

"MENTAL HEALTH SERVICE IN H.K."

— SOME QUERIES

by

an ordinary student

After having read the essays on the "Mental Health Service in Hong Kong" in Elixir, Spring Issue 1972, I am perplexed by a number of problems which will be raised here.

(1) On p. 26 of Elixir, there is a sentence "Rehabilitation is carried out in workshops and rehabilitation wards as a form of occupa-

tional therapy in Castle Peak Hospital and other psychiatric clinics". From the material I gathered, Rehabilitation wards are present only in Castle Peak Hospital and not in other centres. Inside these wards, patients are given intensive attention to prepare them for discharge and they are the ones sent to the nearby New Life Farm. As regards workshops, I do agree that they are present in both Hospital and psychiatric clinics, but rehabilitation itself extends far beyond occupational therapy in Castle Peak Hospital and psychiatric clinics.

(2) On p. 27, "Day workers come from Castle Peak Hospital for training everyday before they are ready to leave the hospital and return to the community" is partly correct. Day workers have to work in the farm but after this working, they have to be sent to a textile mill near the hospital and the mill forwards a working record of each patient as a reference for the psychiatrists to decide whether the patient is suitable for

discharge or not. (taken from "the New Life Psychiatric Rehabilitation Association" by Stella Liu). Therefore day workers are not ready for discharge after having worked on the farm.

(3) On p. 27, "The New Life Psychiatric Rehabilitation Farm mainly serves to rehabilitate institutionalized patients", the word "institutionalized" is perplexing. Does it mean that all those working on the farm are institutionalized including the day workers, of course? As far as I know, there are residents at the farm hostels and these are ex-mental people widely different from "institutionalized" people; in your essay on Rehabilita-

tion, you have said that these ex-mental are homeless or rejected by relatives!

(4) As to the work of Social Welfare Department, it cannot be denied that Aberdeen Rehabilitation Centre (香港仔傷殘重建院) and World Rehabilitation Fund Day Centre (世界復康基金會訓練中心) provide services to ex-mental. But their work is meagre when compared with the financial assistance, resettlement areas, etc. which are available through the liaison of medical social workers of Medical and Health Department and case workers of Social Welfare Department. These two centres have

(Continued on page 3)

Acceptance of ex-mental by Aberdeen R. C.

Year	64	65	66	67	68	69	70
Number of Patients	24	23	26	30	29	21	22

Note that the total acceptance of the Centre is about 300 with the maximum capacity of 400 in 1972.

Why Ceporex

(cephalexin)

is a more effective  antibiotic

Absorption of Ceporex from the gut is rapid and virtually complete. Moderate doses promptly give concentrations in the blood, tissue and urine which easily exceed the m.i.c. for most common bacterial pathogens, including staphylococci which are resistant to the penicillins. After 6 hours about 80% of the dose is present unchanged in the urine. This is why Ceporex works so quickly in so many infections seen in general practice.

Capsules of 250 mg.

Syrup 125 mg. per 5 ml.

Glaxo

Pioneers in cephalosporins

Glaxo Hong Kong Ltd., Block B, 9th Floor, Watson's Estate, North Point, Hong Kong

Acceptance of ex-mental by World Rehabilitation Fund Day Centre (opened in 1968)

In 1969-1970 the number was 3 and in 70-71 the number was 14 in contrast with the total capacity of 203 in recent years. So you can see that these centres may be "reluctant" to accept these ex-mental for occupational therapy.

LETTERS TO THE EDITOR

Dear Sir,

I am a first year student of the Department of Pre Medicine, Faculty of Science, Chulalongkorn University, Bangkok. My age is 18. I am interested in penfriendship and have thought for a long time of writing to someone in Hong Kong. I would be very glad if you can get me a penfriend who is studying medicine in your famous University. I think by this way I can learn a lot about the Chinese's way of life and the medical progress there. I am willing to give her (or him) any information about my country — Thailand and the medical school at Chulalongkorn University. My address is

261, Sub Street,
Bangrak, Bangkok 5.

Looking forward to hearing a future doctor of Hong Kong.

Thank you.

Yours sincerely,

Chansuda Charuchinda
(Miss)

Editor's Note:

Any interested parties.

Dear Sir,

To reply briefly to the letter signed "Kib" in your September issue, I am grateful to him or her for drawing my attention to the way in which books were maltreated by some of my staff during a recent move. I can assure you that throwing is not a recommended method of transporting books, and to drop a book is a misdemeanor. I believe, however, that this practice was not adopted for the whole of the move in question, but only as a last resort owing to extreme pressure of time. We were given an impossible time limit so that the contractors could start redecorating, and on behalf of my defaulting staff I can only plead pressure of circumstances.

