

WHEN IT COMES TO EAST: REFLECTIONS ON TRANSFERRING THE PRINCIPLES AND PRACTICE OF RECOVERING-CITIZENSHIP TO HONG KONG

Quando vier para o oriente: Reflexões sobre a transferência dos princípios e práticas de Recovery-cidadania em Hong Kong

Fan Fang¹

Kaitlyn Fung²

Artigo encaminhado: 15/11/2020

Artigo aceito para publicação: 30/04/2021

ABSTRACT: The community psychiatric service in Hong Kong started after a mass murder by a man with severe mental illness (SMI). Fear-based stigmatization remains common in the community. Although recovery-oriented care gradually takes root in Hong Kong, it flourishes mainly within the mental health sector. People with SMI remain isolated from the rest of the residents. Recovering-citizenship might help fill the service gap and facilitate a true social inclusion of people with SMI in the community. However, we need to pay attention to several possible challenges when adapting the recovery citizenship concept in Hong Kong. First, citizenship is a complex concept for people in Hong Kong. Second, the New Public Management (NPM) regime adopted in the social welfare sector significantly impacted the services for people with SMI. Third, traditionally, “Face Concern” is a potential cultural barrier for people with SMI and their families to connect to society fully. In respect of these challenges, implementing qualitative and quantitative research to capture the exact meaning of citizenship to Hong Kong people is the first essential step in putting this theoretical framework into practice. Meanwhile, we should bear in mind that recovering citizenship should be promoted in the whole community with the assistance of peer support staff instead of only in the mental health community. Last but not least, the recovering citizenship activities should also include the family of the people with SMI rather than solely targeting the individuals.

Keywords: Recovering-Citizenship. Mental Illness. Social Inclusion. Community Psychiatry. Culture.

RESUMO: O serviço de psiquiatria comunitária em Hong Kong começou após um assassinato em massa por um homem com transtorno mental grave (SMI). Os cuidados orientados por recovery tem gradualmente criado raízes e florescido em Hong Kong principalmente no setor de saúde mental. No entanto,

¹ BS, M.S.Sc., Department of Clinical Psychology, Kwai Chung Hospital, Hong Kong SAR, China. E-mail: fangfan1007@gmail.com

² BS, M.S.Sc., Psychological Behavioral Unit, Tuen Mun Hospital, Hong Kong SAR, China. E-mail: nufakak@gmail.com

a estigmatização e o medo continuam presentes na comunidade. Pessoas com SMI ainda permanecem isoladas do resto da comunidade. Recovering-cidadania pode ajudar a preencher a lacuna nos serviços facilitando uma verdadeira inclusão social de pessoas com SMI na comunidade. No entanto, precisamos prestar atenção nos vários desafios ao adaptar o conceito de recovering-cidadania em Hong Kong. Em primeiro lugar, a cidadania é um conceito complexo para as pessoas em Hong Kong. Em segundo lugar, o regime da Nova Gestão Pública (NPM) adotado no setor de bem-estar social impactou significativamente os serviços para pessoas com SMI. Terceiro, tradicionalmente, “Face Concern” é uma barreira cultural importante para pessoas com SMI e suas famílias ao se conectarem com a sociedade. Em relação a esses desafios, a implementação de pesquisas qualitativas e quantitativas para captar o significado exato de cidadania para os cidadãos de Hong Kong. Como primeiro passo é essencial colocar em prática esse referencial teórico. Enquanto isso, devemos ter em mente que a recovering-cidadania deve ser promovido em toda a comunidade com a ajuda de equipes de suporte de pares, e não apenas pelos profissionais da saúde mental. Por último, mas não menos importante, as atividades de recovering-cidadania também devem incluir a família das pessoas com SMI, e não apenas os indivíduos.

Palavras-Chave: Recovering-Cidadania. Transtorno Mental. Inclusão Social. Psiquiatria Comunitária. Cultura.

1 INTRODUCTION

‘Recovering citizenship’ movement aims to enhance the integration of people with severe mental illness (SMI) into the community (ROWE; DAVIDSON, 2016). ‘Recovering citizenship’ consists of two concepts, ‘recovery’ and ‘citizenship.’ Recovery refers to a personal pursuit of a meaningful life irrespective of one’s mental illness symptoms (ROWE; DAVIDSON, 2016). A person’s aspiration and a sense of purpose in one’s own life are highly valued. This recovery approach is in sharp contrast with the traditional form of clinical recovery (i.e., the remission from mental illness symptoms). However, some of the policymakers and service users might have misinterpreted the nature of the personal recovery and downplayed the material, social, cultural, political, and economic support for the recovery of people with SMI. As a counterbalanced approach, the citizenship concept emphasizes social inclusion and full participation of people with mental illness in society. Citizenship can be achieved through a strong connection to rights, responsibilities, roles, resources, and relationships (“5R”) that society normally offers its members through public and

social institutions and associational life to develop a sense of belonging (ROWE, 2015).

The concept of recovering-citizenship replenishes personal recovery's social roots while emphasizing a person's uniqueness in society as a citizen. It has adopted a sociological perspective in viewing the mental health care system and encouraged a community-based intervention. For instance, IMANI Breakthrough Recovery Program is a faith-based and peer-led program held in the churches for people struggling with substance dependence in the United States. It has been a remarkable success and has helped over 500 people on their recovery ways until 2019 (BRUCE, 2019). Gradually, other places in the West, such as Spain (EIROA-OROSA; ROWE, 2017) and Scotland (SCOTTISH RECOVERY NETWORK, 2017), followed suit to promote the concept of recovering citizenship in their societies for better inclusion of people with SMI. Appropriate adaptations were made based on their own development of mental health care and social context.

