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THE SHATIN COMMUNITY MENTAL HEALTH SURVEY by the Department of Psychiatry, Faculty of Medicine The Chinese University of Hong Kong

Introduction

The Shatin Community Mental Health Survey (SCMHS) is the first large-scale community survey of mental illnesses ever conducted in Hong Kong. It is also the first study in Hong Kong that introduces the use of a newly advanced survey instrument, the Diagnostic Interview Schedule (D.I.S.), which is designed to help make 19 different diagnoses of mental illnesses. It was developed in the Department of Psychiatry of the Washington University School of Medicine, St. Louis, U.S.A., and used in a series of major studies, the Epidemiologic Catchment Area (ECA) Studies, of mental illnesses by the National Institute of Mental Health, U.S.A.

The SCMHS was conducted between December 1984 and October 1986 by the staff from the Psychiatric Epidemiology Research Unit of the Department of Psychiatry, Faculty of Medicine, the Chinese University of Hong Kong; and was funded with a generous grant by the Keswick Charity Foundation. The first report (on methodology) of this study is being published in the Proceedings of the 150th Anniversary Congress of the German Psychiatric Society, the Deutsche Gesellschaft für Psychiatrie und Nervenheilkunde, held in Cologne in September 1992, as one of the international contributions for the event. The second paper (major research findings) was published in February 1993 by a top international journal in the field of psychiatry, the Archives of General Psychiatry, in the United States.

The Findings

This study surveyed more than 10,000 households in Shatin, out of which more than seven thousand subjects had completed a screening instrument and nearly four thousand subjects had completed the diagnostic instrument, the D.I.S. The results show that, in the Shatin Community between 1984-86, the ten most common diagnoses of mental illnesses with their lifetime prevalence rates for both sexes are:

- (1) Tobacco Dependence (Male=26.6%, Female=1.43%);
- (2) Generalized Anxiety Disorder (M=7.8%, F=11.1%);
- (3) Alcohol Abuse and/or Dependence (M=8.9%, F=0.6%);
- (4) Phobias (M=1.3%, F=3.7%);
- (5) Dysthymic Disorder (M=1.1%, F=2.8%);
- (6) Major Depressive Disorder (M=1.3%, F=2.4%);
- (7) Anti-social Personality Disorder (M=2.8%, F=0.5%);
- (8) Pathological Gambling (M=3.0%, F=0.2%);
- (9) Obsessive-compulsive Disorder (M=0.9%, F=1.2%);
- (10) Bereavement (M=0.1%, F=0.9%).

Among these ten mental illnesses, the first nine show significantly different rates between men and women. It is noteworthy that men tend to have behavioural problems such as Tobacco Dependence or Alcohol Abuse and/or Dependence, while women tend to have emotional illnesses such as Generalized Anxiety Disorder or Dysthymia. Even if we discount the two illnesses, Tobacco Dependence & Pathological Gambling, which may be regarded

by some as more socially permissible, **18.3% of women** and **19.5% of men** still had had a diagnosis among the other 17 mental illnesses. This means that **one in every five women** and **one in every five or six men** would have had a mental illness in his lifetime.

This study also shows that, unlike the hospital statistics, emotional illnesses and behavioural problems are far more common in the community than psychotic illnesses such as schizophrenias or manic-depressive psychoses. Indeed, psychiatrists are no longer doctors who are only concerned with psychotic patients; they have to look after more patients with emotional and behavioural illnesses. Generalized Anxiety Disorder is the most common emotional illness, affecting about one in every nine women and one in every 13 men in their lifetime; and Tobacco Dependence is the most common behavioural problem, affecting one in every four men and one in every 70 women in their lifetime.

In comparison with research data obtained from the American E.C.A. studies, the Chinese seem to suffer less from depressive illness than do the Caucasians. A hypothesis has been put forward, which, if supported by further evidence, would point to the importance of traditional Chinese culture which discourages divorce and extreme individualism and emphasizes family support and inter-individual cohesiveness or harmony within the family or society. These cultural values should therefore be worth preserving, and for this reason, it may be quite unwise to follow or copy everything from the modern Western culture.

Recommendations

This study urges the Government to pay more attention to the high prevalence rates of emotional and behavioural illnesses in the community. In planning for mental health services, consideration should be taken to cover the high prevalence rates of emotional and behavioural illnesses, in addition to what is currently provided for the acute and chronic psychotic illnesses. For this reason, it is utterly important to establish a department of psychiatry in every general hospital in order to cope with all kinds of patients with mental illness, including those with emotional and behavioural problems and others who may in the meantime be having general medical or surgical illnesses. Such provision will make mental health services more accessible to the local people, and patients with mental illnesses less stigmatized.

These illnesses may one day 'swamp' the outpatient clinics. For these reasons, general practitioners should also receive at least 6 months' training in psychiatry, as their overseas counterparts do, to enable them to provide some services to the mentally ill in the community, particularly those with emotional and behavioural illnesses. More resources and better training in both undergraduate and postgraduate psychiatry are also urged so that more psychiatrists could be recruited to provide comprehensive mental health services in Hong Kong.

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For press enquiries, please contact Mrs Shirley Kwok of the Chinese University's Information Office at 6097294.