

JANUARY 2025

Appendix

**Supporting the mental
health and wellbeing
of Hongkongers in London**

Executive Summary



Over the past two years, Thrive LDN has received funding from Greater London Authority's Hong Kong Welcome Programme, supported by the Ministry of Housing, Communities and Local Government¹, to deliver a programme of work aimed at improving the mental health and wellbeing within the Hong Kong community in London.

Over this period, Thrive LDN has worked closely with Hong Kong community organisations to create tailored resources, deliver culturally competent workshops and training, host events, and deliver a grants programme to support the mental health and wellbeing of Hongkongers living in London.

This year, additional short-term funding was made available, which presented an opportunity to build on the learning gained over the last two years, deepen the understanding of the public health needs of the Hong Kong community and develop targeted recommendations for individuals, communities and policymakers across the health and care system.

Between August and November 2024, Thrive LDN partnered with Basis to deliver this project. During the first two months of the project, we collaborated with seven Hong Kong led organisations to gather insights on the challenges Hongkongers face in London which impact their mental health and wellbeing.

In total, more than 1,100 community members participated in surveys (pre-existing and new) and more than 100 participated in interviews, focus groups or workshops. This appendix is a snapshot of the insights gathered by the community organisations involved with this project.

The insights outlined in this appendix were showcased at an unconference event in October 2024. The unconference event was an opportunity to enhance engagement and peer networking between Hong Kong communities and policy makers across health and care in London. With 40 attendees, the unconference provided a platform for collective understanding of the mental health and wellbeing challenges faced by Hongkongers in London. Through small discussion groups, they generated ideas and recommendations to address these issues within the community.

You can read the full recommendation report on the Thrive LDN website.

¹ Previously known as Department for Levelling Up, Housing and Communities:
<https://www.gov.uk/government/organisations/department-for-levelling-up-housing-and-communities>



Loneliness and Personal Wellbeing in Hong Kong Young Diaspora and Their Parents

Ednovate CIC

Oct 2024



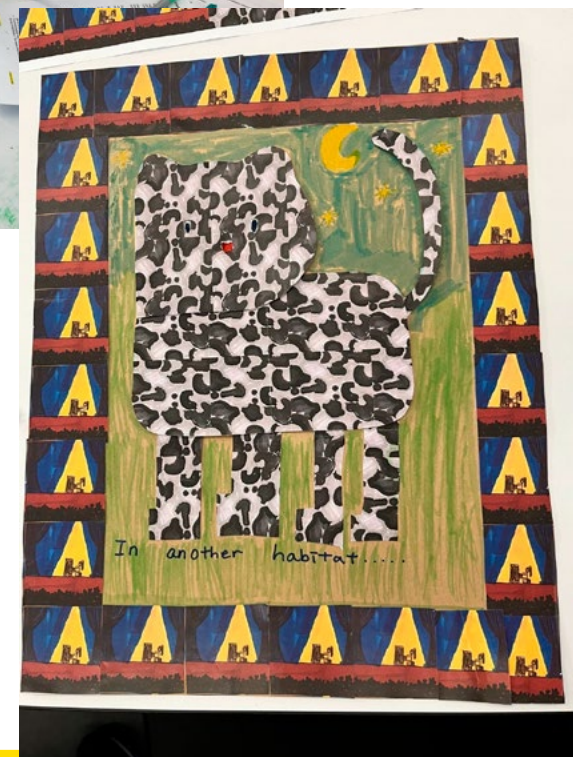
Research Questions

- What are the primary challenges and opportunities impacting the well-being and integration of Hong Kong youth and families in the UK?
 - Loneliness and 4 PWB measures
 - School and community resources
- Target: Young diaspora (Under 21) and their parents



Methodology

- Mixed methods approach
- Survey for 13-21-year-olds (Sample size: 101), co-designed with our Young Advisory Group
- In-depth qualitative study through expressive art workshops for 10-16-year-olds
- Survey and focus groups with parents



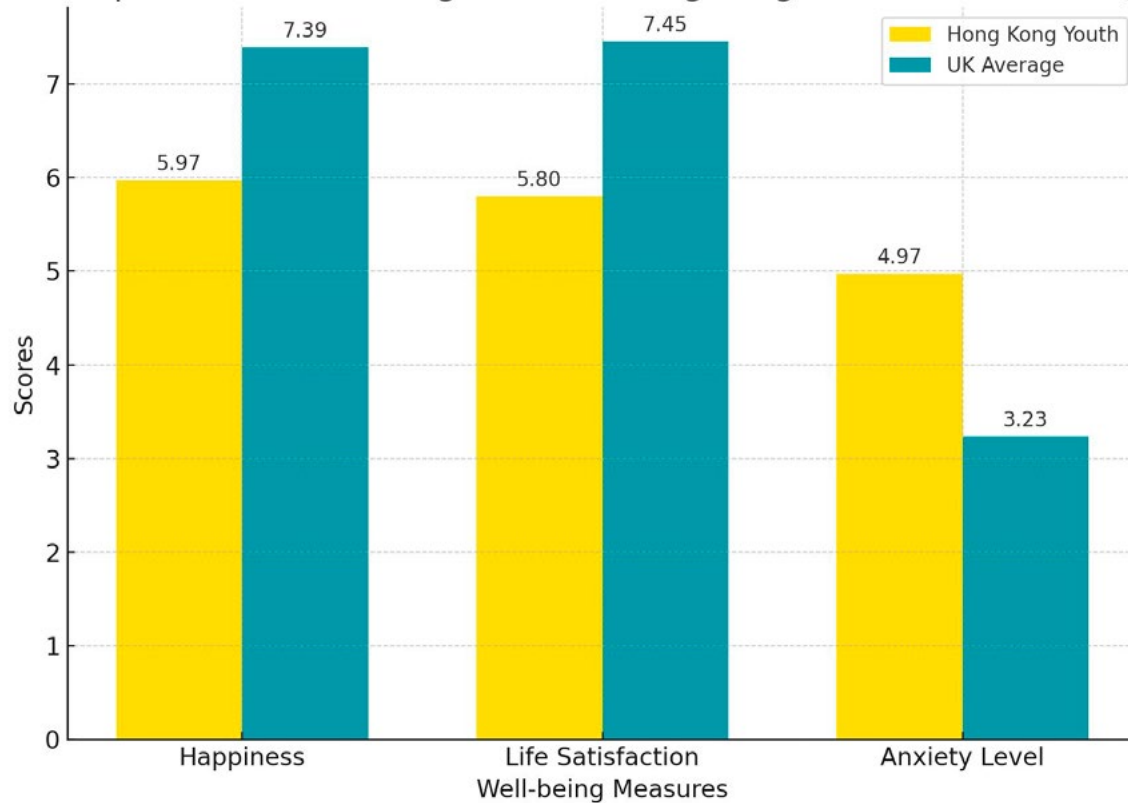


Key Findings 1:
Hong Kong youth in the UK report
significantly lower well-being
compared to national average



Key Findings 1: Poor Well-being

Comparison of Well-being between Hong Kong Youth and UK Average



Young People's Life satisfaction Level	UK Average %	HK diaspora %
Low (0 - 4 out of 10)	4.8	30.9
Medium (5 - 6 out of 10)	14.8	21.6
High (7 - 8 out of 10)	44.5	35
Very High (9 - 10 out of 10)	35.8	12.4



Key Findings 2:
Boredom is a recurring theme;
Rising anxiety due to unclear career
options and life planning in the UK



**Key Findings 3:
Disconnected and Unsupported-
Frequent Contact with Hong Kong
Friends Deepens Loneliness as 49%
of Youth Struggle to Belong in the UK**



