

## ATTITUDES TOWARDS MENTAL PATIENTS IN HONG KONG

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### SUMMARY

The purpose of this survey was to understand how the people of Hong Kong perceive mental health, mental illness, mental patients and mental health facilities. In March 1994, a total of 1,043 successful telephone interviews were conducted out of 2,202 valid telephone numbers. The sample was found to be representative of the Hong Kong adult population in terms of sex ratio, age structure, educational achievement and economic status. It was found that the majority of people of Hong Kong were very concerned about their mental health. Their knowledge on mental health was fairly good. Their attitudes towards mental patients and mental health facilities were, however, quite negative. Unlike previous western findings, these views towards mental patients and their rehabilitation facilities were found to be weakly associated with socio-economic factors including age, educational level and household income.

### INTRODUCTION

There are controversies about the attitudes of the general public towards mental patients. Some studies suggested that there has not been any clearcut prejudice against mental patients. Crocetti *et al.* (1974) found that in a sample of automobile workers, a great majority (94%) were willing to work with former mental patients; more than half were willing to room with and even to fall in love with them (64% and 54% respectively). Furthermore, other studies have shown that mental patients were rarely able to report concrete instances of being rejected (Gove & Fain, 1973; Huffine & Clausen, 1979). On the other hand, a study found that mental patients were one of the most rejected groups, together with drug addicts, prostitutes, and ex-convicts (Abrecht *et al.* 1982). Moreover, many studies have shown that the general public's attitudes towards mental illness or the mentally ill are quite negative (Greenly, 1984; Oyefeso, 1994; Rabkin, 1972, 1981; Trute *et al.* 1989).

Besides these controversies, the development of community mental health centres and related services have given an additional incentive to the review of public perception of mental patients and their rehabilitation facilities. There are incidents in Hong Kong where residents of housing estates strongly protested against the Government's decision to establish rehabilitation facilities for mental patients within their estates (Cheung, 1990). These conflicts between local residents and government may indicate that the public attitudes towards mental patients and their rehabilitation facilities are quite

negative. It seems that public education programmes are one of the best long-term solutions for these conflicts in Hong Kong (Pearson & Yiu, 1993). However, the public's attitudes towards mental patients and mental health facilities are not well understood. Therefore, it is important to investigate to what extent do these negative attitudes exist across the population, so that educational programmes can be designed accordingly. For Hong Kong, a territory-wide survey is much needed because all previous studies were carried out either at district level (Pearson & Yiu, 1993; Tam, 1986) or only among high school students (Shek, 1988; Shek & Cheung, 1990). The main objective of this present study is to measure the concern of the Hong Kong people about mental health and their attitudes towards mental health, mental patients and their rehabilitation facilities in the region.

Previous studies have shown that age and education are consistently related to the attitudes towards mental patients, i.e. the younger and more educated the people, the more positive are their attitudes (Brockman & D'Arcy, 1978; Dohrenwend & Chin-Shong, 1967; Ojanen, 1992; Rabkin, 1974; 1984). Therefore, a second goal of this survey is to find out whether these socio-economic characteristics of the Hong Kong people do relate to their attitudes towards mental patients.

It is also an impression that the negative attitudes towards mental patients may result from incomplete or inaccurate knowledge about mental illness and mental patients. For instance, the mass media have sometimes portrayed mental patients as dangerous to others and they can be very violent all of a sudden. People therefore oppose the establishment of psychiatric rehabilitation facilities because they believe that gathering these mental patients into an area will greatly increase the chance of violent incidents. The third objective of this study is therefore to find out whether there is any relationship between the public attitudes towards mental patients and their knowledge of mental disorders.

## METHOD

### Subjects

The subjects were selected by simple random sampling from the 1994 Hong Kong Telephone Directory. The telephone non-subscribers and subscribers with unlisted numbers were thus left out. Although this may have introduced a small degree of sampling bias, it is unlikely to have had any significant effect on the overall results because of the number of both groups of people was very small in Hong Kong.

### Instrument and procedure

The survey commenced in March 1994. Information was gathered by telephone interview using a structured questionnaire (Chung *et al.* 1994). The interviewers were recruited from a Children and Youth Centre and they were given three training sessions in the skills of interview. The items in the questionnaire were compiled by experienced mental health workers and were divided into two parts. Part One consisted of questions related to the concern with mental health, the knowledge of mental illness, and the attitudes towards mental patients and mental health facilities (see Appendix). All

questions in this part were designed in the form of opinion statements; both positive and negative statements were included. A scale ranging from "strongly agree" (1) to "strongly disagree" (5) was used. Subjects can also choose "no opinion" as the response to a particular statement. Part Two was composed of questions related to the respondents' socio-economic characteristics including age, sex, education level, and household income.

