

# *Government-funded Mental Health Research in Hong Kong: A Descriptive Analysis*

RICHARD A. COLLINS  
JANICE M. JOHNSTON  
AMANDA M.-Y. TANG  
ANNE Y.-K. FUNG  
PATRICK K.-L. KWAN  
SU-VUI LO

*Research Office of the Health, Welfare and Food Bureau,  
Hong Kong SAR Government*

*Two funds administered by the Health, Welfare and Food Bureau namely, the Health Services Research Fund (HSRF) and the Health Care and Promotion Fund (HCPF), established in 1993 and 1995, respectively, support research into various aspects of mental health and healthcare promotion in Hong Kong. In 2003, the HSRF was succeeded by the Health and Health Services Research Fund. Mental health research has been defined as one of the key thematic priorities for funding preference. The*

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*objective of this study was to describe the general characteristics of publicly funded mental health research in Hong Kong and some of the effects on health policy and practice by analysing completed projects supported by these funds. We found that mental health research supported by these government funds in Hong Kong covered a wide variety of topics and have provided significant input into both the pool of local evidence-based knowledge and Government policy guiding approaches to mental health in the community. This is the first study of its kind in Hong Kong and provides useful and necessary information for planning more detailed analyses of the impact of research on policy and payback of funding in this and other research areas in the future.*

Mental illness is a large and rapidly growing global problem. In developed countries, the 10 leading causes of lost years of healthy life between the ages of 15 and 44 are: (1) major depressive disorders, (2) alcohol use, (3) road traffic accidents, (4) schizophrenia, (5) self-inflicted injuries, (6) bipolar disorder, (7) drug use, (8) obsessive-compulsive disorders, (9) osteoarthritis, and (10) violence (Murray & Lopez, 1996). The World Health Organization (WHO) estimates that 450 million people worldwide are affected by mental, neurological or behavioral problems at any time (World Health Organization, 2006).

Mental illnesses affect the citizens of all countries and cause immense suffering. People with these disorders are often subjected to social isolation, poor quality of life and increased mortality (World Health Organization, 2006). These disorders result in huge economic and social cost. Cost-effective treatments are available for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society (World Health Organization, 2006). However, the barriers to effective treatment of mental illness include lack of recognition of the seriousness of mental illness and lack of understanding about the benefits of services. Although the burden of mental illness is high, most middle and low-income countries devote less than 1% of their health expenditure to mental health (World Health Organization, 2006). Mental health policies, legislation, community care facilities, and treatments for people with mental illness are not given the priority they deserve.

Hong Kong is a Special Administrative Region of the People's Republic of China. It is located at the mouth of the Pearl River delta region of southern China. It has a population of 6.9 million, 94.9% of which are

ethnic Chinese. There are eight established universities, of which two have a medical school and three have a school of nursing. There are 42 public hospitals and institutions administered by the Hospital Authority (HA) with a capacity of about 28,476 beds.

Mental disorders also cause a significant healthcare burden in Hong Kong. Suicide and self-inflicted injuries and mental and behavioral disorders were the cause of 1,373 (3.8%) of the 36,423 recorded deaths in Hong Kong in 2003 (Hospital Authority, 2005a, 2005c). Mental disorder was the leading cause of hospital bed day utilization (23.2%) in 2000 (Research Office of the Health Welfare and Food Bureau, 2002). In 2003, 15,346 persons were registered with the HA as having some form of mental illness, of whom 12,979 (84.6%) had psychotic symptoms (Hospital Authority, 2005b).

It was against this background that mental health was considered a thematic priority for the Health Services Research Fund (HSRF) and the Health Care and Promotion Fund (HCPF) when they were established in Hong Kong in 1993 and 1995, respectively.

