



**An Epidemiological Study to Evaluate the Prevalence of
Major Mental Disorders and Unmet Needs in Hong Kong**

*Submission to the Food and Health Bureau by
The Hong Kong College of Psychiatrists*

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Background

The present preparation concerns the scope of an epidemiological study to evaluate the prevalence of Major Mental Disorders and the needs for mental health care in the Hong Kong community. It constitutes part of the follow-up submission on issues discussed in the first meeting with Dr. York Chow, the Secretary of Food and Health in May 2007, in which the Hong Kong College of Psychiatrists raised concern about the escalating needs for a Mental Health Policy. For proper planning of psychiatric service, it is essential to have reliable and accurate information on the scope and prevalence of mental illnesses in the community. In Hong Kong, there has been no territory-wide epidemiological study on mental disorders. The only community survey conducted was the Shatin Community Survey in the 1980s (1). Due to significant changes in sociodemographic characteristics of the population, a new epidemiological study is required for forward planning of psychiatric services.

Position of the College

The Hong Kong College of Psychiatrists is the only professional body representing all specialist psychiatrists in the HKSAR. We would like to assist the Government in the development of mental health services by offering our expert opinion. The preparation of this proposal reflects our views on the essential elements of a proper epidemiological study. It does not imply a request for direct funding or support by the College to carry out this study. We hope that the Government would take reference to the professional views in this submission in future commissioning to carry out this important research project.

Why is an epidemiological study for mental disorders essential for service planning?

Mental disorders are complex behavioural manifestations of brain dysfunction. Mental disorders are common, disabling and stigmatising. The diseases affect not only their sufferers, but also the carers and the society as a whole. Societal burden of mental disorders are among the highest of all medical conditions and it is expected to increase in the future. Unlike other medical conditions, the manifestations of psychiatric symptoms are heavily modulated by environmental circumstances. Despite the enormous suffering of people with mental illnesses, their help-seeking behaviours are often not straightforward. Severe mental disorders may be too stigmatising and delay help seeking. Some highly prevalent mental disorders, especially those reactive to environmental stressors, may be self-limiting. Despite that, all international studies on prevalence of mental disorders reported variable but high levels of unidentified morbidity in the community. The unmet needs not only lower quality of life, but may also lead to inappropriate use of other medical services and predispose to crisis and serious complications (2). To enable an accurate estimate of the extent of psychiatric morbidity and its severity in the community, a territory-wide epidemiological study for mental disorders is required.

Major aims of study

1. The College opines that such a study should aim to identify the prevalence of most major mental disorders in Hong Kong. It would be helpful if the severity of such disorders could be estimated during the study. This will inform the government on the extent of psychiatric morbidity and needs for medical and/or psychosocial care.
2. Depending on the scope of the funding and support, secondary analyses of data in help seeking behaviours and functioning impact will be helpful for accurate estimation of cost-effective psychiatric and related psychosocial intervention strategies.

Scope of the study

To perform a territory-wide epidemiological study, **random sampling** of the **general population** is required. The **sample size** should take into account the average prevalence of both highly prevalent and uncommon but severe mental disorders. The average life time prevalence of schizophrenia is about 1 %, whereas the prevalence of anxiety disorders may be as high as over 10 %. For any sample to be representative and assume enough power, it is expected that **a few thousands of subjects** should be interviewed so that a range of less prevalent psychiatric disorders with significant morbidity (e.g. non-affective psychoses, mania, obsessive compulsive and eating disorders) could be detected (3).

Due to differences in psychiatric diagnostic profiles in different age groups, the epidemiologic survey for Hong Kong should look into **age-specific prevalence** of mental disorders as well. In the child and adolescence age group, recent prevalence studies have estimated that 58.7 per 10,000 children suffers from pervasive developmental disorders (the majority had autism)(4), about 10-20% suffers from other psychiatric disorders, most commonly attention deficit hyperkinetic disorders (5-6). To have an accurate estimate of the community prevalence of these disorders, a **separate sample** covering a few thousand interviews with **children and adolescents** will be required.

For **psychiatric disorders of late life**, the psychiatric morbidity has to be interpreted in the context of persons suffering from dementia. While recent epidemiological data of community prevalence of dementia in Hong Kong is available (7), the prevalence of the other geriatric psychiatric disorders should also be specifically investigated if a territory-wide epidemiological study for late life psychiatric disorders is to be conducted (8).

Owing to a potential high refusal rate, a sizable sample of the population will need to be approached for this study. Detailed sampling and stratification procedure will depend on the exact methodology employed. We consider that this should be left to the project team selected by the Government to conduct this project.

