

Mental Illnesses: What Do You Do When the Medication Ends?
Charmaine Ng



It's a normal Wednesday morning and Sai Ying Pun is full of people getting on with their daily lives. A security guard is greeting a resident of Siu On Building when a piercing scream breaks out. His head snaps back to find the source of the sudden noise—and when he spots it, the hairs on his neck rises in a cold chill. Just a street across, pedestrians are running in every direction from a man brandishing two meat cleavers at a middle-aged woman. The guard's legs freeze and he watches, horrified, as the woman escapes and the attacker turns to a man close by to be his next victim.

In late 2015, a discharged psychiatric patient slashed two random passers-by on Des Voeux Road West. And this was not an isolated case—the last year alone has seen the news reporting at least ten cases of random attacks on the streets by past or present sufferers of mental illnesses. Whether or not the attackers really have a mental illness background, two things are for certain: these incidents do not help to reduce the stigma of those who are recovered, nor do they increase the population's confidence in the government's commitment to mental health care.

“Recovery means an individual feels good, finds new directions and experiences joy in becoming a contributing member of a society or neighbourhood,” said Dr. Samson Tse, a professor and researcher at University of Hong Kong's Faculty of Social Science. “The current method adopted by hospitals in Hong Kong is to prescribe medication to a patient then expect them to rejoin society once their symptoms have disappeared.

But recovery isn't as simple as healing a broken bone. It's an ongoing, perhaps never-ending, journey."

The professor rifled through the neat stack of papers on his otherwise spotless desk, searching for relevant data to back up his point. He is a small man with a pair of black-rimmed glasses, dressed in a white shirt with a pen tucked tidily in to the pocket. His office room echoes pristine order, with the books on the shelf organised neatly. A small photo of his family perched at the corner of his computer screen is the only personal touch.

Dr. Tse has been working with mental illness patients for years—whether it's face-to-face in a high-security forensic psychiatric unit in New Zealand or from afar, examining the complex mechanisms of recovery from long-term diseases such as bipolar disorder and schizophrenia. Having spent the majority of his education and career abroad, he returned to Hong Kong in 2009 to introduce the new, consumer-based concept of recovery, known as "personal recovery".

In other parts of the world, recovery doesn't end when doctor visits cease. Recovery doesn't end when physical symptoms have disappeared. Recovery doesn't end when a person starts working again. The reason that relapse is so common in mental disorder recovery is because it extends beyond the physicality of the body—precisely what Dr. Tse explores: what do you do when the medication ends?

Unlike Western countries, Asia's population has a more rigid view on mental illness. In Hong Kong, those with mental disorders are seen as crazy people. The topic is practically taboo and hardly voiced aloud in public. Family members of past and present sufferers do not talk of it even with their extended families as it brings shame to them. Despite worldwide growing acceptance to non-physical sicknesses, the city has not seen a quick-enough progress of the inhabitants' understanding in this area of study.

The main differences between the Western and local concept of mental illness recovery is that Hong Kongers place strong emphasis on controlling or eliminating symptoms and reclaiming life roles in work. Recovery is viewed as an outcome, a box to be checked off on a to-do list, as opposed to the view overseas, where it is seen as a process. In his works, Dr. Tse exemplifies the two outlooks with the Asian question, "have I recovered?" versus the Western question, "what is my recovery journey?".

But changing the perception of recovery is precisely where Hong Kong runs into a problem. It isn't easy for these people to find jobs and get their lives back on track as discrimination remains in all areas—in the workplace and even at home. Ask the typical Hong Konger whether they would feel safe if a past mental disorder sufferer was living next door to them, and the majority would reply "no".

In Hong Kong, the mental health service landscape is a far cry from New Zealand's, where Dr. Tse spent half of his life. The percentage of the local government's GDP invested into mental healthcare is only 0.2% as opposed to New Zealand's 0.9%. In fact, there is no direct translation of the word 'recovery' in Chinese. It is no wonder Chinese communities are so lost when it comes to mental illnesses.

Dr. Tse brings what he learned throughout his twenty-five years in New Zealand to Hong Kong in order to benefit recovered patients, current patients and the public. Going beyond medication, he and his team are constantly working on providing meaningful life roles to the recovered. They have found constant and incredible results in their peer support service programs.

“With funding, we have trained three cohorts of peer support workers in the past few years,” explained the professor. “These workers are recovered patients. They have turned their mental illnesses into their strengths, for example through sharing their personal stories with current sufferers. As we talk, forty people are employed by NGOs to run groups!”

A smile broke through Dr. Tse’s face as he recalled the memory.

“There isn’t a singular most emotionally rewarding situation, but there is a stand-out memory I remember very clearly,” he said. “Nowadays, my team even hires recovered sufferers to help with research. A few years ago, there was one particular data set that didn’t make sense to me, no matter how many times I went back to it. In the end, I scheduled a lunch meeting with two recovered patients—one man and one woman.”

The data that Dr. Tse found incomprehensible was about factors that were involved with the stability of bipolar disorder recovery. Contrary to expectations, one of the listed factors that facilitated the process was excessive drinking.

“Binge-drinking is something that we think is bad, right? But it was such an exciting breakthrough to find out why from first-hand experience. During the meeting, the man and woman said to me, “Samson, can’t you see it? Drinking is associated with socialisation and many users may have used it to keep their friendships as the disease worsens!”.”

