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## **Reducing Stigmatisation towards Mental Disorder among Elderly in Hong Kong**

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### **ABSTRACT**

The mental health and well-being among the elderly become worse when there is misunderstanding towards related illness. Due to the lack of appropriate promotion on mental healthcare, mental disorder patients need to suffer from long-term persecution. Meanwhile, the elderly in Hong Kong are being isolated with lower self-esteem, which accelerated further problem of mental disorder. Hong Kong society is lacking education and promotion of mental health and well-being, the stigmatisation towards mental disorder is a barrier for mental disorder patients. This review explores how the stigmatisation border the recovery from mental disorder among the elderly in Hong Kong, outlines the approaches and policies which may be able to decrease the stigmas and propose Hong Kong as an age-friendly city with healthy mental.

**KEYWORDS:** Promotion of Mental health, Mental disorder, Stigmatisation, Elderly, Healthy Social Environment, Education, Social Contact

## 1 INTRODUCTION

The Hong Kong Special Administrative Region (HKSAR) government follows the principle of “no health without mental health” presented by the World Health Organization (WHO) with support and attaches importance to the promotion of mental health and well-being. To facilitate a mental well-being society, the government encourages the community and experts to deliver professional mental health services (Lai, 2019; Jenkins, 2003). The WHO presents the rationale about how to promote mental health. From time to time, research has been investigating effective methods and models in developing mental health, and only a few researchers have considered eliminating stigma as the way to improve patients seek help from the professionals of mental health (Jackowska et al., 2015; Proyer et al., 2016). Moreover, the United Nations (UN) also promote a sustainable development goal (SDG) of good health and well-being in the importance of providing guidance and advice for people after a series of virus pandemic (UN, 2019; The Lancet Global Health, 2020). Thus, a significant positive attitude and image towards seeking mental health services are important in Hong Kong. The stigmas towards mental disorder will influence the public cognition and postpone promotion of mental health. The reduction of stigmatisation towards the promotion of mental health and well-being in Hong Kong will be discussed in this review.

## 2 IMPORTANCE OF MENTAL HEALTH FOR ELDERLY

The proportion of the population in the world will double from 12 % to 22 % before 2050 (WHO, 2017). The elderly may need to tackle both physical and mental illnesses. Parkar (2015) has pointed out that the changing social role of the elderly is more likely to leave them no means in community and family. From time to time, the elderly would get a sense of social isolation. As a result, the elderly might have a larger chance of being diagnosed of mental illness such as depression, anxiety disorder, etc. Around 4% of the old age group are being affected by an anxiety disorder, and 20% of people who are 55 and older have different types of mental illness symptoms (WHO, 2017; Centers for Disease Control and Prevention, 2017). Age is one of the major factors affecting the psychological domain and there is an increasing trend that mental disorder accounts for more and more in the total disability in elderly group (Xie et al., 2014; UN, 2017). So mental health and well-being are more important in elderly groups than in other age groups. Miller (2020) has concluded that maintaining a healthy mind can release stress, reduce anxiety, and reduce the risk of depression. With the sustainable development goals of good health and well-being guided by the United Nations, the world should be aiming to reduce around one-third of premature mortality from non-communicable disease by promoting accurate knowledge about mental health and delivering of proper prevention and treatment (Cao et al., 2018). As a result, the elderly can function healthily with mental wellness. Therefore, promoting positive mental health care for the elderly is important and it can prevent unfavorable life from retirement.

### **3 MENTAL HEALTH OF HONG KONG ELDERLY**

Hong Kong's mental healthcare situation is among the poorest in the world. In the report of the Global Age Watch Index in 2015, Hong Kong only ranked 60 in both life expectancy and indicators of life expectancy out of 97 countries or regions. Also, the relative psychiatric well-being of Hong Kong only ranked 79 out of 97 countries or regions (CUHK Jockey Club Institute of Ageing, 2015). These figures show that Hong Kong is under a warning signal of mental health and well-being. Tsang (2016) has contended that one out of ten Hong Kong elderly have signs of depression. Various viewpoints explain why the elderly in Hong Kong would easily get mental health problems. Most agree that social relationships have a connection with mental well-being. Such relationship can be treated as a social role in the Eastern countries, especially with Chinese (CUHK Jockey Club Institute of Ageing, 2015). In Hong Kong, most elderly are lack of emotional and instrumental support to prevent mental illness. Being isolated by the society, the problem of the elderly over-relying on the family will become worse (Pinquart & Sorensen, 2001). Furthermore, the quality of life also contributes to the negative impact on Hong Kong elderly. According to the SDG3 of UN, the living environment around the elderly may have sustainable impact on psychosocial problems. In short, Hong Kong should put more emphasis on the mental health of the elderly, and it is important to build up a healthy social environment.