65%

Respondents **turn to friends in Hong Kong** for support, despite the physical distance, when facing challenges; **14% feel there is no effective means of support** available

However, frequent contact shows a weak positive link to increased loneliness, as measured by the UCLA Loneliness Scale (ULS-8)



49%

Respondents feel they **don't fit into British culture or can't be their authentic selves**, which is moderately linked to higher levels of loneliness ($R=.53$, $p<.0001$)

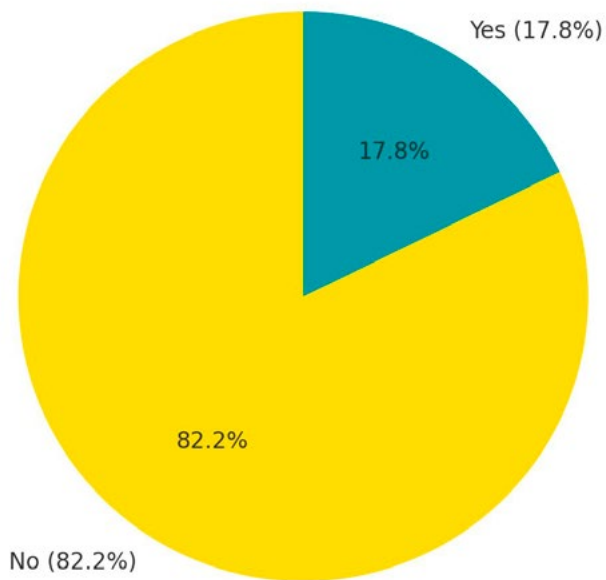


Key Findings 4: Withdraw from Local Activities Due to Feeling Unrepresented

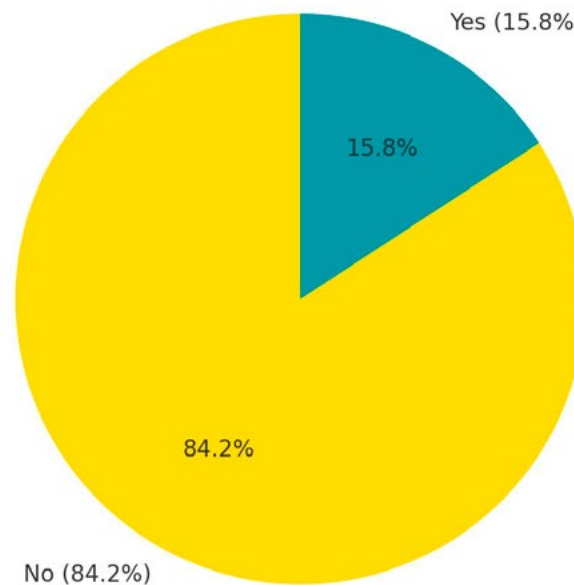


Key Findings 4: Withdraw from Local Activities Due to Feeling Unrepresented

Are you in any youth club(s) or activities?



In where you live, do you find local youth activities appealing to you?





Key Findings 5: Escalating Familial and Cultural Challenges for Hong Kong Families in the UK Over Time



Key Findings 5: Counter-intuitively, familial and cultural challenges for Hong Kong families in the UK grows over time

- **Intra-family conflicts**
A growing conflict between parents and young people, particularly those in KS2 to KS3, stems from differing values between Hong Kong and the UK. As young people integrate into local schoolmates, they adopt peer values that conflict with their more academically focused and restrictive Hong Kong parents.
- **Astronaut family challenges and isolation**
Astronaut family experience loneliness and helplessness, especially when navigating the UK education system in which information is not centralised. Parents of children with SEND face a severe lack of support compared to what is available in Hong Kong. This sense of helplessness is particularly pronounced among astronaut family with stay-home parents of children of the opposite gender.
- **Not connecting with local parents and teachers**
Cultural differences, particularly regarding academic expectations, prevent them from connecting with local parents and teachers. They also find it difficult to communicate with schools and teachers due to language barriers and cultural differences. These deepen their sense of loneliness and helplessness.



Recommendations...

1. Culturally relevant social programs for young people
2. In person parents interests groups
3. Translation services via HK community groups
4. Streamline counselling referral pathways between HK community groups, schools and NHS



Contact us



Webpage: www.ednovate.uk

Email: info@ednovate.uk

Tel/Whatsapp: +44 333-33-98116



Facebook
@ednovate.uk



LinkedIn
@ednovate-cic

SUPPORTING THE MENTAL HEALTH & WELLBEING OF HONGKONGERS 2024/2025



WHAT WE DO:

- Free Cantonese counselling (6-12 sessions)
- 1 off consultation
- General enquiries
- Psychoeducation: workshops, webinars, groups
- Trainings to UK-HK community & local authorities, organisations
- Anonymous, online & free

圍爐傾 **hearth talk**



我地係...

一班英國同美國受訓及註冊的心理學家、心理治療師同社工，希望利用專業知識係唔同層面支援海外香港人。

服務範疇包括(全義務/廣東話/可匿名)

- 關於心理健康嘅網上講座同Q&A
重溫: <https://www.youtube.com/@hearthtalk>
- 定期網上drop-in活動 (4 - 6星期一次)
- 心理學家諮詢服務
- 短期心理治療
- 在英精神服務查詢

🌐 <https://hearthtalk.org>

📌 <https://t.me/hearthtalk>

📘 facebook.com/ukhearthtalk

✉️ ukhearthtalk@gmail.com



圍爐傾 **hearth talk**

WHAT WE DID IN THIS PROJECT:

- We summarized the collected data via our intake and feedback forms from our clinical service
- Our frontline experiences
- Data are dated from Nov 2022 till Aug 2024
- 200+ service users



OUR SERVICE USERS:

Age	18-70+ years old
Years of moving to UK	Less than 1 year - 3+ year
Location	Across London, cover 20 boroughs



圍爐傾 **hearth talk**

SUMMARY:

Main presenting issues	sleep difficulties, low mood, anxiety, trauma, relationship issues, feeling of isolation, adjustment issues (practical issues relating to education/ employment/ finances), and self-harm & suicidality
Pre-existing mental health diagnoses	Panic disorder, Bipolar disorder, GAD, Dysthymia, experience of Psychosis etc.), had previous support in HK and required medications.
Common issues	Depression, anxiety and difficulties of emotional regulation



SHIFT IN THE STRESSORS. THEMES AND PRESENTATIONS OF HKERS:

At the beginning of our work (2020-23), we noticed the prevalence of PTSD-like symptoms, hopelessness and low mood amongst UK-HKers which related to traumatic experiences of the 2019 political movement.

As for our current project from 2024, adjustment related issues such as practical adjustment challenges (housing, finance, finding a job etc.), work stress, racism, marital/family relationship problem, as are the common challenges amongst HK BN(O)s.



ACCESSING SERVICES:

- Amongst the people we have supported, over half of them have never sought support for their mental health
- Roughly 20% used NHS service before

BARRIERS:

- Some people mentioned that they have tried seeking help but they were being turned away by the council/NGO/ NHS services
- Long waitlist
- Difficulties of navigating the complicated NHS system (different system in HK)
- Different medications between HK and UK
- Insufficient/Non-Holistic approach & treatment
- Language barrier
- Cultural sensitivity



圍爐傾 hearth talk

CLIENTS' PREFERENCES:

- Cantonese, to speak in their mother tongue
- Cultural appropriation
- Free of charge
- Longer term support

廣東話



圍爐傾 hearth talk

RECOMMENDATIONS



- Cultural competency for healthcare professionals
- More representation of healthcare professionals from Hong Kong in mainstream services
- Information available in traditional Chinese
- A pan-London Cantonese/Hong Kongese/ESEA mental health service



圍爐傾 hearth talk

THANK YOU.