The Health Services Research Fund (later the Health and Health Services Research Fund, HHSRF) was set up in 1993 with a capital commitment of HK\$50 million (HKD 7.8 = USD 1.0). A further HK\$5 million, HK\$10 million and HK\$16 million were allocated to the fund in 2001, 2002 and 2005, respectively. The HHSRF aims to maximize population health and improve the quality of life, in addition to enhancing the standard and cost-effectiveness of the health system through the generation of new knowledge in areas of human health and health services. The objectives of the HHSRF are to (1) ascertain the health care requirements of the community, (2) strengthen the scientific rigor of evaluating health interventions and their cost-effectiveness, (3) disseminate research findings to the wider community, and (4) build research capacity in the field of health and health services. The HHSRF considers funding applications for public health, health services research or traditional Chinese medicine from local researchers working in the public, private and academic sectors.

The setting of thematic priorities is a salient feature of the HHSRF. Studies on mental health have been encouraged in all open calls for applications to the fund. For example, the most recent thematic priorities under this category include studies addressing the effectiveness of treatment models, particularly those in a community setting and health needs assessment of the mentally ill and ex-mentally ill.

The Health Care and Promotion Fund (HCPF) was set up in May 1995 with a capital commitment of HK\$80 million. The purpose of the fund, *inter alia*, is to increase health promotion and disease prevention. The HCPF provides financial support for (1) health promotion projects by non-profit making organizations that help people adopt healthier lifestyles by enhancing awareness, changing behavior or creating an environment that supports good health practices; and (2) research related to health promotion and preventive care. Research projects provide an information base for health promotion interventions that enhance good health and the prevention and early detection of disease and disability.

Two types of research grant awards can be made under the HHSRF and HCPF: full grant and mini grant. The normal cost ceilings are HK\$800,000 for a full grant and HK\$80,000 for a mini grant. Mini grants are intended for small scale, non-renewable or pilot studies. No HCPF research grants have been awarded since 2002. Grants for HCPF non-research projects continue to be supported and are usually awarded for periods of up to 2 years. Funding does not normally exceed HK\$300,000. Before 2005, the maximum grant was HK\$600,000.

The Research Council and the Health Care and Promotion Fund Committee were established by the HWFB to assume responsibilities for all aspects of the administration and allocation of funds by the HSRF/HHSRF and HCPF, respectively. The Research Council and Health Care and Promotion Committee are supported by a secretariat and a grant review board. Applications to either fund undergo a rigorous two-tier peer review; first by two or more local or overseas experts and then by the Grant Review Board (GRB). The GRB considers the external referees' comments and further considers the scientific merit, ethical considerations, relevance to the scope of funding, applicability to local context, track records of applicants, research capability of the administering institution, and "value for money" of the proposals in making its funding recommendation.

With such a substantial public investment in local health-related research and promotion, it is important to review and assess the impact of these activities on health services, health-related outcomes, health policy, knowledge gained or confirmed, and identification of future research needs.

## Methods

All data (i.e., investigators' names, departments and administering institutions; research themes; project keywords; approved expenditure)

were abstracted from the funded research project databases compiled by the Research Office of the HWFB based on information contained in grant proposals submitted in response to open calls for applications to the HSRF/HHSRF and HCPF. Information on deliverables resulting from funded studies was abstracted from the final report submitted to the Research Office following completion of the project and confirmed by the principal applicant and validated by bibliographic search of PubMed (<http://www.ncbi.nlm.nih.gov>) and Ovid (<http://www.ovid.com>).

## Results

Of the 1,267 projects submitted to the HSRF/HHSRF and HCPF, 155 (12.2%) were related directly or indirectly to some aspect of mental health (including psychosocial/psychological problems and treatment and management strategies), depression, schizophrenia, or dementia. Together, the HSRF/HHSRF and HCPF have supported 263 research projects to date (funding rate = 20.8%), of which 13.3% (35/263) were related directly or indirectly to some aspect of mental health, depression, schizophrenia, or dementia (Table 1). In addition, 1 project related to the mental health impact of Severe Acute Respiratory Syndrome (SARS) to patients has been supported by another fund administered by the HWFB, that is, the Research Fund for the Control of Infectious Diseases (RFCID). Of these 36 projects, the 23 research projects completed between March 1996 and August 2003 (defined as projects that have completed the research cycle from grant application through to a satisfactory final report submission and dissemination) will be discussed in this paper.

