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Immigration Department
The Government of the Hong Kong
Special Administrative Region

17 March 2009

Clerk to Panel on Security
Legislative Council Secretariat
Legislative Council
Legislative Council Building
8 Jackson Road, Central
Hong Kong

(Attn.: Mr Raymond Lam)

Dear Mr Lam,

Immigration Wellness Service Centre
Interim Service Review

During the visit to Immigration Department on 20 November 2008 by members of Panel on Security, the Hon Emily Lau Wai-hing, JP asked for information on the service provided by our in-house Clinical Psychologist (CP).

The CP is employed under Non Civil Servant Contract terms who started her service with this Department since 17 March 2008 and was responsible for the operation of the Immigration Wellness Service Centre (IWSC). To facilitate members of the Panel better understand the service provided by our CP, we have prepared the attached interim service review on IWSC for members' information.

Yours sincerely,

Corrado Chow
for Director of Immigration

Immigration Wellness Service Centre

Interim Service Review (March 2008 – February 2009)

(I) Background

Owing to the ever-increasing workload and demand on service standard from members of the public over the past decade, our staff have been working in a very stressful environment. The number of Health Impaired Officers (HIOs) in the department, particularly those with psychological symptoms, is on an increasing trend. As of 1 May 2007, 81 (about 26%) out of the 314 HIOs in the department suffered from psychological problems. Statistics in May 2007 also suggested that the percentage of staff diagnosed with psychiatric illness in the department topped all disciplined forces in Hong Kong.

(II) Formation of the Immigration Wellness Service Centre (IWSC)

2. To provide professional counselling service to staff and assist the management in formulating and implementing programmes for the psychological well-being and mental health of staff, the department has employed a Clinical Psychologist (CP) since 17 March 2008. A service centre, namely the Immigration Wellness Service Centre 「入境處聆心服務中心」, short-titled IWSC, also came into operation on the same day. Under the current arrangement, the CP was employed on non-civil service contract terms owing to resources constraint. This should, however, only be an interim measure as a permanent CP post is considered essential to formulate long-term plans in sustaining a psychologically healthy workforce and implementing

preventive measures against stress.

(III) Mode of Operation and Interim Evaluation

3. The scope of duties of the CP are two-fold, namely at the individual level where clinical psychological services are provided on a one-to-one basis and at the departmental level where psycho-education and supportive initiatives are implemented to tie in with departmental well-being plans.

Individual Level – Mode of Operation

4. At the individual level, the CP aims at applying psychology in understanding and treating psychological problems encountered by staff through one-to-one psychological intervention. The main goal of psychological intervention is to enhance an individual's psychological well-being and positive development; to promote his ability to manage stress, interpersonal conflicts and emotional distresses that arise from maladjustment to changes in life; and to alleviate distress brought about by developmental crisis, social hazards, trauma and chronic illness.

5. The mode of operation involves psychological assessment by means of standardised tools, clinical interviews, case conceptualisation and psychotherapy. Subsequent in-depth case analysis will then enable the identification of the source of psychological problems and development of effective treatment plans. The CP also renders same-day priority service for staff and their family members in urgent need. For those assessed with suicidal risk and serious

emotional instability, the CP will recommend medical support such as hospitalisation and psychiatric consultation. A psychological intervention plan and treatment modality will be formulated according to the findings of clinical observations, assessments and case background.

Individual Level – Findings & Effectiveness

6. Since the formation of the IWSC in March 2008, the IWSC had served a total of 73 psychological distress cases with breakdown at Table 1a & 1b. For each new case, a 1.5-hour intake assessment and interview was conducted to solicit the level of psychological status of the client within the first week of clients' self-referrals. A total of 291 sessions were arranged from March 2008 to February 2009. Among the cases, Depressive Disorders and Anxiety Disorders were the most common diagnoses. Depressive Disorders are characterised by a combination of symptoms including low mood, sense of worthlessness, sense of helplessness and hopelessness, and suicidal ideation; whereas Anxiety Disorders are characterised by excessive worries accompanied by many physical discomforts. It was worthy to note that according to descriptive statistics, 67.12% of the cases reported work-related stress resulting from demanding duties, difficult work tasks, shift duties, conflicts with customers, and interpersonal relationship at workplace as their primary stressors.

7. The IWSC conducted a "Service Users' Satisfaction Survey" from November 2008 to January 2009. Of the 57 survey forms successfully delivered, 41 responses were returned. Results of the satisfaction survey were

summarised in **Table 2** (*figures as of date*). Generally speaking, the psychological wellness services delivered by the IWSC at the individual level are well received.

