



**Stamping out Stigma-The Current State of Mental  
Health Awareness in Hong Kong and Well-Being in  
the Workplace.**



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## **Introduction**

“There is no health without mental health”

- David Satcher, 16<sup>th</sup> Surgeon General of the United States.

This statement conveys that we have to maintain good mental health and recognise that it goes beyond medical care. The World Health Organisation (WHO) in 2014 defined mental health as a “state of complete well-being not merely the absence of disease. It is when every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Everyone has mental health, just like everyone has physical health. Over the course of a lifetime, most people can expect to face challenges with their mental wellbeing although this may not amount to a mental illness. It is important to take an integrated approach when treating the suffering of individuals with mental health conditions by using different forms of therapy, psychoeducation, medication, relaxation techniques and alternative healing practice while fostering critical elements of recovery such as connectedness, hope, identity, meaningful and empowerment (HHS, 2009)

World Mental Health Day is observed on the 10<sup>th</sup> of October every year to raise awareness of mental health issues around the world and mobilise efforts in support of mental health. It also provides an opportunity for all stakeholders working in the field of mental health to talk about their work, findings, strengths and challenges, and vision for the future about what needs to be done to make mental health care a reality for people worldwide.

## **Background**

In Hong Kong, a high-tempo, action packed and densely populated city (7.4 million) mental health issues are very common. According to the Hong Kong Mental Morbidity Survey conducted by Lam et al (2015), the prevalence of common mental disorders (CMD) among Chinese adults aged between 16 and 75 was 13.3% or in other words, nearly one in every seven adults suffered from at least one CMD. The most common disorders were mixed anxiety and depressive disorder (6.9%), followed by generalized anxiety disorder (4.2%), depressive episode (2.9%), and other anxiety disorders including panic disorders, all phobias and obsessive and compulsive disorder (1.5%).

Findings from the Mental Health Index Survey (2014) suggested that there was a significant decline in the mental health index score of those aged between 15 and 24 years from 63 in 2013 to 53 in 2014 (Chow, 2015). Among individuals with CMD, only 26% had consulted mental health services in the past year although 10.3% of government health budget was spent on providing mental health services and the total expenditure for hospitals treating mental illness was 77.98% of the total mental health budget in Hong Kong (WHO, 2011). This under-utilization phenomenon is universal even in some developed countries such as Italy (4.3%) and the United States (17.9%) (Wang et al, 2007).

It is believed that stigma and prejudice associated with mental illness is a major contributor to the low mental health service utilization in Hong Kong (Mak et al, 2015). Individuals suffering from mental illness experience stigma, which refers to the endorsement of prejudicial attitudes, negative emotional responses, discriminatory

behaviour, and biased social structures towards a subgroup (Corrigan & Watson, 2000), while visiting medical service providers. Mental health sufferers tend to exhibit social withdrawal behaviours and maintain secrecy about their mental illness (Chung & Wong, 2004; Chien, Yeung & Chan, 2012). As a result, there is a delay in seeking help and possible non-compliance of medical treatment.

Not limited to the delays in treatment, stigma would also contribute to negative psychosocial outcomes. In 2011, the Equal Opportunity Commission (EOC) found in a survey that people with mental illness were consistently among the most stigmatized and avoided groups in different areas of public life, including housing, public services and education. More than half of Hong Kong residents surveyed said they did not want people with mental illness to live in their neighbourhood. Furthermore, nearly 70% were against integrated schooling with children suffering from mental illness. The expansion of the Integrated Community Centres for Mental Wellness to all 18 districts across Hong Kong had also encountered difficulties such as securing a permanent site and opposition from local residents and community leaders (EOC, 2014).

At present, it is unlawful under the Disability Discrimination Ordinance (DDO) (cap. 487) to discriminate against a person with mental illness in such areas as education and employment. However, Dr. York Chow Yat-Ngor, former Chairperson of the EOC, commented that, around 20% of the complaints received under DDO were related to the discrimination on the ground of mental illness during 2011 – 2013. Furthermore, among these investigated complaints, around 60% were employment-related (EOC, 2014). These statistics clearly show that Hong Kong still has a long

way to go to dismantle stereotypes and biases associated with mental health. From prior research studies, the perceived and actual experience of stigmatization could also result in worsening of self-esteem (Link et al, 2001) and quality of life (Rosenfield, 1997) and lead to persistent depression (Link et al, 1997).

