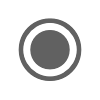
**Transcript**

March 4, 2025, 10:13AM

 **Gichuru Ryan** started transcription

 **Gichuru Ryan** 0:07  
OK.  
Should have sent a prompt.  
To like an agreement for the recording.  
OK.  
Share.  
And.  
OK.  
You can see the screen hopefully.

 **Lok Chan** 0:43  
Yes.

 **Gichuru Ryan** 0:45  
OK.  
Let's see.  
Should be.  
OK.  
I did have a previous interview just today or yesterday that is so that's why I still had the person's name here.  
But.  
If you're ready, we could have a start.

 **Lok Chan** 1:16  
For sure.

 **Gichuru Ryan** 1:16  
So.  
For the first one, could you tell us a little bit about your background and how you became involved in? I'm not even sure, probably it could also give us an introduction of.  
Your course as well as your field that you.

 **Lok Chan** 1:34  
Yeah, sure.

 **Gichuru Ryan** 1:35  
Oh, OK, yeah.

 **Lok Chan** 1:36  
Yeah, I'm involved in psychology, so not psychiatry.

 **Gichuru Ryan** 1:42  
Mm hmm.

 **Lok Chan** 1:42  
So with what I've been involved in, well, I graduate from a psychology degree and then I work as assistant. Well, I had. I worked as honorary assistant psychologist for a year.  
Specialising on autism and ADHD assessment so seeing.  
Umm children or adults or seniors?  
And assess them for.  
Neurodevelopmental disorder and then.  
I do this with clinical psychologist and together we we make a decision whether they fulfil the criteria for autism or ADHD and also we write well. I write the diagnostic report.

 **Gichuru Ryan** 2:28  
Mm hmm mm hmm.

 **Lok Chan** 2:37  
And then after I graduate.

 **Gichuru Ryan** 2:38  
Yeah.  
Mm hmm.

 **Lok Chan** 2:42  
I work as a research assistant and I do.  
VREMDR research on phobia treatment.

 **Gichuru Ryan** 2:56  
For sure, thanks for the introduction.  
And what did you say you enjoy most about your work?  
In in let's say around university around the research you do as well as other work you you're doing at the moment.

 **Lok Chan** 3:17  
So you mean what I enjoy the most during my study or during my work, like in in the workplace, like academic work. You mean work both. OK. I feel like in academic I enjoy the most. The part I enjoy the most is studying certain modules because I get to choose what modules I want to do.

 **Gichuru Ryan** 3:23  
Mm hmm.  
I'll say both.  
Yeah, about, yeah.  
Mm hmm.

 **Lok Chan** 3:44  
As I'm in year three or so, and I remember I chose like.

 **Gichuru Ryan** 3:48  
OK.

 **Lok Chan** 3:52  
Clinical psychology, forensic psychology and also some modules focusing on the neurobiology of.  
Kind of mental illnesses. So I I think those are really interesting and I actually do the a year of placement that is when I do as I work in as assistant psychologist and that year is really fruitful. I gain a lot of experience out of that, which definitely helped me.

 **Gichuru Ryan** 4:05  
Mm hmm.  
Mm hmm mm.  
Yeah.

 **Lok Chan** 4:20  
As my career progressed and in the research.  
Role I get a lot of fulfilment from.  
I feel like it's it's actually it's. It's a feeling of actually making an impact because I had published other paper on personality and that is more that is more on the personality psychology field and that was more that was less clinical and more theory based. And I feel like to me like that feels.

 **Gichuru Ryan** 4:36  
None.

 **Lok Chan** 4:54  
A bit less impactful compared to the work I do in clinical research because for clinical research, especially for treatment and what I work on is a very innovative treatment method for phobia or we would like to extend it to trauma in the future. And so like working on treatment that actually feel like.

 **Gichuru Ryan** 4:56  
Yeah, yeah.

 **Lok Chan** 5:19  
It's making a direct impact to future treatment options and I can see how participants improve.  
Uh, and that give me a lot of fulfilment.

 **Gichuru Ryan** 5:27  
Yeah.  
Interesting.  
I think for some courses it's slightly different because my course I couldn't. I'm not able to choose.  
The modules since the course is slightly new, but I think that also gives like you it gives you the opportunity to choose what you like, probably what you're stronger in or what you're interested in as compared to having to do. Maybe a module that you might not be good at.

