American Journal of Community Psychology, Vol. 17, No. 1, 1989

Community Psychology in Hong Kong: Past, Present, and Future

David J. Lam[1] **and David Y. F. Ho**[1]
University of Hong Kong

The expansion of mental health services during the 1960s from a single remote mental hospital to centers and clinics in mainstream communities fostered the development of community psychology in Hong Kong. Few psychologists were initially involved in the local community mental health movement, but its momentum resulted in increasing numbers of practitioner psychologists working in community-based service settings. Community psychology in Hong Kong today consists primarily of service delivery, but also includes applied research, community organization/consultation, and community education. Despite having many parallels with the American situation, key concepts underpinning the practice of community psychology in the Territory possess their own character as a reflection of nuances in the local scene. Prospects for the continued development of community psychology in Hong Kong appear favorable. Of special relevance is the field's potential contribution to a better understanding of the psychological phenomena associated with the Territory's sociopolitical transformation in 1997.

At the historic Boston conference in 1965 wherein the field of community psychology was lauched, the participants envisaged a radical departure in mental health service delivery from hospital-based treatment to community-based interventions (e.g., Korchin, 1976). What these pioneers may not have foreseen, however, was the concurrent emergence of the community concept in other parts of the world. This article describes the development of community psychology in one such region: the territory of Hong Kong. We trace the past, describe the present, and speculate on the future of community psychology in the territory. We also comment on possible variations in the generalizability of community psychology concepts to non-American

[1]All correspondence should be sent to David J. Lam or David Y. F. Ho, Department of Psychology, Hong Kong University, Pokfulam Road, Hong Kong.

0091-0562/89/0200-0083$06.00/0 © 1989 Plenum Publishing Corporation

locales like Hong Kong. Because data are sparse in this regard, we take a conceptual rather than empirical orientation, weaving in evidence where available. Also, because we prefer to err on the side of inclusion, community psychology is defined broadly in this article as any application of psychological knowledge in a societal or community setting.

BACKGROUND

The development of community psychology in Hong Kong is tantamount to the recent appearance of the applied fields of clinical, counseling, and educational psychology on the local scene. Indeed, the discipline of psychology itself has a relatively brief history in Hong Kong: For instance, it was only in 1968 that a Department of Psychology was established at the University of Hong Kong. Previous to that, psychology was taught in the university's Philosophy Department. In 1971, a master's level program in clinical psychology was introduced; a decade later, an equivalent program in educational psychology was established. Over the years these two programs have produced nearly 100 graduates, nearly all of whom have remained in the territory of Hong Kong and are working as professional psychologists. We describe their many roles later in this article. At the other local university, the Chinese University of Hong Kong, psychology was taught within the Sociology Department until 1982 when a Psychology Department was formed. In 1988, the Chinese University opened its first graduate level training program in clinical psychology.

Although the current practice of community psychology in Hong Kong has strong links with academic psychology, its roots extend back to an earlier era when the local community mental health movement began. Prior to 1961, there was only a custodial care facility for the mentally ill in Hong Kong (Singer, 1971). In 1961, Castle Peak Hospital was opened; it was designed exclusively as a psychiatric hospital, with a 1,000-bed capacity, and offered such services as an electroencephalograph unit, a dental suite, a nurse training school, and quite significantly, an open-door policy for its inpatients (since rescinded in many wards). However, as the only such facility in a city of more than 3 million people at the time, Castle Peak Hospital was plagued with overcrowding from the outset, often accommodating as many as 1,700 patients (Singer, 1971). This fact alone provided a major impetus to the nascent community mental health movement in Hong Kong.

As in the United States, during the 1960s in Hong Kong the following factors enhanced the popularity of the community concept in treating the mentally disordered:

1. There existed then increasing concern for the rights and welfare of mental patients, akin to the patients' rights movement in many countries.

The local movement was spearheaded by the Mental Health Association of Hong Kong, established in 1954, which addressed itself to meeting the needs of the mentally ill as well as the mentally retarded (C. L. Wong, 1971). One such need was advocating for more responsive care of patients, and in their own communities, as improvements over the impersonal, overcrowded condition at the hospital.

