

COUNTRY REPORT

ON

SERVICE FOR THE MENTALLY RETARDED

IN HONG KONG.

Prepared by:

CHEUNG, Wai-kwong Terry (Miss)

September, 1980.

Country Report on Services for the Mentally Retarded
in Hong Kong.

I. History of Service

Rehabilitation services in Hong Kong were first provided for the blind in 1890, to the deaf in 1935, to the physically disabled in 1940, and finally extended to the mentally retarded in 1950. At the initial stage, services for the mentally retarded were confined to counselling service for the family and provision of institutional care in a mixed centre for disabled. Then towards the late 50s, day training centres exclusively for the mentally retarded children were established. 1960s saw the establishment of vocational training centres, special schools, sheltered workshops and recreative clubs to meet the various needs of the mentally retarded. In 1970, the Hospital for the Severely mentally Retarded was opened. In 1973, non-means tested disability allowance were introduced for the severely disabled including the severely mentally retarded and those of the lower moderate grade. In 1974, in face of the pressing need of rehabilitation services and the public's growing awareness of the plight of the disabled, the Government took initiative to examine rehabilitation services for the disabled, which culminated in the publishing of the White Paper on rehabilitation: the passing of law for more developed and diversified services for the disabled including the mentally retarded in 1977.

Services for the mentally retarded had from the beginning borne by both the Government and the voluntary sector. For the various Government departments, they divided their responsibilities of services by intelligence gradings of the mentally retarded - Education Department to train the mild grade, Social Welfare Department to train the moderate grade and Medical & Health Department to care for the severely mentally retarded. The voluntary organisations received subvention from Government through the respective Government Departments on services for the particular grade of the mentally retarded. Such distinct division of responsibilities for care of the mentally retarded was found inadequate to cope with the needs of services, as both the Government officials and workers in the field saw the essentiality of co-ordination if more access to services of the various aspects were to be opened up for the mentally retarded. Co-ordination of rehabilitation services was thus put in the forefront of objectives of the White Paper.

II. Size of the mentally retarded population in Hong Kong

A comprehensive statistics on mentally retarded population in Hong Kong is lacking. The available sources of information on the mentally retarded population are few and only of limited use in arriving at a prevalence rate for planning purpose. They are :

- a) the result of the 1976 By-census,
- b) the Medical & Health Department's return of the number of mentally retarded children at Family Health Services Clinics,
- c) the number of mentally retarded cases known to the Social Welfare Department (registration on voluntary basis),
- d) the number of mentally retarded persons drawing disability allowance.

The following estimates and preference rates for the year 1980 was ascertained as :

<u>Gradings</u>	<u>Age</u>	<u>Number</u>	<u>Preference rate per 10,000</u>
Mildly retarded	all ages	71,000	150.00
Moderately retarded	all ages	19,000	40.00
Severely retarded	all ages	3,000	10.40

A better picture is expected when 1981 Census in Hong Kong will be carried out, which will include collection of statistics on major disabilities. At the same time, a government working party is exploring the feasibility to set up a central registry of the disabled including the mentally retarded.

III. The Rehabilitation White Paper of 1977

The Government initiated action in 1974 in forming a working party in close consultation with the voluntary sector to draw an integrated and comprehensive rehabilitation plan, covering the mentally retarded. The result was the publishing of the Green Paper in 1976, which turned into a white paper in October, 1977, called "Integrating the Disabled into the Community: A United Effort". The White Paper signifies that rehabilitation has become major priority of the Government's work, and it sets out the Government's policies on services for the disabled including the mentally retarded into the 1980s.

The overall policy objective laid down in the White Paper is "To provide such comprehensive rehabilitation services as are necessary to enable disabled persons to develop their physical, mental and social capabilities to the fullest extent which their disabilities permit."

The White Paper has made forecast of demand of services, examined the present scope of services, identified the shortfalls of service for each type of the disabled including the mentally retarded, and sets out targets with the social resources in view to phase out the rehabilitation programme plan. It emphasises the importance of co-ordination of rehabilitation services both at policy-making and at working levels. Thus the establishment of the Rehabilitation Development Coordination Committee was effected immediately after the publishing of the White Paper. The task of this Committee is :

- a) to advise on the development and phased implementation of rehabilitation services in Hong Kong,
- b) to advise on the principles of subvention applicable to such services,
- c) to coordinate rehabilitation services in Government departments and voluntary organisations, and to ensure available resources are put to the best use,
- d) to advise on the respective roles of Government, voluntary organisations and other bodies providing rehabilitation services,
- e) to make recommendations on the training of rehabilitation workers,
- f) to review annually the progress of work of Rehabilitation Programme Plan laid in the White Paper and establish long term objectives so that anticipated shortfalls in services can be met.