Of Kib's two pretty pictures I prefer (2). In (1) the string (C) would cut into the book covers. However, if we are faced with another such crisis, may we take advantage of the friendly relationship between staff and library users, and ask Kib's help (with other students) to form a human chain?

Yours sincerely,

H.A. Rydings
Librarian.

The Editorial Board wishes to thank the special support of Glaxo (H.K.) Ltd. The views of the articles are those of the contributors and not necessarily of the Board.

AFTER SUCCESSFUL TREATMENT

WHAT NEXT?

Social Service Group, Medic III Year

DEFINITION OF REHABILITATION WITH EXAMPLE

Rehabilitation is a process whose aim it is to restore the individual's social value, and more particularly, his working capacity to the fullest extent possible. In many cases it assists the disabled to achieve economic self sufficiency within the shortest time.

To carry out this process, a team of specialised staff is needed. Take for instance, a coolie has an accident and breaks his leg. In the hospital, the medical team handles this immediate problem by appropriate surgical measures. After operation, the nursing staff has to look after the patient while the physiotherapist commences exercises, teaching the patient to walk with crutches. The occupational therapist reinforces the physiotherapist's work and restores the patient's abilities with a view to his return to former work or to a new job. The medical social worker also sees the patient to help solve any social problem. It is indeed important that the personnel involved must co-operate together to ensure a smooth and continuous operation of rehabilitation. Generally speaking, such a programme can be divided into medical and social aspects.

MEDICAL ASPECT

The nurse is the very first to come into the picture when the patient enters hospital. She is also the first one he sees when he emerges from anaesthesia after surgery. If the patient realizes that he is helped in the time of physical and emotional crises, a good relationship with the nurse will be built up, which has great influence over the later stages of rehabilitation.

With great advance in medical science, the doctor has treated a lot of "incurable" diseases. However patients usually bear the scar of the illness, which may be a dysfunction of a limb or of the mind. To recover, they all have to undergo a process of rehabilitation. Hence the psychiatric hospital for the mentally ill, leprosarium for the lepers and sanatorium for those with tuberculosis. In recent years, those who can recover through the help of doctors are increasing and makes the problem of after care complicated.

While the patient is recovering from the illness, with subsequent physical disability, physiotherapist supervises a programme to achieve the maximum of physical restoration. It may be active or passive exercises against resistance to develop muscle strength and increased range of motion. Instruction in daily activities or home exercise routines is also part of his job.

The patient has now re-educated the dysfunctioned limb, he is enabled to pursue creative interests. With the help of occupational therapist, the disabled can develop manual and industrial skill through graded increase of work. The medical assessment and evaluation of the patient's ability has also greatly added to the regaining of tolerance and skill which prepares him for later vocational training. In the training centre, carpentry, metal work, repair of electrical appliance, etc. are taught and he is free to choose one within his ability. If the client has developed endurance, speed and mental concentration, the re-employment after discharge is not a serious problem.

Medical rehabilitation also includes psychological counselling, the psychologist assesses the entire reaction of the person to his handicap and then bases the whole process of after-care upon his psychological adjustment. This service, however, is largely lacking in Hong Kong, clients turn to medical social worker for counselling when they encounter financial or other material difficulties. The worker has close liaison with social agencies in the community both government and voluntary. Thus he can mobilise community resources for the fuller social rehabilitation of patients. Especially in intangible problems of interpersonal relationship, the worker practises case-work to achieve satisfactory adjustment in resolving psychological conflicts.

SOCIAL ASPECTS

After discharge from centre, the problem becomes more realistic. The ex-patient has to find a proper job, a proper residence and lastly to adjust with other people. In the job placement, there are placement officers of Social Welfare Department and of voluntary agencies like Hong Kong Council of Social Service. Their co-operation with occupational therapists has successfully found jobs for many clients. As housing problems are concerned, the help of the Resettlement Department is essential.

The greatest problem is the attitude of neighbours and co-workers. Because of the lack in public education, the mass has strong social stigma (or disgrace) against ex-patients. Sitting near such 'abnormal' in a bus makes them feel uneasy and making friend is just a shame! Under such unfavourable social environment, clients can hardly maintain a harmonious relation with the public. Hence we have the service of Health visitors to encourage the discharged and the family members who have the care of the patient in their midst. Also through the co-operation of government and voluntary organizations, well-planned propaganda are arranged to fight against this social stigma.