2. Behavioral science research began to highlight the importance of social and environmental factors as contributors to health and illness. Many of these factors were of course embodied in every community setting. In his presidential address to the Mental Health Association of Hong Kong in 1962, D. J. M. Mackenzie, who was also director of the government's Medical and Health Services Department, said, "The aim of any mental health service must be not only to treat mental illness and return patients to daily productive life as soon as possible, but also to spread an awareness of the community tensions that foster psychiatric disorders" (reported in C. L. Wong, 1971, p. 86).

3. Increasing numbers of clinicians, in Hong Kong as abroad, became disenchanted with the traditional one-to-one therapeutic session within the confines of the consulting room. There was a recognition that treating patients individually served to generate little impact on the total problem—the society-wide incidence of mental disorder and the prevalence of human suffering. This kindled the desire among many helping professionals to work with larger groups of people, and in broader settings (e.g., Hong Kong Government, 1977; A. Wong, 1971).

4. Along with the above, there may have developed increasing skepticism about the effectiveness of psychotherapy itself, as reflected in Eysenck's (1961) pronouncement that roughly two-thirds of clients recover eventually, with or without therapy. Though this finding would be challenged by subsequent therapeutic outcome research, whatever skepticism that existed in Hong Kong at the time engendered greater efforts to influence clients' welfare by working with progressively larger systems: families, friendship networks, community organizations, and even social institutions. This concern was reflected in the foreword of the 1971 publication, *Aspects of Mental Health in Hong Kong,* by G. H. Choa, then the director of Medical and Health Services, who remarked, "As the emphasis [in mental health] is placed on personal relationship and social adjustment the subject of mental health should therefore be the concern of each and every member of the community" (Lo, Chan, Ma, & Wong, 1971, p. v).

The interplay of the above factors in Hong Kong during the 1960s thus produced a trend toward making the role of community more prominent in mental health service delivery, though this was not conceptualized as community psychology at the time. Indeed, very few psychologists were actually involved in the early years of the local community mental health movement,

primarily because there were only a handful of practitioner psychologists (clinical, counseling, or educational) in the Territory then. Also, in contrast to the American and European situations, deinstitutionalization per se was not a primary factor in the community movement in Hong Kong; overcrowding was. Hence, the late 1960s and 1970s saw the establishment in Hong Kong of not only community-based mental health clinics but also more psychiatric hospitals, as well as psychiatric units within community hospitals (Singer, 1971).

Nevertheless, the community mental health movement in Hong Kong occurred amidst a backdrop of suspicion and resentment within the larger community. The enabling factors and the enlightened quotes cited above represented the views of the minority, albeit a powerful minority. Traditionally, to Chinese people mental illness was shameful to the sufferer and the sufferer's family. It was partly for this reason that the first psychiatric hospital – Castle Peak Hospital – was built in a remote area of Hong Kong's New Territories, far away from "civilized" society. The local public was thus shielded from the plight of mentally disordered people, and the strong stigma attached to mental illness remained unabated. In our recollection of those years, Castle Peak Hospital acquired an almost other-worldly aura, like some terrible land never to be glimpsed by the sane.

One can therefore appreciate the difficulty of introducing mental health programs into the various communities of Hong Kong. Gradually, however, services did become established in community settings that catered to individuals and families with emotional problems or mental disorder. To facilitate community acceptance, mental health services were often offered as part of a larger service system, such as a polyclinic, which included other health services. Concomitantly, psychologists began to make their mark. The government Social Welfare Department created a clinical psychologist post in 1971, in recognition of the increasing psychological case load among its community clientele, and this was followed by psychologist appointments in other government departments (Tsoi & Pryde, 1985). Though these posts were not community psychologist positions as such, it is noteworthy that the work settings of these (and later) psychologists were nonetheless situated right in mainstream Hong Kong; that is, they were *community-based.* Similarly, new psychiatry departments within community hospitals were reinforced with nonpsychiatrist staff, including clinical psychologists, who conducted diagnostic assessments and psychotherapy with patients. Later, the government's Education Department started to hire educational psychologists to assist children with mental retardation, learning disabilities, or emotional difficulties; and the number of counseling agencies in the voluntary sector grew as well. Despite a resistant environment, the groundwork for a form of community psychology in Hong Kong took hold.

CURRENT NEEDS AND APPROACHES

The practice of community psychology, in Hong Kong as elsewhere, entails diverse methods in the context of equally diverse domains. A community psychologist in Hong Kong would find himself or herself with many roles to perform. The domains include service delivery, applied research, community organization and consultation, and community education.

