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# A PART OF MYSELF

## SURVEY REPORT OF MENTAL HEALTH AMONGST HONG KONG ARRIVALS IN THE UK

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The Public Affairs Section  
Hongkongers in Britain



## Survey Report of Mental Health Amongst Hong Kong Arrivals in the UK

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### Executive Summary

This report discusses the mental health situation for recent Hong Kong arrivals living in Britain as of April 2022, as well as participation levels in the NHS, interventions, and treatment preferences related to mental health in this population. Surveying recently-moved Hongkongers provides insight for policymakers and invested parties as the bespoke British National (Overseas) visa pathway changes patterns of migration towards the UK in the foreseeable future.

### Findings:

1. 18.9% and 25.8% of survey respondents reported clinically significant (as defined by the NHS) symptoms of depressive and anxiety disorders, respectively.
2. 23.8% of survey respondents reported clinically significant symptoms of post-traumatic stress disorder (PTSD) as related to the *2019 Hong Kong Protests and implementation of HK's National Security Law*.
3. Issues with English, finding a job, and newfound tensions with family members and children were the most discussed problems commonly associated with immigration that impacted mental health in this population.
4. Mental health issues specific to the HK arrival population included perceived fear of retribution for discussing politics and worry for people still back in Hong Kong. Perceptions around political forces continue to prevent Hongkongers from speaking freely about their mental health experiences.
5. A majority of Hong Kong arrivals believe that their mental health has improved overall since moving to Britain.
6. A majority of Hong Kong arrivals are unlikely to pursue mental health treatment in the next six months, and 45% have not met with a general practitioner (GP) yet.
7. Hong Kong arrivals to the UK are more likely willing to discuss mental health issues privately, with friends and family, before they are willing to talk with therapists in the

NHS and/or with Hong Kong Community Groups. There is a mistrust of general non-specific BAME or pan-Chinese support in the mental health sphere, most likely related to Findings 2 and 4.

8. Recommendations include expanding the scope of what constitutes mental healthcare, recognizing that the political situation Hongkongers find themselves in affects their mental well-being even in the UK, and integrating Hong Kong immigrants into Britain's social support services as they continue to work, learn, and pave new lives in the country.

### About Hongkongers in Britain

Hongkongers in Britain (HKB) is a civil-society organisation established in July 2020 and is a registered Company Limited by Guarantee in the UK. It is the first Hongkonger expat/diaspora & community-building group set up in the UK since the UK announced the introduction of a Welcome Programme for Hongkongers. HKB's primary objectives are to provide assistance, advice and support for the Hongkonger community coming to/arrived in the UK; enabling them to settle, integrate, and contribute towards the UK society. In brief, HKB is:

- A medium between Hongkongers and local communities in the UK
- A forum to allow people to create connections
- A platform to inspire activities socially, culturally and economically
- A British community for Hongkongers

With a network of over 30,000 followers on Facebook, dedicated Telegram Channel and Twitter page, combined with a well-established network from a large number of partner organisations, HKB is able to reach out to a large audience that may be otherwise difficult to reach via public/official means. The organisation collects data, information, and suggestions from Hongkongers considering moving to or having arrived at the UK, supporting their settling and integration into the UK.

### Background

On January 31, 2021, the UK government announced the creation of a new immigration scheme for British National (Overseas) passport holders from Hong Kong, opening itself up to those with BN(O) status and their dependents to live, study, and work in the UK for up to five years, with an eventual pathway for citizenship. Within a year, and in the middle of a global pandemic, nearly 90,000 individuals applied for entry through this system.<sup>1</sup> Some 300,000 people are expected to take up the offer within the next five years, according to the British government,

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<sup>1</sup> <https://www.thetimes.co.uk/article/90-000-from-hong-kong-apply-to-british-visa-scheme-t09k3b75v>

with an additional 5.2 million citizens who qualify -- if estimates are correct, it will be the largest movement of non-Europeans into Britain in its history.<sup>2</sup>