The work culture in Hong Kong is highly competitive, demanding, versatile and fast paced. Hongkongers experience high levels of stress with 60% suffering from work related stress and 50% of employees feeling that they have poor mental health (OSHC, 2015). Occupational stress can derive from many sources such as heavy workloads and tight deadlines, interpersonal conflicts, lack of autonomy at work, unsatisfactory physical working conditions, job insecurity, emotional labour demands and unsupportive organizational climates.

In order to keep up with high expectations at work, employees find themselves working longer hours which has worsened the fragile mental health of many Hong Kong citizens. According to a survey by UBS, the Swiss banking giant (2016) Hong Kong clocked up the longest weekly working hours amongst 71 cities working hours, at 51.1. This is a shocking 38% more than the global average of 36 hours and 23 minutes. Also, Hong Kong employees get fewer holidays than the global average of 23 days a year. The Census and Statistics Department (2014) found that Hongkongers work an average of 2300 hours each year, which is above the average of 1700 hours per annum in other developed countries such as Japan, Singapore and Korea.

Another survey by Regus, an office space provider, revealed that with no restrictions on working times, 20% of people spend 4 to 6 hours working overtime each week and

another 19% put in up to 8 hours (Moon, 2017). Working increased hours per week puts employees at risk of experiencing difficulties with physical health, mental health and relationships. It contributes to poor work-life balance, fatigue, stress, lack of personal time for relaxation and enjoyment, increases the chance of developing a mental health disorder (anxiety or depression), suicidal ideation and poses health risks. Employees may be motivated to put in extra time at work to show their dedication and commitment to their firm in hope of a promotion, to be recognised or to earn more income. It has been suggested that the increase in the minimum wage has significantly contributed to longer working hours and that Hong Kong should cap the maximum working hours per week (Wong, 2016)

Furthermore, the consequences of work-related deterioration of mental wellbeing among staff create significant costs not only for individuals but for employers. The financial cost of poor mental health to employers is most easily illustrated through absence due to sickness of employees. However, absence is not the only cost associated with poor mental health. Other costs include (1) presenteeism (loss in productivity that occurs when employees come to work but function at less than full capacity) and (2) turnover costs, (cost of replacing staff who leave their job due to a mental health problem) and (3) increase in accidents at work and (4) decline in employee's performance and (5) low morale (lack of motivation to work) and (6) losing valued and experienced members of staff and encountering costs of training and recruitment (WHO, 2000).

According to the WHO, it is important to make positive steps with mental health in the workplace as it employers can save at least 30% on costs incurred from loss of production and staff turnover.

Mental illness also places a great economic burden on society. In a report jointly prepared by the Harvard School of Public Health and the World Economic Forum in September 2011, cardiovascular disease and mental health conditions are the dominant contributors to the global economic burden of non-communicable diseases. The global cost of mental health conditions in 2010 was estimated at US\$2.5 trillion, with the cost projected to surge to US\$6.0 trillion by 2030 as populations increase and age over the next two decades. About two-thirds of the total cost comes from indirect costs (e.g. loss in income due to (1) mortality and (2) disability and care seeking) and the remainder from direct costs (e.g. personal medical costs or personal non-medical cost such as the cost of transport to a health provider). This is no surprise given that mental illnesses are largely chronic, require long-term treatment, affect work attendance and sometimes takes people prematurely out of the workforce. Hence the impact of mental illness on productivity is huge. In addition, family members of patients with mental illness also suffer from emotional and social stress which is frequently made worse through stigmatisation by the community.

Given that stigma attached to mental illness can have tremendous impact on people it is essential to find ways to eradicate and stamp out stigma. Possible ways to change the negative perception of mental illness could be by education and promotion of mental health to the general public.

In Hong Kong, the Government has devised a plan for the Mental Health Promotion Campaign. Joyful@HK, a three-year territory-wide Campaign, was launched in January 2016. Its aims are:

- (1) To increase public engagement in promoting mental well-being to the general public of all ages.
- (2) To increase public knowledge and understanding about mental health.
- (3) To promote mental health through mass media and the organization of various publicity activities in the community.

