



To News Editor

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## **The Perceptions and Experiences of Discrimination of People with Mental Illness in Hong Kong**

### **Background**

The Equal Opportunities Commission, the Department of Psychiatry of The Chinese University of Hong Kong and the Department of Social Work of the Baptist University jointly conducted a study on the perceptions and experiences of discrimination of people with mental illness in different facets of life including work, social and family relations in addition to medical treatment and health care.

### **Method**

Data were collected in two phases. The Phase One Study was a quantitative survey conducted from June to July, 2001, in which 757 psychiatric outpatients and a control group of 160 diabetic outpatients completed a questionnaire derived from focus groups. In-depth case studies on 50 psychiatric patients (“mental health service users”) who reported experience of discrimination were conducted in the Phase Two Study from October 2001 to March, 2002.

### **Results**

Although mental illness and diabetes mellitus are both chronic physical diseases that can be treated with medications and psychosocial interventions, the results of the phase one study showed that unfair and prejudicial treatment was much more commonly experienced by mental health service users than diabetic patients. Discriminatory experience was perceived in the multiple domains of work, family, social, and health care.

#### 1) Work and family

In the domain of work, nearly half of the psychiatric outpatients reported were not offered jobs when their illness history was revealed during job interviews. 36.9% reported that their relationships with co-workers deteriorated and 33.6% reported having been sacked after disclosing their illness history. As for family and social relationships, 60% reported having received negative comments from family and friends during their relapse. Over half of them reported having been considered violent by their family and friends. For fear of being discriminated, 60% concealed their illness from employers and fellow workers, and worried about facing dismissal if their illness were disclosed. Over half of them concealed illness from friends.

#### 2) Health care

In the domain of health care, over 80% of mental health service users indicated ignorance of their right to appeal to a judge during the process of compulsory hospitalization. (As from September 2001, the Hospital Authority has made arrangements whereby patients are informed of their right to see a District Court judge of Magistrate). Complaints against excessive physical restraints and intolerable side effects caused by psychotropic medications were common. These side effects, such as drowsiness, poor concentration, tremor, rigidity and other forms of motor incoordination were not only personally distressing but also led to treatment non-adherence and socially embarrassing behavior that aggravated

discrimination. In order to avoid treatment-induced discrimination and to re-join the mainstream community, 45.7% and 25.9% of mental health service users reduced/stopped psychotropic drugs and did not attend clinic follow up respectively. The result was often a relapse of mental illness.

### 3) Media

Although mental health service users perceived that the media perpetuated substantial negative stereotypes about mental illness, 60.4% of them were reluctant to speak out for fear of the traumatic consequences of exposure.

### 4) Reactions and coping

Notwithstanding the painful impact of discrimination, mental health service users adopted predominantly passive modes of coping with actual or anticipated discrimination. These included concealment, putting up with unfair handling, avoidance, and/or isolation that did not effectively rectify the discriminating circumstances or stereotypes. Negative emotional reactions to discrimination, such as demoralization, attempted suicide, fear of intimacy, and guilt about concealment were common, especially among female mental health service users.

### 5) Case studies

Case studies confirmed that work place marginalization, family rejection, social exclusion, and suboptimal treatment conditions were damaging to patients' self-esteem, functioning, treatment adherence and well-being.

## **Recommendations**

We recommend

- (1) that the government and major social institutions should fund public awareness campaigns targeted at all levels using a multi-media approach,
- (2) that unfair recruitment practices and other work related discrimination in both governmental and non-governmental sectors should be urgently reviewed and rectified to ensure that individuals with mental illness can enjoy equal opportunities in the work place,
- (3) that the media should take the lead in forming a multi-sectoral working group (including the government, patient groups, and other stakeholders) to examine the role of the media in reducing the formation of prejudicial attitudes and acts toward persons with mental illness,
- (4) the formation of a Mental Health Council that advises the government on, and coordinates the implementation of health policy for the whole spectrum of mental and behavioral disorders, collects and analyzes mental health data, and safeguards patients' rights,
- (5) that the need for more medications that cause fewer side effects and have better efficacy in enhancing patients' well-being should be reviewed using the professional standard of treatment in other similarly developed countries as a benchmark,
- (6) that more information on the clinical guidelines for drug prescription and the side effects of drug treatment should be given to patients and family members,
- (7) that psychiatric treatment and rehabilitation should pay more attention to patients' overall well-being and quality of life in addition to clinical symptoms,
- (8) that more mental health services operating with flexible hours should be based in the community, primary care and general hospitals,
- (9) that because private general practitioners constitute about 90% of the primary care medical service in Hong Kong and can facilitate destigmatization, flexible hours of service, and feasibility of early intervention, they should be provided with adequate training to deal with common mental disorders such as anxiety, depression and some of the early and more self-limiting psychotic disorders to help relieve the burden of mental health problems, and
- (10) that the development of programs in educating and empowering family members should be drawn up in the knowledge and skills of caring for mental patients.