "collaborating with aftercare worker", and "coordinating hospital and community service", but less competent in the areas of mental health policy and research.⁹

In summary, social work practice in Hong Kong psychiatric settings is passive, piecemeal, and remedial, and not much professional time is devoted to psychosocial intervention.

Performance of social workers within the local psychiatric service

There are four reasons that account for the unsatisfactory performance of social workers in Hong Kong: (1) the heavy workload; (2) a lack of specialised professional knowledge; (3) the failure of the social worker to be integrated into the multidisciplinary team; and (4) a paucity of empirically based practice research.

Reduction of current workload

The workload of social workers in the psychiatric service is very heavy. The manpower ratio, based on the norm of one medical social worker to 90 hospital beds, adopted by the Medical Development Advisory Committee 20 years ago in 1979, has not seen any improvement despite developments in other areas over the past decade. This calculation fails to take into account the discharge rates of in-patients and day patients. From 1996 to 1997, there were a total of 143 social workers (138 SWD social workers and five HA social workers) serving a total of 10187 discharged mentally ill patients.¹⁰ Approved social workers had to be on call after office hours for 1 week three times per year to deal with psychiatric emergencies, in addition to the normal workload. Using the Kwai Chung Hospital as an example, there are 1582 hospital beds and 15 SWD social workers (12 assistant social welfare officers and three social welfare officers). The same number of social workers had to take care of 3008 patients discharged from the hospital wards and the day hospital from 1996 to 1997.¹⁰ Recognising the work overload being borne by SWD social workers, and with the intention of improving patients' psychosocial care, the Kwai Chung Hospital used its own resources to employ two additional social workers—one each to work in the Patient Resource Centre and the Substance Abuse Assessment Unit.

Social workers' lack of specialised knowledge

Mental health social workers often lack specialised knowledge, which would help them do their work adequately. The basic professional training is a bachelor's degree in social work. As undergraduates, all would have attended a course in abnormal psychology or mental disorder. This background is inadequate. To deal with the knowledge gap, however, the SWD has organised a 12-day training course for new social workers posted to the psychiatric service. The course is popular, drawing enthusiastic responses from front-line workers and reflecting the strong training needs among young social workers in this area. Unfortunately, this course is not sufficient to help mental health social workers develop any professional expertise.

Critical review of working experiences and continuous staff development are needed. Staff development in terms of live supervision, video-review, and clinical demonstrations has seldom been offered. Besides, experience is unlikely to accumulate under the present personnel policy of the SWD, which requires that a social worker be transferred every 3 years to gain professional exposure to different types of social services. This is one of the reasons why health care professionals in Hong Kong are more satisfied with the work performed by the medical social workers employed under Schedule II (the HA) than the roles performed by the medical social workers of Schedule I (ie SWD staff).⁷ Unsurprisingly, there are few experienced and knowledgeable social workers working in mental health. The majority are generalists, not mental health specialists.

Integration of social workers into the multi-disciplinary care team

Due to the frequent staff rotation and postings to different services, mental health social workers have trouble becoming part of a multidisciplinary team. Good teamwork requires mutual understanding, trust, and support between the different team members. On the one hand, a social worker needs to learn about the leadership style, personalities, and work styles of the different team members and the operational characteristics of a particular team. On the other hand, it also takes time for the other team members to learn about the work of social workers, recognise their significant contribution to the overall psychosocial management of mentally ill people, and appreciate their creativity in service development.

Dearth of empirically based practice research

There is a dearth of empirically based practice research and consequently, locally relevant and culturally

applicable data that could be used by front-line social workers and policy makers are absent. In the past decade, a few studies have been conducted in Hong Kong to examine the effectiveness of individual treatment models for patients with different kinds of mental disorder, such as social skills training for people with schizophrenia¹¹⁻¹³ and cognitive-behavioural therapy for adults with mental health problems.¹⁴ The studies indicate that despite the socio-cultural differences, treatment approaches developed in the West (after appropriate cultural modifications have been made) are applicable in Asian societies. The studies also show that mental patients in Hong Kong (including those who have a serious mental illness) benefit considerably from psychosocial treatment. The same can be said for families of mentally ill people.