### **4 STIGMATISATION ABOUT SEEKING HELP FOR MENTAL HEALTH**

Unfortunately, mental healthcare in Hong Kong does not have holistic development. The stigmas about mental illness are common around the world which contribute to some negative impacts on how the patients seek help from health professional. Stigmas about mental illness could be classified as a public stigma. Western countries and European nations have stigmatising attitudes towards mental illness (Corrigan et al., 2015). The prevalence of mental illness is not really limited to the general public, but the professionals are also suffering from mental illness (Schomerus et al., 2012; Newell & MacNeil, 2010). Compared to Western countries, peoples in Asian countries show low self-esteem with negative self-criticism (Step toe, 2007). Although Asian countries demonstrate fewer stigmas than Western countries, the cultural sphere of Asian countries affects the promotion of mental health (Corrigan & Watson, 2002). However, there are limited studies that investigate into the Asian elderly, especially in Hong Kong. Well-being is an essential factor to precede lifelong development according to the previous studies (Wang et al., 2016; Kessler et al., 2011). Furthermore, the public most likely disapprove of patients with psychiatric disabilities than physical illness because psychiatric disabilities have been linked to illegal activities such as drug-taking (Corrigan & Penn, 2015). In short, the negative labelling and stigmatisation about mental health have prohibited the development of correct mental health value and form a barrier for recovery in the future.

Corrigan and Watson (2002) also pointed out that there is also self-stigma within the society. The stereotype on psychiatric disability is easily related to less value in society. The mental health of elderly is unpredictable due to the low level of self-esteem and confidence in their daily life, while the elderly have been isolated by the society (Evans-Lacko et al., 2012)). The elderly are sensitive to anger because they have experienced prejudice from previous experience (Yu et al., 2013; Seger et al., 2017). In short, the level of self-esteem is directly forming a paradox in self-stigma (Corrigan & Watson, 2006). Therefore, the way and sense of self-evaluation for patients with mental illness are very popular in self-stigma, because of the recognition and injustice towards them. In Hong Kong, social and self-stigma towards mental sickness are of concerns. The elderly with mental illness may stop to seek professional psychiatric treatment due to labeling of being violent and dangerous. Self-stigma with mental illness keeps the patients a social distance from health care professionals (Mak et al., 2015). Eventually, there are less promotion on mental healthcare due to the ignorance from the public.

## **5 APPROACHES TO REDUCE STIGMA ON MENTAL HEALTH**

National Academies of Sciences, Engineering, and Medicine (2016) proposed the community should implement three major approaches to anti-stigma interventions, including education, increasing contact, as well as protest and advocacy.

Firstly, educational intervention resists stigma by providing formal and factual knowledge about the stigmatised conditions, and is able to correct misunderstanding and negative attitudes for both the public and the patients. Inaccurate stereotypes should disappear in the society from time to time. For example, the government or social organisations should promote the idea that mental illness is not violent to the public (Corrigan et al., 2012). The Hong Kong society should refer to the national educational campaigns which use education interventions as a tool of evaluation on stigma changes. Having educational progress, it may be helpful to reduce self and public stigma about mental illness rather than only providing behavioural therapy (Quinn et al., 2014; Heijnders & Van Der Meij, 2006). The society may offer mental health literacy programmes that play an essential role in the implementation of improving knowledge and help-seeking behaviour when necessary.

Secondly, increasing contact with the elderly would give them meaningful comfort. Old-age patients with mental illness are mostly lack of contact that contributes to the feeling of discomfort and fear (Cook et al., 2014). By increasing contact intervention, it can resolve the negative effects of self-isolation. Once the contact with the elderly is increased, more connection results. The connection is a foundation for people who struggle with mental illness or people who stigmatise mental health issues to get closer, and it allows them to express life experience and ability to reduce public stigma on a person-to-person basis (Corrigan et al.,

2013).