Departmental Level – Mode of Operation

8. At the departmental level, the CP seeks to actively formulate strategies to strengthen our staffs' psychological resilience in managing stress and to safeguard organisational productivity in the long run. Since its formation in March 2008, the IWSC has implemented various initiatives ranging from training and talks on crisis management to professional consultation through focus groups and workshops on positive organisational behaviour.

Departmental Level – Initiatives & Effectiveness

9. Descriptive statistics gathered by the CP reflected a general picture that work-related stress is a major concern. These statistics strongly suggested needs to minimise psychological disturbances through promoting a supportive workplace and enhancing the general well-being of our staff.

◆ *Wellness Programmes*

10. First, to enhance competent and transformational leadership, nine three-hour workshops targeting team leaders were conducted at control points in which a total of 85 team leaders participated. Please see **Table 3a** for feedbacks regarding the workshop.

11. Second, a peer support network was built to enhance peer support among staff in different sections. A total of 152 officers were nominated by their section heads to join the network. Training on basic counselling skills and introduction to mental health were conducted in June 2008.

12. Third, psychological support groups were organised at control points to enhance the general well-being of ICOs who might often be confronted by conflicts with passengers. A total of 51 support groups were conducted at Control Points and a total of 350 ICOs participated in the support groups. The content of the support group comprised discussions on the recognition and positive coping of stress, and the enhancement of psychological resilience. Please see **Table 3b** for feedbacks regarding the workshop.

13. Fourth, to enhance staff's resilience against adversity and help develop a positive working attitude among staff, talks on psychoeducation had been arranged. The talks covered general topics as well as thematic ones such as conflict management and handling detainees with emotional distress.

14. In essence, the wellness programmes are in good progress in strengthening psychological resilience at the individual level and promoting a positive working environment at the departmental level.

◆ ***Professional Consultation***

15. Apart from wellness programmes, the IWSC also provided

consultation service to different sections in relation to the psychological well-being at workplace. The CP participated in a focus group meeting on a proposed new shift pattern for Senior Immigration Assistants (SIAs) of the Lok Ma Chau (LMC) Control Point during which opinions were exchanged from the perspective of psychological health and sleep hygiene. In conducting the Grade Structure Review (GSR), the CP also participated in a discussion with the GSR team with a view to probing into the core stressors faced by immigration officers and the resulting psychological impacts.

16. The CP also provided case consultations to officers responsible for staff-related issues. A number of the staff cases were referred to the CP for clinical psychological service and the IWSC had so far received 49 enquiries.

◆ *Team Building Programme*

17. In collaboration with Immigration Service Institute of Training and Development (ISITD), the CP participated in the process of developing a team building programme for frontline staff of control points. The programme was launched in November 2008, and its objectives were to strengthen communication, build cohesiveness and enhance the sense of belonging among members of primary frontline work units (Teams) at Control Points. This two-day overnight programme comprised core elements of problem solving tasks at team level, leadership training, facilitation of communication and building up of mutual trust. The programme was well received and, as far as resources might allow, a broader coverage across different ranks is considered advantageous to the department in the long run.

◆ *Crisis Management*

18. In recent years, Immigration Officers were occasionally deployed overseas to provide emergency services on immigration documentation and victim identification to Hong Kong citizens who fell victims of critical incidents overseas. As exposure to tragic and critical incidents as such may lead to different extents of psychological reactions and acute stress responses, the Critical Incident Stress Management (CISM) training was introduced to equip officers with the psychological qualities to protect themselves from the risk of post-traumatic stress disorder while offering psychological first-aid to victims. In February 2009, 30 Immigration Officers completed a two-day CISM training course and were awarded certificates issued by the International Critical Incident Stress Foundation (ICISF) certifying their specialisation in CISM intervention. In the meantime, an operational manual on guiding the activation, administration and development of the CISM team is under preparation. It is expected that the CISM team members would be better prepared in handling critical incidents.

(IV) Conclusion

19. The IWSC serves to promote psychological wellness through Clinical Psychological intervention, psychoeducation and on-site support to staff of the department using psychological intervention methods that have been scientifically validated through extensive research. It is an on-going process where persistent efforts by the CP, be it at an individual or departmental level,

are essentially required. On the one hand, the possible interruption of psychological wellness service by reason of resource constraints is extremely detrimental to existing clients and discouraging for new self-referred clients. On the other, continual training and promotional campaigns are preventive measures which will yield double the results with half the efforts – prevention is always better than cure.