The questionnaire was first tested in a pilot study of 50 respondents and its wording had since been improved. In both the pilot and the main study, the interview took a mode of 5 minutes (range 3 to 10) to complete. The interviewer assessed the degree of cooperativeness of respondents immediately after interview. Those uncooperative ones were counted as unsuccessful interviews and were discarded from further analysis.

## RESULTS

With an effective sample size of 1751 respondents, a total of 1043 respondents were successfully interviewed which represented 59.6% response rate. Among the 1043 respondents, 505 (48.4%) were males, 538 (51.6%) were females. The most frequent occurring age group of the respondents was 30–39 (25.3%) and approximately half of respondents came from the 20 to 39 year age group. The respondents who attained secondary school education (51.5%) represented the majority and about one sixth of the respondents had either primary school education (17.5%) or university education (16%). The most frequently reported household income category was HK\$10,000–14,999 (20.4%) followed by the HK\$30,000 and above (18.2%) and HK\$20,000–\$24,999 (15.6%) categories. The sex ratio, age structure, household income, and education level of the sample resembled that of the general population, according to the Hong Kong Census (Hong Kong Government, 1991).

A principal component analysis was run on the responses in Part One of the questionnaire. This resulted in seven factors with eigenvalues exceeding unity and these seven factors accounted for 55% of the total variance. Scree test (Cattell, 1966) was performed to reduce the number of factors, and two factors were extracted, which accounted for 26.6% of the total variance. Unit weight was applied to all items which loaded a factor at 0.5 or greater and zero weights were applied to all other items. The other items in Part One of questionnaire which did not belong to these two factors were analyzed item by item.

The first factor is Concern factor which includes the first four items (A1, A2, A3, and A4) and its reliability is 0.79 (Cronbach's Alpha) which is acceptable (DeVellis, 1991; Nunnally, 1978). The Concern factor is about the extent to which people are concerned about their mental and physical health, their family members, mental health and the public mental health. A majority of respondents (above 90%) indicated that they were very concerned about their physical/mental health and their family members' mental health. Almost two-thirds of the respondents (63.3%) agreed with the statement that they were very concerned about the mental health of the Hong Kong people.

The second factor is Living factor which includes two items (A12 and A13) and its reliability is 0.87 (Cronbach's Alpha). This factor is about whether people were willing to

live nearby mental patients or their rehabilitation facilities. The responses to the Living factor were quite negative. Approximately 40% of respondents did not want to live near mental patients or their rehabilitation facilities, but about 30% of them were either neutral or had no opinion on that item.

There were more people who agreed to the statement that the psychiatric rehabilitation facilities should be far from the community than those who disagreed (43.7% vs 33.5%). These findings were quite consistent with the results in the Living factor, as the Living factor was moderately correlated with this item ( $r = 0.4$ ,  $p < 0.01$ ).

Slightly more than one quarter of the respondents (28.7%) agreed that mental patients should only be accommodated in mental hospitals but there were almost half of them (47%) showing disagreement. Over half of the respondents (55%) agreed to the statement that mental patients should be kept in mental hospitals until they have completely recovered but only about one quarter (23.4%) disagreed. This quite negative result may be due either to the ambiguous interpretation of the word "recover" or to the genuine lack of understanding of the different stages of treatment for mental patients.

In the items related to knowledge of mental illness, the respondents expressed high levels of agreement (81% and 74%, respectively) that mental illness is not infectious, and only a small portion of mental patients are violent or dangerous to others. Approximately two-thirds agreed to the statement that most people would occasionally have mental health problems (65%) and mental illness can be treated completely (61%). These findings suggested that the majority of people have accurate basic knowledge about mental illness or mental patients.

For the Living scale, one-way ANOVA revealed that females indicated a higher degree of unwillingness than male to live near mental patients or their rehabilitation facilities ( $F(1, 1042) = 5.19$ ,  $p < 0.05$ ). Similarly, females had indicated a higher level of agreement to the statement that psychiatric rehabilitation facilities should be far from the community ( $F(1, 1042) = p < 0.01$ ). These findings are consistent with a previous local study (Pearson & Yiu, 1993).

The Concern scale was positively correlated with age. This means that the older the persons, the more they are concerned about their own mental health and that of others ( $r = 0.21$ ,  $p < 0.01$ ). Older people also had a higher level of agreement to the statements such as "Psychiatric patients rehabilitation facilities should be far from the community" ( $r = 0.10$ ,  $p < 0.01$ ) and "Mental patients should best be kept in mental hospitals until they completely recover" ( $r = 0.198$ ,  $p < 0.01$ ). In items about knowledge, the older the persons, the greater they agreed to the statements "Mental illness cannot be treated completely" ( $r = 0.195$ ,  $p < 0.01$ ). Nevertheless, age only made a difference in a few items and was not a determining factor for the attitudes towards mental patients, especially the item whether they were willing to live nearby mental patients (Living factor).