**Table 1. Mental Health and Related Illness Projects Supported by the HSRF/HHSRF and HCPF (1996–2003)**

Category of illness	Submitted proposals <i>n</i> (%) <sup>a</sup>	Funded proposals <i>n</i> (%) <sup>b</sup>	Ongoing projects <sup>c</sup>	Completed projects <sup>c</sup>
Mental health	111 (8.8)	11 (7.7)	4	7
Depression	23 (1.8)	17 (11.0)	6	11
Schizophrenia	9 (0.71)	4 (2.6)	1	3
Dementia	12 (0.95)	3 (1.9)	1	2
Total	155 (12.2)	35 (22.6)	12	23

<sup>a</sup> Based on a total of 1,267 received applications. <sup>b</sup> Based on a total of 155 funded applications. <sup>c</sup> As at 13 March 2006.

## Number of Individual Institutions Supported

The 23 completed projects were conducted by investigators in 16 separate institutions, including departments within 5 local universities, 9 local hospitals and clinics, and 2 other local organizations (Table 2). Most projects ( $n = 19$ , 83%) were collaborations between 2–4 different departments or institutions (Table 3).

**Table 2. Institutions Participating in Completed Mental Health Projects**

	Department	Project code <sup>a,b</sup>
<b>University</b>		
Chinese University of Hong Kong	Centre for Clinical Trials and Epidemiological Research	[411009]
	Community and Family Medicine	<b>[821011]</b> <b>[411009]</b> [811019] [s112002]
	Medicine	[411009]
	Nursing	<b>[721008]</b> <b>[811009]</b> <b>[811013]</b> <b>[s112002]</b>
	Obstetrics and Gynaecology	<b>[511007]</b> <b>[621019]</b> [811013] [811019]
	Psychiatry	[511007] <b>[214005]</b> [512003] [621019] [811013] <b>[811019]</b>
	Psychology	<b>[212916]</b> <b>[732013]</b>
City University	Applied Social Studies	[621020]
Hong Kong Baptist University	Economics	[811009]
Hong Kong Polytechnic University	Rehabilitation Sciences	<b>[832010]</b> <b>[522012]</b> [821011]
University of Hong Kong	Community Medicine	<b>[422008]</b> <b>[522006]</b> <b>[822003]</b> [821011]
	Curriculum Studies	<b>[412015]</b>
	Psychiatry	<b>[411023]</b> [512003]
	Social Science Research Centre	[412015]
	Social Work and Social Administration	[621020]
	Department of Statistics and Actuarial Sciences, The Hong Kong Jockey Club	[214005]
	Centre on Suicide Research and Prevention	

**Table 2.** (Cont'd)

	Department	Project code <sup>a,b</sup>
<b>Hospitals and clinics</b>		
Kwai Chung Hospital	Child and Adolescent Team	<b>[512003]</b>
	Community Psychiatric Nursing Services	[721008] [214005]
	Occupational Therapy	[512001]
Princess Margaret Hospital	Nursing	[811009]
Prince of Wales Hospital	Obstetrics and Gynaecology	[811019]
	Medicine and Therapeutics	<b>[931012]</b>
Queen Elizabeth Hospital	Occupational Therapy	[931012]
	Clinical Psychology Unit	[212916]
Queen Mary Hospital	Psychiatry	[411023]
Ruttonjee Hospital	Geriatrics	[522006]
Shatin Hospital	Medical and Geriatrics	[931012]
Tung Wah Hospital	Clinical Psychologist	[732013]
Yau Ma Tei Jockey Club Clinic	Occupational Therapy Unit	<b>[512001]</b>
<b>Other agencies</b>		
Hospital Authority Head Office	Not applicable	[821011]
Hong Kong Council of Social Services	Not applicable	<b>[621020]</b>

<sup>a</sup> Details of funded projects can be viewed at <http://www.hwfb.gov.hk/grants>. <sup>b</sup> Principal applicant's department highlighted in bold.