A local study¹⁵ has been conducted to identify the factors that influence cancer patients' adjustment to having a likely terminal illness. However, no study examines psychosocial factors that affect coping and adjustment in mentally ill people. No attempt has been made to introduce an efficient system of psychosocial assessment (on the basis of which mental health social workers can screen and differentiate poorly adjusted patients and families from the better adjusted) and to evaluate this screening system accordingly. Studies that assess the effectiveness of a hospital-based social work service in meeting the psychosocial needs of mental patients and their families are rare. The demonstrated effectiveness and efficiency of a hospital-based social work service would provide convincing evidence for policy makers to fight for additional manpower and to develop new services.

In 1989, the SWD prepared a manual⁶ informing approved social workers of the proper guidelines and procedures for performing the statutory duties stipulated by the Amended Mental Health Ordinance (1989); but a working manual is not as useful as practical knowledge. The latter can best be developed through the review and consolidation of practice wisdom with the aid of scientific research methods. The practical knowledge generated will have great clinical utility for social workers. In short, inadequate manpower is not the sole reason for the unsatisfactory performance of social workers in the Hong Kong psychiatric service. Policy makers need to address the outlined critical issues to help social workers improve service quality. Besides, social workers need to be equipped to deal with the increasing number of people with mental disorders that are more psychosocially determined, the mentally fragile elderly, and chronically or mentally ill patients.

Future challenges

The population in Hong Kong is estimated to reach 6.93 million in 2001 and 7.36 million in 2006.¹⁶ The Hong Kong population is ageing, economic growth is declining (with the rate of gross domestic product growth dropping from 5.2% in 1997 to approximately -0.2% in 1998),¹⁷ and the unemployment rate is increasing (having increased from 2.0% to 5.8%).¹⁸ In the future, our mental health service will have to take care of more people suffering from mental disorders with a psychosocial aetiology, a rising number of elderly at risk of developing mental problems, and more chronic mentally ill patients and their families. Another challenge will be to lower the cost per patient.

Mental disorders with significant psychosocial determinants

Recent local studies^{19,20} have estimated that the number of Hong Kong people with mental disorders that have a significant psychosocial cause (eg generalised anxiety disorder, alcohol abuse or dependence, depression) is high, being approximately 680 000 (ie approximately 10% of the population). The mental health of Hong Kong children and adolescents is by no means more favourable. Wong²¹ has found that about 16.3% of children suffer from various types of mental disorder, including emotional disorders (8.8%), mixed disturbance of emotion and conduct (3.0%), conduct disorder (2.0%), hyperkinetic syndrome (1.0%), and Gilles de la Tourette's syndrome (0.4%). Shek²² surveyed secondary school students and identified 23.7% of the respondents as being in need of professional attention; another study²³ found that nearly one third (31%) of the adolescents queried were severely depressed.

As the aetiology of these mental disorders is psychosocial in nature, drug treatment will not be suitable or effective and some kind of psychosocial treatment is necessary. For example, in the case of a woman suffering from depression after the sudden death of her husband, a social worker needs to offer supportive counselling to her and her children to help them face the loss and go through the grieving process, help the family reorganise itself, and provide resources and services (eg financial assistance, help with childcare), if necessary. In the case of a school-age child with a disruptive behavioural disorder who has been expelled from school, the social worker (by his or her knowledge of community resources) could assist the family in finding a suitable school placement for the child and liaise with different professionals to ensure that the child will benefit from the new school placement. If

the available service is poor, the social worker may need to fight for service improvement and advocate policy changes. Besides taking up the role of the case manager, the social worker needs to assume the role of counsellor to the family and empower the parents in their parenting.

The above two examples illustrate the contributions that social workers can make in a psychiatric setting. A high-quality social work service will be able to meet the psychosocial needs of patients, take care of the needs of their families, reduce the cost of the overall psychiatric service by sharing part of the psychiatrist's clinical duties (in psychosocial care), and, most importantly, ensure that comprehensive care is rendered to patients and their families.