Hongkongers moving permanently to the UK face a multitude of issues with regards to their mental health. Many of those who observed or participated in the unrest in the city within the last few years reportedly face unresolved trauma and symptoms indicative of post-traumatic stress disorder: according to a policy study commissioned by HKB, over 25% of those considering moving with the BN(O) visa say they have suffered psychiatric injury from police brutality in Hong Kong.<sup>3</sup> Another survey of 43,000 respondents in Hong Kong reported widespread symptoms of anxiety, depression, and stress due to recent political events.<sup>4</sup>

Additionally, mass immigration without support can further tax mental health on a transnational scale, as international migrants are more prone to face isolation, culture shock, and a lack of resources compared to settled British citizens. A typical BN(O) applicant does not have friends or family in the UK, and recent events of anti-Asian hate crimes and COVID-19 related lockdowns have only exacerbated the recent mental health crisis.<sup>5</sup> Intertwined with these issues are cultural preconceptions about the value of mental health therapy held by many immigrants from Asia, as well as general collectivism that devalues individual self-care in the mental sphere. Despite the existence of the National Health Service (NHS), it is thought that many currently-resettled migrants from the region do not pursue mental health treatment. Many are often scared of lasting negative records, do not have the language to express themselves, lack mental health awareness, and/or do not know about the support services available.

For those immigrants that do choose to seek support, a chronic lack of supply of trained professionals provides additional barriers. According to the Royal College of Physicians, mental health services are some of the least accessible in the NHS.<sup>6</sup> 23% of those who wait for treatment after initial consultations are forced to wait three months or more, with waits extending going up to almost four years for issues such as depression, anxiety, and post-traumatic stress disorder (PTSD). 10% are forced to go straight to Accident and Emergency Departments due to untreated mental health issues, which places a financial and logistical burden on public healthcare. These numbers were reported by *settled* Britons, and numbers for recent immigrants and people of color are likely higher, highlighting inequities within mental health between different demographic groups. With the onset of a mass migration of Asian immigrants to the UK from a region of recent social upheaval, there is a risk of overwhelming existing healthcare infrastructure and the potential inevitability of a national mental health crisis, not unlike what is currently occurring in Hong Kong. Every life saved matters.

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<sup>2</sup> <https://www.economist.com/britain/2021/01/30/hong-kongers-eye-british-citizenship-but-fear-retaliation-from-china>

<sup>3</sup> *Coming for Hope*, Hongkongers in Britain, <https://bit.ly/3g8bONR>

<sup>4</sup> <https://teleg.ph/22nd-Citizens-Press-Conference-Press-Release-11-01>

<sup>5</sup> <https://www.independent.co.uk/news/uk/home-news/anti-asian-hate-speech-covid-b1957474.html>

<sup>6</sup> <https://www.theguardian.com/society/2020/oct/07/one-in-four-waiting-three-months-or-more-for-mental-health-help>

Given these challenges and ambiguities, this report aims to present for the first time the national mental health situation for Hongkongers (BN(O), asylum seekers, settled, and others) living in Britain. It hopes to clarify assumptions made about anxiety, depression, and PTSD in this population, and it aims to identify immediate needs for mental health support through questionnaires and interviews, informing service providers interested in working with Hongkongers of current challenges and evidence-based recommendations for the future.

## Objectives

The project sets out the following objectives:

To develop a questionnaire survey to collect anonymized data regarding Hong Kong arrivals in the UK, including asylum seekers and those recently arrived on the BN(O) visa; and their status and experience concerning mental health in the UK.

1. To identify and report on the questions in the following categories:
  - a. Demographic data amongst Hong Kong arrivals in Britain.
  - b. Self-administered clinical surveys used to monitor the severity of certain mental health disorders, including anxiety, depression, and PTSD.
  - c. Survey questions on therapy preferences, registration in the NHS, and perceptions of mental health.
  - d. Open-ended questions on mental health and oral histories.
2. To conduct oral histories and interviews with selected participants around mental health.
3. To understand from the data collected:
  - a. The prevalence of certain mental health disorders (including depression and anxiety) amongst Hong Kong arrivals in Britain;
  - b. Effects of the 2019 Hong Kong Protests and National Security Law implementation on mental health in this population;
  - c. Perceptions, stigmas, and demographic differences regarding mental health.
  - d. Potential solutions and policy suggestions/proposals.
4. To write a research report that aims to inform and recommend policies in the UK for the mental health benefits of recent and prospective Hong Kong arrivals.