PARTICULAR PROBLEMS OF VARIOUS TYPES OF DISABILITIES

Each type of handicap has its unique problems. This explains why rehabilitation programmes must be duly modified. Physiotherapy not only prevents muscle atrophy, it teaches patients to avoid further injury because they have largely lost their sense of feeling. Reconstructive surgery is important both for amputees and ex-lepers to remove the scar of their misfortune as distinct from ex-T.B. patient presenting a normal appearance. Moreover ex-lepers have the strongest stigma against them. The mysterious, gradual wasting of fingers and disfiguring of face, and the public's misconception of its aetiology have placed them in a very unfavourable situation. These misconceptions, such as leprosy is a venereal disease, ex-mental patients are occupied by devil etc., are deeply rooted. So diverse is the public's reaction to the handicaps that after-care planning must be individualized to get the best result.

ROLE OF DOCTOR IN REHABILITATION

Now it can be seen that rehabilitation involves a number of trained personnel, but this involvement is a highly co-ordinated teamwork. Each must function not only properly but also at the right moment. There must be a co-ordination at each stage of after-care. The doctor, being a member of the team, should give something more than pure curative treatment. He is expected to co-operate with other workers and to have due respect for their contribution. Although he may not be the director of the programme, the definite medical guidance, the sound prescription for treatment and therapy procedures, which are so important in various stages of rehabilitation, can come only from him.

Oddly enough, the old-fashioned "family doctor" aims to restore his patient not only to good health, but also to normal living. With advance in specialization and increase of use of hospitals solely for definite medical treatment, there is a change in physician's attitude. He has to devote more of his time to keep abreast of new research and to handle the increased number of patients in hospital. But this condition does not justify his non-participation in the after-care. It must be noted that the prime purpose of medicine has always been the restoration of the patient to normal living, hence the responsibility of the physical must continue beyond convalescence from surgery in the stage of acute illness, that it must continue until the patient has been trained to live and work to the maximum effectiveness permitted by his residual disability. In Hong Kong, the rehabilitation service is now expanding but the number of doctors interested in this field is small. In hospitals where Medical Social Work Unit is overloaded by the increasing number of cases, socially orientated doctors can give them invaluable help. One wonders how many doctors are fully co-operating with the Medical Social Workers at present.

MISCELLANEOUS

ELIXIR LOAN FUND

This year's Medic Annual Ball raised a sum of \$5,153.90. This will be forwarded to the Elixir Loan Fund. Application for this loan fund is now open. Closing date is the end of November. Application forms can be obtained from the Faculty Office.

MEDIC NITE 1972

The annual Medic Nite, which features the Interclass Light Drama Competition will be held on the 27th of October, Friday. As usual the venue is Loke Yew Hall. The judges are Dr A. van Langenberg, Dr S. T. Chou and Dr Paul Yue, all experts of the scalpel. Refreshments will be provided.

PRESIDENTIAL ADDRESS

Professor Knebone, Professor of Paediatrics, President of the Medical Society, will deliver the Presidential Address on October 27, Friday at 5.30 pm in the Anatomy Lecture Theatre. The title of the lecture is "Paediatrics is a living science but a dying art."

(Continued from page 2)

only limited appliance for ex-mental as seen in the tables.

(5) Since the title of the essay is "Mental Health Service", I cannot understand why authors add in "mentally retarded" patients. If the Service does include these submental patients, enough spaces should be given for deciding the retarded instead of adding them in the section of Rehabilitation. It is just confusing especially to add Kai Nong Training Centre which is only intended for the retarded in the same section. Similarly the Educational Department plays no part in rehabilitating the ex-mental! This department provides special education (特殊教育) from '60 onwards for handicapped children, including the mentally retarded ones and not the ex-mental ones.

Lastly I am amazed that the attitude of the public against these ex-mental is omitted or if present, is not stressed. Any rehabilitation if to be successful, must have a sympathetic atmosphere and reasonable attitude from the mass. Failing these, all efforts poured into the patient is a gross waste. I must stress that these problems raised are not to embarrass authors concerned; I hope to be educated through friendly discussions.