It is hoped that through increasing public understanding and knowledge stigma against patients with mental illness will be minimised and mental health problems would be detected as early as possible. Apart from Joyful@HK, the Mental Health Promotion Campaign also encourages stakeholders to develop programmes and activities which would increase public engagement in the promotion of mental health (Food and Health Bureau, 2017).

In November 2017, the government also set up an Advisory Committee on Mental Health, which will run for a period of two years till 30 November 2019. This new committee is responsible for proposing mental health policies, strategies and measures to the Government to enhance mental health services in Hong Kong. It will also work towards the establishment of a more integral and comprehensive approach to tackle multi-faceted mental health issues in Hong Kong. In addition, it follows up on and monitors the implementation of the recommendations of the 2017 Mental Health Review Report.



### **Purpose of the study**

The purpose of the current report is to grasp an understanding of the level of mental health awareness and promotion in Hong Kong, to find out if measures are taken at schools or the workplace to raise mental health awareness and to share these findings along with recommendations to mental health stakeholders, the mental health advisory committee and government.

This study was conducted by OCD & Anxiety Support Hong Kong (OCDAHK), a non-profit organisation established for English speaking adults and teenagers suffering from Obsessive Compulsive Disorder and Anxiety Disorders as one of their main objectives is to educate the public about mental health and reduce the stigma and stereotypes associated with such disorders in Asia. Each year, OCD & Anxiety Support Hong Kong (OCDAHK), organises a series of mental health events for Mental Health Awareness Week (MHAW) in October. The main theme of MHAW 2017 was to eliminate mental health stigma in Hong Kong, in light of past research showing that stigma against mental health was a problem in Hong Kong (Mak et al, 2015). One of the initiatives of OCDAHK during MHAW was to conduct a stamp out stigma pledge where participants could show their support to sufferers of mental health conditions and share their views on mental health promotion, awareness and education in Hong Kong.

### **Method**

The study employed a convenient random sampling approach and was carried out by an online pledge titled “Stamp Out Stigma HK” initiated by OCDAHK during the Mental Health Awareness Month 2017 (1 –31 October, 2017). Participants were

invited to participate in the pledge

(<https://stampoutstigmahk2017.wufoo.eu/forms/z1q5qqou0bkb5k/>) (See appendix 1)

**Comment [EC1]:** To be attached in the final report

through a range of online marketing platforms, social media, emails and word of mouth. The purpose of the pledge was outlined and consent was obtained from participants to use their personal data and views on mental health provision and stigma in future work relating to mental health. Participants answered 10 questions on the pledge about their demographic background, view on the level of promotion in stopping stigma against mental illness in Hong Kong and measures in their workplace or school to raise awareness about mental health.

## Results

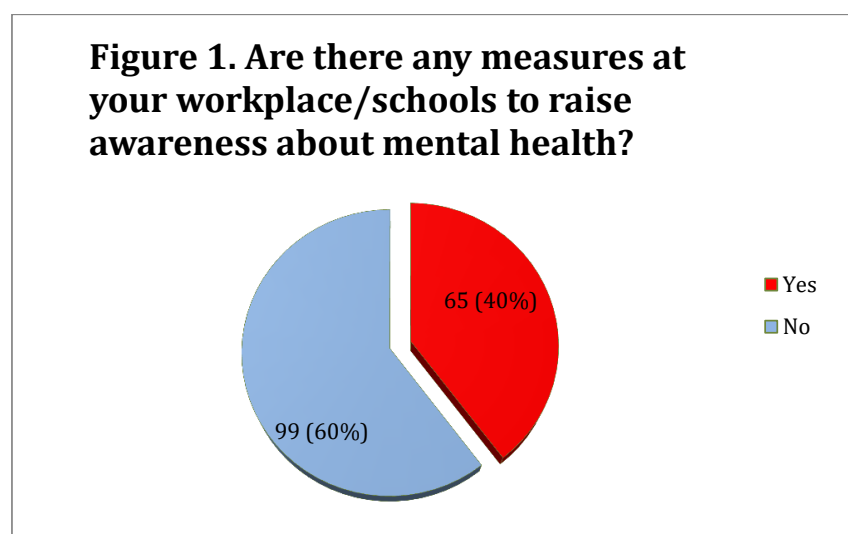
One hundred and ninety participants aged between 10 and 80 were recruited voluntarily. Among these, 164 were living in Hong Kong at the time of the study. As the purpose of the current study was to understand the level of mental health education and awareness in Hong Kong, only the data obtained from Hong Kong residents were used for analysis. The demographic distribution of these 164 participants are summarised in Table 1.