## Methodology

We conducted an online questionnaire survey from March to April 2022 in English and Traditional Chinese, targeting self-identified Hongkongers who are currently living in the United Kingdom. The questionnaires consisted of 14 questions (excluding one for informed consent) and three self-administered clinical patient surveys, including:

- a. Demographic characteristics of individuals
- b. The Patient Health Questionnaire-8 (PHQ-8) survey [for screening for depression]
- c. The Generalized Anxiety Disorder 7-item survey (GAD-7) [for screening for anxiety disorders]
- d. The Impact of Events Scale-Revised (IES-R) survey [for assessing subjective distress and PTSD caused by traumatic events, in this case explicitly referred to as the *2019 Hong Kong Protests and implementation of HK's National Security Law*]
- e. Participation levels in the NHS, mental health interventions, and treatment preferences.

The clinical surveys were selected due to their ability to cover a wide range of anxiety and depression symptoms, their usage as screening tools within the NHS, and their confirmed validity translated into Traditional Chinese. Additional questions were translated from English by a linguist and/or professional Chinese-English translator before finally being double-checked by a team of bilingual researchers.

In addition, respondents were asked a final open-ended question in which they could provide commentary about their mental health. They were also invited to leave their contact voluntarily for future research. The only compulsory question was to confirm knowledge of informed consent -- respondents remained anonymous unless they chose to leave contact information.

The questionnaire was hosted online on Qualtrics. It was disseminated as an anonymous link via personal networks of the research team members, social media platforms of Hongkongers in Britain and other Hong Kong diaspora groups, and online discussion platforms. In the end, 658 valid responses to the survey were recorded. Since not all respondents answered every question, the base number of respondents of each question, where appropriate, is specified in the report findings.

To contextualize the findings of the survey, twelve additional informants were invited to provide oral histories about their experiences with mental health in the UK. These interviews, similar to survey entries, are referred to in this report anonymously.

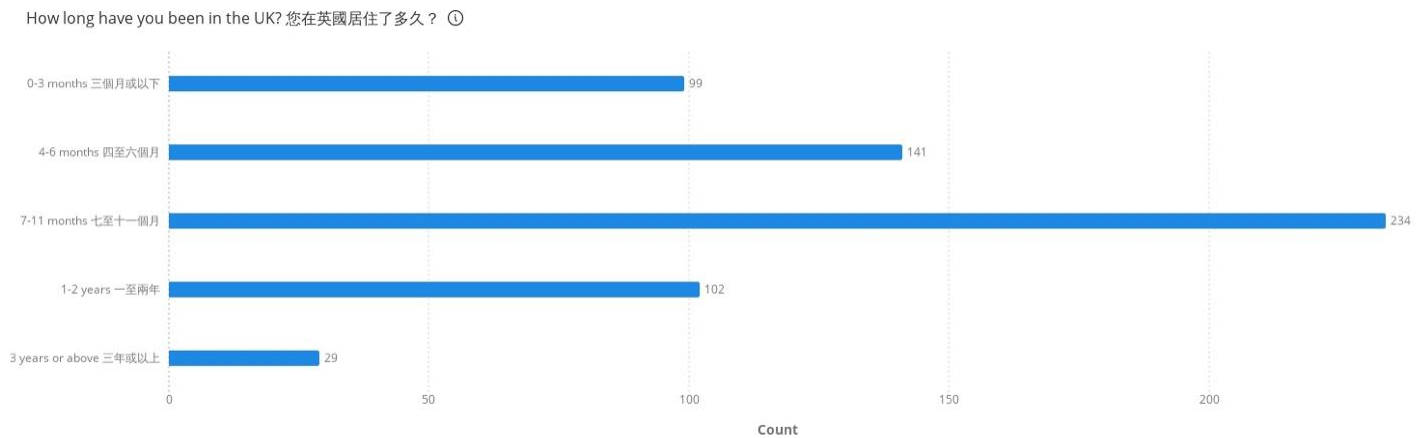
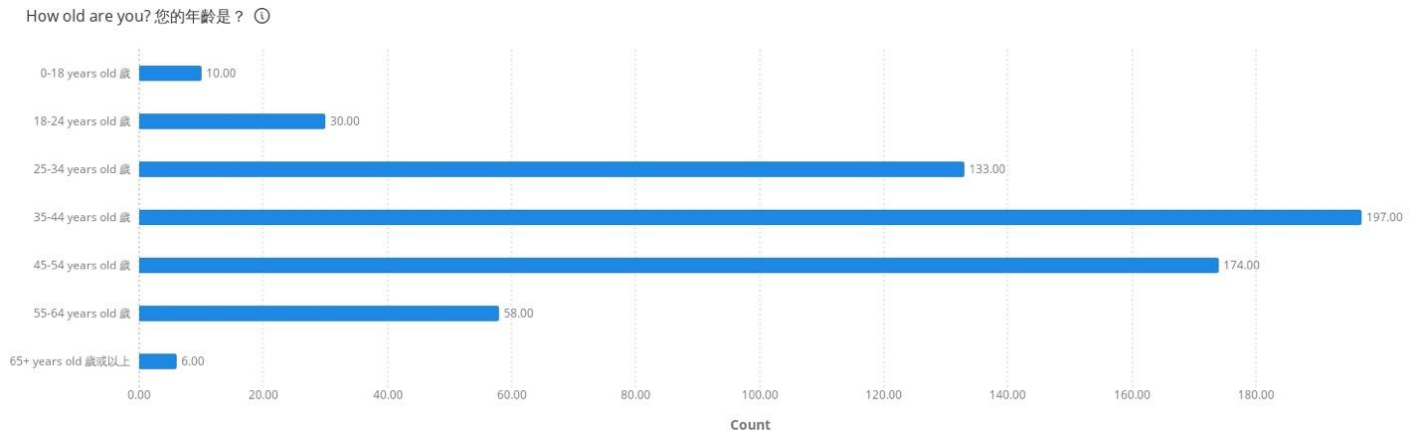
### Report Findings and Analysis:

#### Demographic characteristics:

225 respondents identify as male (45.6%), 260 as female (52.7%), and 8 as non-binary/prefer not to answer (1.6%).

531 respondents are BN(O) visa holders (89.8%), 27 are British citizens (4.6%), 7 are Leave Outside the Rules Holders (1.2%), 3 are asylum seekers (<1%), and 23 responded as "Other" (3.89%).

Age, time in the UK, and self-reported financial security are reported below.



On average, respondents reported that they were financially responsible for 1.2 dependents.

Clinical Surveys:

A note on caseness:



'Caseness' is the term used by the NHS to describe a survey outcome that scores highly enough on measures of depression and anxiety to be classed as a clinical case. The NHS reports scores that it deems to measure caseness for the PHQ-9 (PHQ-8 + an additional question on self-harm), the GAD-7, and IES-R.<sup>7</sup>

For clinically relevant results, we have included the 95% confidence interval (CI) of percentages.

**PHQ-8: 104 (18.9%, CI 15.7-22.4) respondents passed the caseness threshold for depressive disorders (PHQ-8  $\geq$  10, N=551).**

Scores of 5, 10, 15, and 20 represent cutpoints for mild, moderate, moderately severe and severe depression, respectively. 168 (30.5%) of respondents recorded mild depression, 68 (12.3%) moderate, 25 (4.5%) moderately severe, and 11 (2.0%) severe based off these cutpoints. In total, 272 (49.4%) of respondents showed some symptoms of depression.

**GAD-7: 142 (25.8%, CI 22.1-29.6) respondents passed the caseness threshold for anxiety disorders (GAD-7  $\geq$  8, N=551).**

Scores of 5, 10, and 15 represent cutpoints for mild, moderate, and severe anxiety, respectively. 158 (28.7%) of respondents recorded mild anxiety, 67 (12.2%) moderate, and 40 (7.3%) severe based off these cutpoints. In total, 265 (48.1%) of respondents showed some symptoms of anxiety.