 **Lok Chan** 5:44  
Right.  
Yes, yes.

 **Gichuru Ryan** 6:02  
Even though it's all a learning opportunity though.

 **Lok Chan** 6:07  
I guess it's it's. It's because psychology is quite broad, so you could specialise in educational psychology or clinical psychology or health psychology or forensics psychology. So there's well even like workplace or organisational psychology. So I think that's why they gave us the option to choose so that we could kind of narrow down our interest and as we progress into career.

 **Gichuru Ryan** 6:16  
Yeah.  
Mm hmm.  
That's interesting, actually. Yeah, that was actually.  
A bit of interesting to hear about.  
For the next part, and how do you feel about the the overall perception of mental health as it was, of as as sorry as it has changed over the years?

 **Lok Chan** 6:57  
Right. I feel like first of all, there's like a cultural element to my perception of how mental health has changed because I'm originally from Hong Kong. And then I moved to the UK for university and also actually like settling right now. I feel like in Hong Kong, which is, you can say like.

 **Gichuru Ryan** 7:14  
Mm hmm.

 **Lok Chan** 7:19  
West, like quite heavily influenced by Western.  
Culture, although it's.  
It's well, it's it's it's we're Chinese, but it's quite heavily influenced by Western culture. But still I can see there is a much a much more kind of stigma towards mental health.

 **Gichuru Ryan** 7:32  
Yeah.  
Mm hmm.

 **Lok Chan** 7:42  
People won't just see, like in daily conversation that oh like, oh, I need to take some time off to take care of my mental health or or my mental health is not good recently. Like, I don't hear that kind of conversation discussed as openly as in UK.  
And also especially cause for example you can go to GP and talk about you feeling depressed in winter, for example in UK, but then in Hong Kong you don't really do that if you have like mental health issues, you either maybe find a counsellor or.

 **Gichuru Ryan** 7:59  
Oh yeah.  
Hmm.

 **Lok Chan** 8:18  
You. I don't know. Like you talk to social worker at school, especially while talking about school, especially like in university support aspect. It's very it's very, very different because in UK.

 **Gichuru Ryan** 8:27  
Yeah.

 **Lok Chan** 8:32  
Well, every I'm pretty sure that every university has got their own mental health team and you could call them for counselling, free counselling services, etcetera. But then in Hong Kong, it's very limited you that you don't get that much of a flexibility in terms of academic support like maybe like mitigating circumstances or kind of for example, if you have a DHD or autism.

 **Gichuru Ryan** 8:43  
Yeah.  
Mm hmm.

 **Lok Chan** 8:57  
You may have like a longer you can have like some like supporting.  
Adjustments. For example, you could walk around during your exam like you have like a period of time where you could have breaks, which I don't think it's available in Hong Kong or so. Basically the whole like support system is quite different. So I think that would also affect how people kind of talk about it, discuss about it or seek help. But then overall in Uki, feel like the overall global trend.

 **Gichuru Ryan** 9:26  
Mm hmm mm hmm.

 **Lok Chan** 9:30  
Is that it's getting more.  
Digitalized.  
And for example digitalize as in, there's a lot more available self help like apps like Headspace etcetera and Access which offers maybe mindfulness or breathing exercise or grounding techniques, body scan et cetera. And I think that is very helpful because for example, I feel like it's quite common that people have maybe sleeping problems or anxiety issues.

 **Gichuru Ryan** 9:54  
Yeah.

 **Lok Chan** 10:01  
Even though it's not to the extent of like.  
Like like a diagnosis or like clinically significant, but we all experience some level of distress or mental health difficulties. And I think those self help tools are really helpful. And in terms of kind of whether kind of this kind of digitalized or or.

 **Gichuru Ryan** 10:05  
Mm hmm.

 **Lok Chan** 10:25  
Yeah. Digitalized mental health, whether it is integrated in actually routine practise in, in GP services or in hospitals for example.  
I'm not too sure about this aspect, but from the research that I'm doing on fo we're treatment. For example, I feel like there's quite a lot of research on kind of doing exposure therapy for phobia.  
In in VR, for example, and in my field for EMDR, we're seeing some progression as well.