Table 1 Demographics of 164 participants:

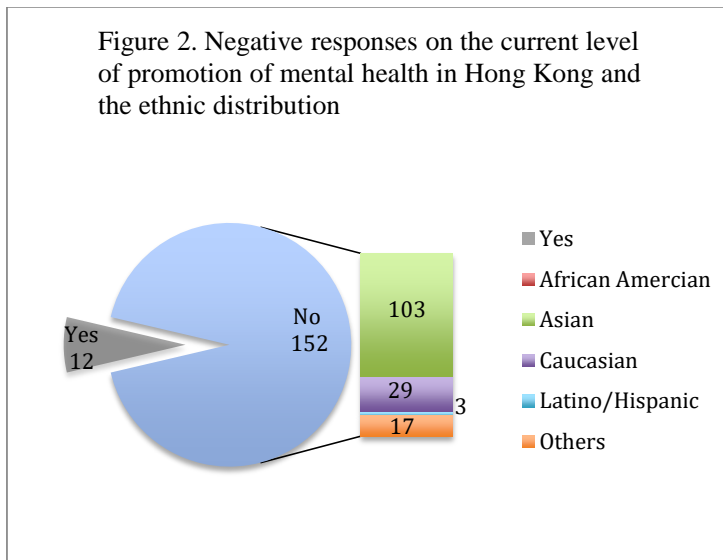
	<i>No. of respondents</i>	<i>%</i>
<b>Age (years)</b>		
0 – 9	0	0
10 -19	7	4
20- 29	19	12
30 – 39	50	30
40 – 49	50	30
50 – 59	18	11
60 -69	16	10
70 -79	3	2
80 and above	1	1

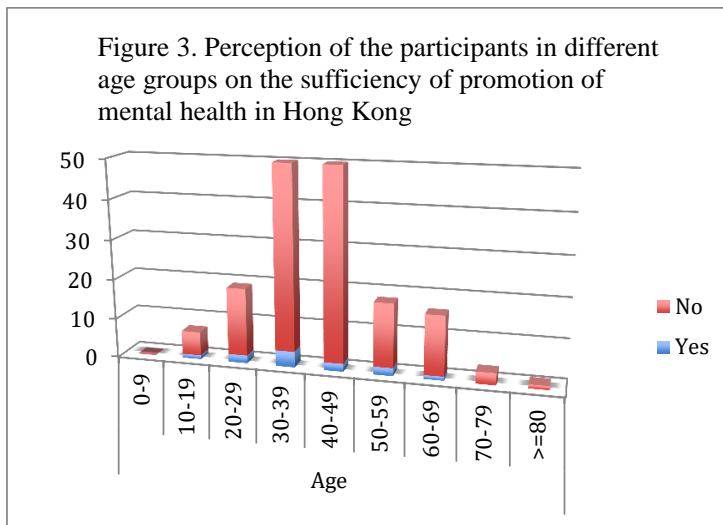
<b>Gender</b>		
Male	31	19
Female	131	80
Prefer not to say	2	1
<b>Employment status</b>		
Employed (including full-time and part-time)	80	49
Self-employed	41	25
Retired	10	6
Unemployed	6	4
Student	16	10
Others	11	6
<b>Ethnicity</b>		
African American	0	0
Asian	114	70
Caucasian	30	18
Latino/ Hispanic	3	2
Others	17	10

Figure 1 shows that about 60 % of the respondents (i.e. 99 respondents) confirmed that there were no measures at their workplaces to raise awareness about mental health. The majority of these respondents (51%) were engaged in full- time or part-time work. However, among the different employment statuses, most students (i.e. 11 out of 16 respondents) suggested that some mental health related measures had been already taken into action at schools to raise awareness on mental health issues.