Increasing number of elderly with mental health problems

Advances in medical care and improvements in nutrition have lengthened the life expectancy of Hong Kong people. In 1997, the life expectancy was 76.1 years for males and 81.6 years for females. In 1996, those aged 60 years and older constituted 10.1% of the population; this percentage is expected to increase to 11.2% in 2001.¹⁶ The physical health of Hong Kong's senior citizens is comparable to the elderly in neighbouring countries, but their mental health problems are more serious.²⁴ These mental health problems range from minor emotional problems such as negative feelings, boredom, and dissatisfaction towards life, to serious mental problems such as an inclination to suicide, depression, and cognitive impairment. A local study²⁵ estimates that 6.5% of elderly men and 15.1% of elderly women are cognitively impaired; the estimated dementia rates range from 10.6% to 12.4%. The rate of suicide attempts among elderly people has increased markedly over the past 15 years.²⁶ From 1982 to 1986, 30% of the 2700 people who attempted suicide were aged 60 years and older²⁶; the rate of suicide attempts among elderly people in Hong Kong has been estimated at 0.08% (80/100000) in 1994.²⁷

The immediate family could ideally take care of the mentally fragile elderly. However, evidence suggests that the burden of care may be too heavy for families to take over. For instance, the average household size decreased from 3.7 persons in 1986 to 3.3 persons in 1996.¹⁶ The percentage of three-generation families dropped from 14% in 1986 to 11% in 1996, indicating that many of the elderly do not live with their children. The informal caring network for the elderly is weak, as nearly 40% of the elderly population

are widowed, 5% have never married, and some are separated or divorced. Taking care of a mentally fragile elderly person in a crowded living environment like the one that exists in Hong Kong is difficult. Even when family members are available, residential care is often preferred to home care. Unfortunately, the existing residential services cannot meet the demand. The severe shortfall in available residential care has aggravated the problem of caring for the elderly.²⁴

The government has tackled the problem through its policy of “care-in-the-community” and “ageing-in-place”, which has meant that new services such as an additional Community Psychogeriatric Team²⁸ and community networking through the mobilisation of volunteers have been established. As a member of the Community Psychogeriatric Team, a social worker should actively reach out to the needy elderly in the community, especially those living alone who have poor social support, rather than waiting passively for referrals from mental health professionals. Ensuring adequate social care to the mentally fragile elderly and at the same time continuing to give support to carers are two challenges that mental health social workers have to seriously consider.

The mounting need for social care of chronic mentally ill patients

The optimistic attitude towards the care of mentally ill people brought about by the drug revolution of the 1950s and the deinstitutionalisation movement has been shattered by the subsequent ‘revolving door’ phenomenon, whereby discharged mental patients find refuge in jail or end up living on the streets.²⁹ This phenomenon has to be avoided and calls for a range of community support services directed at the long-term care of the mentally ill and their families.

The experience in Hong Kong seems to be more positive. The slow development of the mental health services has enabled the government not to repeat the mistakes of the West. Consequently, the Hong Kong Government did not close down its mental hospitals and set down a policy of community care for mentally ill people and their families.³⁰ It also decided to locate medical care for psychiatric patients in units attached to District General Hospitals. In practice, the government has encouraged non-government organisations to build mini-institutions for the mentally ill in the community (eg long-stay care homes and large multi-service centres), which show that the government has not adopted a genuine policy of community care and integration.

A disheartening trend has emerged. Mental patients in Hong Kong are being repeatedly hospitalised. Re-admitted patients accounted for 58% of total admissions in 1988 and this figure increased to 63% in 1992.³¹ These figures suggest that the condition of many mental patients has become chronic. The high re-admission rate is in part because more than half of the psychiatric population has schizophrenia and is prone to relapse and chronicity if not properly rehabilitated and supported.³² The high re-admission rate also reflects the inadequate community-based rehabilitation services, which are defective both in quality and quantity.³³

The needs of chronic mentally ill patients are different from those of patients in psychiatric crisis. Patients with chronic conditions need vocational assistance and employment opportunities, housing, information related to their disease, and social support. All these are significant factors and affect the quality of life of chronic mentally ill patients.³⁴

The contribution social work services can make to enhance the quality of life of mental patients and their families is well documented in the West^{35,36} and in Hong Kong.^{37,38} In the West, psychosocial care service programmes such as the Program for Assertive Community Treatment (PACT)³⁵ and family-based management schemes³⁶ have been effective in reducing rehospitalisation rates; increasing employment, social contact, and life satisfaction; improving the quality of family life; and increasing drug compliance. In Hong Kong, the results of two aftercare service projects^{37,38} have also indicated the effectiveness of psychosocial care. The re-admission rate for patients in these projects is low, which in turn reduces the cost of hospitalisation. Their employment prospects and incomes were better, they were more law abiding, and enjoyed a better quality of life.^{37,38}

But the majority of chronic mentally ill patients in Hong Kong are less fortunate than the participants in these two aftercare service projects. Social care is minimal and fragmentation of service is common. A study of 101 schizophrenic patients³⁹ has shown that for more than 60% of patients, quality of life was below the average for Hong Kong people. These patients named psychotropic medications as their most frequently used coping methods; they did not rely much on professional help and support to meet their psychosocial needs, simply because of the limited access to services. In a study of 80 chronic schizophrenic patients, Leung⁴⁰ found that 60% of the respondents viewed themselves as lacking in ability, and about 30% regarded themselves as “good for nothing”.