Like the condition in other places, social isolation of people with SMI remained a serious issue, although recovery gradually flourished in Hong Kong for decades. Although the first Psychiatric asylum in Hong Kong appeared as early as 1875 (LO, 2003), the mental illness population only came to public attention until 1982 after a mass murder by a man with schizophrenia resulting in 4 death and 66 wounded (CARITAS HONG KONG, 1987). Afterward, the government has paid more attention to community psychiatric services. However, it has also equated mental illness with a disposition to violence as a safety measure to protect the public (YIP, 1998). Given this historical and political background, healthcare professionals are viewed as the healer of mental illness and the gate-keeper for other social groups (CUI et al., 2019).

On the other hand, people with SMI have been put in a disadvantaged position and remained isolated in the community (CUI; LANCASTER; NEWMAN, 2019). The Mental Health Review Report clearly stated that the service provider should 'help people with SMI make choices sensibly and responsibly' (FOOD AND HEALTH BUREAU, 2017). People with SMI are considered incompetent people who need to be taken care of, not to mention their insufficient involvement in any mental health service development (TSE et al., 2012).

Until recent decades, a recovery-oriented mental health care model is slowly taking root in some hospitals and non-government mental health facilities in Hong Kong. Some service users have also been involved in the mental health care model as peer support workers in these mental health units (SIU et al., 2016). More people with SMI are educated with different concepts related to recovery and encouraged to pursue their personal recovery. For instance, Mindset College was founded in 2017 to promote personal recovery in Hong Kong. To date, it served more than 2560 students to rebuild a meaningful life (THE STANDARD, 2020).

However, the stigmatization that people with SMI are dangerous remains common among the general public (CUI et al., 2019). A recent local cross-sectional study demonstrated that the stigma experienced by people with schizophrenia in most aspects of life remained unchanged between 2001 and 2017 in Hong Kong (CHUNG et al., 2019). To fulfill the service needs, more institution-like community care facilities, such as halfway houses and shelter workshops, are built in Hong Kong (YIP, 1998). However, large protests against the establishment of psychiatric facilities still happened from time to time since the early 1980s (YIP, 1998). Because of the strong opposition from residents in the community, the government has been making compromises. Even if the psychiatric facility has been eventually built, its size is reduced to only half of the original site (COMMISSION EQUAL OPPORTUNITIES, 2016).

Consequently, people with SMI seem to enjoy the community life inside as they perceive no discrimination (CHAN et al., 2015). People with SMI living in the broad community perceive otherwise (CHAN et al., 2014). This contradictory result implies that those living in these institution-like communities are never genuinely included in the community.

Although effort has been put into promoting recovery for people with SMI, the concept of recovery flourished within institution-like community mental health units. People with SMIs remain largely isolated and denied by the rest of the community members to live a 'normal' life. Hopefully, promoting recovering citizenship can help fill the current recovery-oriented practice gap in Hong Kong and facilitate true social inclusion for people with SMI. Since the concept of recovering citizenship originally emerged in the west, we have identified three

challenges we need to pay attention to when introducing the concept to the local context.

Challenge 1: Citizenship is an Ambiguous Concept in Hong Kong

Given the historical, socio-economic context, Hong Kong people's identity is highly complex. Throughout the years, Hong Kong people have been identified as Hong Kong residents or Chinese nationals instead of Hong Kong citizens (IMMIGRATION DEPARTMENT, n.d.2017).

Since 1842, Hong Kong was temporarily ruled under the British colonial government until its sovereignty was returned to China in 1997. In the early colonial years, many Chinese protested against British colonial rule (TSAI, 1994), and their political identity was a sensitive issue. Later, the population expanded dramatically, and more than half were composed of immigrants due to a couple of immigrant influxes from China since the early 1900s (CHIU; WONG, 2005). Therefore, the colonial government saw little need to induce a sense of belongingness to Britain or develop citizenship in this population because "there is no halfway house between a British national and a Chinese national" (COLONIAL OFFICE, 1946–1952). "Positive non-interventionist governance regime" was adopted. Hong Kong residents could follow their customs as long as successful trade and public order was maintained (TSAI, 1994; TU, 2020). The earlier migrants who were primarily poor could then focus on making a living, and the income flow from Hong Kong to Britain can be sustained (CHIU; WONG, 2005). They enjoyed much freedom with minimum control or interference from the government. The residents were primarily identified as economic subjects contributing to society's economic growth, while their political identity was downplayed.

Since World War II, some Shanghai capitalists fled to Hong Kong to avoid the Japanese invasion. Their skills and finance knowledge helped Hong Kong enter industrialization, which further attracted millions of people from China to seek opportunities in Hong Kong (MATHEWS; MA; LUI, 2008). Among all the growing industries, the continuous thriving of the bank industry and finance business in the coming 10-20 years gradually shaped Hong Kong as the international finance center (SCHENK, 2002). A global element further enriched the identity of Hong Kong people.