Finally, protest and advocacy are the formal and legal ways to present the objection of stigmas on mental illness. For example, the concerned organisations can boycott and call for awareness about the negative consequences of stigma (Arboleda-Flórez & Stuart, 2012). Such initiatives may remove the poor stereotypes and enhance equality from public policy concerns. At the same time, the protest and advocacy will bring about more support by the medical providers. Thus, there is no longer any long-term suffering of mental illness without medical treatment. This is the same as the advocates by the goal of UN's SGD3, which emphasises the support for development of vaccines and medicines for non-communicable diseases, so the mental patients can receive medical support more easily after more discussion in the society.

## **6 MENTAL HEALTH POLICY FOR THE ELDERLY IN HONG KONG**

The significant number of elderly mental disorder in Hong Kong gives alarm to the government and the public to pay more attention and discussion on the public mental health policy. In Hong Kong, the existing clause and provision of how to maintain healthy public mental health care could be divided into a four-stage approach, including prevention, treatment, prevention of relapse, and follow-up action (Lee & Lam, 2015).

For the policy on how to prevent mental health disorders, the Hospital Authority (HA) launched a program entitled "Elderly Suicide Prevention Program" (ESPP) in 2002 (Lapierre et al., 2011). The ESPP facilitates early detection of the elderly mental disorder and promotion of effective mental healthcare treatment through continuous education and promotion in the society. Once the patients receive treatment, patients with serious but common mental illness could be classified as an outpatient and are allowed to visit the specialist clinics to get suitable mental care and services at the appropriate time (Tsoh, 2014; Chan et al., 2011). As a result, outpatient service can prevent the worsening of mental conditions. In addition, mental inpatients can receive mental rehabilitation for an enduring process and duration. By encircling the prevention and treatment for completed intervention on the elderly in Hong Kong, the patients could have stronger defense ability towards mental disorders (Luk, Chan, & Chan, 2015). Nonetheless, the ESPP also emphasises the importance of prevention of relapses. Another important target is to reduce the side effects and prevent dependence on anti-psychotic medicine (Hospital Authority, 2020; Teasdale et al., 2000).

Furthermore, elderly with mental disorder should actively participate in the Priority Follow-Up (PFU) system, which provides a higher chance and prioritises visits to specialist clinics. The PFU guides the elderly with mental disorder to be checked by the psychiatric nurse from time to time. However, the patients have the right to reject the PFU offered by HA, and

this may lead to lost contacts. Therefore, the current mental health policy in Hong Kong works as a community psychiatric healthcare to manage the patients. Contact to the mental disorder patients is needed to reduce the stigmas towards mental health. The ESPP is suitable for the society to help the elderly to recover faster on a person-to-person basis. Because the first step of ESPP allows the prevention by connection, the elderly and the public have greater opportunities to share life experience mutually to reduce the feelings of fear and self-isolation. From time to time, the public would be concerned more about the elderly with mental disorder in Hong Kong.

One of the SGD3 goals is to ensure the universal assessment to healthcare services that insert healthcare services policy into the city's strategies and programmes. The ESPP combines the necessary prevention and follow up actions for the elderly in Hong Kong. Since the ageing problem in Hong Kong is difficult to solve, the problem may worsen the mental disorder. The government has adopted the housing policies for the elderly to encourage the next generation to live with them in accordance with the Chinese culture (Sereny & Gu, 2011). The principle of "Ageing in place" framed the importance on how the living environment can be changed in some situations. It may provide better living conditions and support for the elderly to recover from mental disorder and remove stigmatisation in Hong Kong simultaneously (Lam & Fong, 2020).

## **7 AGE-FRIENDLY CITY WITH HEALTHY MENTAL CARE**

Poor quality of life for the elderly in Hong Kong is common. Most of the time, the elderly have several needs that are supplied by the society, such as physical help and psychological support (Lam, 2018). Therefore, it is necessary for the society to maintain good mental well-being as far as possible. Although the Food and Health Bureau, Department of Health, and Hospital Authority tried to coordinate to provide health services in both the private and public sectors, there is still a huge gap to reach holistic mental health without stigmas in Hong Kong. Nevertheless, Hong Kong should aim to become an age-friendly region with positive mental labeling. The inclusivity and accessibility of a positive community environment focus on the chances of getting health security for all people, especially for the elderly (The Hong Kong Jockey Club, 2018). In Hong Kong, different individuals and parties should further collaborate to maintain a more caring social environment and point out the negative consequences of stigmas.