Service Delivery

The formation and maintenance of mental health services based in the community were the prime foci of community psychologists everywhere. In Hong Kong, community-based mental health services available today include child assessment centers, day treatment programs, outpatient departments in hospitals, crisis intervention services, counseling agencies, case management, home visiting services, and halfway houses, among others (e.g., Khoo, 1981; 1986). These service developments have met the mental health needs of many more individuals and families than in previous years, especially the large number who had never been mental health clients before and who might otherwise not have received any treatment. This differs somewhat from the community movement in the U.S., by means of which large numbers of former mental patients were discharged from psychiatric hospitals back to their respective communities where they constituted a sizable proportion of those receiving treatment from community mental health centers.

The setting up of community mental health services in Hong Kong was arduous, as suggested earlier. Adequate funding, documentation of need, and community acceptance were usually in short supply, especially in the early years and often continuing to the present. The Hong Kong Government's present policy guiding the operation and expansion of health—including mental health—services was set forth in 1974 at the local Legislative Council, and aims "to safeguard and promote the general public health of the community as a whole and to ensure the provision of medical and personal health facilities for the people of Hong Kong" (Lee, 1986, p. 17). To oversee the implementation of this policy, the government has established a Medical Development Advisory Committee. Government-subsidized mental health services in Hong Kong today are offered primarily via the hospitals and clinics of the Medical and Health Department but also include the Social Welfare Department and the Correctional Services Department. In addition, a survey in 1977 (Educators' Social Action Council, 1977) revealed the existence of some 50 agencies offering counseling services to the general population. These included voluntary organizations and counseling units at

the two universities. Most receive some public funding. A later survey indicated that approximately 14% of the professional staff at these counseling agencies were psychologists (Educators' Social Action Council, 1980).

Applied Research

Community psychology has much to offer by way of expertise in scientific methods. However, chance factors and circumstances beyond the researcher's control often dictate that community interventions are carried out with incomplete documentation of confounded procedures within unscientific designs (e.g., Cowen, Lorion, & Dorr, 1974). In Hong Kong, there is a need for applied research in the areas of community surveys, epidemiological studies, and program evaluations; specifically, more systematic data are needed on clients' belief systems, sick-role behavior, perceptions and utilization of services, and most of all, treatment effectiveness. A review of the existing literature (Ho, 1985, pp. 1214-1215) revealed that the mentally disturbed show great disinclination for, and protracted delays in, the use of mental health facilities. The evidence suggests that community psychologists in Hong Kong must face the fact that they—like other mental health professionals—are not yet well accepted by the public. Also, they need to take cognizance of the central importance of the medical practitioner in the professional network and of family and friends in the social support system. Accordingly, the approach to research as well as service delivery should include the strategic consideration of these key people in the client's life.

It has also been suggested that "Hong Kong is an unprecedented sociopolitical experiment as well as a natural laboratory of cross-cultural interaction" (Ho, 1986, p. 219). The next 10 years of transition from British to Chinese rule offer unusual opportunities to study psychological processes associated with economic uncertainty, ethnic self-esteem, and potential social unrest. In this respect all of Hong Kong is indeed a laboratory in which the measurement tools are limited only by the researcher's creativity.

Another needed area of research is that of test development. The reliable and valid construction of psychological instruments specific to Chinese people and the renorming of existing measures on the local population (such as a completed Hong Kong version of the Wechsler Intelligence Scale for Children) are endeavors that should prove both useful and challenging to local psychologists.

Community Organization and Consultation

To a greater or lesser degree, community psychologists inevitably become involved, even entangled, in a community's dynamics in the process

of mobilizing the various forces in that community to work toward a common goal. Examples of needs in Hong Kong where psychologists could play a part include advocating for better government-subsidized housing, especially for the elderly; establishing needed mental health facilities in outlying communities, as Hong Kong expands to previously rural or unpopulated regions; and making the psychological literature known in the context of government deliberations on Hong Kong's Mental Health Ordinance. Engaging in community organization, locally as abroad, requires an ability to work with even antagonistic people in order that their collective talents are elicited and brought to bear on the common problem. It sometimes requires a willingness to act as an agent of social change. This calls into question the role of the community psychologist: Is the person acting as a psychologist, or as a citizen? The answer is seldom simple, whether in Hong Kong or abroad. Locally, the psychologist's role and the citizen's responsibility are often merged. A vivid illustration of this is a local psychologist who also serves as a legislator.