**Table 3. Number of Collaborating Departments/Institutions Participating in Each Completed Research Project**

Number of collaborating institutions/departments	Number of funded projects <i>n</i> (%)
1	4 (17.4)
2	10 (43.5)
3	7 (30.4)
4	2 (8.7)
Total	23 (100)

### Average Size of Grant

Of the 23 completed projects, the average size of the 12 full grants was HK\$644,217 (range: HK\$298,589 to HK\$896,745). The average size of the 11 mini grants was HK\$54,345 (range: HK\$10,000 to HK\$99,825).

### Most Active Departments and Institutions

Of the HK\$8,328,395 allocated to the 23 completed projects, 75% (HK\$6,226,912) was administered by The Chinese University of Hong Kong (CUHK), followed by HK\$702,334 (8.4%) administered by The University of Hong Kong (HKU) and HK\$143,725 (1.7%) administered by the Hong Kong Polytechnic University (PolyU). Within these administering institutions, certain departments were more active than others. For example, at CUHK, 8 of the 12 principal applicants were based in the Department of Community and Family Medicine, the Department of Nursing, or the Department of Obstetrics and Gynaecology. Among the HKU principal applicants, 3 out of 5 were based in the Department of Community Medicine and both principal applicants at PolyU were based in the Department of Rehabilitation Sciences.

### Research Impact or Outcome

Overall, 11 of the 23 completed projects generated a total of 98 research outcomes or deliverables including local and international conference presentations and posters, local and international journal articles and

**Table 4. Peer-reviewed Research Output for Completed Research Projects**

Publication type	Mental health	Depression	Schizophrenia	Dementia	Total
Conference proceeding, abstract, presentation	12	18	6	1	37
Journal publication					
Local		6	1		7
International	6	30	9	1	46
Letters		3			3
Book chapter		4			4
Other			1		1
Total	18	61	17	2	98

letters, and book chapters (Table 4). In particular, 61 peer-reviewed publications were recorded. The cost of each peer-reviewed publication in terms of public funds expended is, therefore, HK\$121,519. No research outcomes were recorded for the other 12 projects.

### **Major Themes**

Almost half of the 35 funded projects focused on depression ( $n = 17$ , 48.6%), mental health (including psychological and psychosocial aspects of mental health and treatment and management issues,  $n = 11$ , 31.4%) schizophrenia ( $n = 4$ , 11.4%), or dementia ( $n = 3$ , 8.6%). Distinct sub-themes were observed within these major categories and included topics such as post-partum depression, depression in the elderly and quality of life of patients with various chronic illnesses. The theme of schizophrenia comprised projects whose principal aim was to evaluate programmes of family-oriented management of schizophrenic patients. Among the diverse projects that did not fall into one of the four defined categories above, a salient feature was the inclusion of mental health status consequent to major health events or chronic health problems. Examples of this include spontaneous abortion or the impact of low back pain in nurses on mental health status and the psychological and psychosocial impact of health services.

### **Discussion**

Mental health research in Hong Kong is a dynamic and vital field that has made many positive contributions to the health and welfare of individuals affected by these distressing conditions.

A number of projects have (1) provided essential epidemiological insights with local and international relevance into important health care problems such post-natal depression (PND), suicide, and family and care giver needs of patients with forensic psychiatric disorders or other long-term care problems; and (2) given explicit service-based recommendations and management strategies to improve health and quality of life outcomes.