The quality of family life is no better than that for affected families in the West.⁴¹⁻⁴³ A study of 652 carers shows that 80% felt a heavy burden in emotional health, ability to sleep, and family finances; 60% were in constant fear of the patient having a relapse.⁴¹ About 31% of 60 caregivers in Wong's study⁴² were at risk of developing mental problems. Sun and Cheung⁴⁴ reported that 50% of families with schizophrenic relatives did not function well, particularly in affective responsiveness, roles, and behaviour control; they also had difficulty managing the patient's residual and negative symptoms. The results of these local studies, however, should be interpreted with caution because of their small sample size.

Mental health professionals generally dislike working with chronic mentally ill patients because of the associated low work satisfaction. Because of the lack of human resources, psychiatrists have to stretch their professional time and energies to deal with psychiatric emergencies, perform clinical duties in out-patient clinics, and conduct regular hospital work. In practice, they can spare little time for the ambulatory care of these chronically ill patients. Social workers, in collaboration with others such as community psychiatric nurses and occupational therapists are in the best position to fill the service gap and to provide continuous care to these chronically ill patients.

Improving the role and performance of social workers in the Hong Kong psychiatric service

Given the present limited contribution of social workers to the psychiatric service and the expected increase in number of neurotic patients, mentally fragile elderly, and chronic mentally ill patients, policy makers should aim to improve the service quality. The following needs must be met: (1) improvement of the manpower ratio; (2) specialisation of professional practice; (3) strengthening of clinical supervision by encouraging more live supervision and implementing videotape review and clinical demonstrations; (4) achievement of better cooperation and collaboration with other mental health professionals; and (5) promotion and development of locally relevant and culturally applicable practice research.

Improving the manpower ratio

To ensure that medical social workers can perform essential functions, the setting of manpower norms should take into account the total in-patient and day-patient rate of discharge. It is suggested that the existing manpower ratio should be changed from one social

worker to 90 hospital beds to one social worker per 70 hospital beds. For those social workers based in psychiatric clinics, the maximum workload should follow the standard of family service—that is, one social worker to 70 cases. Recent studies⁷⁻⁹ have shown that financial assessments consume most of their professional time and energy, which makes it impossible for work on psychosocial assessment and intervention to be done. Adequate support from the Social Security Service of the SWD should be made available to the hospitals and psychiatric clinics.

With an improvement in the manpower situation, mental health social workers would be able to concentrate on psychosocial intervention. Instead of waiting passively for referrals, they would have time to identify those mentally ill patients who have poor social adjustment, and provide an appropriate service. Family-based social work intervention should be emphasised. Families are assets both to patients and to mental health professionals.

The pressing need for specialists

There is a longstanding argument within the social work profession as to whether it is better to develop as a generalist or a specialist. The former has basic understanding and knowledge of different services. For example, a high-level administrator needs to have an appreciation of different service needs and demands. Nevertheless, a generalist can be criticised as “a jack of all trades and master of none”.

Compared with a generalist, a specialist is in a better position to lead a team of novices and inexperienced social workers. A knowledgeable mental health social worker can easily win the trust and respect of other mental health professionals. Most importantly, their competence will mean that they can handle complicated cases with ease. Having an in-depth understanding of the service, the specialists will be able to identify existing service gaps and suggest constructive ways to improve the service outcome.

The personnel policy of a large government department like the SWD should be flexible enough to identify suitable candidates and design appropriate career plans for them along these two lines. Regular rotation of posts may be useful for generalists but is definitely inappropriate for specialists, such as mental health social workers, because a specialist requires time to build up expertise. Hence, it is recommended that the SWD should post young and inexperienced social workers to three different services in their

first 3 years of service (eg Probation Service, Family Service, Medical Social Service) to broaden their experience. Thereafter, rotation should cease so that each social worker can develop specialised knowledge in a single area.