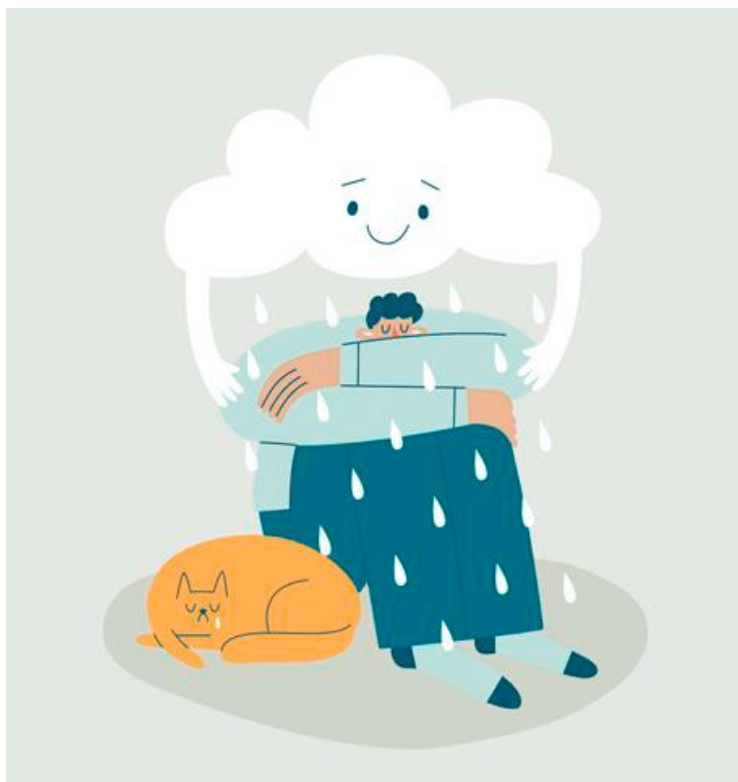
Mental Health struggles among children from Hong Kong



Hong Kong Well UK
英國心泉



Who is Hong Kong Well UK CIC 英國心泉



We offer advices to parents and counselling to children from Hong Kong *in their mother tongue.*

We are a recipient of Children and Young People Resettlement Fund.

We are all UK-HKers, including teachers, social workers, therapists and clinical psychologists.



Understanding the children's struggles

- 1. What are their mental health struggles**
- 2. Where are the struggling children?**
- 3. Have they sought help?**
- 4. From whom have they sought help?**
- 5. How was their help seeking experience?**



Methodology

Both quantitative and qualitative

How?	In-take questionnaires filled by parents between 8/2022 and 9/2024 + interviews
Who?	Over 410 parents + our case manager + our clinical psychologist
Where?	Nationwide, mainly England



Our findings: Over 60% seeking help on mental health struggles of their children



Their symptoms:

31% Refuse to go to school

21% Violency/bad temper/tearful

19% Refuse to communicate

10% Insomnia/loss of appetite

9% Self harm



Their struggles :

Trauma from the 2019 uprisings
Parents' high expectation
Stress in family
Culture shock
Loneliness



The struggles of Chris, Yr 9, Manga fans and Chinese chess player



At home: Moved here with his parents in 2022. Back in Hong Kong, he spent most of his time with a live-in maid while his parents worked. His dad has recently secured a job of **less pay** and seniority. His mom remains **unemployed**. There have been **quarrels over family chores** and money.

At school: They were thrilled to have got Chris into an outstanding school. He spent hours to **catch up on English**, moving up from set 3 English into set 2 in the second term but struggling to get into set 1.

With friends: He's rarely seen in the playground where he found the games rough. He has **no friend** in school but spent late hours playing online games with friends back in HK.



7



The struggles of Chris, Yr 9, Manga fans and Chinese chess player



Challenges: Ever since being bullied at school, Chris has **refused to go to school**. He has **problem sleeping** and stopped reading manga.

Family tension manifested in his struggle adapting to a new **school environment and cultural expectation**. The bullying set off his latent mental health issues.

His parents had little success in getting him the right supports. As Chris **turned suicidal**, his mom was **lost in a complex network of services**. She felt anxious and **helpless**, unsure of where to turn for support that could truly understand and address the challenges affecting Chris and the whole family



Our findings: Longer stay \neq less struggle

How long have they lived in the UK?

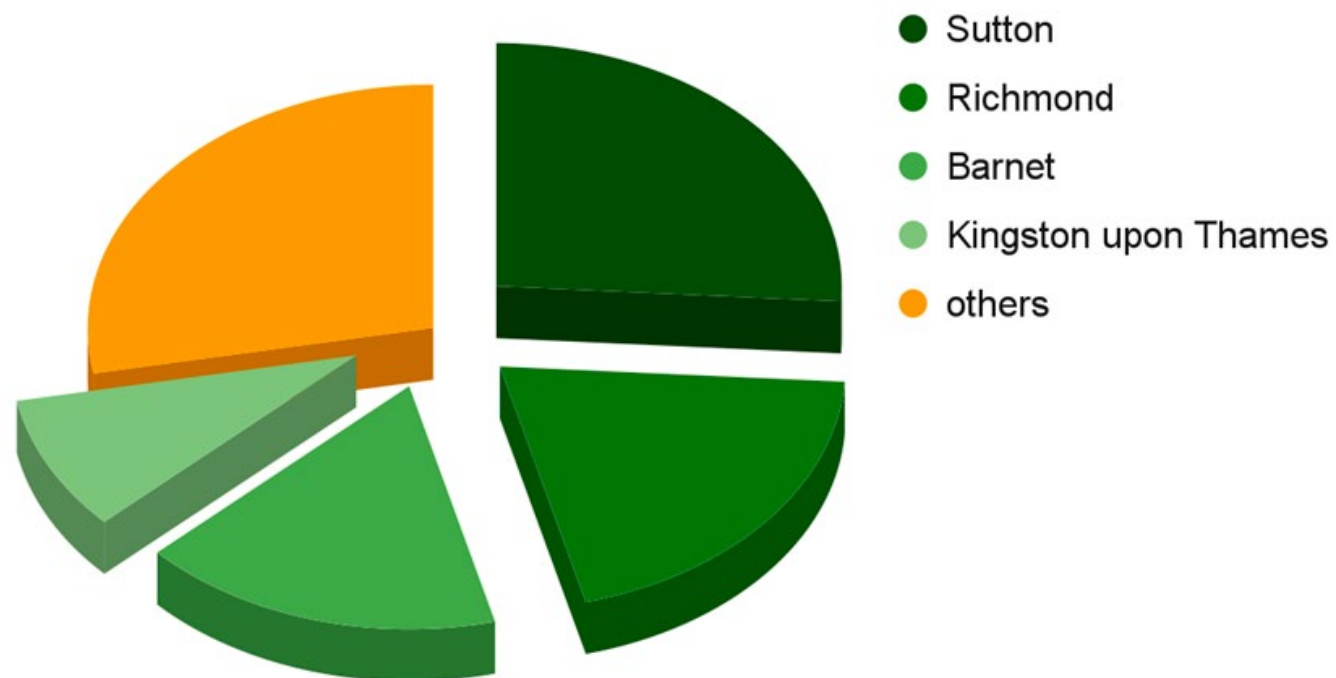




Most cases came from school areas:

72% of Greater London

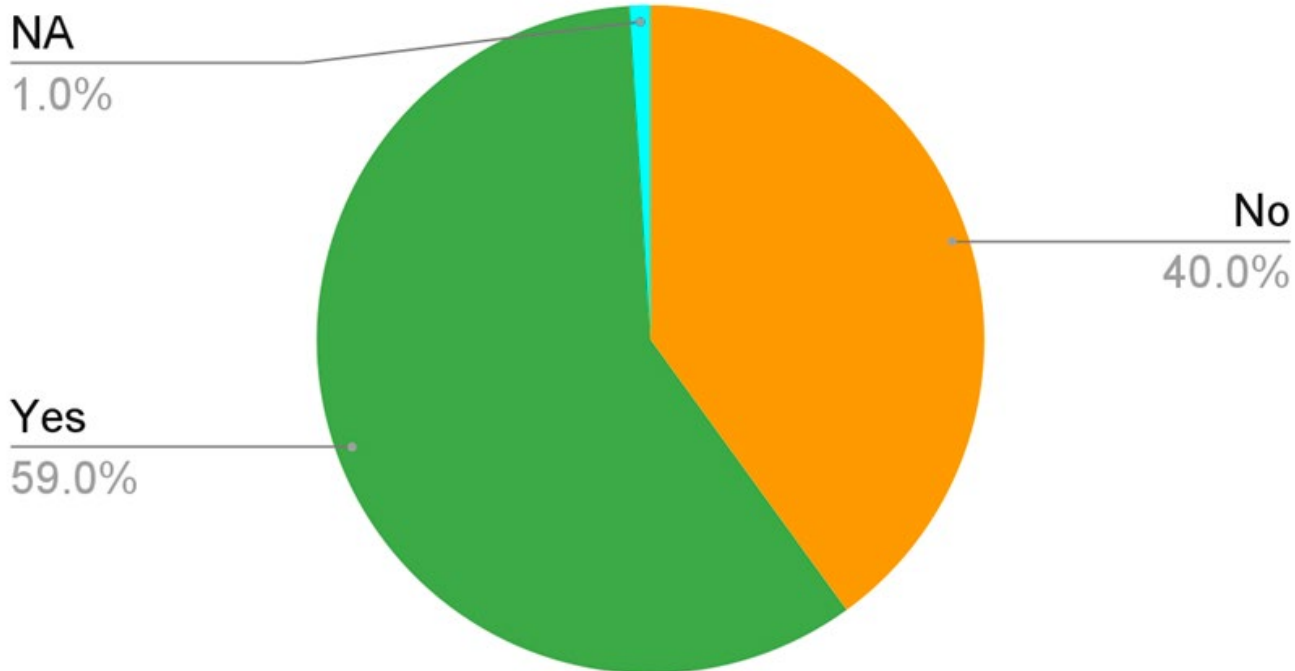
Geographical distribution of LDN cases





40% have not sought help

Have the family sought help?



Why didn't they seek help?

“My English is not good”

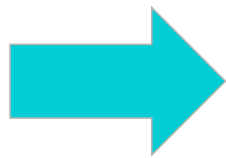
“Don't know how to.”

“Don't know where to.”



Where have they sought help from?

51% School
25% GP



What's the results?

39% No progress/no response/no follow up/unsatisfactory

28% Queuing for referral/assessment/services

9% referral/application rejected



Why 40%+ not happy with their help seeking experience



1. Big difference between HK and UK systems.

HK schools as the hub in children supports/heavy teachers involvement

Vs

UK schools/teachers as one of the parties

2. Parents/Children don't know how to tell mental health struggles



Amy's Journey

Objectives, scope & journey type	To seek mental health support for her 13-year -old son, Chris, from the community								USER	Chris' mum Amy, is concerned about her son, who is experiencing with anxiety, a depressive mood, school refusal and suicidal ideations				
Moments of truth		♥	♥				♥	♥		♥	♥		♥	
Key Journey Steps	Reports the bullying to school	Meets school Pastoral Care Team	Asks Chris for his feedback on the school counselling	Seeks help from the GP	GP refused to refer Chris to CAMHS	Attends an attendance meeting at the school	Referred to the Early Help Team	Meet Early Help Team	Informed by the Early Help Team that no service will be provided	Calls the Crisis Team	Attends the Crisis team's assessment with Chris	Waits for CAMHS intervention	Attends a CAMHS's session with Chris	
Actions, feelings, thoughts and reactions at each step	Amy emails the school about the bullying. She feels angry and expects the school to take action to prevent future bullying and provide support for Chris.	The team acknowledged her concern and arranged counselling for Chris. Amy felt reassured. She hoped that the counselling would alleviate Chris' anxiety.	Chris said they have only talked about the bullying. He said he has agreed with counsellor to resume school next week. Amy was relieved. In the end, Chris didn't go to school as promised and his insomnia as well as anxiety worsened.	Amy asked the GP to refer her son to CAMHS to treat his depression. GP asked for supporting evidence. Amy said his school attendance has dropped from 90% to 30% and he has lost interest in school and things that he used to enjoy. GP asked Chris how he's doing in school, the boy said it's okay. He gave the same response to most of the GP's questions.	The GP said Chris's distress was primarily related to his school life, as he has a fairly good relationship with his family and friends in Hong Kong. The GP viewed the situation as an adjustment issue and advised her to seek help from the school to reduce his academic stress. Amy was deeply disappointed.	School gave Chris a deadline for to meet the targeted attendance rate. Chris refused to speak up. Amy was worried. She dare not to ask whether she would face any legal consequences, fearing this jeopardise their family's access to British citizenship.	Amy felt slightly relieved. She expected counseling services for Chris and advice on how to navigate this difficult period.	The team asked Chris a lot of question and he talked a bit more than in the meeting with GP. After the assessment, the team recommended a self-help guidance for parents to Amy on his son's school refusal. Amy found it unhelpful. For example, the advice on proper sleep hygiene failed to tackle Chris' insomnia, which was caused by his depressive mood. She asked the team for individual counselling.	Amy was disappointed that nobody is helping Chris. She began to question whether bringing Chris to the UK was the right decision.	Chris talked about jumping from his flat on his upcoming birthday. Amy was extremely anxious. The quick response from the team gave her some hope.	The Crisis Team had identified a need for mental health support and referred Chris to CAMHSA. Amy felt reassured.	Amy felt restless during the month's waiting. Chris mental health showed no sign of improvement. She's concerned that Chris may experience suicidal ideation again, leading to a decline in her own mental health.	Chris told the CAMHS specialist that he has put a lot of effort into his study but he no longer see a purpose in anything now. The specialist asked why he's so concerned with his academic results. Chris stopped talking after that. Amy tried to help to explain through an interpreter but the specialist said parents should respect their child's uniqueness. Amy felt that she's being blamed for putting too much pressure on her son.	



Recommendations

Bridging the information gap

- 1. Culture/Trauma-aware training for Teachers and relevant professionals**
- 2. Hongkongers' Affairs Officer in Schools**
- 3. Bilingual Self-Help App or website with template on case presentation**
- 4. Training Hongkongers Organizations to advise parents**





Thank you



help@hongkongwell.uk



H.O.M.E. VOICE

**SUPPORTING MENTAL HEALTH AND
WELLBEING OF HONGKONGERS
IN LONDON**

WELCOME HONGKONGERS H.O.M.E. PROJECT



GOAL OF OUR RESEARCH



We want to explore the link between settlement and service utilization, settlement outcomes, key challenges and mental wellbeing of individuals and families of all ages and backgrounds.