Along with the tightened Chinese border policy since 1960, the migrants began to settle permanently and demand the government's attention to their social needs through protests and riots. In response to the public demands, the government agreed to increase the public provision as long as it could be financed by continuous revenue growth (GOVERNMENT SECRETARIAT HONG KONG, 1981). Social welfare should only be provided temporarily and minimally to support people's needs. Simultaneously, the government tactically emphasized the Chinese culture's part on 'obligation,' 'benevolence,' and 'familism' that people should be self-reliant and secure their own welfare needs by joining the labor market first. If they fail, they should seek help from their immediate family members or anyone from their social network before resorting to the government. "Poverty, old age and delinquency as well as natural disasters were all personal matters that should be settled within the family" (HONG KONG GOVERNMENT, 1965). The government tried to induce guilt and shame by highlighting how public support conflicted with the 'Chinese traditional value' (CHIU; WONG, 2005). The government emphasized their responsibilities and roles in their own family and society development while ignoring their 'social rights' (LAM, 2005; SOCIAL WELFARE DEPARTMENT, 1965). The public resources available were linked with the moral ground, and private resources were accessible only based on their relationship with others. The family and relationship-based Chinese culture in the identity of Hong Kong people further developed.

While the neighborhood associations and political activist groups began to thrive (CHIU; WONG, 2005), the government initiated a democratic reform in the 1980s. Universal suffrage was introduced into the district elections, and ideas of democracy were promoted in the education system. (BRAY; LEE, 1993). Meanwhile, the colonial government also prepared the students for the transfer of sovereignty in 1997 by reminding them of the links between Britain and China, their national identity, and related values such as "responsible," "rational," etc. (BRAY; LEE, 1993). All these enrich the identity of Hong Kong people with various political elements (LAM, 2005).

After the Handover in 1997, in the hope of stabilizing the social order and strengthening its rule, the newly established HKSAR government selectively integrated some Chinese Cultural and Confucian values such as obligations to

the community over rights' 'self-restraint and 'conformity rather than confrontation' into the identity of the Hong Kong people (TUNG, 1997; TUNG, 1998). It attempted to maintain a hierarchical social order while downplaying values such as right, freedom, and equality (CHIU; WONG, 2005, TUNG, 1997). Meanwhile, it strived to re-politicize Hong Kong people's identity by inculcating nationalism through public speech and education. Arousing 'political activism' or 'all-round political consciousness' was not part of the government plan (LAM, 2005). Nevertheless, the Protest against the proposed Article 23 in 2013, the Umbrella Movement in 2014, and many other small-scaled demonstrations that occurred after 1997 showed that some Hong Kong people valued the concepts of democracy, freedom, and rights.

In Hong Kong, all children were entitled to receive 12-year free education in public schools since 2008. The curriculum of Liberal Studies, a core subject in Secondary Education, exposed students to different societal and global issues and trained their ability to think from a local, national and global perspective. Multiple values including 'human rights and responsibilities', 'democracy', 'justice', 'individuality', 'interdependence', 'patriotism' etc. were discussed (EDUCATION BUREAU, 2015). Since 2021, enhancing 'National Security Law' education was proposed through the education system's reform. All these subjects helped Hong Kong residents become more aware of society's multiple voices and how globalization, local and Chinese cultures contribute to their identities.

Economically, Hong Kong experienced a few crises, including the Asian financial crisis in 1997, the global financial crisis in 2008 since 1997. Similar to the British colonial government, the HKSAR government attempted to emphasize their self-responsibility, responsibilities, roles in their family and society, private relations, and resources to overcome these difficult times. "Hong Kong people are accustomed to working hard and earning their living and do not like to depend on public assistance" (TUNG, 1999). An ideal resident of Hong Kong should continue to value 'filial piety' and 'love for the family' (CHAU; YU, 2005; TUNG, 1997).

Hong Kong had been under British colonial rule and later became the Special Administrative Region of China under one-country-two-systems. At the same time, it is a global city under the impact of globalization. The Western values, the Chinese values, the values enforced by the British colonial and HKSAR

governments, various depoliticization and re-politicization processes all interact with each other in creating the identity of Hong Kong people at different time points. Hong Kong residents of different ages might likely identify more with specific values due to their different opportunities to receive public free education and various exposure to these historical, socio-economic forces. The concept of citizenship is evolving throughout the years.

Challenge 2: New Public Management Shifted the role of NGOs and Their Service Users

In Hong Kong, most community services received by people with SMI were offered by Non-governmental Organizations (NGOs). Upon the handover of sovereignty, the Asian Financial crisis happened, and there was a rising public challenge to the legitimacy and policy performance of the HKSAR government (LEE, 1999). The government, therefore, adopted the New Public Management (NPM) regime in the social welfare sector to cut down expenditure and improve productivity and efficiency (LEE; HAQUE, 2006). Nevertheless, this significantly impacted the functions of the NGOs and the expected role of their users.

NGOs, especially those large-scale ones or pioneers in the field, had been enjoying a partnership in formulating social policy with the government since the 1970s. They could advocate the emerging needs of the vulnerable and reminded the government of their responsibility in providing social welfare to their citizens. It was possible because the government delegated the Hong Kong Council for Social Service to assign funding to the NGOs, and most subvention was routinely renewed with minor incremental adjustments. (LEUNG, 2002).

Under New Public Management, the Social Welfare Department (SWD) began to contract out services with individual NGOs. It opened up the bidding of some social service contracts to the private business corporations as well. The working relationship changed from a "long-term subvention system" to a "short-term contracting model," and the funding allocation in this contract bidding process was also criticized for its ambiguity (LEUNG, 2002). With the establishment of the contracting-out model, the power balance was shifting away from NGOs. They were obliged to fulfill the service output specified in the Funding and Service Agreement. A new hierarchical relationship was formed.