One hundred and fifty-two (93%) respondents (Female: 121; Male: 29) revealed that there was an insufficient level of promotion in stopping stigma against mental health illnesses in Hong Kong. Figure 2 illustrates that the majority of the respondents that hold this view are Asian (68%) followed by Caucasian (19%) and Others (11%). As depicted in Figure 3, more than 60% of participants aged between 30 to 49 found that the current level of promotion of mental health issues in Hong Kong were insufficient. This echoes the above findings that the working population has inadequate measures at their workplace to stop mental health stigma and views mental health promotion in Hong Kong as lacking.





### Discussion and recommendations

The current report gathered the opinions of Hong Kong citizens on the level of promotion of mental health in stopping stigma in Hong Kong and if measures were taken at workplaces and schools to raise awareness about mental health. The results showed that Hong Kong residents, especially those of Asian descent, do not think that there is sufficient level of promotion of mental health in Hong Kong. The working population failed to notice sufficient measures at their workplace to raise awareness of mental health. These findings are a wakeup call to policymakers and stakeholders in the mental health industry to strengthen and step up their efforts to educate and promote mental health to the general public with an additional focus on workplace mental health.

Raising public awareness about mental illness, such as the symptoms, causes, treatments and outcomes can help to reduce bad sentiments that patients suffer from due to social stigma. It is crucial to change the overgeneralization and negative view

that the public have about mental health sufferers being violent, unpredictable, crazy, criminals, spoiled with problematic personalities.

The current study showed that some measures were taken at schools to raise awareness of mental health. This is a positive finding and may be attributed to the increase in the number of teenage suicides in the past year (Yip, 2017) which has captured the attention of the government and schools prompting them to take action to improve youth mental health.

However, it is crucial for schools to integrate mental health education within the curriculum to teach students the importance of mental wellbeing and to adopt a 'preventive' rather than 'reactive' approach to avoid crisis situations.

Currently, mental health education is not included in the local curriculum in Hong Kong whereas international schools are making attempts to put mental health on the school agenda. They have accomplished this by having mental well-being dialogues in the classroom and inviting professional speakers in the field of mental health to speak the student community about various mental health issues. Schools are an important platform for anti-stigma work, especially among younger age groups, to dispel stereotypes about mental illness before they arise. Mental health education can be introduced at both primary and secondary local secondary schools. At primary schools, the focus can be on how students can look after their own mental health and well-being (e.g. importance of adequate sleep, exercise, relaxation, breathing exercises, yoga and mindfulness) and more advanced mental health education covering mental illness can be delivered to secondary students (e.g. education on the

different types of mental health disorders and strategies to cope with negative thoughts).

It is important to continue educating teachers, medical professionals and primary caregivers about mental health so that front-line personnel can detect the early warning signs of mental illness from their students or patients. Furthermore, it is vital for mental health service professionals to tell patients about their diagnosis. Avoiding revelation and discussion of the diagnosis does not help in tackling the problems related to mental health stigma. Patients should be given hope and advice on coping with the stigma. Cognitive-behavioural therapies and fostering empowerment are strategies that can assist individuals dealing with social stigma of mental illness (Chung & Wong, 2004).

Direct personal contact is a powerful strategy for reducing stigma and discrimination towards mental health sufferers. As mentioned in Chung & Wong's study (2004) & Chien, Yeung & Chan's study (2014), patients would not reveal their mental health history given the associated heavy stigma and they used withdrawal and secrecy behaviours to respond to public stigma about their illness. As a result, few members of the community have had the opportunity to get to know who is really suffering, the real patients. Social contact in real-world settings where patients and those with good mental health assume equal status is needed to break the negative circle of stigma. Some overseas programmes such as Like Minds, Like Mine (<https://www.likeminds.org.nz>) in New Zealand, have already started campaigns that focus on creating contact opportunities and empowerment of patients to face the public. In Hong Kong, this would be challenging, especially in identifying well-

recovered patients and families who are not afraid to disclose their situation because of negative cultural attitudes towards mental health. However, with the increasing effort on public awareness work, personal contact programmes that facilitate mutual cooperation between patients and healthy individuals can be anticipated.

