

COUNTRY REPORT ON SERVICES
FOR THE MENTALLY RETARDED
IN HONG KONG

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I. History of Service

Rehabilitation began over 100 years ago in Hong Kong. In general, medical rehabilitation services were provided in hospitals and clinics. The first home for the blind was built in 1863, the first school for the deaf was established in 1935. Until the late 1940s and early 1950s, rehabilitation services was subsequently extended to mentally retarded persons.

During the initial stage, services for the mentally retarded persons were confined to counselling services for the families concerned and provision of institutional care in the mixed centres for disabled. Up to 1960s, the establishment of a day training centre exclusively for the mentally retarded children was a milestone for the development of rehabilitation of mental retardation. Following that, vocational training centres, special schools, sheltered workshops and recreational clubs were established to meet the various needs of disabled, particularly for the mentally retarded persons.

In 1970, the hospital for the severely grade mentally retarded persons was opened. 1973, a non-means tested disability allowance were introduced to the severely disabled including the severely mentally retarded and those of the lower moderate grade. In 1977, upon the pressing need of rehabilitation service and the awareness of public, the Government began to take an initiative to examine and evaluate the rehabilitation services for the disabled. It resulted that a White Paper 'Integrating the Disabled into the Community - a United Efforts' was issued accordingly in October 1977 which represented the policy and plan for future development of rehabilitation service including the mental retardation in Hong Kong.

II. The Rehabilitation White Paper in 1977

The White Paper sets out the Government proposals for the further development of rehabilitation services up to 1986. In fact, Rehabilitation of the disabled is one of the Governments' prime concerns in the Social Welfare field. The main objective of rehabilitation is to integrate the disabled into the community. Services in this area were therefore aimed at enabling disabled people to develop their physical, mental and social capabilities to the fullest extent possible. The attainment of this objective will require improvement of many existing services and the introduction of new ones and entail the strengthening of the links and co-ordinating machinery between the Government departments and voluntary agencies which were providing services for the disabled. The Government believes that co-ordination must be improved both at policy making level and working level, between the large number of Government departments and voluntary organizations providing rehabilitation services.

To achieve the objective, a Rehabilitation Development Co-ordinating Committee (RDCC) was set up soon after the issue of White Paper. The work of the Committee is:

- a) to advise on the development and phase implementation of rehabilitation services in Hong Kong;
- b) to advise on the principles of subvention applicable to such services;
- c) to co-ordinate rehabilitation services in Government Departments and voluntary organizations and to ensure the available resources are put to the best use;
- d) to advise on the respective roles of Government, voluntary organizations and other bodies providing rehabilitation services, and;
- e) to make recommendations on the training of rehabilitation workers.

There are targets laid down on the White Paper which represented the level of services which Government is confident to achieve in the coming decades, namely;

- (a) prevention and early diagnosis;
- (b) education and training;
- (c) medical treatment and rehabilitation services;
- (d) social Rehabilitation Services.

III. Present Performance

1) Size of the population of mentally retarded persons in Hong Kong

There is a lack of reliable Comprehensive Statistical Material of the population of mentally retarded persons in Hong Kong.

The only available services of information comes from:

- (a) the result of the 1976 by Census;
- (b) the Medical and Health Departments' 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 are the estimates and preference rates for the year of 1980:-

<u>Grading</u>	<u>Number of Persons</u>	<u>Preference Rate per 10,000</u>
Mild Grade	71,000	150
Moderate Grade	19,000	40
Severely Grade	3,000	10

It is expected a better picture for the size of population of mentally retarded persons in Hong Kong can be seen after the results of 1981 Census in Hong Kong being known and a central registry for mentally retarded persons being set up in the near future.

2) Prevention and early Diagnosis

(a) Preventive Measure

Although prevention is not itself a form of rehabilitation, it has an important effect on the level of rehabilitation required. The Hong Kong Government believes that efforts must be made to reduce the incident of mental retardation by preventive measure. To improve health education to the parents and to render assessment and proper guidance to the pregnant women are the main goals of the preventive measure.

(b) Comprehensive Observation Scheme

Early diagnosis is also essential. The Medical and 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. Special observation is provided for infants who are considered to have greater than average risk of developing disabling conditions. The main objective is to ensure that all congenital or acquired defects are discovered and remedial action are taken the soonest possible.

(c) Screening Programme

For those over the age of five, the Education Department offers audiometric, vision and speech screening and group test programme in the schools. All primary students will be provided screening services at the appropriate age.

(d) Multi-Disciplinary Assessment

Further assessment of mental retardation is conducted in a multi-disciplinary setting in a Government Child Assessment Centre. However, the Centre is found unable to cope with the great demand. Three joint special education and medical assessment centres are scheduled to be established and operated in 1985. More clinical psychologists are being recruited.

(e) Central Registry for Mentally Retarded

A Central Registry for mentally retarded persons was established in 1979. The general statistical information kept by the Registry will be used for long term projections of demand and supply of services; such projections will be of value in the annual review of the Rehabilitation Programme Plan.

3) Education and Training

(a) Pre-School Training

Early training can help a mentally retarded child to form good habits and to learn better during the early formative years of his development. Pre-School training are developed in two ways. Firstly, children were accepted in nurseries so that they can benefit from pre-school care on an integrated setting. Secondly, for children who cannot benefit from pre-school training in an ordinary setting, special pre-school training facilities were provided by the Government. The above principle, however, only adequately applied to the mildly retarded children. As the places for moderately mentally retarded amounts to only one tenth of the demand. As for the severely retarded, the shortfall nearly equals the demand in 1981.