For such a study to be feasible, assistance from the **Census and Statistics Department** of the HKSAR is essential. We would suggest using the **Thematic Household Survey** as a feasible collaborative path to obtain access to a representative

epidemiological population sample.

Methodology

Detailed description of methodology is beyond the scope of the present submission. The project team commissioned for this research will provide details of the methods required in the future. The design may be **one-phased or multiple-phased** depending on the commitment of funding from the Government, and the extent to which secondary analyses of unmet needs are required to be studied.

1. Prevalence of psychiatric disorders in the adult population

As with most epidemiological study carried out internationally, a clinically validated tool is required. At present, one of the most commonly used interview schedules is the World Health Organization (WHO) **Composite International Diagnostic Interview (CIDI)** (9-11). It is a one stage diagnostic interview schedule for estimating prevalence of most mental disorders, apart from mania and non-affective psychoses. Other diagnostic interview schedule includes the **Structured Clinical Interview for DSM Disorders (SCID)** (12). The selection of interview schedule will relate directly to the expertise required for the interviewers.

2. Prevalence of psychiatric disorders in the child and adolescence population

The presentation of childhood psychiatric disorders is strongly modulated by different stage of intellectual development. Assessment schedules for adult population will not apply in the detection of childhood psychiatric disorders such as autism, pervasive developmental disorders, attention deficit hyperkinetic disorder and mood disorder. Separate diagnostic tools would need to be employed to look into the prevalence of specific childhood psychiatric disorders (6). The determination of specific assessment tools for children will be beyond the scope of the present submission. However, we would like to highlight that some of the commonly used instrument, such as the **Diagnostic Interview Schedule for Children**, is available in Chinese (13). Apart from diagnosis, childhood psychiatric disorders are associated with family burden. There is a need for specifically designed instrument to explore the unmet needs in this group.

3. Prevalence of psychiatric disorders in late life

Late life psychiatric disorder represents behavioural manifestations of biological and environmental adversities on a person. Psychiatric morbidity associated with care for dementia and other neurodegenerative disorders should be taken into account in mental health service planning. Besides, the prevalence of other mental problems also needs to be explored. In the epidemiologic study, specific considerations for screening and detection of late life psychiatric disorders should be included. Unmet needs of this group would also need to be screened using specific assessment tools, which may be different from populations of different age groups.

4. Long term planning

It is envisaged that the sociodemographic conditions of the HKSAR may change rapidly in the next few decades. Epidemiological data for major mental disorders should be **regularly updated**. Commitment for similar studies may be considered on a recurrent basis. For example, **smaller scale replication work** may be required to evaluate specific mental health needs **every five years**, while **larger scale re-evaluation** may be conducted after one decade.

In order to determine specific modulating (risk and protective) factors for development of mental disorders in the community, **prospective studies** should also be considered as an **extension of the project**. This will provide useful information for large scale early intervention for primary and secondary prevention. The College is convinced that the commitment and funding will be rewarded with decrease in mental health burden and increase in productivity in the community.

The Project Team

Owing to the large scale of the study, the project team should have demonstrated expertise and experience in carrying out large scale epidemiological surveys in related areas. It is expected that the team will consist of experienced psychiatrists, clinical psychologists and medical statisticians. Trained research interviewers are required for field work and data entry. It is expected that the whole project will take a few years to complete. This will include **an extended period of field trial and lengthy data**

analyses.

Funding should be made available to attract highly qualified professionals to conduct this project from the beginning till the end. Continuity is very important to avoid disorganisation and duplication of work. The College believes that secondary analyses of help-seeking behaviour and functional loss due to mental illnesses are extremely important for health care planning. It is advisable to prepare adequate funding for these secondary objectives from the start of the project.

Ethical considerations and implications

The usual ethical considerations for research projects and concern about personal privacy should be respected. An additional concern arising from population survey of mental disorders will be the care of persons identified to have mental problems through the survey. The Government should be prepared to shoulder responsibilities of care for persons detected to have significant psychiatric morbidity.

The College believes that the persons in need should be offered psychiatric care as appropriate. This could be integrated into the existing health care system, but it has to be acknowledged that this will be an added burden to the already highly strained service. It would be important for the Government to carefully consider the content of a central Mental Health Policy put forward by the College. Although additional resources and commitment from the Government is required to help the persons in need of psychiatric care, the College is certain that early and timely intervention of psychiatric morbidity in the community will bring about better productivity and less disease burden in the long run.

We hope that the Food and Health Bureau will seriously consider the significance of an epidemiological study. As responsible psychiatrists who are keen to take part in the development of mental health services, we will be awaiting the official announcement of results of this study in the near future.

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