Suddenly, Dr. Tse saw the whole picture. Even everyday individuals would use alcohol as an aid in socialisation. What’s more, drinking excessively may mean forgetting—the mental illness sufferers can numb their problems that they do not want to deal with.

It’s obvious that personal recovery, or recovery through input from users as the professor calls it, is greatly beneficial for the mental illness community. But why is Hong Kong still lagging behind in terms of adopting this practice that many countries have today?

“The lack of locally based professionals in the field only continues to fuel the discrimination and poor healthcare system in Hong Kong,” answered Dr. Tse. “It isn’t poor pay, though there are indeed fewer opportunities for those working in the mental health career path here, like practicing psychologists, nurses and counsellors. Not only is there not enough education in the area of psychology, it’s also just not everyone’s cup of tea. It’s emotionally heavy for the everyday Hong Konger who already suffers from constant stress, but it’s emotionally gratifying, too, if you can manage it.”

And gratifying is exactly how Dr. Tse feels when he helps a mental illness patient. Having attended church regularly since childhood, he grew up watching his peers express their struggles with identity, relationships and studies. It was a no-brainer when it came to choosing what career path to walk down when it came to his tertiary schooling. Even before graduation, Dr. Tse knew he wanted to work with people in a dynamic and interesting way.

“It was definitely mental health rather than physical habitation for me,” he said. “I wanted to deal with human issues and work with a variety of problems using multiple methods. For example, in orthopaedics, you ‘fix’ a range of movements—it’s all physical. Dealing with mental illnesses is different. It includes a lot of things, like seeing clients, integrating them back into society and organising events with the rest of the community for them.”

After obtaining a diploma in Occupational Therapy in the Hong Kong Polytechnic University, bright-minded Dr. Tse was asked by his favourite professor to work with her in her native country New Zealand. With scarce postgraduate opportunities in the early 1980s in Hong Kong, Dr. Tse flew to Auckland for what he had not known, at the time, would be the next two and a half decades of his life.

He continued after a brief pause as another memory sprang to his mind.

“I actually remember the exact scenario,” he said. “The interviewer flew to Auckland to meet me, and we sat on a patch of grass outside the hospital for the interview. I was offered a full time job at a forensic psychiatric unit on the spot.”

At the time, mental health service overseas was growing exponentially. It was right after the government-prompted 1988 Mason Report, a series of inquiries headed by Judge Ken Mason following multiple high-profile attacks and suicides involving mentally ill people. In New Zealand, state money was invested for seven new psychiatric units to be built. They were facilities catering to the mentally unwell involved with prison. As an occupational therapist, Dr. Tse had to work in a high-security institution with only twelve to fifteen people of expertise.

It was common for people to ask Dr. Tse if he was scared.

“I always told them I felt the exact opposite of fear. I felt safer, actually. There were premeasures taken and when it comes down to it, safety was not about physical establishments but close relationships.”

He explained further.

“If there are good relationships in place, then it’s all clear. As long as one of the staff has trust with the one of residents and vice versa, then if anything goes wrong, the pair can effectively communicate. At the end of the day, safety doesn’t come from alarms, electric fences or macho male nurses. It comes with communication.”

It was only logical that Dr. Tse’s timeline continued down the same path, given how inspired he felt from dealing with mental illness patients first-hand using the personal experience recovery method.

While working at the unit for three and a half years, he completed a masters in psychology part time and—smiling as he proudly presented his accomplishments—graduated with full marks and a distinction from Massey University. After a few years working as a lecturer, he once again graduated—this time with a doctoral degree from the University of Otago. His thesis was focused on recovery for bipolar disorder patients, which set the paving stone for his later works.

Dr. Tse's return to Hong Kong in 2009 was due to an unexpected turn of events. He had settled in New Zealand well: he was married to a woman he loved with a son and earning a stable income working in an area he was passionate in. But when he received a call from his hometown with news that his mother was diagnosed with dementia, he knew he had to come back.

“It wasn't my kind of lifestyle to ignore the problem and leave it all to my brothers and sisters. I did not want to abandon my family to live a life of bliss. I made the choice to come back.”

Although the poor mental healthcare landscape in Hong Kong meant that he had had to start from scratch in his career, the professor knew he had made the right decision. It was even more emotionally rewarding for him to bring changes to the people so close to him. In fact, it had to be him: no one else based locally had his experience and expertise from overseas.

Recovery through input from sufferers allows the public to enter their world. They need to be understood instead of having someone pathologise what they feel. Dr. Tse has brought a pioneering practice to Hong Kong by involving patients as partners in research, proving that the understanding of the disease is essential and beneficial for recovery in the local context.

With the peer support project strongly grounded as long as there is sufficient funding, Dr. Tse explains the next step in his work to continue to communicate to the public.

“It's not published yet,” he said excitedly. “But it's almost done. It's about the concept of what I call 'Toxic Space'. My team has done extensive research on the consequences of our typical fast-paced, urban lifestyle in Hong Kong—and the findings may surprise you. But apart from this, I still constantly work with patients face-to-face. There's something different about it that separates it from research in the lab. There is nothing more gratifying than seeing them regain life.”

Image source: [HKU Centre for the Enhancement of Teaching and Learning - CETL](#)