(b) Special School & Special Class in Ordinary School

All mentally retarded children are provided 9 years of free general education. There are 8 schools for mildly retarded, 12 schools for moderately retarded. There are three types of care for the severely retarded, namely, hospital care for the most severe, residential care centre and day care centre for the better. As for the slow learners whose intelligence functioning in the borderline level of mental retardation, they receive education in ordinary school or special class in ordinary schools.

Special School in March 1981:

<u>Grade</u>	<u>Places</u>	<u>% of demand being met</u>
Mild Grade	17,000	25
Moderate Grade	1,040	31
Severe Grade	400	67

Special Classes in Ordinary School in March 1981:

Slow Learner	5,600	29
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(c) Pre-Vocational Training and Vocational Training

Having received junior secondary education, some of the mentally retarded persons will want to find employment. However, they will not be able to seek employment without vocational training. There will also be a demand for pre-vocational training, which will be of special value to those mentally retarded persons who have received no formal education because of a lack of places at special education institution.

The aim for pre-vocational training and vocational training are important as part of the process leading to the economic independence of mentally retarded person. Placing disabled people in open employment was undertaken by a co-ordinated and centralized selective placement service for disabled in the Labour Department. The new service will be extended to the mentally retarded in stages over the next five years.

4) Medical Rehabilitation

There are 500 beds in hospital for the severe mentally retarded. The number will increase to over 700 in 1984. However, the shortfall by 1984 will still be about some 330 beds. The use of places in day centres in public housing estate has been considered. In addition, two residential centres were set up to meet the needs of those who can only benefit from residential care. The basis of estimating the demand will be examined and additional residential or day centres will be proposed to meet regional requirement at the annual review of the Rehabilitation programme plan.

5) Social Rehabilitation Services

Rehabilitation aims to restore a disabled person to his fullest physical, mental and social capacities. Its' major components: identification, assessment, medical rehabilitation, education and training, and social rehabilitation require different techniques and facilities. But all are indispensable if the disabled is to be fully integrated into the community. A variety of social rehabilitation services are provided by the Government and the voluntary sector. These include counselling, job placement, sheltered work, accommodation and recreational facilities. In addition, a Disability Allowance (HK\$350) is provided on a non-means tested basis to those who are severely mentally retarded or of the lower moderate grade.

(a) Counselling Services

Social work counselling services are provided to the mentally retarded persons as well as their families. The parents of a mentally retarded person needs understanding to enable them to adjust to their situation and to give maximum assistance to their child. However, the care of the mentally retarded person is often complex and involves so many aspects of his life in school or at home. Moreover, a considerable amount of practical help besides counselling, for the family of a mentally retarded person will need is required - e.g. home help, home nursing and temporary accommodation, job placement, etc. Usually the rehabilitation worker will assist in the matter whenever he came across the above difficulties of the family training concerned throughout the counselling.

(b) Job Placement and Shelter Work

Although a co-ordinated and centralized selective Placement Service for disabled still not extend to the mentally retarded persons, the mildly retarded persons stand good chance in open employment in the labouring work and factory hand at the present stage. However, some mentally retarded persons, may not be able to enter into open employment. To enable them to earning on a useful working life, sheltered work is provided for them. At present 12,000 places are available for all types of disability in sheltered workshop and there are expected to be increased to as 4 times by 1987. Also, Work Activities Centres are operated for the moderate severely grade mentally retarded persons who are found not benefit from sheltered workshop.

(c) Accommodations

For those mentally retarded persons who are unable and unsuitable to live with family members, may be eligible for public housing under the Government Housing Authority Compassioned Rehousing Scheme.

(d) Recreation

Recreation is essential to a balanced life and is of particular importance to the mentally retarded persons. The Social Welfare Department and voluntary agencies organize and conduct social and recreational activities to the mentally retarded. Such as Hong Kong Special Olympics, The Hong Kong Sports Association for the mentally Handicapped subvented by the Government organize a serial of sports activities like football, basketball, swimming every year for the mentally retarded persons.

IV. Present Problem

1) Shortfall of Placement

A large shortfall of hospital beds for the severely mentally handicapped in 1981. There are requirement of 1137 places but 500 places are available. According to the development, there will still be 500 placements shortfall in 1986. Such demand also applies to the residential care and day care centres for the moderate mentally retarded persons. Periodical review for the Rehabilitation Problem Plan is deemed necessary.

2) The Prejudice of Public

Public are still found in suspicion of the working capacity of mentally retarded persons. They are hesitated to employ mentally retarded persons sometimes. However, mentally retarded persons still stand good chance be enrolled in labouring work as they are physically fit to the labouring field. Publicity of integration should be improved.

3) Shortage of Professional Staff

Although professional staff in social work are being trained in the two universities and polytechnics, not so many graduates work in this field because of the comparative dim prospect. As social work is regarded as semi-professional in Hong Kong, social work graduates used to work in business field to gain better career and future. Shortage of professional staff is an aspect to hamper the growth of mental retardation work in Hong Kong.

V. Epilogue

The mentally retarded persons do not choose their fate. They want Communities to accept that every human society possesses its special minorities. In fact, the society should come to terms until the extent to which the mentally retarded are special members but with equal right and status, and not just liabilities to the Community. The social worker for the mentally retarded can go far in bridging the complex community world of an urban society and the mentally retarded groups it contains. Yet his role is limited. The entire Community has a duty to meet the challenge.