 **Gichuru Ryan** 11:01  
No, interesting. I think even for my for my I'm from from Kenya. So I do. I did notice this even a while back when I was younger. It was way harder to even for myself. It was way harder to communicate on house. Maybe feeling a bit low doesn't even need to be super.

 **Lok Chan** 11:11  
Mm hmm.

 **Gichuru Ryan** 11:25  
Like a serious case or serious, maybe depressive episode. But.

 **Lok Chan** 11:30  
Mm hmm.

 **Gichuru Ryan** 11:31  
I would it was way harder to communicate back then as compared to now.

 **Lok Chan** 11:35  
Yes, yes, I'm getting your help. Remember to understand for example.

 **Gichuru Ryan** 11:37  
And yeah.  
Yeah, yeah, true.  
But.  
Actually the good thing is that it's more of actually a global.  
Change where it's slowly being accepted in the various countries, which makes it.  
A step towards the right direction, yeah.

 **Lok Chan** 12:01  
Yeah, I feel like social media influence play a big role as well.

 **Gichuru Ryan** 12:06  
Oh yeah. True, true. Especially now with the younger generation.  
OK.  
Well, let's see. OK.  
Let's do. Could you describe your typical approach in addressing mental health issues, especially in a high stress in or educational environment?

 **Lok Chan** 12:32  
I feel like I'm not too familiar with the educational environment, but then?

 **Gichuru Ryan** 12:37  
OK.

 **Lok Chan** 12:38  
From what I understand, I feel like clinically.

 **Gichuru Ryan** 12:41  
Mm hmm.

 **Lok Chan** 12:41  
Addressing mental health issue is usually.  
Addressed according to the level of distress. So for example, if someone.  
Basically is to match the treatment with the level of severity of the symptoms.  
So for example, if some patients could benefit from self help tools, then they may be prescribed those to begin with or some kind of low level intervention such as mindfulness or breathing exercise, and then that is well. This is quite my understanding is according to the iapt like in the UK the IAPT.

 **Gichuru Ryan** 13:10  
Yeah.  
Mm hmm.  
OK.

 **Lok Chan** 13:27  
System.  
So so as as the symptoms get more severe.  
Then maybe they may be given cognitive behavioural therapy, but it could be kind of less intense ones. So maybe like once a month or so. But then as maybe you are like.

 **Gichuru Ryan** 13:43  
OK. Yeah.

 **Lok Chan** 13:49  
A treatment resistant or you have more severe.  
Symptoms then it would kind of go up the system, which which may involve maybe.  
More frequent.  
Therapy sessions like maybe once a week and also it may be administered.

 **Gichuru Ryan** 14:07  
OK.

 **Lok Chan** 14:10  
Not only by Acbt trained therapist, but maybe a clinical psychologist or psychiatrist. In some complex cases.

 **Gichuru Ryan** 14:21  
OK. Would you say this is not part of the?  
The questions on here, but I just wanted to get an overview of would you say the they sort of like a standard template that a professional would use because I I did see those, let's say Phq 9 as a sample, I think it was.

 **Lok Chan** 14:47  
Yeah.

 **Gichuru Ryan** 14:49  
Questions you'd ask.  
To a patient, so is this more like the standard way a professional would go then, depending on their analysis, they'll choose the frequency of, let's say the meet ups and all of that.

 **Lok Chan** 15:06  
Yeah, I feel like usually it comes with two parts, but when we first.

 **Gichuru Ryan** 15:10  
Mm hmm.

 **Lok Chan** 15:12  
When we first kind of get in touch with the patient, so usually there'll be like a interview which is more so like history taking or kind of let the patient describe.  
What what their experience is and according to those.  
The clinician may give the patient some clinical instruments to measure.  
This variety of symptoms, for example, which is what you have mentioned like phq 9 or.

 **Gichuru Ryan** 15:37  
Hmm.

 **Lok Chan** 15:42  
Yeah. The Gad Gad seven I forgot. But basically those instruments are used to kind of access how severe those symptoms are. So for example if that patient have like a mild depression according to the Phq 9 then they may be prescribed a kind of lower level intervention. But then if it's like severe with other comorbid disorders then.