One example of successful community organization that may have direct relevance to Hong Kong is the training of nonprofessionals in basic principles and methods of counseling (e.g., Guerney, 1969; Rappaport, 1977). These individuals are then able to function competently as counselor aides, thereby augmenting the availability of local personnel resources which are perenially stretched. For instance, the ratio of clinical psychologists to the general population in Hong Kong is slightly above 1 per 100,000, compared with the U.S. and England where the ratio is about 12 per 100,000 (e.g., Ho, 1986, p. 219). An additional advantage of nonprofessionals is that clients may find them more approachable and nonthreatening than professionals. A liability, however, is that they may lack the requisite credibility among Chinese clients for effective counseling (Sue & Zane, 1987).

Further, a community psychologist in Hong Kong is likely to be asked to consult on a diverse set of problem areas, including clinical cases, school problems, organizational matters, human relations issues, and research questions. Indeed, most clinical psychologists in present-day Hong Kong find themselves having to "wear many hats." Clearly, it is essential that other resource people be available for consultation, and in these instances, the community psychologist acts more as a "networker" than an expert, referring consultation requests to the appropriate person in the overall network (e.g., Warner, 1982). Also, with the possible exceptions of clinical consultation within hospital settings or educational consultation within schools, formal requests for psychological consultation are infrequent locally compared with the U.S.; our experience is that most consultations tend to be informal, friendship-based, and over the phone: The community psychologist in Hong Kong must therefore budget his or her time appropriately to meet increasing demands for free advice!

Community Education

One of the most important functions a community psychologist can perform is that of community education. In Hong Kong this is no exception. Three general types may be especially suitable for the territory. First, there needs to be wider education about mental health services, to inform the Hong Kong public about the nature and availability of services, their accessibility, the types of clientele they cater to, and so on. Without this information, many people who need mental health services may simply not know where to seek help. A second need area is education on the nature of mental disorder. To a greater extent than in the U.S., in Hong Kong there are often gross misconceptions about the etiology of mental illness (such as punishment for wrongdoing) and the characteristics of mental patients (such as an automatic proclivity for violence). The situation is not helped by sensational press coverage of incidents in which persons with a history of mental disorder commit violent crimes. Ng (1983) investigated public attitudes toward the mentally ill in Hong Kong after two well-publicized multiple homicides, and found that negative stereotypes were widely held by members of the public: For instance, mentally ill people "look and act different," are "aggressive and violent," and are "bizarre, unpredictable, and may endanger the lives of the general public." These views differed from those held by mental health professionals in Hong Kong. Third, it is desirable to have more extended education for positive mental health, or wellness education. The aim would be to influence beliefs, attitudes, and behaviors in the direction of greater psychological well-being, by addressing issues related to self, family, work, and life-style within the local cultural context. Such wellness education may be targeted to specific groups—such as the elderly, fire fighters, or factory workers; or it could be broad-based and targeted to the total populace of Hong Kong.

THE GENERALIZABILITY OF KEY CONCEPTS

The field of community psychology stems from a foundation of multiple conceptual and empirical roots. Several investigators have addressed what they considered salient principles of community psychology (e.g., Cowen, 1973; Hunter & Riger, 1986; Korchin, 1976), though there is as yet no consensus on the subject. How best to implement community psychology, in a unique city-state like Hong Kong, is even less clear. In our view, there are numerous similarities in the central concepts of community psychology between Hong Kong and most Western countries but also some important differences. In the following we delineate six assumptions and discuss their applicability to Hong Kong.

1. *An intervention is most effective when it is conducted in a setting familiar to the target individual.* This is a major principle of the community mental health movement, and asserts that the community is invariably more familiar and accessible than the typical mental institution, which is alien and restrictive. Other things being equal, a person would therefore opt for community-based treatment over institutional treatment. In Hong Kong, however, the fundamental notion of bringing service to the people may not be valid: Many would prefer to be treated far away (though not necessarily at a hospital) precisely to avoid being seen at a neighborhood mental health facility and the consequent stigma. As far as mental health service utilization in Hong Kong is concerned, familiarity may indeed breed contempt. The strong resistance to receiving psychological treatment needs to be overcome before community-based services are to be truly accepted.