METHODOLOGY



- Qualitative research
- Face to face individual interviews
- Connected with 40 individuals
- Interviewees consisted of different age groups from teenagers to older people with different backgrounds and working in a variety of industries, all who have migrated to London from Hong Kong in the past 8 months to 4 years

GROUP 1 – WORKPLACE ISOLATION



Profile

- Background: Professional, middle to senior position
- Education: Bachelor to Master degree
- Language: Fluent in formal workplace English, Cantonese (native)



Situation

- Was able to find jobs in previous or similar industry
- **Excels in job and formal communication**
- **Feels isolated in social settings at work**
- Banter and casual conversations leave them feeling disconnected, struggling with nuances of informal English communication
- Feelings of **exclusion**, impacting self confidence and wellbeing
- **Feels detached** from broader London community

Challenges

- **Workplace Isolation:** feels excluded and lack sense of belonging
- **Cultural Adjustment:** difficulty in grasping subtleties of British humor making forming relationships harder
- **Language Barrier:** lack of self confidence in social English makes them self-conscious
- **Mental Health:** anxiety and stress
- **Integration:** hard to integrate beyond professional lives

GROUP 2 – SOCIAL ISOLATION



Profile

- Background: Previously has a stable job in their own industry in Hong Kong
- Education: Bachelor or Master degree
- Language: Native in Cantonese



Situation

- **Overwhelmed** by the different systems and processes
- Struggles to navigate job market and often **feels lost**
- **Challenges with making local friends** amplify feelings of isolation
- **Feels disconnected** from local community and **unaware of available resources** or support services that can help
- Leading to **self doubt** and increasing anxiety about their future

Challenges

- **Navigating a New System**
- **Social Isolation:** compounds feeling of loneliness, leaving them disconnected from others
- **Lack of Awareness** in local resources and services
- Declining Mental Health impact on **self esteem and self worth**
- **Social Anxiety:** Uncertainty of reaching out to others or participating in social situations creates anxiety
- **Language barriers:** Many Hongkongers speaking Cantonese find it **difficult to express** themselves - **limited vocabulary** to articulate **complex ideas, frequent code-switching** between Cantonese and English leads to confusion and difficulty in maintaining fluency, cultural nuances: understanding and conveying **cultural references or idioms** are challenging, different levels of proficiency **affect confidence** in speaking, **feeling intimidated** to express fully; contributing to **stress/frustration** and hinder effective communication.

GROUP 3 – MARITAL ISOLATION



Profile

- **Background:** Highly educated, both had professional careers and domestic helper(s) in Hong Kong. Moved to London due to political instability in Hong Kong. Now one partner is working while the other manages the household.



Situation

- **Dual income to single income:** one has taken up full time job while other manage children, chores and adaptation
- **Social and cultural adjustment:** each adjusting to their new social roles in a new environment, trying to find a sense of belonging in London
- **Limited support network:** Lack close friends and family nearby to emotionally support

Challenges

- **Role Adjustment Stress:** One feels unappreciated for domestic contributions, while another is overwhelmed by being sole breadwinner
- **Identity Crisis:** struggle with loss of former social status impacting self worth
- **Parenting stress:** emotional burden without support network
- **Isolation** from local community and lack friendships or extended family for support
- **Communication breakdown** with misunderstanding and resentment, argument and frustration from both sides.

GROUP 4 – CULTURAL ISOLATION



Profile

- Background: Born and raised in Hong Kong during British colonial times, identifies strongly as a HongKonger.
- Educated and grown up in a British-influenced system and embraces values like Democracy, Rule of Law, Respect and Tolerance, Individual Liberty.



Situation

- Moved to London to **escape the increasing political tensions** in Hong Kong
- **Social circle is limited**, primarily consisting of Hongkongers
- **Struggles to communicate his identity**
- **Feels frustrated when locals mislabel them** as Chinese, which they believes undermines their unique heritage and values

Challenges

- **Cultural isolation:** challenging to navigate their **identity** in a multicultural city where distinctions are often **blurred**
- Mental Health: **feelings of alienation and misrecognition** contributes to anxiety, questioning their sense of belonging
- Access to Resources: many services do not cater to the specific needs of HongKongers, **feeling overlooked/ignored, relying mainly on “self-help”**, coping with **personal or emotional problems without professional help**.
- **Misunderstanding of identity:** when completing forms, frustrated that they cannot select British-HongKonger, reinforces feelings of invisibility

THANK YOU

LET'S CONNECT



Welcome HongKongers H.O.M.E. Project
welcomehkerhomecontactus@gmail.com



Hongkongers' Experience with Accessing the NHS, Local or Hongkonger-led Mental Health Services

Hongkongers In Britain





Hongkongers' Experience with Accessing NHS, Local or Hongkonger-led Mental Health Services

The goal of our research:

We want to understand the experiences of Hongkongers when seeking mental health support in the UK, particularly through the NHS and other local services. Our goal is to uncover what makes some services feel supportive and effective while others fall short. We're also exploring the reasons why many Hongkongers choose to seek help outside the NHS, often turning to bespoke mental health services offered by Hongkonger-led organisations.

Our target audiences are:

18+ adults who identify themselves as Hongkonger and have accessed mental health service in the UK via any methods (including the NHS, Local services and Hongkonger-led services).



Here's what we hope to learn:

1. **Identify Characteristics of Effective Care:**
 1. **Objective:** To understand what distinguishes effective NHS mental health services from those perceived as less effective.
 2. **Focus:** Identify the key traits of good service delivery, including aspects like accessibility, cultural sensitivity, and quality of care.
2. **Explore Barriers to Access:**
 1. **Objective:** To investigate why Hongkongers may be reluctant to seek support through public mental health services such as the NHS.
 2. **Focus:** Examine factors such as cultural stigma, language barriers, perceived discrimination, and long waiting times that might deter individuals from accessing care.
3. **Analyse Cultural and Language Barriers:**
 1. **Objective:** To dissect and understand how cultural differences and language challenges affect Hongkongers' experiences when accessing mental health services in the UK.
 2. **Focus:** Analyse how these barriers impact the effectiveness of communication, comfort levels, and overall satisfaction with services.
4. **Understand the Preference for Bespoke Services:**
 1. **Objective:** To gain insights into why many Hongkongers opt for mental health services specifically tailored to their community rather than using the NHS.
 2. **Focus:** Explore the perception of bespoke services in terms of cultural alignment, language support, and tailored care approaches.
5. **Assess Expectations for Mental Health Support:**
 1. **Objective:** To gather information about Hongkongers' expectations for mental health support in the UK from a service provider's perspective.
 2. **Focus:** Identify what the population considers as essential elements of quality mental health care, such as cultural competence, timely access, and continuity of care.



Methodology

- A mixed method study comprising of an online survey delivered via SurveyMonkey and distributed to the general Hongkonger population in the UK; and 1-1 online interviews with Hongkonger-led Mental Health Services in the UK.
- We collected a total of 133 responses from the survey, and we interviewed 3 services.
- The survey was distributed via Facebook, Instagram and Telegram with use of their respective advertisement function. The services were contacted and invited to participate via Telegram and the interview was conducted over Google Meet.



Methodology (descriptives)

- Most of our participants have stayed in the UK for 3-4 years (43.48%), followed by 1-2 years (36.96%), 5+ years (13.04%) and less than a year (6.52%).
- 63.04% of our participants have completed university degree or above education.
- Only 9/46 respondents (who answered that specific question) were from greater London.