 **Gichuru Ryan** 15:47  
Yeah.

 **Lok Chan** 16:10  
Likely.  
There was a benefit from more intense care and support, so yeah, it's it's definitely use like instruments and interviews to kind of understand an assets, the level of severity of of their illness or the symptoms and then to match the treatment or the intervention according to the.

 **Gichuru Ryan** 16:18  
OK.

 **Lok Chan** 16:37  
Situation.

 **Gichuru Ryan** 16:40  
Thank you. And how do you adjust your methods when working with individuals from different cultural or social economic backgrounds?

 **Lok Chan** 16:55  
I feel like there's from from, from my.

 **Gichuru Ryan** 16:59  
Mm hmm mm hmm.

 **Lok Chan** 17:00  
Time working as assistant psychologist.  
Doing history interview taking for autism assessment for example. So you can see like parents. So the children is the one coming in for the assessment and then parents will be around for history taking and you can see that they for example different parents from different culture backgrounds they describe.

 **Gichuru Ryan** 17:05  
Mm hmm.  
Mm hmm.  
Mm hmm.

 **Lok Chan** 17:25  
Umm, their children's?  
Behaviour or yeah, or. Yeah, behaviour very differently. So maybe for maybe Chinese or.

 **Gichuru Ryan** 17:33  
Yeah.

 **Lok Chan** 17:38  
Kind of.  
People with Indian heritage, for example.  
They they view mental health differently. So I would say maybe they they would describe their behaviour as maybe noty or they just won't sleep or.  
They are always maybe like being mischievous, for example, so you can see like wording is quite different or they would kind of tend to like make the symptoms a bit less severe. But I feel like that is not really their fault, but how they perceive.

 **Gichuru Ryan** 18:02  
Yeah.  
None.

 **Lok Chan** 18:15  
Mental health symptoms, so maybe westernised countries or people from westernised countries, they would know like these are maybe symptoms of autism or ADHD or ADHD or inattention for example like their attention span is is affected for example, but then for.  
Other cultures, they may describe it differently, so I feel like it's that sensitivity.  
That you don't judge the way they describe things, but at the same time you also have that awareness and sensitivity so that you could accurately capture.  
What they're experiencing?

 **Gichuru Ryan** 18:51  
Mm hmm. OK, that's actually it's slightly different from.  
Different angle I had from our lecturer, but I think.  
That's actually makes it way more interesting, he said.  
For for his case, sometimes it needs more or less. For some cases it it needs you to understand the persons actual culture.

 **Lok Chan** 19:15  
Mm hmm.

 **Gichuru Ryan** 19:24  
And if it's to a general level, just having a general understanding would be more beneficial than coming from a general, just a general approach assuming.  
Assuming you're from different, let's say parts of the world, and it's maybe the first time that you've met.  
So for for let's say if it's the first time, he'll try and probably get to know more about them. If they're in a state where the.  
Share. If not then.  
For some cases, he'd even prefer depending on the availability, prefer calling in someone maybe from their country, or someone who might share their beliefs, then that makes it a bit more personalised, because sometimes people put or people. If you're coming from a more, let's say cultural view or or let's say a belief or religion.  
It makes the therapy a bit more effective for some patients. So that was one approach he had. But yeah, thanks.

 **Lok Chan** 20:34  
Right.  
Right. I feel like it's different in a way that the experience that I described, it's a assessment type. So I, so I don't get to see that person a lot of times it's that person really come in just for the assessment and I don't know much background about it. So after the assessment I give to diagnosis and that's it. So it's not really like a regular contact. I can see how if it's like in the therapeutic setting where.

 **Gichuru Ryan** 20:52  
Mm hmm. OK.  
OK.

 **Lok Chan** 21:05  
There will be like kind of regular interactions.  
And in meetings, for example. Then it's, it could be good to kind of get to know more about come come that person's family dynamics or culture before diving into kind of actual therapy.

 **Gichuru Ryan** 21:20  
Yeah.  
For sure.  
Well, let's. I'm gonna skip to the challenges, so.  
What would you consider the most significant barrier to accessing mental healthcare?