2. *Mental disorder and indeed all problems in living are influenced by social-environmental factors in addition to psychological or biological ones.* In other words, the role of community is significant, and this assumption certainly applies to Hong Kong. Such variables as poverty, discrimination, crowding, and social support networks, among many others, have been found in Western research to have significant correlations with health or disease outcomes (e.g., Albee, 1986; Lam, 1981). These findings may have special relevance as well for Hong Kong, wherein exists pockets of extreme poverty, such as people living in makeshift huts or metal "birdcages"; discriminatory practices, such as employment terms favoring overseas persons over locals, and immigration laws permitting men but not women to bring their families to Hong Kong; more generally, psychological consequences of over 100 years of colonial experience (which have been almost totally neglected by psychologists); a premium on space, resulting in high rents and overcrowded living quarters; and a decline in the cohesion of the extended family in the process of Westernization and modern living (see Ho, 1973).

3. *Societal factors are legitimate targets of intervention.* This notion appears to be valid for Hong Kong as for the U.S., though evidence pertaining to the local situation is again scanty. As Albee (1986) has noted, no disease has ever been eradicated by one-to-one treatment alone; it is only through community interventions that the incidence of a disorder can be reduced. In the public health field, large-scale vaccinations have served to dramatically reduce the incidences of diseases like poliomyelitis and pertussis, and to eliminate smallpox altogether. Whereas there is obviously no psychological vaccination, there are accumulating empirical data that primary prevention strategies, like anticipatory skill development (e.g., Bond & Rosen, 1980) and stress inoculation training (e.g., Meichenbaum, 1977), can be efective means of warding off emotional problems or reducing the severity of such problems. In Hong Kong, the range of societal factors that may be targeted is broad indeed. Community interventions could be designed to foster a more

well-rounded education among youth, through consultations with schools; to effect changes in hospital policies in favor of more active participation by patients; to decrease the violence portrayed on television, among numerous other possibilities.

4. *The community psychologist must be adept at performing different functions.* To work with social-environmental factors is to bring the community psychologist into contact with diverse institutions and individuals. Politicians, grass-roots people, helping professionals, community leaders, and pressure groups are some of the likely players. In the U.S., a community psychologist's roles usually revolve around those of clinician; researcher; educator/trainer; and organizational consultant (e.g., Korchin, 1976; Taylor, Lam, Roppel, & Barter, 1984). In Hong Kong, the community psychologist is often called upon to take on even broader responsibilities, including all of the above plus those of policy maker; media specialist; commentator on current affairs; and not least, spokesperson for the field of psychology as a whole. Since no one is likely to be expert in so many areas, the development of a comprehensive resource network is crucial to any community-oriented undertaking in Hong Kong. As mentioned, local practitioner psychologists are already accustomed to assuming many different tasks in a given position—testing, treatment, supervision, liaison, home visiting, community education, case management, and so on. As far as developing the capacity to manage myriad demands is concerned, community psychologists in Hong Kong may have something to teach their counterparts in Western countries.

5. *The focus of community interventions is at-risk groups or the population at large.* Although this assumption theoretically applies to Hong Kong, the concept of risk must be qualified to fit local conditions. Unlike in the U.S., very little epidemiological data on mental disorder exist in Hong Kong (although an epidemiological study conducted by the Chinese University is now underway). Thus, at present one does not have a precise idea, beyond hospital admission rates, of the local incidence of major disorders like schizophrenia and manic-depressive illness, let alone the characteristics of people who suffer from these disorders. A family history of mental disorder would offer a clue, but it would be otherwise uncertain as to whom might be at risk. Most interventions, then, are designed to reach the general population, with a primary prevention objective to reach any and all people before they become ill. For instance, television programs and community health fairs have been attempted. In this connection, psychologists in Hong Kong are regarded as experts in human behavior by the mass media, and are frequently called upon to give talks, participate in seminars, and express opinions on a wide range of public issues (Ho, 1986). They are thus in an advantageous position to make strategic use of the mass media for mental health education.

One intervention much needed in Hong Kong is broad-scale education on strategies to identify and cope with stress, described by some to be an "epidemic" in the territory (*South China Morning Post,* Feb. 11, 1987); certainly, research needs to be carried out to lend some objectivity to this area. Another worthwhile intervention concerns parenting, and might involve the holding of child-care classes for expectant parents and establishing more day care centers that are sensitive to the psychological needs of children for working parents. The importance of this intervention cannot be overemphasized, because many parents in Hong Kong are not well informed on the psychological significance of infancy and early childhood in personality development.