Before the Hong Kong Jockey Club implemented the various intervention with the local schools to provide correct education about mental health and set up the Age-friendly City Project, The Mental Health Association of Hong Kong provides job opportunities for mental health patients and promote corporate social responsibility that cultivate mental health (The

Hong Kong Jockey Club Charities Trust, 2017; Chiu, Tsoh, & Li, 2012). However, the most important stakeholder that has the greatest power to remove stigmas towards mental health is the HKSAR government. The HKSAR government should coordinate the whole society and plan a comprehensive system to put mental health issue into the first priority. If it can be transformed to an age-friendly city with healthy mental care coverage, it might be one of the solutions or references to lower the pressure in the public hospitals. At least the society would change the old stereotype that public hospitals are unable to manage. In the long run, both physical and psychological healthcare in Hong Kong could be significantly improved.

To conclude, different approaches are expected to significantly reduce the stigmas about mental illness and seek help from mental health treatment and related illness. The public will be more aware of the mental health of the elderly and understand what healthy ageing is. Ultimately removal of stigmatisation of mental illness and proper help measures are needed.

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## REFERENCES

Arboleda-Flórez, J., & Stuart, H. (2012). From sin to science: Fighting the stigmatization of mental illnesses. *Canadian Journal of Psychiatry*, 57(8), 457-463.

Cao, B., Bray, F., Ilbaw, A., & Soerjomataram, I. (2018). Effect on longevity of one-third reduction in premature mortality from non-communicable diseases by 2030: a global analysis of the Sustainable Development Goal health target. *The Lancet Global Health*, 6(12), e1288-e1296.

Centers of Disease Control and Prevention. (2017, January 31). *Depression is Not a Normal Part of Growing Older*. Retrieved from <https://www.cdc.gov/aging/mentalhealth/depression.htm>

Chan, S. S., Leung, P. Y., Tsoh, J., Li, S. W., Yu, C. S., Yu, K. K., Poon, T. K., Pan, P. C., Chan, W. F., Conwell, Y., Lam, C. W., & Chiu, F. K. (2011). Outcomes of a Two-Tiered Multifaceted Elderly Suicide Prevention Program in a Hong Kong Chinese Community. *The American Journal of Geriatric Psychiatry*, 19(2), 185-196.

Chiu, F. K., Tsoh, M. Y., & Li, S. W. (2012). Prevention of Mental Disorders in late life - Perspectives from Hong Kong. *Hong Kong Journal of Mental Health*, 38(1), 5-9.

Cook, J. E., Purdie-Vaughns, V., Meyer, I. H., & Busch, J. T. (2014). Intervening within and across levels: A multilevel approach to stigma and public health. *Social Science and Medicine*, 103, 101-109.

Corrigan, P. W., Bink, A. B., Fokuo, J. K., & Schmidt, A. (2015). The public stigma of mental illness means a difference between you and me. *Psychiatry Research*, 226(1), 186-191.

Corrigan, P. W., Kosyluk, K. A., & Rüsch, N. (2013). Reducing self-stigma by coming out proud. *American Journal of Public Health*, 103(5), 794-800.

Corrigan, P. W., Morris, S., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: A meta-analysis of outcome studies. *Psychiatric Services*, 63(10), 963-973.

Corrigan, P. W., & Penn, D. L. (2015). Lessons from social psychology on discrediting psychiatric stigma. *Stigma and Health*, 1(S), 2-17.

Corrigan, P. W., & Watson, A. C. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry*, 1(1), 16-20.

Corrigan, P.W., Watson, A.C. (2006). The Paradox of Self-Stigma and Mental Illness. *Clinical Psychology: Science and Practise*, 9(1), 35-53.