Put merely, NGOs had less bargaining power in shaping civil care policy and fostering society's social development. NGOs' focus shifted to maintaining a

good relationship with the SWD to secure the upcoming funding. When it comes to advocating the service users' needs and rights, NGOs could feel pressured to be less critical of the government under this competitive contract-bidding system (LEE, 2005; LIU, 2019). They were likely to run projects with visions and missions compatible with the government's social policy instead of advocating for the service users. (SALAMON, 1999; LEUNG, 2002). Similarly, they tended to work with organizations that followed similar service quality guidelines set by the government (SCHAAP; VAN TWIST, 1997). The network became more inclusive as it indirectly excluded those with radical views. In short, NGOs were more occupied with their own organization's survival than radically advocating their service users' rights and interests when they conflicted with the government's policy, agenda, or governance. They gradually lost their roles in policymaking and advocacy.

Under the traditional subvention system, the government exerted control over the NGOs' personnel and assigned funding based on the actual expenditure. Later, the HKSAR government introduced the Lump Sum Grant System in 2001 under the New Public Management reform. In calculating the amount of lump sum, the staff pay scales' midpoint salaries were used in the formula irrespective of the staff's actual work experience. In contrast to previous practice, NGOs could now flexibly allocate this fixed sum of money for human resources, facilities, and services. They were also allowed to accumulate the unused fund for their use as long as they fulfilled the service output standards stated in the Service Quality Standard (SOCIAL WELFARE DEPARTMENT, 2000).

As a consequence, NGOs became resource-driven and operated in a business-oriented manner (BOX, 2001; WONG; CHIU, 2000), while the service users were repositioned from citizens or clients receiving public welfare services to consumers. It poses difficulty in exercising recovering citizenship in the mental health community. When people think and act from a consumer perspective, they can freely choose the NGOs that fit their individual preferences. They became driven to focus more on their self-interests and individual rights; rather than the obligations to others in their community (ABERBACH; CHRISTENSEN, 2005; SULEIMAN, 2003).

Similarly, when the service users are not satisfied with the service, they could file a complaint or exit the service. In this way, they could affect the service provision directly. They might not be reinforced to take a more difficult path to fight for the collective interests. Exercising their citizenship to overcome systemic shortcomings and bring about collective improvements had become their secondary consideration (BREWER, 2007). In short, people receiving services changed their roles from being a client or citizen to a consumer. Their consumer role could narrow their focus from a broader societal perspective in exercising their citizen power to choose the most suitable services to satisfy their self-interests.

2 CHALLENGE 3: Face concern

In addition to the above two unique challenges regarding the historical background, social, and governance development, we also need to consider the impact of traditional Chinese culture when adapting a western concept to fit the Hong Kong context.

“Face concern” is one of the characteristic social constructs in Hong Kong (HWANG, 1997) , and it could be a potential obstacle against the promotion of recovering citizenship. “Face” is a salient social construct in Chinese culture, which refers to the social image projected to others (MAK; CHEUNG, 2012). In Chinese societies, ‘face’ splits into two components, i.e., self-face and other-face (MAK et al., 2009). Self-face represents the motivation to maintain a person’s social image and social worth. At the same time, other-face means an individual’s effort to preserve other people’s social image to maintain the group harmony and the integrity of the in-groups.

In Chinese culture, openly displaying their emotions is regarded as a risky gesture in ruining their social image (i.e., “losing face”) and exposing personal weakness (KRAMER et al., 2002; LAM et al., 2010), not to mention the effect of disclosing their mental illness. Empirical research showed that ‘losing face’ shared similar physiological reactions and behavioral tendencies as a shameful feelings, such as flushing and wanting to hide (HO; FU; NG, 2004). It was not surprising that a strong sense of shame was found among mental health service users in Chinese societies (SEEMAN, 2016). In fact, more than one-tenth of the

general population preferred to conceal their psychotic conditions to other people in Hong Kong, even to family members (SUEN et al., 2020).

Besides, family is considered the primary unit of society in traditional Chinese culture (HWANG, 1997). To maintain the family's integrity and harmony, all family members share the responsibility to preserve the family member's face suffers from mental illness. Face concern was a contributing factor to the affiliate stigma and caregiver's emotional distress in Hong Kong (MAK; CHEUNG, 2012). A local quantitative research showed that more than half of the caregivers hope to conceal the family's illness (LEE et al., 2005).

The above evidence showed that face concern could be a cultural barrier in promoting recovering citizenship in Hong Kong because people with SMI and their families may be reluctant to reclaim their 5Rs in the community fully. For example, Chinese families may opt to take full responsibility to take care of the family member with SMI instead of seeking social support and resources.

3 DISCUSSION

Based on the literature and phenomenon discussed above, we would like to highlight a few points to stimulate further study and discussion to facilitate the implementation of recovering citizenship in Hong Kong:

First, the idea of citizenship in Hong Kong should not be understood using either the Western or Asian citizenship concepts. Focusing on the term 'Hong Kong Residents' and concluding that 'citizenship' does not exist in Hong Kong are unhelpful (TU, 2020). Instead, it would be more fruitful to appreciate the ongoing interaction of different values in shaping the unique meaning of 'citizenship.'