6. *Community members should be active participants in an intervention rather than passive recipients.* The effectiveness of a community intervention is usually assumed to be correlated with the degree to which community people are actively involved. The resultant cooperation and shared fate serve to develop a psychological sense of community (Hunter & Riger, 1986). In Hong Kong, however, this issue poses a special challenge to community psychologists because local residents are generally not accustomed to taking an active or assertive role whenever a perceived expert is at hand. For example, we have observed that in interchanges between teacher and student, or between doctor and patient, the student and the patient are often hesitant to speak up or otherwise become actively engaged. That hesitancy is in turn reinforced by those local teachers and doctors who prefer the didactic approach. The community psychologist in Hong Kong must therefore be skilled in recognizing established response styles and eliciting the optimal involvement of diverse groups, especially those who are most affected by the intervention.

PROSPECTS

Like an ambiguous stimulus, community psychology represents different things to different people. In Hong Kong, although a community mental health movement is in place, the term *community psychology* is not in the common parlance even among today's psychologists. We have defined community psychology broadly in this article, but it is likely the term would evoke both broad and narrow views almost as numerous as there are local psychologists. As in the U.S., the word *community* itself is subject to varying interpretations. To some it means a geographical location, such as the various districts of Hong Kong; to others it might denote a sense of mutuality that is felt when people share a common bond: for example, the Territory's expatriate community, or local secondary school students. A field with such diverse referents is almost certain to attract supporters and critics, each side

possibly justifying their case on different premises, and in this respect Hong Kong is not an exception.

Concerning the perceived value of community psychology in Hong Kong, as the concept becomes more salient to the local mental health profession (and we believe it will), reactions will probably differ to the point of controversy. Some—psychologists as well as other helping professionals—might point to drawbacks like tenuous data and community resistance as sufficiently troublesome to return a negative verdict. Some others would withhold judgment and await the time when evidence is marshaled from rigorously evaluated community interventions. Others still will recognize the need to resolve inherent problems but acquit the field to be immensely valuable in its own right. To stretch the metaphor a little further, it is fair to say that the jury on community psychology in Hong Kong has not yet been empaneled.

Nonetheless, community psychology does exist in Hong Kong, primarily in the form of psychologists working in community settings, serving a community clientele. This has been the result of the expansion of mental health and related services, over the past two decades, to the mainstream communities in the Territory. Though such services may fall short of the ideal, they still represent a decided improvement over what was available just 20 years ago.

As far as future prospects of the discipline of community psychology in Hong Kong are concerned, the scenario is mixed. On the one hand, there are factors conducive to its development, including the probable furtherance of community-based mental health services, the evident need to involve diverse groups of psychologists in community-related issues (e.g., reforming the educational system; handling the stress of living in Hong Kong; giving expert testimony in the courts), and indications of interest among young psychologists in community affairs. On the other hand, there exist less favorable factors as well. Among these are the fact that community psychology, as a discipline, is still novel to Hong Kong, and therefore few local psychologists have the requisite experience in systematic community interventions to demonstrate their efficacy or promulgate their acceptance; the workload demands or the preference of some psychologists in the territory to operate strictly within their own specialties, to the exclusion of broader community work; and the inherent dilemma in every community endeavor—the lack of control over social forces—leaving it open to the influence of extraneous factors often powerful enough to defeat the most well-conceived intervention.

All considered, we predict there will be a growing place for community psychology in Hong Kong in the years ahead. The reasons are several. First, the discipline itself is developing rapidly, in the U.S. and worldwide, as reflected in the increasingly diverse articles appearing in this journal. Some of these new developments, such as the formation of mutual support groups,

are already showing signs of "catching on" in the territory (e.g., Ch'ien, Tang, Zackon, & McAlister, 1986). One example is the proposed formation of self-help groups within housing estates that are geographically remote, to enable residents to discuss mutual concerns of being isolated from relatives and having to commute long distances to work (*South China Morning Post,* March 20, 1987). The training of nonprofessionals in mental health counseling, as is being implemented in China (Sidel, 1972), is another fruitful area for local consideration, discussed earlier. Of course, new developments must not be imported wholesale: It is vital that adaptations to Hong Kong conditions be made. Although the issues surrounding culture-appropriate adaptations of Western innovations are beyond the scope of this article, it should be mentioned that local community psychologists must give due emphasis to the role of the indigenous Hong Kong culture—which is neither traditional Chinese nor Western—if the field is to flourish in the Territory.