The prevalence of PND in Hong Kong mothers was about 12% (Lee, Yip, Chiu, Leung, Chan, & Chau, 1998). However, although PND conferred significant morbidity, the majority of women with PND did not seek help for their condition and many were unwilling to receive psychiatric treatment (Chan, Levy, Chung, & Lee, 2002). Screening for

PND and depression were of value for early detection, diagnosis and treatment of the conditions (Lee et al., 1998). Furthermore, the Chinese practice of *peiyue* appeared to offer protection against PND (Lee et al., 1998). As a consequence of this research, the Prince of Wales Hospital (in Shatin, New Territories, Hong Kong SAR) has established a screening programme and a peri-natal mental health clinic at the Obstetrics & Gynaecology out-patient department.

Suicidal behavior among adolescents is best conceptualized as a spectrum. At-risk youths suffer from a wide range of mental health problems, yet only a handful received psychiatric services (Ho, Leung, Hung, Lee, & Tang, 2000). Different risk factors and mechanisms, including psychiatric disturbances, illicit drug use and self-esteem problems were involved in different exposure groups (Ho et al., 2000). The prevalence of youth suicidal behavior in Hong Kong was similar to that reported in the West (Ho et al., 2000). The development of available and accessible adolescent mental health services is required to detect and manage youth suicidal behavior and associated psychiatric disturbances. Public health education should emphasise the need for treatment and help to destigmatize the mental health service. In addition, teachers and other frontline workers should be taught to recognize at-risk youths.

During the recent economic downturn, a new method of suicide, burning charcoal, emerged (Lee, Chan, Lee, & Yip, 2002). Charcoal burning suicide affected people in their economically productive years. These individuals commonly had substantial financial debts, poor social support networks and gambling problems. The media was pivotal in promulgating the suicide method. Four strategies for suicide prevention were proposed by the study authors: (1) The general public should be educated on the principles of personal finance, (2) training should be provided to help professionals counsel people with financial problems, (3) the regulations on lending practices and debt collection should be tightened, and (4) the media should adhere to professional codes of practice and WHO guidelines when reporting suicides.

Family caregivers are vital resources for maintaining the frail elderly in the community (Chou, 1999). However, many caregivers shoulder a heavy burden of responsibility with few outlets for relief. This burden affects caregivers' physical and mental health. Formal services provided by the government may help reduce caregiver burnout. Conversely, barriers to service utilization may prevent or discourage them from using

the available services. Addressing family caregiver needs may improve their psychological status, help diminish burnout and reduce admission stress within the health care system.

There are high levels of violence directed towards family members of patients with forensic psychiatric problems, even when these had not been the subject of criminal proceedings (Pearson & Tsang, 2004; Tsang, Pearson, & Yuen, 2002). Families report gross levels of intrusive behavior by the media and experienced internal and external stigma. Family members report few avenues of formal or informal support, little communication between health care providers and themselves and are deeply ambivalent about the future of their relatives and their involvement in that future. Family members of patients with forensic psychiatric problems are an underserved, potentially traumatized group of people. Improvements are needed in the management of administrative procedures, professional attitude and media behavior.

The value of collaboration is illustrated by the successful efforts of CUHK to both secure funding and produce quality deliverables. Of the 12 completed projects administered by CUHK, all involved collaboration by the principal applicant with colleagues from other departments in the same institution, in other institutions, or both. In contrast, for example, the 2 small projects conducted by PolyU involved only one department within the host institution.

The mental health burdens affecting the old and young are noticeably different. From the mental health point of view, as the population continues to age, diseases of the elderly—particularly the neurodegenerative diseases such as Parkinson's and Alzheimer's—will become more prevalent. Efforts to ameliorate the health, social and economic burden associated with these diseases should be of paramount concern. In younger age groups schizophrenia is a major concern and its prevalence is likely to increase. While there is undoubtedly a significant genetic component to the onset and severity of the disease, the environmental triggers, of which there may be many, remain largely undefined (Cowan, Kopnisky, & Hyman, 2002; Harrison & Owen, 2003; Insel & Quirion, 2005; Walker, Kestler, Bollini, & Hochman, 2004). In a local context, stress (whether real or perceived) from school studies, lack of job opportunities or other environmental sources such as cramped apartments and lack of open spaces may be important contributory factors to the onset of schizophrenia in young people (Benes, 1997; Thompson, Pogue-Geile, & Grace, 2004). Such triggers are also likely to be important in other mental illnesses, such as

depression (de Kloet, Sibug, Helmerhorst, & Schmidt, 2005; Lyon & Morgan-Judge, 2000).

