ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

According to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), mental disorder refers to 'a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning'[1]. Common mental disorders (CMD) include generalised anxiety disorder (GAD), depressive episode, phobia, panic disorder, obsessive compulsive disorder (OCD), and mixed anxiety and depressive disorder (MADD) [2].

The prevalence of CMD in Hong Kong people in 2023 was around 1 in 6, which had increased from 2013, when it was around 1 in 7[3]. The most common CMD diagnosis in Hong Kong is MADD [2]. Demographic factors positively correlated with CMD in Hong Kong include female gender, living in public housing, marital status of being divorced, widowed, or separated, lack of regular physical exercise, chronic medical illness, hazardous drinking or substance dependence in the past year, presence of one or more stressful life events, and perceived financial difficulties. There is a decreased rate of CMD in people who are married or cohabiting. The age group 26-35 years had the highest rates of CMD [2].

The prevalence of CMD in people in the UK is around 1 in 6, which is similar to Hong Kong. The most common CMD in UK is GAD, in contrast to MADD being the most common CMD in Hong Kong. Demographics factors positively correlated with CMD in UK include female gender, people who are economically inactive and unemployed, Black and Black British ethnicity, and smoking [4]. The age group with the highest rates of CMD in UK is 35-44 years, which is different to Hong Kong. Hong Kong and UK have common demographic factors that are positively correlated with CMD, including female gender and people with financial difficulties [2][4].

Psychiatric services in Hong Kong (HK) mainly consist of hospital-based and community services. Psychiatry hospital services include inpatient services, day hospitals, and specialist outpatient clinics (SOPCs). Patients that require inpatient services are mainly patients whose health, or safety of themselves or others, are significantly impacted by their mental disorder, and they may be admitted via informal admission or admission under Mental Health Ordinance [5][6]. Day hospitals mainly provide rehabilitation services for patients and help discharged in-patients re-integrate into their community [6]. The first medical professionals where patients seek help are usually their GPs. GPs manage mild and moderate mental health problems, and refer patients to SOPCs if required [7]. SOPCs are the main points of entry of new psychiatric patients into hospital authority (HA), and follows up on stable patients. Community psychiatric service in HA provides recovery-orientated care focusing on patients with serious mental illnesses (SMI) in a three-tiered system, consisting of intensive care, short-term, and long-term support respectively [6].

All public medical services are mainly provided by National Health Service (NHS) in the UK, which is similar to HK's HA [8]. GPs are patients' first point of contact for mental health problems in both places and both manage mild/moderate cases and refer to specialist services if required [9]. GPs in UK can directly refer patients to a primary care service called NHS talking therapies, whereas HK doesn't have this system [10]. UK hospital services also provide inpatient care, day hospitals, and outpatient services like HK. Inpatients in UK are usually admitted under informal admission or the Mental Health Act [11]. Community psychiatry services in UK are similar to HK. They mainly consist of community mental health teams which manages patients with SMI; and crisis resolution and home treatment teams which manage patients under crisis but yet require admission [12] [13].

COVID-19, first identified in December 2019, was a global pandemic that affected both physical and

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mental health of people around the globe [14]. The prevalence of mental health problems was estimated to have increased significantly in the first year of pandemic – the global prevalence of major depressive disorder was estimated to have increased by 27.6%, while anxiety disorders were estimated to have increased by 25.6% globally. Factors positively associated with increased prevalence of major depressive disorder and anxiety disorders include female gender, and young adults, in particular within the 20-24 age group [15]. It was suggested the increased prevalence in women compared to men may be because they are more likely victims of domestic violence, and the rate of domestic violence has increased during lockdown orders in the pandemic. It was likely that young adults were particularly affected because their education was disrupted by COVID-19, and there is higher chance for young adults to become unemployed compared to older people during economic crises [16]. Countries that were severely affected by COVID-19, as suggested by human mobility rate and daily COVID-19 rates were found to have the greatest increases in prevalence of depression and anxiety [15]. During the pandemic, suicidal ideation and suicidal attempts rates were also found to have increased, while suicidal rates were largely stable [17]. This may be related to the likely increase in loneliness during the pandemic, caused by lockdown and social distancing. Loneliness positively associates with suicidal ideation and mental health conditions [18]. In addition, COVID-19 pandemic led to income reduction in many people, and income reduction negatively impacts well-being [19].

During COVID-19, mental health services were also disrupted. For example, there was decreased face-to-face appointments, there was a reduction of outpatient appointments, and mental health programmes at schools were disrupted [15].

Psychotherapy is widely used in treatment of mental disorders. It is delivered through therapists verbally communicating with patients, via one-to-one or group sessions. There are different approaches to therapy. Supportive psychotherapy, e.g. counselling, essentially focuses on active listening of patients, eliciting patients' emotions, validating emotions, offering patients emotional support, and discussing how to solve patients' problems. Therapists do not focus on altering patients' underlying defence mechanisms and cognitions [20] [21]. On the other hand, psychodynamic psychotherapy has an aim to change how the patient thinks and behaves by exploring patients' past and present experiences including relationships, childhood experience and unconscious thoughts and feelings, and exploring how the past affects how the patient's present behaviour, thoughts, and feelings. Psychodynamic psychotherapies may be less available in public psychiatry service, and may be useful in patients who have motivation to explore past experience and re-experience the emotional challenges. [20] [22]. Cognitive and/or behavioural therapies attempt to modify patients' thoughts and behaviours by exploring, examining, and challenging patients' current thoughts and behaviours. Cognitive and/or behavioural therapies are widely used in many mental disorders e.g. depression, anxiety disorders, obsessive-compulsive disorders, and eating disorders [20].

Interpersonal psychotherapy is a time-limited practical psychotherapy that focuses on improving patients' interpersonal functioning, and explores possible connections between patients' relationships and their mental health problems. It is typically used in non-psychotic depressive disorders where impaired interpersonal functioning is often present [20] [22]. Dialectical behavioural therapy (DBT) is a type of psychotherapy that has derived from cognitive and/or behavioural therapy and is mainly used in treatment of borderline personality disorder (BPD). BPD patients experience pervasive instability in emotions and interpersonal relationships, and suicidality. DBT aims to improve patients' coping skills and change their adaptive responses by teaching them interpersonal effectiveness skills, emotional modulation skills, distress tolerance skills, and mindfulness skills [20].

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