Clinical supervision of mental health social workers

Competent mental health social workers need to have certain professional qualities. Firstly, they should transcend the prevailing societal attitude toward mental illness (stigmatisation) and adopt a biopsychosocial approach to understand the social difficulties faced by the mentally ill and their families (especially how socio-cultural factors have an impact on coping and adjustment). Secondly, they should have a wide range of practical experience to effect changes at the individual, family, and societal levels. Thirdly, as a helping professional, social workers need to have a genuine interest, concern, and dedication to the total well-being of the mentally ill and their families. Fourthly, recognising the use of self as the most effective therapeutic tool, they should continuously expand and develop their clinical skills. Novice social workers can acquire these professional qualities if they are guided by competent clinical supervisors under a systematic training scheme. This training should include live supervision, video-review, clinical demonstration, and case conferences. In the short term, the provision of clinical supervision may need to tap into additional human resources. But in the long term, it will guarantee better service outcomes and reduce the cost of service provision.

Hence, it is recommended that in addition to the present 12-day course on mental health social work, the SWD should establish a 1-year intensive training scheme for new mental health social workers. It is further suggested that this training course should be evaluated, if it is to be really effective. In addition, the SWD and the HA should cooperate and collaborate closely with local universities to design and develop courses at the postgraduate level for mental health social workers.

Better teamwork is vital

Good teamwork is the best way to meet the multiple needs of the mentally ill and their families. Teamwork pools the resources and expertise of different professionals, who together, can formulate and implement a comprehensive management plan for patients, monitor patients' progress, and revise the management plan accordingly. It is extremely important for mental

health social workers to integrate themselves into a multidisciplinary team since they can identify gaps in the service and mobilise the efforts of other team members to meet the various needs of patients. While mentally ill patients may appear to be under the care of various professionals, they are in reality 'nobody's children'. This situation occurs frequently in large mental hospitals, which can be bureaucratic and unfriendly.

The increased participation of social workers in a multidisciplinary team not only benefits the patients and their families but also allows professional development of the social workers. Indeed, teamwork is conducive to mutual learning, mutual sharing, and mutual support. It is also a collective force for policy advocacy, such as urging the HA to open evening out-patient clinics for neurotic patients.²⁰ Policy advocacy is better when orchestrated by a multidisciplinary team than when done by social workers alone.

It is recommended that mental health social workers should participate actively in interdisciplinary case conferences, seminars and discussions, prepare well for all these occasions, and let other team members know what they have been doing for the patients and their families. They should learn the different professional languages necessary to enhance communication with different mental health professionals such as psychiatrists, clinical psychologists, psychiatric nurses, and occupational therapists. With a professional mission for social reform and social justice, social workers should mobilise the multidisciplinary team to engage in policy advocacy to close the service gaps. Frequent staff rotation should cease, and an incentive scheme should be organised so that social workers who have successfully integrated themselves into the team get rewarded professionally.

Empirically based practice research

Empirically based practice research should be encouraged through the joint efforts of the SWD, the HA, and academic departments of the local universities. There are several directions that future research could focus on. Firstly, there is a need to identify factors that affect patients' effective coping and adjustment. Modes of practice need to be developed, based on these results. Secondly, an attempt needs to find answers to the following research question: which are the effective ways to tackle or alleviate the social and emotional difficulties that confront mentally ill people suffering from a particular mental disorder such as schizo-

phrenia, affective disorder, or dementia? Thirdly, there has to be a process and outcome evaluation of the suggested psychosocial assessment system and the modes of practice developed, with a special emphasis on whether it is more cost-effective and efficient in meeting the new challenges faced by the public mental health service. Finally, all new services need to be evaluated.

Conclusion

A balance needs to be struck between improving the existing performance of mental health social workers and preparing them to face new challenges brought about by the anticipated greater service demand. Five policy measures have been proposed to raise service quality: improvement of the manpower ratio, specialisation of professional knowledge, strengthening of clinical supervision, better teamwork, and the development and promotion of empirically based practice research. What will be needed is resolute action by the government so that these recommendations are put into practice as a matter of priority.

Social workers in Hong Kong psychiatric settings must spend more time on psychosocial intervention and aim to achieve changes not only at an individual level but at higher levels: family, organisational, and societal. Their present mode of practice of providing tangible services in a passive, piecemeal, and ad hoc manner should be recognised as inadequate, and a move towards offering a proactive and comprehensive service for mentally ill patients and their families should be encouraged by all.

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