Implementing some qualitative and quantitative studies is necessary. They help us figure out the meaning of citizenship to Hong Kong People as well as how to translate the term 'citizenship' in current context. It might turn out that the concept of citizenship in Hong Kong to be quite different from how it is interpreted in western societies. Even if the construct of citizenship is similar, the meaning of 5Rs might differ from those in Western countries.

Here are the several hypotheses about the meaning of 5R to Hong Kong people we proposed at this early stage. For instance, as a social service consumer, people with mental health needs might become more focused on their rights to choose the 'best' among the available services rather than how to

contribute to the service development. Concepts of responsibilities and valued roles might be more economically focused (e.g., earning their living and not becoming an economic burden to society) or restricted to their immediate family.

Vocational training and supported employment could be essential to people with SMI in Hong Kong. People might struggle among their rights and the fear of 'losing face' when it comes to deciding whether they would seek community resources or not. Considering the community's stigma, people with SMI may prefer to build up relationships with their peers rather than stepping out of the comfort zone to meet with people without SMI. Due to the interaction of different forces over the years, we also suggest that people from different generations in Hong Kong might understand Citizenship differently. They might put different weights on each of the 5 Rs or even have different interpretations of each of the 'R.' For example; free compulsory education has been provided since 1977. The idea of Citizenship might be more depoliticized in generations who could not access education before 1977. They might put a heavier weight on responsibility and be more identified with values such as 'making an economic contribution to the society and 'self-reliance' as citizens.

Nevertheless, we need to bear in mind that the primary goal of recovering citizenship is to make sure that people with or without SMI enjoy the same citizenship state to achieve social inclusion eventually. Recovering-citizenship does not aim to promote a set of predefined meanings of 5Rs and align citizenship concepts in different places. Otherwise, promoting recovering citizenship might be just another form of social control instead of advocating for the people with SMI in Hong Kong. Therefore, future research about what citizenship means to Hong Kong people in the current context is necessary.

Second, as mentioned above, the general public in Hong Kong has been holding an unfavorable view against people with SMI over the years. There is a need to balance the service and the strong opposition in the community; there are many institution-like community psychiatric facilities in Hong Kong. The recovery-oriented care has been recognized and implemented within those facilities, but people with SMI continue to be isolated by the other community residents. They have limited access to opportunities that are readily available to other citizens. Therefore, it is necessary to promote recovering citizenship in the whole territory instead of just within the mental health field. All people, with or

without SMI, should understand and value the recovering citizenship concept for real social inclusion.

Third, a considerable portion of people with SMI is service users of NGOs. They could be more attuned to the consumer role under New Public Management's influence and become more narrowly focused on their self-interests. We hypothesize that the influence of peer support workers might be able to counterbalance the effect. In recent decades, some NGOs and local hospitals began to train and employ people with lived experience as peer support workers. These workers help promote recovery-oriented mental health practices and advocate the rights and needs of people with mental illness (SIU et al., 2016). In the process, several people with SMI could have benefited from the work or direct support from the peer support workers. These positive experiences might inspire or motivate more people with SMI to think from a broader societal view and contribute as a citizen. The importance of peer support workers is widely recognized. For example, hiring peer support staff was one of the strategic actions in transferring the Citizenship framework in Spain (EIROA-OROSA; ROWE, 2017). To further integrate the citizenship concept into the current recovery-oriented movement, it would be essential to provide ongoing training and develop a clear career development path for peer support workers to ensure sustainable recovery-oriented development in Hong Kong. Moreover, face concern might be a lesser concern for people with SMI when the professional work of peer support workers are recognized by more people in society. In this way, more people with SMI might be more confident to step out of the institution-like organizations and reintegrate into society.

Last but not least, people in Hong Kong are still affected by the Chinese family-oriented values to a certain extent. A majority of people with psychiatric disabilities are taken care of by their family members (TSE; SIU; KAN, 2013). Family can either be a facilitator or barrier to recovery. It hinges on whether they support or express negative emotions towards their family members who live with SMI (ALDERLEY; WHITLEY, 2015). Under the influence of face concern and lack of understanding (CHIEN; YEUNG; CHAN, 2014), families may hope to conceal their family members' mental illness. The recovering citizenship activities in Western countries mainly target the individual. However, working with family seems to be an essential element for promoting recovering citizenship in Hong

Kong. We propose inviting family members to attend a considerable portion of the recovering citizenship activities. For instance, a theme on family relationships can be a core topic in the recovering citizenship program; Family members are invited to the public speaking session to witness the participants' strengths and growth.

4 CONCLUSION

To conclude, if recovering citizenship is to be promoted in Hong Kong, we need to pay attention to three local characteristics: the ambiguous concept of citizenship, the influence of New Public Management, and the 'Face Concern.' Stigma against people with SMI and social isolation remains common in Hong Kong after years of recovery-oriented care. More social contact-based intervention could reduce stigmatization against mental illness (EVANS-LACKO et al., 2012; THORNICROFT et al., 2016). While recovering citizenship aims to facilitate the people with SMI to reclaim their citizenship (PONCE; ROWE, 2018), their increased participation in society also promotes social contact between people with SMI and the general public. Apart from fostering better social inclusion, recovering citizenship might also bring collateral benefit in reducing stigma for people with SMI in Hong Kong. In return, people with SMI will come out of the comfort zone more readily to the larger community to exercise their citizenship.