CUHK Jockey Club Institute of Ageing. (2015). *Report on AgeWatch Index for Hong Kong 2015*. Retrieved from [https://www.ioa.cuhk.edu.hk/images/content/community\\_outreach/AgeWatch\\_Index/Report\\_on\\_AgeWatch\\_Index\\_for\\_Hong\\_Kong\\_2015.pdf](https://www.ioa.cuhk.edu.hk/images/content/community_outreach/AgeWatch_Index/Report_on_AgeWatch_Index_for_Hong_Kong_2015.pdf)

Evans-Lacko, S., Brohan, E., Mojtabai, R., & Thornicroft, G. (2012). Association between public views of mental illness and self-stigma among individuals with mental illness in 14 European countries. *Psychological Medicine*, 42(8), 1741-1752. [1]. 10.1017/S0033291711002558

Heijnders, M., & Van Der Meij, S. (2006). The fight against stigma: An overview of stigma-reduction strategies and interventions. *Psychology, Health & Medicine*, 11(3), 353-363.

Hospital Authority. (2020). *Briefing about suicide and depression in the elderly*. Retrieved from <https://www.ha.org.hk/espp/suicide.html>

Jackowska, M., Brown, J., Ronaldson, A., & Steptoe, A. (2015). The impact of a brief gratitude intervention on subjective well-being, biology and sleep. *Journal of Health Psychology*, 21(10), 2207-2217.

Jenkins, R. (2003). Supporting governments to adopt mental health policies. *World Psychiatry*, 2(1), 14-19.

Kessler, R. C., Ormel, J., Petukhova, M., McLaughlin, K. A., Green, J. G., Russo, L. J., ... & Andrade, L. (2011). Development of lifetime comorbidity in the World Health Organization world mental health surveys. *Archives of General Psychiatry*, 68(1), 90-100.

Lai, W. L. (2019). *Identifying Effective Approaches to Reduce Public Opposition in the Siting of Integrated Community Centres for Mental Wellness and Other Mental Health Facilities*. Department of Applied Social Sciences, The Hong Kong Polytechnic University. Retrieved from <https://www.eoc.org.hk/EOC/upload/ResearchReport/20195291241281990171.pdf>

Lam, C., & Fong, B. (2020). "Ageing in Place" - Social and Health Implications in Hong Kong. *CAHMR Working Paper, 1*(1). Retrieved from <http://weblib.cpce-polyu.edu.hk/apps/wps/assets/pdf/cw20200101.pdf>

Lam, C. C. (2018, September 12). *Hong Kong should consider the needs of its elderly residents when deciding on future land supply*. Retrieved from <https://www.scmp.com/comment/insight-opinion/hong-kong/article/2163700/hong-kong-should-consider-needs-its-elderly>

Lapierre, S., Erlangsen, A., Waern, M., Leo, D. D., Oyama, H., Scocco, P., Gallo, J., Szanto, K., Conwell, Y., Draper, B., & Quinnett, P. (2011). A Systematic Review of Elderly Suicide Prevention Programs. *Crisis, 32*(2), 88-98.

Lee, C. W., & Lam, G. (2015). Hong Kong's Mental Health Policy – Preliminary Findings. *International Journal of Social Science and Humanity, 5*(7), 640-645.

Luk, K. H., Chan, T. Y., & Chan, K. Y. (2015). Falls prevention in the elderly: translating evidence into practice. *Hong Kong Medical Journal, 21*(2), 165-71.

Lyubomirsky, S., King, L., & Diener, E. (2005). The Benefits of Frequent Positive Affect: Does Happiness Lead to Success? *Psychological Bulletin, 131*(6), 803-855.

Mak, W. S., Cheung, F. M., Wong, Y. S., Tang, W. K., Lau, J. T., Woo, J., & Lee, D. T. (2015). *Stigma towards people with psychiatric disorders*. Retrieved from <https://www.hkmj.org/system/files/hkm1504sp2p9.pdf>

Miller, K. (2020, September 1). *The Benefits of Mental Health According to Science*. Retrieved from <https://positivepsychology.com/benefits-of-mental-health/>

National Academies of Sciences, Engineering and Medicine. (2016, August 3). *Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change*. Retrieved from [https://www.ncbi.nlm.nih.gov/books/NBK384914/#sec\\_000063](https://www.ncbi.nlm.nih.gov/books/NBK384914/#sec_000063)

Newell, J. M., & MacNeil, G. A. (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue. *Best Practices in Mental Health, 6*(2), 57-68.

Parkar, S. R. (2015). Mens Sana Monogr. *Elderly Mental Health: Needs, 13*(1), 91-99.