 **Lok Chan** 21:44  
I feel like.

 **Gichuru Ryan** 21:47  
None.

 **Lok Chan** 21:48  
I feel like for students, I feel like it could be something about.  
A certain demographic population, because I feel like it's, it's like really diverse cause for example, I have known people who are really active in seeking help for their mental health. Maybe in universities they are.

 **Gichuru Ryan** 22:02  
Mm hmm mm hmm.  
Mm hmm.

 **Lok Chan** 22:11  
Like they, they are very active in getting the support that they need. That which include like university counselling or GP.  
Kind of antidepressants, or maybe like adjustments for their exams or coursework extensions for example. But then I've also known people who are really reluctant to kind of.

 **Gichuru Ryan** 22:23  
Mm hmm.

 **Lok Chan** 22:36  
Share about their mental health issues so I'm not sure if it's like a culture problem or maybe.  
It I mean it could be their exposure, it could be that maybe when say when you're surrounded with friends or peers that are really open to discuss their mental health, really supportive then.  
Tend to be more kind of, you know, open to the idea of getting help or talking to people about it. But then certain people may be in their culture, maybe their family, they don't speak much about their personal emotions or their difficulties or they're not as connected to their social group. And I feel like that be a barrier to seeking.

 **Gichuru Ryan** 23:00  
Mm hmm. Mm hmm mm hmm.

 **Lok Chan** 23:22  
Seeking help.  
And that's when I think maybe.  
Self help or yeah self help service services or apps would would be quite beneficial 'cause I feel like it's like the first step to access treatment.

 **Gichuru Ryan** 23:36  
Mm hmm.  
Yeah. And just building up on this, how do you address some of these challenges? Maybe sometime we hardly spoke on stigma and for this case, we can now also talk about how we address the current challenge.

 **Lok Chan** 23:57  
Right.  
I feel like first of all, there's the psychoeducation part from.

 **Gichuru Ryan** 24:06  
Mm hmm mm hmm.

 **Lok Chan** 24:07  
From from like speaking.  
From like someone that works in mental health, I feel like Psychoeducation would play a major role that could be from young in school or it could be just, maybe even if someone that come into treatment. They may be quite hesitant, although they came in. Maybe they just came in because they are really in a bad shape so they they have to come in.  
But now I feel like even from that point.

 **Gichuru Ryan** 24:35  
Yeah.

 **Lok Chan** 24:38  
The the the Psychoeducation that tell telling them that what they're experiencing is quite common and how the treatment could potentially help them alleviate their their kind of stress.  
I feel like that could help them kind of stick to.  
The therapy because like I feel like they coming in the first time, it's the first step, but then whether they continue to engage with it, that's another part and also how kind of the therapeutic relationship relationship is like.  
Major predictor of the impact of of like the effectiveness of the therapy. So I feel like the therapeutic relationship could build from trust and communication and that is when they come in.  
We we we tell them and assure them that what they're experiencing is, is, is common and it's normal and it's treatable for example.

 **Gichuru Ryan** 25:32  
Yeah, for sure.  
I've gone to they're all chat bots, might have to play or maybe even limitation that might come out of this. So what potential benefits and limitations do you see in using chat bots? Or even could be just digital tools in general for mental health support?

 **Lok Chan** 25:56  
Umm chat bots? Is it as in like for example you type and or you talk probably to a chat box or an AI and then that AI or a chat box will kind of reply according to what you told them is. Is that what it means for it by chat box?

 **Gichuru Ryan** 26:02  
Mm hmm mm hmm.  
Yeah, pretty much. Maybe the only new ones would be the chat button to provide the actual therapy. It would only be used as a precursor to sort of analyse before referring you to an actual professional. So it wouldn't be doing any therapy or any you know.

 **Lok Chan** 26:36  
Right. I feel like it could be hugely benefit even for example.

 **Gichuru Ryan** 26:42  
Mm hmm.

 **Lok Chan** 26:42  
ChatGPT, which is well some some is which is a kind of tool, not specialised in mental health support. But I can see how for example.