REFERENCES

- ABERBACH; JOEL D; CHRISTENSEN, TOM. Citizens and Consumers. *Public Management Review*, 7(2), 225–246. 2005
- ALDERLEY, H. M., WHITLEY, R. Family influence in recovery from severe mental illness. *Community Mental Health Journal*, 51, 467–476.2015
- BOX, R. C., MARSHALL, G. S., REED, B. J., REED, C. M. New public management, and substantive democracy. *Public Administration Review*, 61(5), 608-619.2001
- BRAY, M; LEE, W. O. Education, democracy and colonial transition the case of Hong Kong. *International Review of Education*, 39(6), 541-560.1993
- BREWER, B. Citizen or customer? Complaints handling in the public sector. *International Review of Administrative Sciences*, 73(4), 549–556.2007

- BRUCE, L. IMANI Breakthrough honored for transformational work in the community. Retrieved from <https://medicine.yale.edu/news-article/21995>. 2019
- CARITAS HONG KONG. *A Survey Report on the Acceptance of Psychiatric Halfway House*. Hong Kong: Central Community Service Centre of Caritas Hong Kong.1987
- CHAN, K., EVANS, S., CHIU, M. Y. L., HUXLEY, P. J., & Ng, Y. L. Relationship Between Health, Experience of Discrimination, and Social Inclusion Among Mental Health Service Users in Hong Kong. *Social Indicators Research*, 124(1), 127–139.2015
- CHAN, K., EVANS, S., Ng, Y. L., CHIU, M. Y. L., HUXLEY, P. J. A Concept Mapping Study on Social Inclusion in Hong Kong. *Social Indicators Research*, 119(1), 121–137.2014
- CHAN, K. K. S., FUNG, W. T. W. The impact of experienced discrimination and self-stigma on sleep and health-related quality of life among individuals with mental disorders in Hong Kong. *Quality of Life Research*, 28(8), 2171–2182.2019
- CHEN, E. S. M., CHANG, W. C., HUI, C. L. M., CHAN, S. K. W., LEE, E. H. M., CHEN, E. Y. H. Self-stigma and affiliate stigma in first-episode psychosis patients and their caregivers. *Social Psychiatry and Psychiatric Epidemiology*, 51(9), 1225–1231.2016
- CHEN, F. P., LAI, G. Y. C., YANG, L. . Mental illness disclosure in Chinese immigrant communities. *Journal of Counseling Psychology*, 60(3), 379–391.2013
- CHEN, S. X., MAK, W. W. S., LAM, B. C. P. Is it cultural context or cultural value? unpacking cultural influences on stigma towards mental illness and barrier to help-seeking. *Social Psychological and Personality Science*, 11(7), 1022–1031.2020
- CHIEN, W. T., YEUNG, F. K. K., CHAN, A. H. L. Perceived stigma of patients with severe mental illness in Hong Kong: Relationships with patients' psychosocial conditions and attitudes of family caregivers and health professionals. *Administration and Policy in Mental Health and Mental Health Services Research*, 41(2), 237–251.2014

CHIU, M. Y. L., CHAN, K. K. L. Community attitudes towards discriminatory practice against people with severe mental illness in Hong Kong. *International Journal of Social Psychiatry*, 53(2), 159–174.2007

CHIU S; WONG, V. *Hong Kong*. In A. Walker, & C.K. Wong (Eds.), East Asian welfare regimes in transition (pp. 73-94). Policy Press.2005

CHOU, K. L., MAK, K. Y., CHUNG, P. K., HO, K. Attitudes towards mental patients in Hong Kong. *International Journal of Social Psychiatry*, 42(3), 213–219.1996

CHUNG, K. F., TSE, S., LEE, C. T., CHAN, W. M. Changes in Stigma Experience Among Mental Health Service Users over Time: A Qualitative Study with Focus Groups. *Community Mental Health Journal*,55(8), 1389–1394. 2019

CHUNG, K. F., TSE, S., LEE, C. T., WONG, M. M. C., CHAN, W. M. Experience of stigma among mental health service users in Hong Kong: Are there changes between 2001 and 2017? *International Journal of Social Psychiatry*, 65(1), 64–72.2019

COGAN, N. A., MACLINTYRE, G., STEWART, A., TOFTS, A., QUINN, N., JOHNSTON, G., ROWE, M. “The biggest barrier is to inclusion itself”: the experience of citizenship for adults with mental health problems. *Journal of Mental Health*, 0(0), 1–8.2020

COMMISSION EQUAL OPPORTUNITIES. Study on the challenges encountered in the siting of integrated community centres for mental wellness and other social welfare facilities in Hong Kong.2016

CORRIGAN, P. W., SHAPIRO, J. R. Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30(8), 907–922.2010

CUI J., LANCASTER, K., NEWMAN, C. E. Making the subjects of mental health care: a cross-cultural comparison of mental health policy in Hong Kong, China and New South Wales, Australia. *Sociology of Health and Illness*, 41(4), 740–754.2019

DAVIDSON, L., TSE, S. What will it take for recovery to flourish in Hong Kong? *East Asian Arch Psychiatry*, 24, 110–116.2014

EDUCATION BUREAU. Liberal studies curriculum and assessment guide.2015 (secondary 4 - 6). Retrieved from

https://ls.edb.hkedcity.net/file/C_and_A_guide/201511/LS_CAGuide_e_2015.pdf

EIROA-OROSA, FRANCISCO JOSÉ; ROWE, MICHAEL. Taking the concept of citizenship in mental health across countries. Reflections on Transferring Principles and Practice to Different Sociocultural Contexts. *Frontiers in Psychology*, 8, 1020–1020.2017