Although it is difficult to assess the value of research investment, it has been suggested that the focus of any outcome assessment should be the benefit to clients, patients and populations. Such benefits are accrued to patients, in part, through the development of new instruments or tools to assess care and improved understanding of the risk factors contributing to poor treatment outcomes or increased psychiatric episodes. The research funded by the HSRF, HHSRF and HCPF, have all contributed to the better understanding and management of mental health problems in Hong Kong and provided those in the policy branch with the necessary evidence to refine service, improve practice provision and acquire an enhanced understanding of the health care needs of this population.

Cross-fertilization of ideas is an important element in the continued growth and sophistication of mental health research in Hong Kong and should be encouraged. When reviewing applications for funding, the HWFB Research Council responsible for the allocation of funds takes into account the core competencies of the applicants and their ability to form successful collaborations with other departments and institutions.

Discussion of mental illness remains a largely taboo subject in Hong Kong society and entrenched discriminatory attitudes exist among a large proportion of the lay public that contributes further to the suffering and low quality of life of persons affected by these conditions (Chan & Yu, 2004; Tsang, Tam, Chan, & Cheung, 2003). The research outcomes clearly demonstrate the need to improve public education on the facts and myths of mental illness to break these barriers and continued funding of health promotion projects is an important tool to improving the quality of life of persons with mental illnesses.

As is clear from the WHO global burden of disease assessment, mental illness will continue to be a major economic and social burden to all societies in the decades to come (World Health Organization, 2005b). For example, in southeast Asia, 418,000 people will die from neuropsychiatric conditions and 315,000 will die from self-inflicted injuries by 2030 (World Health Organization, 2005b). This is an increase of 48% and 22%, respectively from 2005 estimates (World Health Organization, 2005a). In this context, locally generated, evidence-based and culturally sensitive research will be an important source of information upon which to base rational, humane and economically viable health policy decisions relevant to the care and relief of those affected by mental illness.

From the research summary presented here, Hong Kong has clearly made a unique and significant contribution to local and international literature and has advanced important clinical and policy aspects of mental health care knowledge and practice. The future aim should be to expand this core to ensure that relevant research continues to be supported and the findings fed back into the research-policy development-practice loop.

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## 由政府資助在香港有關精神健康的研究：描述性分析

高理德

莊珍妮

鄧美兒

馮宇琪

關國良

羅思偉

香港特別行政區政府衛生福利及食物局研究處

### 摘要

由香港政府衛生福利及食物局管理的醫療服務研究基金和健康護理及促進基金，分別成立於1993年和1995年，旨在資助在香港與精神健康和健康護理推廣相關的各類研究項目。其後，衛生及醫護服務研究基金於2003年取代了醫療服務研究基金，精神健康亦被訂為這基金的主要研究課題的撥款優次。

這項研究主要是探討由公帑資助的在香港有關精神健康研究的概況，並分析已完成的獲資助項目對衛生政策和實務的影響。我們發現，由香港政府資助的有關精神健康的研究項目涵蓋廣泛的課題，而且研究結果對加強本地的實證知識和對政府制訂有關社區精神健康的政策方針，均產生重要的作用。

這是本港就同類課題進行的首項研究。研究結果提供了重要和必需的資料，有助日後策劃更詳細的分析，進一步探討研究工作對政策的影響，同時評估資助同類和其他範疇的研究項目的成效。