Several items were negatively correlated with the education level. These items were "Mental illness cannot be treated completely (A5)", "Mental patients should be kept in mental hospitals until they completely recover (A13)", and "Psychiatric rehabilitation facilities should be far from the community (A15)" ( $r = -0.16, -0.21, -0.13$ ;  $p < 0.01$ ). In other words, the lower the education level of the person, the higher the level of agreement to these items. These items (A5, A13, and A15) also correlated with household income ( $r = -0.12, -0.15, -0.14$ ;  $p < 0.01$ ). It was not surprising since household

income was highly correlated with the level of education attained ( $r = 0.38$ ,  $p < 0.01$ ). All these three items were also positively correlated with age of respondents.

Lastly, the correlations between the Living factor/attitudes towards rehabilitation facilities and the knowledge about mental illness/mental patients were low (less than 0.1). These findings suggest that people who have accurate knowledge of mental patients are not necessarily willing to live nearby them.

## DISCUSSION

The results of this study have shown that the "Not In My Backyard" phenomenon is quite prevalent in Hong Kong as about 40% of people are not willing to live nearby mental patients but prefer the rehabilitation facilities for mental patients to be far away from the community. This suggests that there is a strong need for public education in this aspect. Nevertheless, there is hope for improvement because 30% of respondents are still undecided or neutral on this issue. The Americans' knowledge of mental illness is slightly better than that of the people of Hong Kong (The Robert Wood Johnson Foundation, 1989), as about three quarters (74%) of the American respondents believe that mental illness can be cured whereas approximately sixty percent of Hong Kong respondents in this survey disagreed with the statement that "mental illness cannot be treated completely".

Inconsistent with the previous Western findings of Ojanen (1992) and Rabkin (1984), age and education level are not good predictors of attitude towards mental patients and their rehabilitation facilities. This may be due to the fact that the data collected for attitude towards mental patients in this study are different. In the previous studies, the people were asked whether they would be willing to interact with a former mental patient in a variety of relationships (social distance) like co-workers, or roommates. Similar questions can be asked in future studies so that comparisons can be made. The findings of this study have shown that knowledge of mental illness is not a major determinant of the public attitude towards mental patients. It seems that knowledge of mental illness alone does not guarantee the acceptance of the mental patients as neighbours. It may be that some other knowledge of mental illness (not captured in this study) is more related to the attitude or it may be that there is really a gap between the knowledge and acceptance of mental patients.

The low response rate (<60%) might introduce bias in the sampling as approximately 40% of respondents refused to complete the questionnaire. It is important to determine whether those who refused to respond differ greatly from those who responded. It was found that the sample resembled the general population in terms of sex ratio, age structure, household income, and education level, according to the Hong Kong Census (Hong Kong Government, 1991). Based upon this indirect method, it seems that the extent of the differences between respondents and nonrespondents are acceptable. Nevertheless, caution should be exercised in interpreting the results of this study because of its low response rate.

As a conclusion, this study has shown that the "Not In My Backyard" phenomenon is still a concern for policy planners in Hong Kong. More effective and systematic

educational programmes should be implemented quickly, perhaps targeted at the silent majority or the misinformed groups. Further studies on this issue are needed to explore the factors affecting attitudes of the public and how to change these attitudes. The result can assist in the planning, implementation and evaluation of educational programmes organized in Hong Kong.

#### ACKNOWLEDGMENT

The research is based upon a report which was prepared by Research Department, The Hong Kong Council of Social Service. The research was initiated and supported by the Mental Health Association of Hong Kong. We thank Dr. David Chan, Dr. Benjamin Lai and Francis Ho for their constructive comments.

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#### APPENDIX

##### English version of the questionnaire\*

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- A1. I am very concerned about my physical health
  - A2. I am very concerned about my mental health
  - A3. I am very concerned about the mental health of my family members
  - A4. I am very concerned about the mental health of the Hong Kong people
  - A5. Mental illness cannot be treated completely
  - A6. Mental illness is not infectious or contagious
  - A7. Only a small portion of mental patients is violent or dangerous to the others
  - A8. Most people would somehow experience mental health problems
  - A9. Mental patients should best be kept in mental hospitals until they completely recover
  - A10. Mental patients should not be kept in rehabilitation facilities other than mental hospitals
  - A11. Psychiatric rehabilitation facilities should be far from the community
  - A12. I do not want to live near any mental patients
  - A13. I do not want to live near any psychiatric rehabilitation facilities
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\* Chinese version of questionnaire will be available upon request.

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