On the working level, the RDCC is serviced by the Rehabilitation Unit set up in the Social Service Branch of the Government Secretariat of Hong Kong Government. It works closely with the organisations and Government departments giving direct services to co-ordinate direct services through the various Government departments, and to monitor progress of work according to the recommendations of RDCC in line with the White Paper targets.

Policies on various aspects of rehabilitation services for the mentally retarded are therefore well covered in this White Paper and their implementation monitored by RDCC. Policies of services include identification service, assessment, pre-school care, education, vocational training, job placement, residential care and social rehabilitation. These will be discussed in the following part of this report together with the present performance of services.

IV. Present Performance and Future Development of Services

A. Identification and Assessment Services:

Pre-school Assessment

As recommended in the White Paper, the Medical & Health Department has since April 1978 launched a Comprehensive Observation Scheme in Government's maternal and child health centres to provide continuous observation for all children from birth to the age of five years. These observations are made at 5 stages in a child's development - 6 weeks, 8-10 months, 1-2 years, 3-3½ years and 4-4½ years. Special monitoring is also provided for infants who have a greater than average risk of developing disabling conditions. The main aim of this scheme is to ensure that all congenital or acquired defects are discovered as early as possible so that remedial action can immediately be taken.

Primary School Assessment

Children over the age of 5 years, attending Government schools and most aided schools, receive several screening tests organised by the Education Department to detect developmental defects at various stages during their primary school years.

Departmental Assessment & Multi-disciplinary assessment

Further assessment of disabled children is conducted in a multi-disciplinary setting in a Government Child Assessment Centre. Assessment services are also provided at 2 Government departments (Social Welfare Department and Education Department) while 2 Voluntary organisations also offer psychological assessment with a minimum of charge.

The present multi-disciplinary assessment centre is found unable to cope with the great demands. Three joint special education and medical assessment centres are being planned. The target date of completion of the first one is 1983, the second in 1984 and the third one in 1985. More recruitment of clinical psychologists at Social Welfare Departments and Education Departments are also planned.

Central Registry of the Disabled

As a full comprehensive record of Mentally retarded statistics in Hong Kong is lacking, which hampers the provision of comprehensive rehabilitation service for the mentally retarded, RDCC resolved to set up a working party to examine whether a non-computerised registry could be established on an interim basis pending a computerized system.

Psychological services for the schools

At present, educational psychologists of the Education Department, apart from giving psychological assessment to children referred from various sources, also provide psychological services to children attending special schools on reassessment before leaving school for further training or going up to special Form 1, on treatment of children with behaviour problems and advices to teachers on treatment plans and educational progress. Expansion of educational psychologists are being planned well into the 1986.

B. Advice, support & help for families of the mentally retarded

The parents of a mentally retarded child need understanding and help to enable them to adjust to their situation and to give maximum assistance to their child. At present, counselling and guidance of the parents of the mentally retarded children is undertaken by the staff of the Education Department and teachers at the special schools run by the voluntary agencies, and in the training centres and institutions run by both voluntary agencies and the Social Welfare Department. In addition, the caseworkers based in the district offices and Family Service Centres of the Social Welfare Department give guidance and advice to those parents who have children not attending centres or institutions.

However, the care of the mentally retarded children is often complex and involves so many aspects of a child's life in school and at home that a team of people are usually required to make an adequate assessment of the whole client and his needs. Moreover, a considerable amount of practical help besides counselling, for the family of a mentally retarded child will need, is required - eg. home

help, home nursing, temporary accommodation, etc. Co-ordination of their work is essential. Experimental project of setting up a Rehabilitation Co-ordinator to be undertaken by a social worker in several rehabilitation centres are being planned and to be evaluated after its implementation.