EVANS-LACKO, S., LONDON, J., JAPHET, S., RUSCH, N., FLACH, C., CORKER, E., THORNICROFT, G. Mass social contact interventions and their effect on mental health related stigma and intended discrimination. *BMC Public Health*, 12(1), 1. 2012

FOOD AND HEALTH BUREAU. *Mental health review report*. 2017 Retrieved from https://www.fhb.gov.hk/download/press_and_publications/otherinfo/180500_mhr/e_mhr_full_report.pdf

IMMIGRATION DEPARTMENT. (n.d.). *General information on Chinese nationality*. 2017. https://www.immd.gov.hk/eng/services/chinese_nationality/general_info.html

GOVERNMENT SECRETARIAT HONG KONG. *Overall review of the Hong Kong education system*, Hong Kong Government.1981 Retrieved from http://www.edb.gov.hk/attachment/en/about-edb/publications-stat/major-reports/edsys_e.pdf

HWNAG, K. K.Guanxi and mientze: conflict resolution in Chinese society. *Intercultural Communication Studies*, 7, 17–42.1997

HO, D. Y. F., FU, W., Ng, S. M. Guilt, shame and embarrassment: Revelations of face and self. *Culture and Psychology*, 10(1), 64–84.2004

HONG KONG GOVERNMENT. Aims and policy for social welfare in Hong Kong: A White Paper, Hong Kong: Government Printer.1965

KRAMER, E. J., KWONG, K., LEE, E., CHUNG, H. Cultural factors influencing the mental health of Asian Americans. *The Western Journal of Medicine*, 176, 227–231.2002

LAM, C. S., TSANG, H. W. H., CORRIGAN, P. W., LEE, Y. T., ANGELLI, B., SHI, K., LARSON, J. E. Chinese lay theory and mental illness stigma:

- Implications for research and practices. *Journal of Rehabilitation*, 76(1), 35–40.2010
- LAM, W. Depoliticization, citizenship, and the politics of community in Hong Kong. *Citizenship Studies*, 9(3), 309-322.2005
- LEE, E. W. Y. Governing post-colonial Hong Kong: Institutional incongruity, governance crisis and authoritarianism. *Asian Survey* 39(6), 940–959.1999
- LEE, J. C. Y. *The changing context of public sector reform and its implications in Hong Kong*. In A. B. L. Cheung and Jane C. Y. Lee. (Eds.), *Public Sector Reform in Hong Kong: Into the 21st Century*. Hong Kong: the Chinese University Press.2001
- LEE, E. W. *Nonprofit Development in Hong Kong: The Case of a Statist? Corporatist Regime*. *Voluntas* (Manchester, England), 16(1), 51-68.2005
- LEE, E. W. Y, HAQUE, M. SHAMSUL. The new public management reform and governance in Asian NICs: a comparison of Hong Kong and Singapore. *Governance* (Oxford), 19(4), 605-626. 2006
- LEE, S., LEE, M., CHIU, M., KLEINMAN, A. Experience of social stigma by people with schizophrenia in Hong Kong. *British Journal of Psychiatry*, 186(2), 153–157.2005
- LEUNG, J. C. The advent of managerialism in social welfare: the case of Hong Kong. *Hong Kong Journal of Social Work*, 36(1n02), 61-81.2002
- LI, X. H., ZHANG, T. M., YAU, Y. Y., WANG, Y. Z., WONG, Y. L. I., YANG, L., RAN, M. S. Peer-to-peer contact, social support and self-stigma among people with severe mental illness in Hong Kong. *International Journal of Social Psychiatry*. 2020 Oct 16;20764020966009
- LIU, H. K. The impact of transition from British to Chinese rule on social service delivery systems In Hong Kong. *Policy and Politics*, 47(2), 331-352.2019
- LO, W. H. A century (1885 to 1985) of development of psychiatric services in Hong Kong - with special reference to personal experience. *Hong Kong Journal of Psychiatry*, 13(4), 21–29.2003
- MAK, W. W. S., CHEUNG, R. Y. M. Psychological distress and subjective burden of caregivers of people with mental illness: The role of affiliate stigma and face concern. *Community Mental Health Journal*, 48(3), 270–274.2012
- MAK, W. W. S., CHEN, S. X., LAM A. G., & YIU, V. F. L. Understanding distress: the role of face concern among Chinese Americans, European

Americans, Hong Kong Chinese and Mainland Chinese. *The Counseling Psychologist*, 37(219–248)2009

MAK, W. W. S., WU, C. F. M. Cognitive insight and causal attribution in the development of self-stigma among individuals with schizophrenia. *Psychiatric Services*, 57(12), 1800–1802.2006

MATHEWS, G., MA, J., & LU, D. Hong Kong, China: learning to belong to a nation. London; New York: Routledge.2008

PONCE, A. N., ROWE, M. Citizenship and community mental health care. *American Journal of Community Psychology*, 61(1–2), 22–31.2018

ROWE, M; DAVIDSON, L. Recovering citizenship. *Israel Journal of Psychiatry and Related Sciences*, 53(1), 14.2016

SALAMON, L. M. Partners in public service: government-nonprofit relations in the modern welfare state. Baltimore, Md: Johns Hopkins University Press.1995

SCHAAP, L; VAN TWIST, M.W. The dynamics of closedness in networks. In W.J.M. Kickert, E.H. Klijn, & J.F.M. Koppenjan (Eds.), *Managing complex network*, London: Sage Publications, pp. 62-78.1997