 **Gichuru Ryan** 26:47  
Mm hmm.

 **Lok Chan** 26:53  
Like even myself, for example, I may encounter something and I want to talk about it, but maybe it's just that immediate support.  
I may and you know, like sometimes when you talk to your friend or family or.  
We seek professional support. You will have that pressure that you need to have everything like composed and kind of.  
Like, talk about your problem clearly.  
Which is, which is not true like you don't have to. But I I believe a lot of people may have that feeling that they need to know what they are, you know, like if you come into therapy, you don't even know what to talk about. And that could be some kind of pressure that people patients experience. So I feel like by you chat box and AI, you know, no one is actually judging you.

 **Gichuru Ryan** 27:33  
Yeah.  
Yeah.

 **Lok Chan** 27:42  
And you can just talk about all your thoughts, even if they are very disorganised, you can just spill it all out and that could be an outlet for, for, for people who are quite kind of who don't really have like an immediate social support or friends to talk to or I mean, even if you have social support network, some things you just prefer to digest it on your own first which is understandable or.

 **Gichuru Ryan** 27:49  
Sure.

 **Lok Chan** 28:08  
Sometimes you just need that immediate you know someone to to talk to, to spill it out.  
I feel like that could be that could be it. And also I feel like sometimes.

 **Gichuru Ryan** 28:13  
Yeah.

 **Lok Chan** 28:18  
For example, like people may be not sure about the severity of their problems, they don't know if.  
They actually need to seek help or not. They don't know if normal or it's just that they're lazy, or if it's just they're tired, you know? So sometimes to speak to the chat box or AI tools.

 **Gichuru Ryan** 28:37  
Yeah.

 **Lok Chan** 28:41  
And the chat box and AI too could kind of.  
Put things in perspective and give.  
Kind of like a a objective.  
Examination of the situation, for example, like if immediate help which you know did not notice. For example like you know when people are depressed, they are not eating, they're sleeping, they're not showering. This is a kind of neglect to themselves, but they may not even notice it. They because they just get too comfortable in that routine.

 **Gichuru Ryan** 28:56  
Yeah, yeah.  
Yeah.

 **Lok Chan** 29:16  
But then if they actually tattoo the chat box or AI tools, umm, they may actually tell them that you know, like this is actually not healthy and you need some help and refer them to the help. Maybe if they need to call AGP or they could just, you know, look for the online resources. I think in some extent the chat box or AI tool can do what we described earlier about kind of like that.

 **Gichuru Ryan** 29:26  
Yeah.  
Mm hmm.

 **Lok Chan** 29:41  
That that system or that kind of like a standardised approach of kind of allocating well, not really allocating what kind of.

 **Gichuru Ryan** 29:44  
Mm hmm.

 **Lok Chan** 29:51  
Prompting you to get the help you need the appropriate help you need according to your symptoms or your severity. I feel like that is this is something that you could do.

 **Gichuru Ryan** 30:00  
Yeah.  
Mm hmm. Yeah, for sure that actually captures some of the features and functionalities part.

 **Lok Chan** 30:29  
Mm hmm.

 **Gichuru Ryan** 30:29  
There maybe it's a subtle but noticeable let's say element or button where you can quickly access it then gives you access to maybe grounding techniques, maybe breathing exercises. It could also refer you to university support the contacts or.  
Could directly not call, but you can Click to call emergency services. So would that be something of yous perfect.

 **Lok Chan** 31:00  
No. Yeah, yeah, definitely. I feel like it's it's more so when, when?

 **Gichuru Ryan** 31:03  
Mm hmm mm hmm.

 **Lok Chan** 31:06  
The AI or the chat box?

 **Gichuru Ryan** 31:08  
Mm hmm mm hmm.

 **Lok Chan** 31:09  
Detect that the user may have this need and they could provide it, and in a really convenient way. So for example, just click away to a call or to more further support information. Yeah, that would be good.

 **Gichuru Ryan** 31:15  
Yeah.  
For sure and.  
I'll maybe say the second last one would be how can?  
Mental Health Chat Board maintain a compassionate, personalised tone while providing accurate and safe advice.

 **Lok Chan** 31:42  
I'm not too sure how chat bots work, but.

 **Gichuru Ryan** 31:45  
Mm hmm mm hmm.

 **Lok Chan** 31:47  
I feel like.  
Always it's to to to give a. It's to ensure that they have a accurate understanding of the situation, because when you actually understand things correctly, then.