Second, communities in Hong Kong are likely to take increasing interest in the planning, delivery, and evaluation of their mental health service systems. In the process, people will judge a psychological service increasingly and solely in terms of its utility to their community. In a real sense, the community will take charge of community psychology; and as communities become more involved, services will tend to become more responsive. In Hong Kong this development of greater community control parallels that of increased community accountability within both the People's Republic of China (e.g., Brammer, 1985; Leung, 1981) and the Chinese American population in the U.S. (e.g., Sue, 1981; H. Z. Wong, 1981). In the latter case, it is noteworthy that the establishment of the National Asian American Psychology Training Center in San Francisco was based specifically on a community psychology model (Tanaka, 1981). Similarly, at the University of Hong Kong's clinical psychology graduate training program, increasing emphasis is being placed on the principles and methods of community psychology as applied to the local scene (Tsoi, 1986). At the same time, a redefinition of the roles and functions of the clinical psychologist is needed to give more emphasis to prevention. Conceiving of intervention in terms of levels (individual, group, and community) in a hierarchically organized system helps to counteract a common misconception among students, perhaps even practitioners, that treatment consists primarily of education, counseling, and psychotherapy. At present, more projects are needed to demonstrate the efficacy of preventive interventions at the community level in target problem areas. Having actual experience in observing or participating in such projects would be far more effective in changing the perceptions of psychologists than academic arguments.

Finally, as empirical data grow on the influence of sociocultural factors on mental health, interest in how these variables operate within com-

munities in Hong Kong will correspondingly increase. Of special relevance in this regard is the political transformation of Hong Kong from a British colony to China's "special administrative region" in 1997, and the transitions that are already occurring. This transformation, having no precedent anywhere in the world, is expected to affect such fundamental areas as the nature of work, family relations, civic participation, and the pace of life (e.g., Houston, 1986); these domains, in turn, are likely to generate a host of psychological phenomena – ranging from elation to helplessness – whose better understanding could both rely on and contribute to the emerging discipline of community psychology in Hong Kong.

REFERENCES

Albee, G. (1986). Toward a just society: Lessons from observations on the primary prevention of psychopathology. *American Psychologist, 41,* 891-898.

Bond, L. A., & Rosen, J. C. (Eds.). (1980). *Competence and coping during adulthood.* Hanover, NH: University Press of New England.

Brammer, L. M. (1985). Counseling services in the People's Republic of China. *International Journal for the Advancement of Counseling, 8,* 125-136.

Ch'ien, J. M. N., Tang, W., Zackon, F., & McAlister, A. (1986). Self-help groups to promote recovery from heroin addiction and social integration. In T. P. Khoo (Ed.), *Mental health in Hong Kong* (pp. 237-250). Hong Kong: Mental Health Association of Hong Kong.

Cowen, E. L. (1973). Social and community interventions. *Annual Review of Psychology, 24,* 423-472.

Cowen, E. L., Lorion, R. P., & Dorr, D. (1974). Research in the community cauldron: A case history. *Canadian Psychologist, 15,* 313-325.

Educators' Social Action Council. (1977). *Counselling services in Hong Kong.* Hong Kong: Author.

Educators' Social Action Council. (1980). *Counseling and counsellors in Hong Kong.* Hong Kong: Author.

Eysenck, H. J. (1961). The effects of psychotherapy. In H. J. Eysenck (Ed.), *Handbook of abnormal psychology* (pp. 697-725). New York: Basic Books.

Guerney, B. G. (1969). *Psychotherapeutic agents: New roles for non-professionals, parents and teachers.* New York: Holt, Rinehart & Winston.

Ho, D. Y. F. (1973). Changing interpersonal relationships in Chinese families. In H. E. White, Jr. (Ed.), *An anthology of seminar papers: The changing family, East and West.* Hong Kong: Hong Kong Baptist College.

Ho, D. Y. F. (1985). Cultural values and professional issues in clinical psychology: Implications from the Hong Kong experience. *American Psychologist, 40,* 1212-1218.