20. Given the high demand for clinical psychological service from the IWSC in the past year, it is of the view that there are valid reasons the professional service is essential and should be continued. Moreover, the positive reception and wide acceptance of the IWSC also suggest its success in improving the psychological well-being of staff and promoting a supportive and caring management.

(V) The Way-forward

21. To maintain the momentum in providing adequate psychological wellness services under the existing mode of operation and to achieve our long-term objectives of building a psychologically healthy and caring organisation, the department is convinced that the creation of a permanent post(s) of Clinical Psychologist in the department should be accorded top priority.

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**Table 1a – Breakdown of Psychological Distress Cases Served by IWSC
(March 2008 to February 2009) by Stressor**

Stressor	Cumulative total (since 3/08)
1. Work Stress – Career development	4 (5.48%)
2. Work Stress – Intrinsic to the job	23 (31.51%)
3. Work Stress – Organisational structure and climate	4 (5.48%)
4. Work Stress – Home –work interface	0
5. Work Stress – Relationship at work	18 (24.66%)
6. Work Stress – Role	0
Work related stressors total	
7. General Family Stress	7 (9.59%)
8. Marital Problem	4 (5.48%)
9. Interpersonal Relationship Problem (outside work environment)	2 (2.74%)
10. Gambling	0
11. Financial Stress	1 (1.37%)
12. Emotional Concern	6 (8.22%)
13. Health Concern	4 (5.48%)
Other Stress	
24 (32.88%)	

**Table 1b – Breakdown of Psychological Distress Cases Served by IWSC
(March 2008 to February 2009) by gender and grade**

Gender	Percentage
Male	56.16%
Female	43.84%

Grade	Percentage
Immigration Officer	19.18%
Immigration Assistant	58.9%
Civilian	19.18*

Table 2 – “Service Users’ Satisfaction Survey” from November to January 2009

服務使用者滿意程度意見調查

(一) 你對中心的接待服務是否滿意？

	極之滿意	十分滿意	滿意	不滿意	十分不滿意	極之不滿意
預約手續	68.29%	26.83%	4.88%	0%	0%	0%
輪候預約時間	46.34%	39.02%	12.20%	2.44%	0%	0%
工作人員的態度	85.37%	12.20%	2.44%	0%	0%	0%

(二) 你對中心的臨床心理學服務在下列各方面是否滿意？

	極之滿意	十分滿意	滿意	不滿意	十分不滿意	極之不滿意
服務態度	80.49%	17.07%	2.44%	0%	0%	0%
專業知識和技巧	57.50%	35%	5.00%	2.50%	0%	0%
保密工作	58.97%	33.33%	7.69%	0%	0%	0%

(三) 你對中心的環境及設施是否滿意？

	極之滿意	十分滿意	滿意	不滿意	十分不滿意	極之不滿意
舒適程度	36.59%	31.71%	21.95%	9.76%	0%	0%
整潔程度	53.66%	36.59%	7.32%	2.44%	0%	0%

	極之滿意	十分滿意	滿意	不滿意	十分不滿意	極之不滿意
(四) 整體而言，你對中心服務的滿意程度	51.22%	43.90%	2.44%	2.44%	0%	0%

Table 3a – Feedbacks on the Wellness Programme Workshop

Item #1: Do you agree that the workshop served to enhance your understanding and interest towards transformational leadership?					
Extremely Agree	Highly Agree	Somewhat Agree	Somewhat disagree	Highly disagree	Extremely disagree
19.23%	57.69%	23.08%	0%	0%	0%
Item #2: Do you agree that the workshop being inspiring and relevant?					
Extremely Agree	Highly Agree	Somewhat Agree	Somewhat disagree	Highly disagree	Extremely disagree
15.38%	50%	30.77%	3.85%	0%	0%

Table 3b – Feedbacks on the Psychological Support Group

Item #1: Do you agree that the support group served to enhance your understanding and interest towards positive coping and the enhancement of psychological resilience?					
Extremely Agree	Highly Agree	Somewhat Agree	Somewhat disagree	Highly disagree	Extremely disagree
45.72%	42.86%	8.57%	2.86%	0%	0%
Item #2: Do you agree that the support group being inspiring and relevant?					
Extremely Agree	Highly Agree	Somewhat Agree	Somewhat disagree	Highly disagree	Extremely disagree
25.71%	42.86%	22.86%	8.57%	0%	0%