Findings (general)

- 64% of participants who used NHS mental health services or other local services accessed NHS Talking Therapies, with another 36% accessed general counselling. 12% accessed Community Mental Health or Psychiatry, and 4% accessed CAMHS.
- From the respondents who accessed NHS or other local services, they were mostly seeking therapy, followed by diagnosis and medication. Around 12% of respondents were looking for support to match the support they received in HK.



Findings (feeling understood by service provider, interpretation)

- Regarding the information given to the respondents from their clinician, 20% found the information given difficult to understand, and 56% found the information mostly easy to understand.
- 24% of the respondents reported their clinician only asked about their beliefs and opinions sometimes, and 36% reported they were asked most of the time.
- Only 16% of the respondents used interpretation service when accessing NHS or local services. Of which, 25% felt the clinician only understood them a little, with another 45% feeling the clinician generally understood them.
- The major barriers to clinician understanding our respondents were rated as below:
 - The clinician could not empathise with their experience (75%)
 - Poor interpretation by the interpreter (25%)
 - Not comfortable sharing with the interpreter (25%)



Findings (cultural sensitivity)

- 40% of our respondents feel local and NHS mental health services were culturally sensitive, with another 40% rating them as somewhat sensitive and 20% rating them as not sensitive.
- However 36% of respondents felt the clinicians were never able to understand or share HK culture, with another 36% thinking the clinicians could only understand their culture some of the times.
- Nevertheless, 60% of our respondents felt it is very important for service providers to share/understand their culture.



Findings (overall satisfaction and barrier)

- From their experience with NHS or local services, 28% were dissatisfied, with another 36% only slightly satisfied with the experience.
- Most reported the biggest challenge is the long waiting time, followed by language barrier, cultural differences, confusion over how to access, confusion over which service is best for them, and lastly cost.



Findings (expectation mismatch)

- Some respondents shared that they were expecting more long-term support from the NHS but they were only given short-term treatment and were then asked to go through the referral process again.
- Another commonly shared problem is their doctor not following the medication they were prescribed in Hong Kong, or not following the dosage they were previously prescribed, leading to fluctuation in their experience and side-effects.
- Further feedback highlighted lack of information from the NHS on how to access their services, especially as a minority group; and the lack of information to set the right expectation for when they access NHS mental health services (e.g. expected waiting time).



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Findings (Hongkonger-led Service)

Respondents ranked the biggest reasons to access HKer-led services were:

- Cantonese-speaking
- Same cultural background
- Shorter waiting time
- Difficulty navigating NHS mental health services

At the same time, there were also major concerns that led to reluctance to use HKer-led services, ranked from the highest:

- Confusion over how to access services (50%)
- Fear of data leak (36.96%)
- Confusion over which service to access (26.09%)
- High cost (23.91%)



Ideas or recommendations

Several feedback raised a similar idea: NHS should strengthen promotion of the services they provide, as well as distribute clearer information (which is also more accessible to minorities like Hongkonger) in a centralised manner around the different kinds of services/treatment so to set an accurate expectation. This is to tackle Hongkonger's preconception of mental health support being long-term, immediate and suitable for situational/circumstantial distress. This could be in the form of coffee meet-up sessions, translated webpage with centralised information, video or infographics with a step-by-step guide on what would happen when they self-refer to NHS mental health services.



Ideas or recommendations

While respondents found clinicians to be culturally sensitive, most don't feel their culture and beliefs were understood. This implies a great need for training to improve NHS professionals' cultural competency, especially in areas where Hongkongers are more densely populated. This also leads to the recommendation to increase Hongkonger's representation in the NHS Mental Health workforce, by means of developing a Primary Care Talking Therapy service specifically for Hongkongers, or incentivising Hongkongers to join the workforce and encourage them to deliver culture awareness training within their team. This could also progress into development of adapted materials in therapy specifically for Hongkonger's cultural background.



Thank you

If you have any questions please get in touch.

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About UKWR

- supports refugees and the communities that receive them by promoting partnerships with civil society organisations, national institutions, community and faith-based sponsors.
- Diversity of specialist of board members.

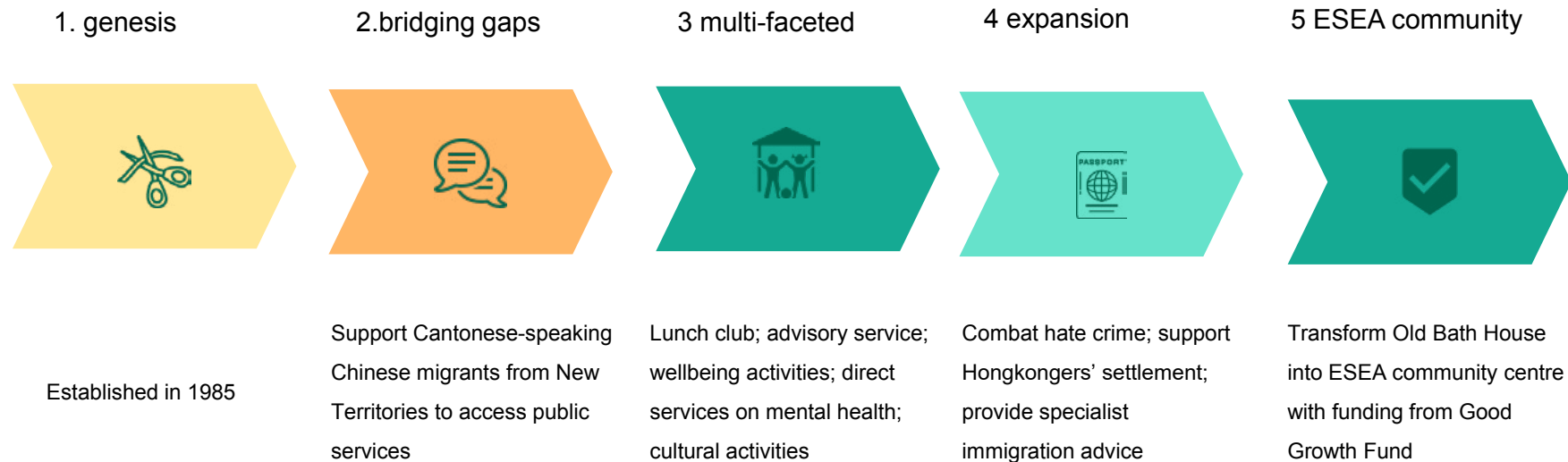
- <https://ukwelcomesrefugees.org/>

- The project "UK welcomes Hong Kongers"
- London, Birmingham, Cambridge & Milton Keynes



- Sean Ryan MBE, CEO of UKWR

East and South East Asian Community Centre (formerly known as Hackney Chinese Community Service)



Research Team Member



Hei Chow

hei@ukwelcomesrefugees.org

Tsz Ho Au Yeung

ho.auyeung@hackneychinese.org.uk

Zoe So

zoeso@hackneychinese.org.uk

Title:

Survey on the Mental Health Service Experiences and Needs of Hong Kong Migrants in the UK

Survey Findings Highlight



Survey Background

Purpose:

- Investigate the experiences and needs of Hong Kong migrants in the UK using mental health services.
- Analyze satisfaction with local UK services vs Hong Kong community organizations.
- Highlight barriers to mental health support and recommendations for improvement.