SCHENK, C. R. Banks and the emergence of Hong Kong as an international financial center. *Journal of International Financial Markets, Institutions & Money*, 12(4-5), 321–340.2002

SEEMANA, N., TANG, S., BROWN, A. D., ING, A. World survey of mental illness stigma. *Journal of Affective Disorders*, 190, 115–121.2016

SIU, B. W. M., TSANG, M. M. Y., LEE, V. C. K., LIU, A. C. Y., TSE, S., LUK, H. S. M., LEUNG, Y. L. Pathway to mental health recovery: A qualitative and quantitative study on the needs of Chinese psychiatric inpatients. *BMC Psychiatry*, 16(1), 1–11.2016

SUEN, Y. N., CHAN, K. W. S., SIU, L. T. T., LO, L. H. L., CHEUNG, C., HUI, L. M. C., CHEN, Y. H. E. Relationship between stressful life events, stigma and life satisfaction with the willingness of disclosure of psychotic illness: a community study in Hong Kong. *Early Intervention in Psychiatry*, 1–11.2020

SCOTTISH RECOVERY NETWORK. Citizenship programmes: the experience of students in Scotland and the US. 2017

<https://www.scottishrecovery.net/resource/citizenship-programmes-the-experience-of-students-in-scotland-and-the-us/>

- SULEIMAN, E. N. *Dismantling Democratic States*, Princeton, NJ: Princeton University Press.2003
- SOCIAL WELFARE DEPARTMENT. (1965). *Departmental Report* (Hong Kong: Government. Printer.1965
- SOCIAL WELFARE DEPARTMENT. *Social Welfare Services Lump Sum Grant Manual. Edition 2*. Hong Kong: Government Printer.2000
- THE STANDART. MINDSET College scholarship and award ceremony recognizes Mindset College students' unremitting effort. 2020. Retrieved from <https://www.thestandard.com.hk/breaking-news/section/4/161744/MINDSET-College-Scholarship-and-Award-Ceremony-recognizes-Mindset-College-students%27-unremitting-effort>
- TSAI, J. From antforeignism to popular nationalism: Hong Kong between China and Britain, 1839–1911. In M.K. Chan (Eds.), *Precarious balance: Hong Kong between China and Britain, 1842–1992* (pp.9–25). Hong Kong: University of Hong Kong Press. 1994
- TSANG, H. W. H., TAM, P. K. C., CHAN, F., CHEUNG, W. Stigmatizing attitudes towards individuals with mental illness in Hong Kong: implications for their recovery. *Journal of Community Psychology*,31(4).2003
- TSE, S., CHEUNG, E., KAN, A., Ng, R., YAU, S. Recovery in Hong Kong: Service user participation in mental health services. *International Review of Psychiatry*, 24(1), 40–47.2012
- TSE, S., SIU, B. W. M., KAN, A. Can recovery-oriented mental health services be created in Hong Kong? struggles and strategies. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(3), 155–158.2013
- TUNG, C. H. Speech at the celebration of the establishment of the Hong Kong SAR, July 11997A (www.info.gov.hk/ce/speech/cesp.htm).
- TUNG, C.H. Speech by the Chief Executive, Mr Tung Chee Hwa, at the Conference on the Review of the Implementation of the Charter for Youth, 1997, Speeches and statements of the Chief Executive of the Hong Kong SAR, Hong Kong.1997 (www.info.gov.hk/ce/speech/cesp.htm).
- TUNG C.H.Policy Address by the Chief Executive to the Provisional Legislative Council, Hong Kong: Hong Kong Government Printer.1997

TUNG, C.H. (1998a) Speech by the Chief Executive at DGS Annual Speech Day Speeches and statements of the Chief Executive of the Hong Kong SAR, Hong Kong.1998 (www.info.gov.hk/ce/speech/cesp.htm).

TUNG, C.H. Policy Address by the Chief Executive to the Legislative Council Hong Kong: Hong Kong Government Printer.1998

TUNG, C.H. The 1999 Policy Address, Hong Kong: Government Printer.1999

THORNICROFT, G., MEHTA, N., CLEMENT, S., EVANS-LACKO, S., DOHERTY, M., ROSE, D., HENDERSON, C. Evidence for effective interventions to reduce mental-health-related stigma and discrimination. *The Lancet*, 387(10023), 1123–1132.2016

WONG, F. K. D., LAM, Y. K. A., POON, A. Knowledge and preferences regarding schizophrenia among Chinese-speaking Australians in Melbourne, Australia. *Social Psychiatry and Psychiatric Epidemiology*, 45(9), 865–873.2010

YANG, L. H. Application of mental illness stigma theory to Chinese societies: synthesis and new directions. *Singapore Medical Journal*, 48(1), 977–985.2007

YIP, K. S. A Historical Review of Mental Health Services in Hong Kong (1841 to 1995). *International Journal of Social Psychiatry*, 44(1), 46–55.1998

YOUNG, D. K. W., Ng, P. Y. N. The prevalence and predictors of self-stigma of individuals with mental health illness in two Chinese cities. *International Journal of Social Psychiatry*, 62(2), 176–185.2016

ZHANG, Z., SUN, K., JATCHAVALA, C., KOH, J., CHIA, Y., BOSE, J., HO, R. Overview of stigma against psychiatric illnesses and advancements of anti-stigma activities in six Asian societies. *International Journal of Environmental Research and Public Health*, 17(1).2020