 **Gichuru Ryan** 31:58  
Mm hmm.

 **Lok Chan** 32:03  
Obviously the advice would be accurate and it would increase the increase the safety because like you're giving appropriate advice according to the situation.  
But at the same time, because you understand things well, then you could.  
You could you could show your understanding which which which is how that could extend to a compassionate and personalised tone 'cause if you don't understand these accurately then you may give kind of generalised advice or kind of that is when it's not personalised, maybe it's it's not actually, you know, tailoring to the user's need or difficulty. So that's why I feel like the understanding is the first step.

 **Gichuru Ryan** 32:28  
Yeah.  
Yeah.  
OK.  
True, you are thinking of it is slightly harder to implement, cause technically if I was to capture.  
Let's have specific tone or specific personality. Then you'd have to sort of train the chat board to accept from the actual model itself. Let's say that base model you'd have to improve on it with a personality data set, so that could also bring in ethical issues.  
Bias in the data so.

 **Lok Chan** 33:21  
Mm hmm.

 **Gichuru Ryan** 33:21  
Wanted to capture a question on what are your thoughts and data privacy concerns relating to AI and digital tools in mental health.

 **Lok Chan** 33:38  
I feel like.  
I feel like it's difficult to compare it with like an actual therapist because, for example, in an actual therapy setting, then obviously what you talk about would be confidential, but then that is there is like a limit to it where when the when the information that you just close is.

 **Gichuru Ryan** 33:48  
Mm hmm. OK.

 **Lok Chan** 34:00  
Potentially harmful to yourself or someone else, or basically if it raised safety concerns or legal issues, then the therapist have the.

 **Gichuru Ryan** 34:05  
OK.

 **Lok Chan** 34:12  
Have the right to kind of disclose it or discuss it to the team, or even maybe the guardian of like children, for example. That's what I think this is quite difficult to implement in AI because you can't tell if someone is just making hypothetical, you know, discussion, yeah or if it's.

 **Gichuru Ryan** 34:28  
And.  
Scenario. Yeah, yeah.

 **Lok Chan** 34:37  
Actually the case and also for AI, it's difficult to to to kind of evaluate.

 **Gichuru Ryan** 34:40  
Yeah.  
Mm hmm.

 **Lok Chan** 34:45  
They there's a variety as well and you can't really have the AI accountable for everything like actual therapist as well, because the AI it can only be trained to a certain extent, but it's not really.

 **Gichuru Ryan** 34:54  
Yeah.

 **Lok Chan** 35:00  
A therapist, for example, like what you said. So.

 **Gichuru Ryan** 35:02  
Yeah, yeah.

 **Lok Chan** 35:04  
I feel like.  
I feel like as long as you clearly disclose what kind of how do you use data.  
And and whether the data will like like what will the data be used for example to users like clearly that that would be the priority in terms of like whether the data will be used in kind of training or whatever. I feel like I am not knowledgeable enough to to just to discuss that.

 **Gichuru Ryan** 35:38  
OK. Thanks.  
As a last one, is there any additional insights or advice you may have?  
Could if not, I think could basically be done.

 **Lok Chan** 35:58  
Yeah, I feel like not really advised, but basically I feel like techno, like combining technology with kind of evidence based therapies or even screening tools or standardised assessment would be a way to kind of make these services more accessible and effective in, in the future. I feel like definitely it's it's.

 **Gichuru Ryan** 36:06  
Mm hmm.

 **Lok Chan** 36:21  
It's it's, it's. It's the way out.

 **Gichuru Ryan** 36:25  
For sure. Thanks a lot. Thank you for your time. It was really.  
Not say it was.  
Inspiring to hear from your uncle and this is definitely really insightful as well.

 **Lok Chan** 36:42  
No, it's my pleasure. Thank you.

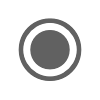
 **Gichuru Ryan** 36:44  
Yeah, for sure. We're basically done.

 **Lok Chan** 36:48  
OK.

 **Gichuru Ryan** 36:48  
I think we can finish off from here.

 **Lok Chan** 36:51  
OK, that's good. Thank you. Bye.

 **Gichuru Ryan** 36:53  
OK.  
Oh, bye.

 **Gichuru Ryan** stopped transcription