C. Pre-School Care

It is believed that in their early age, mentally retarded children should not be segregated unnecessarily from the community. They need the stimulus of companionship with other children and adults, and may improve if given such stimulus. Pre-school care for mentally retarded children currently is given in child-care settings, subvented by Social Welfare Department. However, the places for moderately mentally retarded children amounts to only one tenth of the demand, and for the severely retarded, the shortfall nearly equals the demand. As for the mildly retarded, they are integrated into the ordinary child care centres, where additional staff and specially trained staff are being provided. In 1980 these centres had 180 places available.

From April 1981, it is proposed that additional professional staff will be provided in subvented special centres which cater for the moderately and severely disabled children, so that full demand can be met in the mid of 1980s.

D. Educational Service

The past division of responsibility for providing services for the mentally retarded between 3 government departments on the basis of an I.Q. level was abandoned in September, 1978. Educational services for retarded children irrespective of the degree of retardation is now centralised in the Education Department. All mentally retarded children are provided with 9 years of free general education and some will receive a longer period of such education thereafter facilities will be provided in accordance with the general expansion of senior secondary education for those children who are capable of receiving it.

Slow learners and children whose intelligence functioning in the borderline level of mental retardation receive education in ordinary schools or special classes in ordinary schools. For the more retarded, they receive education in special schools. There are 8 schools for mildly retarded children, 12 schools for the moderately mentally retarded, 2 schools for the severely retarded.

Special schools for March, 1981 will be :

<u>Mentally retarded</u>	<u>Places</u>	<u>% of demand being met</u>
Mild grade	1,700	25
Moderate grade	1,040	31
Severe grade	400	67

Special classes in ordinary schools in March, 1981 will be:

Slow learning	5,600	29
---------------	-------	----

The current plans for the expansion of school places for all three grades of the mentally retarded will only meet about 60% of the anticipated demand by 1986. Reasons for this are the difficulty to persuade sponsors to establish more special schools, insufficient trained teachers, and insufficient school premises available. Hence the shortfall in school places for mentally retarded children will remain large during the 1980s. Please see Appendix I.

E. Caring for the severely mentally retarded

Three types of care are being rendered to the severely mentally retarded:

- a) hospital care for those severely retarded who require continuous medical treatment,
- b) day care centres for those who can travel by public transport and do not require continuous medical or nursing care,
- c) residential care centres for those severely retarded who require nursing care or whose home background is inadequate.

There are 500 beds in two hospitals for the severely mentally retarded against 780 bed requirements. It is planned to meet the shortfall in 1985 with the opening of another hospital. The present provision of places for residential care for the severely mentally retarded meets about one third of the demand. Provision of day care centres places is only around 160 places, about one fifth of the requirement. Further expansion of day and residential care for this grade of retarded persons is being planned, hoping to meet the shortfall in 1986.

F. Medical Services

There are 500 beds in hospitals for the severely mentally retarded. In addition 3 in-patients and 4 out-patients rehabilitation centres are in operation. Two clinics are run for mentally retarded.

G. Social Rehabilitation Services

To integrate the mentally retarded fully into the community, a variety of social rehabilitation services is provided by the Government and the voluntary organisations. These include counselling, residential care, transport, housing, sports and recreation. In addition, a Disability Allowance (currently H.K.\$230. per month) is provided on a non-means tested basis to those who are severely mentally retarded of the lower moderate grade.

Counselling service

Social work counselling services for the mentally retarded are provided by both the Government and the voluntary sector. To improve the quality of counselling, in-service courses on rehabilitation work are organised in Social Welfare Department, while Hong Kong Polytechnic run certificate and non-certificate courses for rehabilitation workers in the areas of mental retardation and mental health.

Hostel services for the moderately mentally retarded

Hostel care are provided for the moderately retarded who have no home or adverse family background. Also included in this provision will be those moderately retarded who during their younger years received little education and who with the benefit of further education and vocational training for two to three years could become capable of open employment. At present, there are 626 places available, which meets only half of the demand. By 1986, shortfall will still stand about one third. The Government recognises that this is very large shortfall, and plans to monitor the expansion of provision at annual reviews to meet the need more quickly.

Residential need for the mildly retarded is expected to be small, since the vast majority can live independently or can be integrated in ordinary homes or hostels.

Housing

For those mentally retarded living with family in accommodation so unsuitable that it might have serious detrimental effects on the individual or on other members of the family, may be eligible for public housing under the Government Housing Authority's Compassionate Rehousing Scheme.