Respondents: 164 Hong Kong migrants in UK

Survey period: 25th September 2024 – 7th October 2024

Residence Duration in the UK: 1-3 years: 61.59% ; 3-5 years: 21.95%; Less than 1 year: 15.24%



Q1) Priorities for Seeking Help among Hong Kong Migrants

Q2) Comparison between Hong Kong Community Organisations and UK Local Services

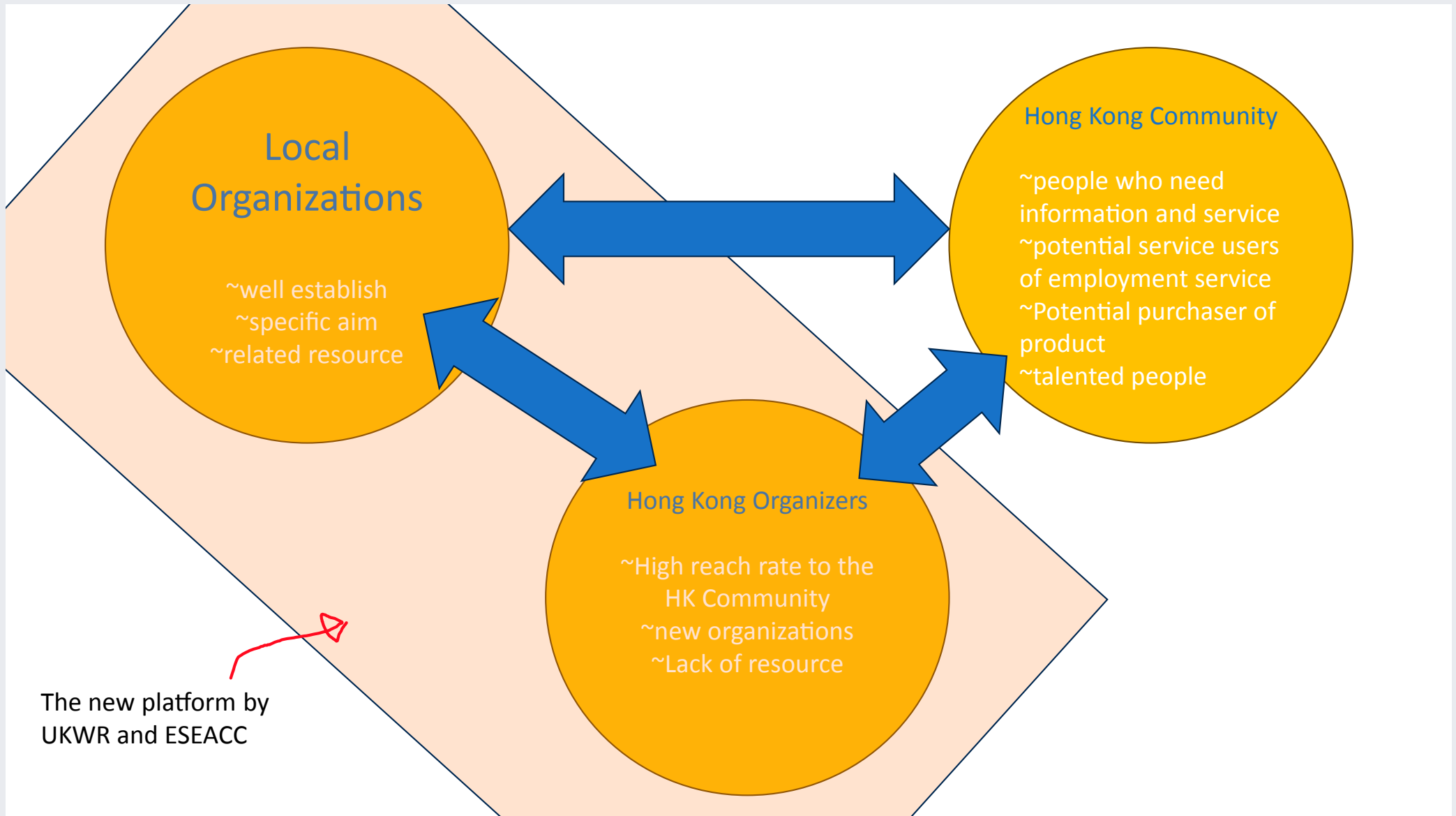
Issue 1: Priorities for Seeking Help among Hong Kong Migrants

- 1. The Primacy of Family and Friends:** 70.73% of respondents primarily seek help from family or friends, showing that emotional support and trust are crucial within the Hong Kong migrant community.
- 2. The Role of Hong Kong Community Organisations:** Although only 9.76% of respondents selected Hong Kong community organisations as their first choice, the proportion increases to 26.22% and 20.12% for the second and third choices, respectively. This highlights the importance of these organisations in providing professional support and cultural recognition.
- 3. UK Local Services as a Secondary Option:** UK local services were chosen by 5.49% of respondents as their first option. However, this figure rises to 12.80% and 23.17% for the second and third choices, indicating its role as a supplementary support option.
- 4. The Importance of Online Groups:** The flexibility of online groups is valued, particularly as a second and third option, with 15.85% and 19.51% of respondents selecting them, respectively.

Issue 2: Comparison between Hong Kong Community Organisations and UK Local Services

The data clearly shows that Hong Kong community organisations are more popular among the migrant community compared to UK local services, with respondents prioritising seeking help from these organisations. Respondents shared the following reasons:

- 1. Cultural Adaptation and Language Support:** Hong Kong community organisations provide better cultural adaptation and language support, and respondents are more inclined to rely on these organisations for professional support.
- 2. Resources and Professionalism of UK Local Services:** Although UK local services offer more resources and professionalism, respondents have lower trust in them due to language barriers and a lack of cultural understanding.



Issue 3: Self-assessment of Problem-solving Ability, Optimism, and Motivation to Seek Help among Hong Kong Migrants in the UK

- 1. Problem-solving Ability:** In Hong Kong, 89.63% of respondents had high confidence in their ability to solve problems. However, this figure dropped to 35.37% in the UK, reflecting the challenges of a new environment.
- 2. Motivation to Seek Help:** In Hong Kong, 47.56% of respondents were willing to seek help proactively. In the UK, this dropped to 33.54%, indicating that factors such as language, culture, and unfamiliarity with the system have affected their motivation to seek support.
- 3. Optimism:** Optimism levels among respondents in the UK slightly decreased from 58.54% (in Hong Kong) to 50.61%, a moderate decline. This complex phenomenon will be explored further in the analysis section, as it does not fully align with common theories on major life transitions.

Issue 4: Strengths, Weaknesses, and Complementary Potential of Hong Kong Organisations and UK Local Services

- 1. Strengths of Hong Kong Organisations:** 93.29% of respondents said that Hong Kong community organisations understand their needs, and 84.15% rated their cultural adaptation highly. Additionally, 53.05% indicated that these services respond quickly, making them a key pillar of support for the migrant community.
- 2. Weaknesses of Hong Kong Organisations:** Limited resources (65.85%) and challenges with service continuity restrict the long-term support capacity of Hong Kong organisations, raising concerns about service stability among respondents.
- 3. Professionalism and Challenges of UK Local Services:** While UK local services excel in terms of resources and professionalism, 81.71% of respondents identified language barriers and a lack of understanding of Hong Kong culture as the main issues.
- 4. Complementary Potential:** The cultural understanding advantage of Hong Kong community organisations and the resources and professionalism of UK local services present great potential for complementarity. Strengthening cooperation between the two could address cultural differences and enhance the long-term sustainability of Hong Kong community organisations.

Conclusion Summary

Language and Cultural Barriers Respondents highlighted that language barriers primarily manifest in their lack of fluency in English. This is particularly challenging when accessing professional mental health services, as respondents struggle to accurately express their emotions and needs, negatively affecting the effectiveness of counselling. Moreover, the general lack of professionals in UK mental health services who are familiar with Hong Kong culture makes respondents feel a cultural disconnect, leading to a sense of not being understood when seeking help. These obstacles have resulted in some migrants choosing to forgo using mental health services or seeking alternative, non-local, and even non-professional sources of support.