In recent years, the Hospital Authority has officially launched peer support worker (PSW) services in all the seven hospital districts in Hong Kong. A peer support worker is a person who has recovered to a great degree from a mental health challenge and is now able to share his experiences with others who are undergoing similar problems and support them in the recovery journey. The primary goal of a PSW lies in empowering patients and giving them hope of recovery. They are trained through internships within the psychiatric services run by the Hospital Authority in Hong Kong, in a “learn as you practice” manner. Having had first-hand experience with mental illness and treatment, PSWs connect with sufferers in a more meaningful way and with deep understanding of the needs of sufferers and the challenges (e.g. alienation) that they experience (Tse et al, 2013).

As highlighted in the current report, more than half of the respondents who are employed responded that there were no measures about mental health in the workplace. Promoting mental health and wellbeing is important for everyone; society and the economy. This is because poor mental health impacts the overall health of an individual, their ability to work productively, their relationship with others, societal costs related to unemployment, poor workplace productivity and health and social care. Employers have a key role to play in supporting employees’ mental health and well-being.



The current report recommends some actions for employers, employees and key stakeholders to consider.

Linnan (2008) states that for a wellness program to be effective, it is crucial for it to be practical and accessible, the work environment must be health conscious, the social and physical environment needs to be supportive, it must be integrated into the company's existing structure and programmes and mental health education and screening should be offered (Linnan, 2008).

For employers, it is important to raise the priority given to mental health and well-being in order to move towards a culture which proactively supports it. Allocating a position within the HR department dedicated to the mental well-being of employees can be an important and visible step in showing that the company is dedicated to taking proactive and preventative actions.

Employers need to work hard to create an environment that supports healthy working habits such as being mindful of workplace noise, encouraging regular and appropriate breaks, tracking overtime, posting signage of mental health initiatives and policies in noticeable places.

Another suggestion is that employers can set up an online portal where staff can locate the contacts of mental health professionals and their contact with these professionals would be kept confidential. It is important for employers to monitor performance using quantifiable measures such as using apps on their devices to track sleep, eating habits, fitness and relaxation activities which is in line with creating a

more health conscious community in the workforce. In addition, it is vital for employers to implement wellbeing programmes with the assistance of mental health stakeholders.

Companies can implement relevant initiatives, such as Mental Health First Aid Training, Resilience and Stress management programs for employees, “learning sessions” at lunchtime in the office to educate staff about mental health and aid with the practice of positive psychology. Mindfulness, Yoga or Meditation sessions can also be brought to staff to assist them with unwinding and relaxing. It is important for companies to think about how to motivate employees to participate in such activities (incentives, information about benefits of stress reduction, recognition of participation). Wellbeing programs help to foster a sense of belonging and morale amongst the workforce and improve overall health.

This was demonstrated by OSOH and Whole Person Education Foundation (2015) who carried out ‘work-life happiness’ workshops weekly for 5 consecutive weeks to boost employees’ resistance to stress. Prior to the commencement of the workshops, data was collected from employees on stress, anxiety and depression levels and their need for psychological treatment. After attending the workshops, the number of employees who felt highly stressed from their job fell from 60% to 37%, those who suffered from anxiety and depression dropped from 25% to 18% and those who needed psychological treatment went from 17.6% to 14%.

Harvard Business School (2014) reviewed 20 companies and found that those who had a wellbeing program incurred a lower average of health care costs of 1-2%

compared to the national average (7%). In addition, an analysis of 62 studies was conducted finding that companies with wellbeing programs had 25% lower sick leave (AJHP, 2012). This further demonstrates the effectiveness of a wellbeing program.

Employers can also help their staff in achieving or maintaining a sense of work-life balance by (1) identifying ways of reducing employee workloads; (2) reducing reliance on both paid and unpaid overtime by employees; (3) recognizing and rewarding overtime work; (4) reducing job-related travel time for employees; (5) making alternative work arrangements more widely available within the organization which might include flexi-time or the opportunity to work at home for part of the work week; and, (6) giving employees the opportunity to say “no” when asked to work overtime but at the same time saying “no” should not be a career-limiting move.

