A Tale of Two Cities – Support Enhancement for Families of Mentally Ill Persons in Hong Kong SAR and Guangzhou

Tim FUNG (PhD)
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Recent AGM with HHC members
Family caregivers in Program
Service users and Family Caregivers in Outings
Service users in House Program
House Open Day – supported by users and caregivers
Vocational rehabilitation program at New Jade Manufacturing Centre
Likang Family Resource Centre – Guangzhou, China
Useful information for family caregivers
Living room for gathering
The access to information
An education group program with caregivers
The social worker – trained and recruited in China
Common issues for Family Caregivers

- Family members take the burden of care for persons with MI
- There are subjective and objective sources of stress for Chinese caregivers
- Subjective: traditional Chinese culture, e.g. familial line, family as the basic support unit
- Objective: social systems, resources available
Methods used

- Focus group interviews for Family Caregivers (FC) in Hong Kong SAR and Guangzhou between September and October 2008
- Three face to face semi-structured groups interviewed, one in HK, two in Guangzhou
- Information supplemented by enquiry with service workers
- Content analysis on interview record, to summarize the key concerns
Interview schedule for FC

- What problems / difficulties did you encountered as family caregivers of mentally ill persons?

- What coping strategies did you adopted to handle the problems / difficulties arising from your mentally ill family member?

- What support / services do / did you need when you handle the problems / difficulties arising from you mentally ill family member?

- What achievements of the existing services achieved to address your needs?

- What are the limitations of existing services?

- Did you observe any service gaps? What are they?

- What other suggestions would you raised for service improvement?
Members of one of the groups
Result: Problems / Difficulties

HKSAR

- Other family members disturbed
- Fear of being discriminated
- Difficult to communicate with MI person
- Different views about handling approach among family members
- Violence by MI person

Guangzhou

- Other family members disturbed
- Lack knowledge about MI - delayed treatment / follow up
- Unable to handle MI person, e.g. behavioral aspect and compliance to medication
- Discrimination inside and outside family, some FC even cannot accept MI persons
- Difficult to obtain help, even after reported to police or executives in street level
- Old age of FC
- Financial burden
- Dual diagnosis, e.g. diabetes
- Violence by MI person
- FC subsequently also suffered from MI, e.g. depression
## Result: Coping Strategies

**HKSAR**

- Change personal plans, e.g. early retirement, not married
- Seek help, e.g. information from media, social workers

**Guangzhou**

- Separate MI person with others
- Crying alone helplessly
- Entirely helpless and lack coping strategies initially
- Seek help, e.g. read books, ask associates
- Observe behaviour of MI person, learn about medication and even alter prescription
- Arrange marriage - even with a deceased person!
- Assist in rehabilitation, e.g. arrange long term care programme, job search, facilitate rehabilitation as soon as possible
- Borrow money from relatives or friends
Result: Support / Services Needed

HKSAR

- Courses for FC, e.g. Training on medication and psychiatric treatment, relaxation
- Joint programmes with MI persons
- Mutual help groups or mass programmes
- Hotline for FC

Guangzhou

- Financial support
- Job opportunities for MI persons
- Publicity about useful information and available services
Result: Achievements of Services

HKSAR
- MI family member more stable
- FC more relieved
- Better coping skills
- Mutual support available personally

Guangzhou
- MI family member more stable
- FC more relieved
- Better coping skills
- Source of information
- Mutual support network available
### Result: Limitation of Services

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<tr>
<th>HKSAR</th>
<th>Guangzhou</th>
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<tr>
<td>• Psycho-education not readily available</td>
<td>• Costs of hospitalization, treatment and medication are too high</td>
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<td>• Insufficient quota for FC at programmes</td>
<td>• Insufficient publicity of services</td>
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<td>• Inadequate / lack of aftercare services</td>
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<td>• Manpower inadequacy in services</td>
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<td>• Difficult to travel to service centre, which is too localized</td>
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Result: Service Gaps

HKSAR
- Outreach service for FC
- FC network

Guangzhou
- Inadequate financial support
- Half-way houses
- Job training for rehabilitation, not necessarily to earn a living
- Trainings about negative symptoms
Result: Other suggestions

HKSAR

- More holistic approach in services (in cross referrals)

Guangzhou

- Advocate for social policy change, e.g. better social security
- More humanistic service approaches
- Training on medication and pscho-education
- Improvement in manpower of services
- Extend services to street level
Conclusion

- Some shared problems, e.g. social discrimination, disturbances at home and in the neighborhood, or inadequate coping skills
- Guangzhou FC lack information for services, knowledge about how to cope, and the financial resources to actually help the family members with mental illness
- HK FC concerns about participation opportunities; Guangzhou FC express satisfaction on the network, for gaining mutual understanding and support, practical knowledge and coping skills, and sense of relieve
- Implication: In an environment with inadequate social resources, MORE SUPPORT FOR FC
Thank you!