啟思



視聽思的綜滙

港大學生會文化節簡介

緣起

香港大學創校於六十年前，港大的學生會則遲一年成立，也就是說：今年是港大學生會建立六十週年鑽禧紀念。

爲了迎接和慶祝這個大日子，港大學生會籌備「文化節」。

當然，爲大日子而設，無非是一個堂而皇之的原由。其實，即使沒有這個名堂，某些節目也會舉辦的，但爲什麼偏偏是「文化」節呢？

這不能不追溯到近三五年來港大學生普遍風氣和幹事會執政方針的轉變。三五年前，學生會只爲舉辦康樂和社交活動而存在，那是英國貴族學府的殘風餘緒。現在回看起來，是沒有根，沒有內容，沒有廣大同學參與的玩意，那時強調的是榮耀和尊貴和特權。

但看近年的趨勢：

七〇年，港大正式開放給社會人士參觀：「港大開放日」。

七一年，一個強調體育和影劇藝術的「學生會週」。

七二年，「文化節」。

主題

「文化節」主題是「視、聽、思」。視：電影，戲

香港大學學生會為慶祝鑽禧紀念文化節節目表

日期	星期	時間	項目	地點	票價
十一月	三	下午十二時半	電影：偷吻	利舞台戲院	二元四—四元七
八日		二時半	星期日與西貝兒	利舞台戲院	二元四—四元七
		五時半	砂丘之女	利舞台戲院	二元四—四元七
		晚上 八時	首映禮：大國民 Citizen King	利舞台戲院	四元—六元
九日	四	晚上 八時	粵語話劇：六伯娘 Mother Courage	港大陸佑堂	二元
十日	五	下午 二時半	專上院校四角辯論賽：第一場初賽	港大陸佑堂	免費
		晚上 八時	粵語話劇：六伯娘	港大陸佑堂	二元
十一日	六	下午二時至午夜十二時	綠茵之會 Fiesta Green	港大體育館	免費
		上午九時半至下午六時	攝影展覽	陸佑堂	免費
十二日	日	上午九時至下午六時	攝影展覽	陸佑堂	免費
十三日	一	上午九時至下午六時	攝影展覽	陸佑堂	免費
		下午二時半	專上院校四角辯論賽：第二場初賽	陸佑堂	免費
		晚上七時半	音樂比賽	陸佑堂	免費
十四日	二	下午四時半	音樂比賽	陸佑堂	免費
		晚上七時半	音樂比賽	陸佑堂	免費
十五日	三	下午四時	學術講座：港、台、大陸文學比較	陸佑堂	免費
		晚上七時半	音樂比賽	陸佑堂	免費
十六日	四	下午五時	電影：波將金炮艦+本港實驗電影精選	陸佑堂	一元
		晚上八時	蝕（又名「情隔萬重山」）	陸佑堂	一元
十七日	五	晚上八時	中國音樂及舞蹈	陸佑堂	一元
十八日	六	上午十時	專上院校四角辯論賽：決賽	陸佑堂	免費
		下午三時	閉幕禮及頒獎禮	陸佑堂	免費
		下午四時	園遊會	港大校園	免費
		晚上七時半	音樂比賽優勝者演出	陸佑堂	免費

劇、攝影展覽，中國舞蹈等。聽：國樂、歌唱。思：文學創作、徵文、學術講座、辯論等。

顧名思義，「文化節」專注於文化學術文學方面，對著「文化沙漠」這個稱呼，不能「安於」而要「奮起」。

「文化節」上承「開放日」和「學生會週」，下開什麼呢？

這次「文化節」中的一些節目如戲劇、攝影、舞蹈等，都有週年活動。但徵文和音樂比賽，却是首創。

另一方面，這個「文化節」絕非僅爲港大同學而設。

「文化節」是爲每一個關心文化學術的人（尤其是青年人）而設。

希望透過一連串活動港大能和社會人士打成一片，

能提供給中學同學和青年朋友一些文化食糧。

籌備

據籌委會主席陳毓祥同學表示，「文化節」在港大學生來說是一個頗具野心的活動，就規模，就內容來說，都是前所未有的，六月間正式開始籌備，迄今直接長期投入的有六十餘位同學。將來舉辦時參加工作的將以百許。籌委會主要分爲二大部門：行政部及節目部，由正副主席統率，行政部負責財務、宣傳、文書、印刷、聯絡等等。節目部包括十位節目秘書，各負一個節目的籌備工作，每一節目秘書又另組一工作小組。

幾個月來，工作算得上順利，港督麥理浩爵士已答應任是次「文化節」的榮譽贊助人。宣傳、工作早已開始，有些項目，如「青年文學獎」已經截止收件，現正在選評階段。