Being connected to and supporting local NGO’s dedicated to mental health awareness and education shows employees that companies take the well-being of their employees seriously. Participating in World Mental Health day and the Green ribbon campaign are easy and effective ways to be involved with the promotion of mental health. OCDAHK has been organising the Green Ribbon campaign every year on the 10<sup>th</sup> of October (World Mental Health Day) since 2014. The aim of the Green Ribbon campaign is to wear a green ribbon to support individuals and their families affected by mental health conditions. Wearing green reassures sufferers that they are not alone and breaks down stigma associated with mental illness. Mental illness is often invisible and sufferers conceal their struggles in fear of judgment therefore wearing a green ribbon gives their illness a presence and voice. It is hoped that the campaign encourages sufferers to start talking about mental illness and reaching out for help. In

addition, the Green Ribbon campaign serves as a reminder to society to treat those affected by mental illness with the same respect, understanding and care as those with physical illnesses.

For employees, it is important to become actively engaged in their own health and well-being and participate in strategies that promote both mental and physical wellbeing. This includes employee involvement in workplace programmes around mental health, with potential actions including volunteering as a mental health champion or making efforts to address stigma through sharing personal stories. Employees should also be made aware of the support available to colleagues and any strategies available to support employee mental well-being.

It is critical for the government to encourage corporates to collaborate with mental health stakeholders to spread best practice. This could be done through incentives and acknowledgement of companies who are committed to fostering well-being programs for their employees. Policymakers need to focus on reviewing, amending and adding to the existing mental health policy, monitoring the effectiveness of current programs implemented for mental health advancement and devise suitable ways to address critical gaps in the system. In addition, policymakers should include a set of guidelines focusing on promoting well-being for the workforce in the existing Mental Health Policy which should be made available to all corporates.

### **Conclusion**

Mental health and well-being describes our mental state – how we are feeling and how well we can cope with day-to-day life. World Mental Health Day on 10 October

every year reminds us to raise awareness of mental health and support those who are fighting against mental illness. The current report revealed that Hong Kong still does not have a sufficient level of mental health education and awareness in the community and that measures are seriously lacking in the workplace to spread the importance of mental health. Poor mental health is a huge cost to both employees, employers, the community and the economy. Corporates need to step up to put mental health on the agenda as employees are their greatest assets. The government must take an active role to incentivise corporates to improve mental health at work and incorporate mental health at work in policy. Public campaigns and initiatives conducted to raise mental health awareness needs to be quantifiable and monitored for progress. Mental health education is critical to dispel misconceptions and stigma against mental illness. With a better understanding of mental health, there will be a more supportive and caring environment with less stigma towards people with mental health needs. It may take time to reduce stigma of the general public towards mental illness but we believe that with time, care and education, our people will take better care of their own mental well-being as well as others.

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## Appendix 1

### Stamp Out Stigma HK

Please sign this pledge to stop mental health stigma in Hong Kong.

Stigma can be defined as negative feelings, assumptions, attitudes and stereotypes that people have towards sufferers of mental health. Mental health sufferers often feel judged and shame for having a mental illness and it can impact seeking treatment and the journey to recovery. You are invited to participate in the pledge to stop mental health stigma in Hong Kong organised by OCD and Anxiety Support Hong Kong. This pledge shows your support to sufferers of mental health conditions in Hong Kong.

Name \*

Gender \*

Age \*

Ethnicity \*

Occupation \*

Work Organization

Email \*

Do you live in Hong Kong? \*

Are there any measures at your workplace/ school to raise awareness about mental health? \*

Do you think in general there is sufficient level of promotion in stopping stigma against mental illnesses in Hong Kong? \*

In order to protect the participants' privacy, all personal data collected will be kept confidential and will be used for interpretation to gain a deeper understanding into stigma and mental health in Hong Kong. By completing this pledge, you authorise OCD and Anxiety Support Hong Kong, to use this data keeping the person's identity confidential for analysis. Should you have any inquiries, please email [ocdcommunityhk@gmail.com](mailto:ocdcommunityhk@gmail.com).

Agree to stamp out stigma. Thank you for your participation!