Pinquart, M., & Sorensen, S. (2001). Influences on loneliness in older adults: A meta-analysis. *Basic and Applied Social Psychology*, 23(4), 245-266.

Proyer, R. T., Gander, F., Wellenzohn, S., & Ruch, W. (2016). Nine beautiful things: A self-administered online positive psychology intervention on the beauty in nature, arts, and behaviors increases happiness and ameliorates depressive symptoms. *Personality and Individual Differences*, 94, 189-193.

Quinn, N., Knifton, L., Goldie, I., Van Bortel, T., Dowds, J., Lasalvia, A., Scheerder, G., Boumans, J., Lanfredi, M., Wahlbeck, K., & Thornicroft, G. (2014). Nature and impact of European anti-stigma depression programmes. *Health Promotion International*, 29(3), 403-413.

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G., & Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness: A systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, 125(6), 440-452.

Seeger, C. R., Banerji, I., Park, S. H., Smith, E. R., & Mackie, D. M. (2017). Specific emotions as mediators of the effect of intergroup contact on prejudice: Findings across multiple participant and target groups. *Cognition and Emotion*, 31(5), 923-936.

Sereny, M. D., & Gu, D. (2011). Living arrangement concordance and its association with self-rated health among institutionalized and community-residing older adults in China. *Journal of Cross-Cultural Gerontology*, 26(3), 239-259.

Steptoe, S., Tsuda, A., Tanaka, Y., & Ardle, J. (2007). Depressive symptoms, socio-economic background, sense of control, and cultural factors in University students from 23 Countries. *International Journal of Behavioral Medicine*, 14, 97-107.

Teasdale, J. D., Segal, Z. V., Williams, J. M., Ridgeway, V. A., Soulsby, J. M., & Lau, M. A. (2000). Prevention of relapse/recurrence in major depression by mindfulness-based cognitive therapy. *Journal of Consulting and Clinical Psychology*, 68(4), 615-623.

The Hong Kong Jockey Club. (2018). *AgeWatch Index for Hong Kong: Topical Report on Health Status*. Retrieved from [https://www.ioa.cuhk.edu.hk/images/content/community\\_outreach/AgeWatch\\_Index/Topical\\_Report\\_on\\_Health\\_Status.pdf](https://www.ioa.cuhk.edu.hk/images/content/community_outreach/AgeWatch_Index/Topical_Report_on_Health_Status.pdf)

The Hong Kong Jockey Club Charities Trust. (2017). *Jockey Club Age-friendly City Project*. Retrieved from <https://extranet.who.int/agefriendlyworld/wp-content/uploads/2017/02/Kwun-Tong-District-baseline-assessment.pdf>

The Lancet Global Health. (2020). Mental health matters. *The Lancet Global Health*, 8(11), e1352.

Tosh, J., Chan, S., Chiu, H., Leung, T., & Conwell, Y. (2014). The Elderly Suicide Prevention Program (ESPP): A Review 10 Years after its Territory-Wide Implementation in Hong Kong. *World Psychiatric Association (WPA) Congress*.

Tsang, E. (2016, January 31). *Over 10 per cent of Hong Kong elderly persons show signs of depression, survey finds*. Retrieved from <https://www.scmp.com/news/hong-kong/health-environment/article/1907974/over-10-cent-hong-kong-elderly-persons-show-signs>

United Nations. (2019). *Guidance for UN Healthcare Workers*. Retrieved from <https://www.un.org/en/coronavirus/covid-19-information-un-healthcare-workers>

World Health Organization. (2017, December 12). *Mental health of older adults*. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>

Xie, J. F., Ding, S. Q., Zhong, Z. Q., Yi, Q. F., Zeng, S. N., Hu, J. H., & Zhou, J. D. (2014). Mental health is the most important factor influencing quality of life in elderly left behind when families migrate out of rural China<sup>1</sup>. *Rev. Latino- Am. Enfermagem*, 22(3), 364-370.

Yu, Y., Feng, L., Shao, Y., Tu, P., Wu, H. P., Ding, X., & Xiao, W. H. (2013). Quality of life and emotional change for middle-aged and elderly patients with diabetic retinopathy. *International Journal of Ophthalmology*, 6(1), 71-74.