Ho, D. Y. F. (1986). Psychology in Hong Kong. *International Journal of Psychology, 21,* 213-223.

Hong Kong Government. (1977). *Integrating the disabled into the community: A united effort.* Hong Kong: Author.

Houston, H. S. (1986). Perspectives on mental health: Old concepts and new issues. In T. P. Khoo (Ed.), *Mental health in Hong Kong* (pp. 32-35). Hong Kong: Mental Health Association of Hong Kong.

Hunter, A., & Riger, S. (1986). The meaning of community in community mental health. *Journal of Consulting and Clinical Psychology, 14,* 55-71.

Khoo, T. P. (Ed.). (1981). *Aspects of mental health care in Hong Kong.* Hong Kong: Mental Health Association of Hong Kong.

Khoo, T. P. (Ed.). (1986). *Mental health in Hong Kong.* Hong Kong: Mental Health Association of Hong Kong.

Korchin, S. J. (1976). *Modern clinical psychology.* New York: Basic Books.
Lam, D. J. (1981). *Preventive mental health programs in California.* Sacramento: California Department of Mental Health.
Lee, S. H. (1986). The further development of mental health services in Hong Kong. In T. P. Khoo (Ed.), *Mental health in Hong Kong* (pp. 17-23). Hong Kong: Mental Health Association of Hong Kong.
Leung, S. M. R. (1981). Mental health home care program in the communes of the People's Republic of China. *Journal of Psychiatric Treatment and Evaluation, 3,* 53-58.
Lo, W. H., Chan, W., Ma, K. S., & Wong, A. (Eds.). (1971). *Aspects of mental health in Hong Kong.* Hong Kong: Mental Health Association of Hong Kong.
Meichenbaum, D. H. (1977). *Cognitive behavior modification.* New York: Plenum Press.
Ng, R. N. K. (1983). *Public attitudes towards mental illness after two well-publicised multiple homicidal incidents.* Unpublished undergraduate thesis, University of Hong Kong, Hong Kong.
Rappaport, J. (1977). *Community psychology: Values, research and action.* New York: Holt, Rinehart & Winston.
Sidel, R. (1972). Social services in China. *Social Work, 17,* 5-13.
Singer, K. (1971). The Mental Health Service in Hong Kong. In W. H. Lo, W. Chan, K. S. Ma, & A. Wong (Eds.), *Aspects of mental health in Hong Kong* (pp. 100-106). Hong Kong: Mental Health Association of Hong Kong.
Sue, S. (1981). Programmatic issues in the training of Asian-American psychologists. *Journal of Community Psychology, 9,* 293-297.
Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist, 42,* 37-45.
Tanaka, M. (1981). Products of clinical-community-based training: National Asian American Psychology Training Center. *Journal of Community Psychology, 9,* 301-305.
Taylor, R. L., Lam, D. J., Roppel, C. E., & Barter, J. T. (1984). "Friends Can Be Good Medicine": An excursion into mental health promotion. *Community Mental Health Journal, 20,* 294-303.
Tsoi, M. M. (1986). Training clinical psychologists in Hong Kong. In T. P. Khoo (Ed.), *Mental health in Hong Kong* (pp. 294-298). Hong Kong: Mental Health Association of Hong Kong.
Tsoi, M. M., & Pryde, N. A. (1985). Clinical psychology services in Hong Kong. *Newsletter of the Division of Clinical Psychology, British Psychological Society, 49,* 13-15.
Warner, R. (1982). The psychologist as social systems consultant. In T. Millon, C. Green, & R. Meagher (Eds.), *Handbook of clinical health psychology* (pp. 277-300). New York: Plenum Press.
Wong, A. (1971). Counselling service in Hong Kong. In W. H. Lo, W. Chan, K. S. Ma, & A. Wong (Eds.), *Aspects of mental health in Hong Kong* (pp. 46-50). Hong Kong: Mental Health Association of Hong Kong.
Wong, C. L. (1971). A brief history of the Mental Health Association of Hong Kong. In W. H. Lo, W. Chan, K. S. Ma, & A. Wong (Eds.), *Aspects of mental health in Hong Kong* (pp. 85-89). Hong Kong: Mental Health Association of Hong Kong.
Wong, H. Z. (1981). Contextual factors for the development of the National Asian American Psychology Training Center. *Journal of Community Psychology, 9,* 289-292.