The Importance of Hong Kong Community Organisations The research emphasised the crucial role that Hong Kong community organisations play in helping Hong Kong migrants adapt to life in the UK. These organisations not only provide more accessible language services but also address mental health issues in a culturally familiar way. Hong Kong migrants prioritise services from Hong Kong community organisations over local services, and many respondents who have participated in activities and services provided by these organisations expressed a sense of belonging and support. These activities help alleviate the stress of everyday life and the difficulties of cultural adaptation. These community organisations have become an emotional and psychological anchor for many migrants, and in many cases, they serve as an entry point to the formal UK services. This is especially true when traditional UK mental health services fail to meet their needs or establish a connection.

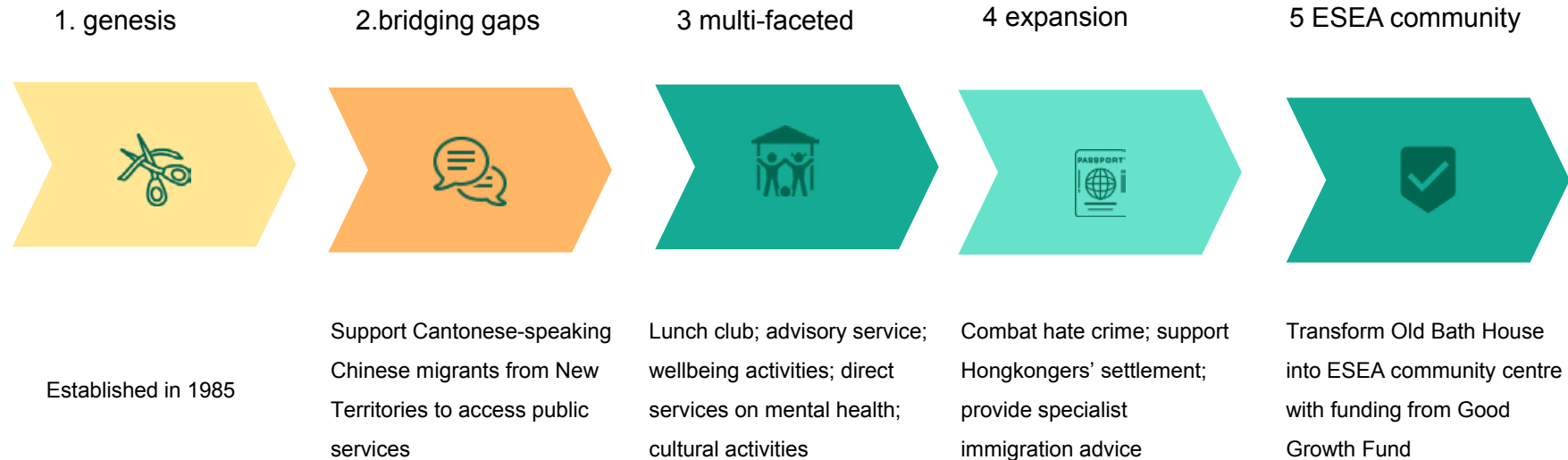
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Hei Chow

hei@ukwelcomesrefugees.org

Tsz Ho Au Yeung

ho.ayeung@hackneychinese.org.uk

Zoe So

zoeso@hackneychinese.org.uk

Title:

Challenges in Qualification Conversion and Support Needs for Hong Kong Mental Health Professionals in the UK: The Role of Community Resources

Survey Findings Highlight

Survey Background

Purpose: To understand the challenges faced by Hong Kong mental health professionals during the qualification transfer process in the UK, their support needs, and their views on government and community resources.

Definition of mental health professionals: These professionals offer services such as assessment, treatment, counseling, rehabilitation, and community education. Common roles include clinical psychologists, psychiatrists, mental health social workers, counselors, occupational therapists, and psychiatric rehabilitation nurses.

Respondents: 119 Hong Kong mental health professionals participated.

Respondent Background

The majority of respondents hold professional qualifications in mental health, such as psychologists, social workers, or counselors.

- **71.43%** of respondents are Social Workers
- **They are experienced professional**
 - ~13.45% have been in the profession for over 20 years.
 - ~15.97% have been in the profession for 15-20 years.
 - ~30.25% of respondents have been in the profession for 10-15 years.
 - ~22.69% have been in the profession for 5-10 years.
- **Most respondents(61.33%) are undergoing the qualification transfer process, with many having spent 1-2 years on it.**
- **Only 24.37%** of the respondents is working in mental health related job in UK



Q1) 38.67% of the respondent did not try to transfer their license, why?

Q2) 75.63% of them did not enter the job market of mental well being, why?

Confidence Levels dropped when they arrived UK

In Hong Kong: 47.9% of respondents were very confident, and 40.34% were confident in their professional abilities. (88.24%)

In the UK: Only 0.84% of respondents felt very confident and 10.08% were confident in their professional abilities. (10.92%)

Note: A Huge Drop

Key Challenges

- **Lack of UK work experience: 93.28%**
- **Language barriers: 90.76%**
- **Unfamiliarity with the UK system: 86.55%**
- **Lack of local professional networks: 82.35%**

Advantages of Hong Kong Professionals

- **Familiarity with Hong Kong culture, allowing a better understanding of Hong Kong immigrants' needs: 94.96%**
- **Language advantage (Cantonese, Mandarin): 89.92%**
- **Ability to act as a bridge between Hong Kong people and local services: 77.31%**

Importance of Community and Resources(Q10&11)

67.23% of respondents believe the Hong Kong community is "very important" in providing resources and building networks.

The second option is online resource (26.94%)

Only 16.33% of them will engage local community

Government Support Expectations

- Simplifying the qualification transfer process: 84.87%
- Offering more job opportunities for Hong Kong professionals: 78.99%
- Language training: 70.59%
- Providing networking opportunities: 65.55%

Support Needs for Re-entering the Profession

- **Qualification transfer support: 82.35%**
- **More information on professional certification: 79.83%**
- **Local professional training: 71.43%**
- **Language training: 66.39%**

Conclusion

- 1) A Win Win situation?**
- 2) Importance of HK community/Organization?**

Reference) Advocating of related Policies for professional refugees

- Partnership with Durham University-Department of Sociology
- A Qualitative Research was done. It is about the needs and challenges HKSW are facing in UK.
- A related Briefing of practice was released, with Durham University.
- Related doc: [Concerns and Experiences of Hong Kong Social Workers in the UK Practice briefing.pdf](#)
- **Advocating of Policies and resource in these few month**
- 5.3.1)BASW (UKWR’s alliance)–
 - a) HKSW can now become the member of BASW(British Association of Social Workers) to obtain CDP resource and online courses.
 - b) A new website will be launched by BASW to response the need of HKSW we submitted to BASW. The new website will have a introduction of the landscape of UK welfare sector and resource kit in UK.



Reference) Advocating of related Policies for professional refugees

1)SWE – obstacle of update skills and knowledge

- ~ladder of Formal Study Resource / return to social work course
- ~ladder of “Adaption” / “supervised practice” for registration

2)Future

- Training package develop with Durham University. The experience of HKSW is valuable for UKSW as a reference how to serve the HK Refugee Community with cultural sensitivity and acknowledgement about the political trauma of HK Refugee community.
- Advocacy of Ladder of registration about update skills and knowledge
- Sub-degree holder of HKSW’s eligibility to register in SWE and Social Care Wales(SCW)



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