Sports & recreation

The mentally retarded people's need for organised activities are greater as they need extra stimulation to a balanced life. The Social Welfare Department and voluntary agencies organise and conduct social and recreational activities for the mentally retarded under their care. Moreover, the Government provides assistance to voluntary agencies which organise suitable events like the Hong Kong Special Olympics, and provides subvention to voluntary agencies like the Hong Kong Sports Association for the Mentally Handicapped which attracts 1,000 participants at its organised activities. The Government has recently set up a committee with the voluntary agencies to further investigate the demand for these services so that firm proposals can be examined in this year's review.

H. Vocational rehabilitation and Job placement services

Vocational rehabilitation is important as part of the process leading to the economic independence of the mentally retarded persons. Beginning in August, 1980, the responsibility for the vocational training of the mentally retarded is being gradually transferred from the Social Welfare Department to the Education Department. The aim is to admit as many mentally retarded people especially the slow learners and the mildly retarded to ordinary technical institutes, apprenticeships and other training centres that can offer a variety of programmes. For the more retarded, special vocational training centres are being planned.

Placing disabled people in open employment was undertaken by the Social Welfare Department and voluntary agencies. However, a co-ordinated and centralised Selective Placement Service for the physically disabled, the blind and the deaf has been just established in the Labour Department in August, 1980. This new service will be expanded to the mentally retarded in stages over the next five years.

Those because of their disabilities cannot enter open employment are placed in sheltered workshops. At present, 1,265 places are available for all types of disability in sheltered workshops and these are hoped to be increased four times by 1987. Work Activities Centres provided or subvented through the Social Welfare Department will also be opened for the severely disabled who could not benefit from sheltered work.

I. Training for professional staff

The Education Department runs a one year in-service training course for 200 teachers of the mentally retarded and slow learning children. Social Welfare Department also run in-service course for social workers working in rehabilitation setting. The School of Social Work at the Hong Kong Polytechnic also provides certificate and non-certificate short training courses for workers with mentally retarded people. Seminars and talks were organised by the Hong Kong Council of Social Services on regular basis on rehabilitation services. The Education Department is expanding its in-service training course, and its scope and content are being examined for further improvement. The RDCC's Personnel Training Sub-Committee also reviews and co-ordinates personnel training annually.

V. Present problems

A. Shortage of professional staff

Shortage of professional staff is one of the major obstacles in rehabilitation work for the mentally retarded in Hong Kong. The categories most seriously understaffed are occupational therapist, educational psychologists, and teachers in special schools and classes for expansion. The development of local training courses has been thus given a high priority.

B. Insufficient premises for schools and centres

Owing to the great influx of refugees from China, limited land available for development in Hong Kong and the equally great demand for premises for development of secondary schools for ordinary people, not many sponsors are willing to establish special schools, and the Government has also to make choices on the use of land. Nevertheless, the Government is willing to grant more subvention to this use.

C. Public prejudice

Prejudice towards the mentally retarded are still prevalent in Hong Kong. Many employers view the mentally retarded with suspicion. More publicity work on the abilities of the mentally retarded is being planned by the RDCC.

VI. Conclusions

The past decade has been a significant threshold in the development of rehabilitation services in Hong Kong. With the publishing of the White Paper- Integrating the disabled into the community: A united effort in 1977, the Government set out its policy objectives to improve and expand services up to 1986. Rehabilitation services for the disabled including the mentally retarded is receiving its due attention. A Rehabilitation ^{Development} Coordination Committee was appointed by the Governor to advise the government on the overall development of rehabilitation services and policies, and to review the Rehabilitation Programme Plan annually. Major achievements currently made include the transfer of school age mentally retarded children from Social Welfare Department centres to special schools subvented by the Education Department, the establishment of a developmental screening programme in Medical & Health Department to identify any disability in very young children and the transfer of vocational training from the Social Welfare Department to the Technical Education Division of the Education Department.

Despite the above achievements, there are no ground for complacency. Shortfalls in services are outstanding where they affect Pre-school care for the severely retarded, education for all 3 grades of the mentally retarded, residential care for the moderately retarded and technical education and sheltered work. Nevertheless, a united effort has drawn from the Government and the community in bettering the services for the mentally retarded. The work has been given a good start, and people are confident to achieve the objectives with the community resources.