**IES-R: 119 (23.8%, CI 20.1-27.8) respondents passed the caseness threshold for post-traumatic stress disorder (IES-R  $\geq$  33, N=500).**

Scores of 24, 33, and 37 represent cutpoints for mild, moderate, and severe psychological stress, respectively. 80 (16.0%) of respondents recorded mild psychological stress, 30 (6.0%) moderate, and 89 (17.8%) severe based off these cutpoints. In total, 199 (39.8%) of respondents showed some symptoms of psychological stress.

Additionally, mean scores can also be calculated for the Intrusion, Avoidance, and Hyperarousal subscales in the IES-R. These were 1.10, 1.06, and 0.83, respectively (out of a maximum possible value of 4).

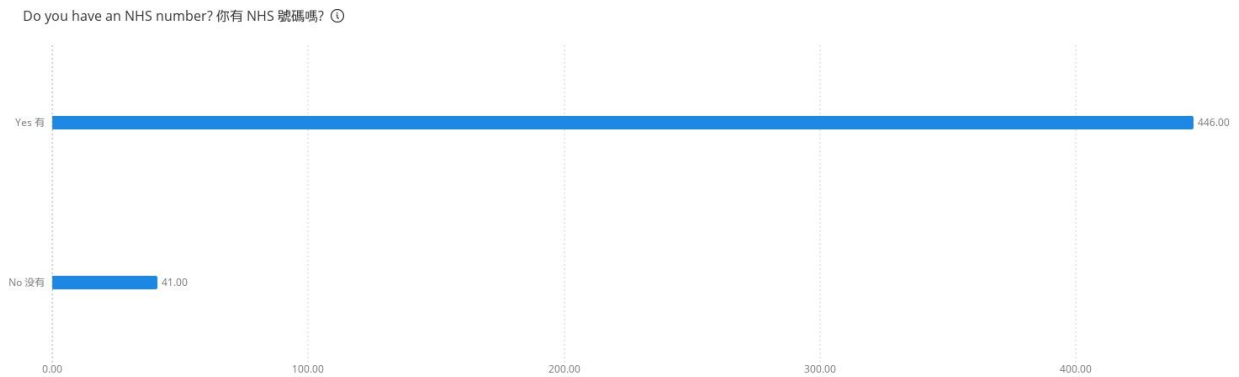
Amongst respondents who filled out all three surveys, **76 (15.2%) passed the caseness threshold for both the PHQ-8 and the GAD-7**, 69 (13.8%) for both the GAD-7 and IES-R, 55 (11%) for both the IES-R and PHQ-8, and 49 (9.8%) for all three (N=500).

Mental Health Interventions:

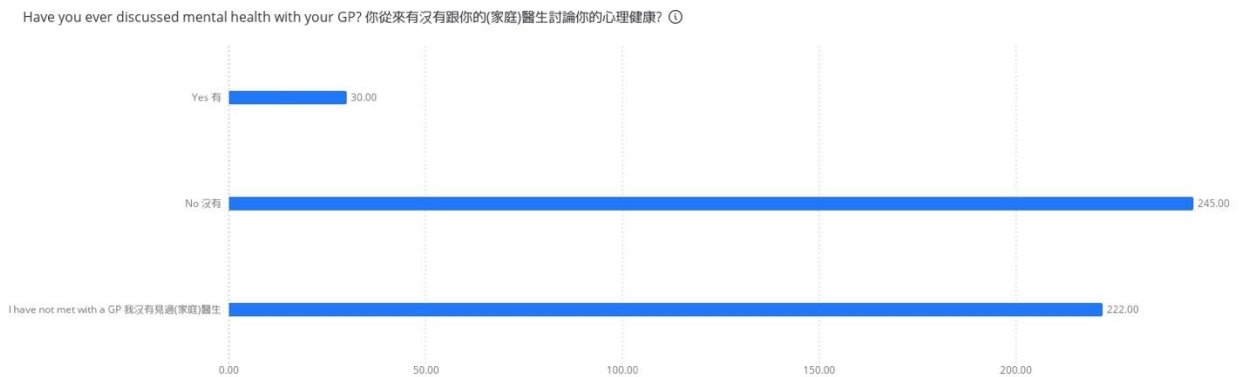
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<sup>7</sup> <http://www.yhscn.nhs.uk/media/PDFs/mhdn/Mental%20Health/iapt-manual-resources-FINAL.pdf>

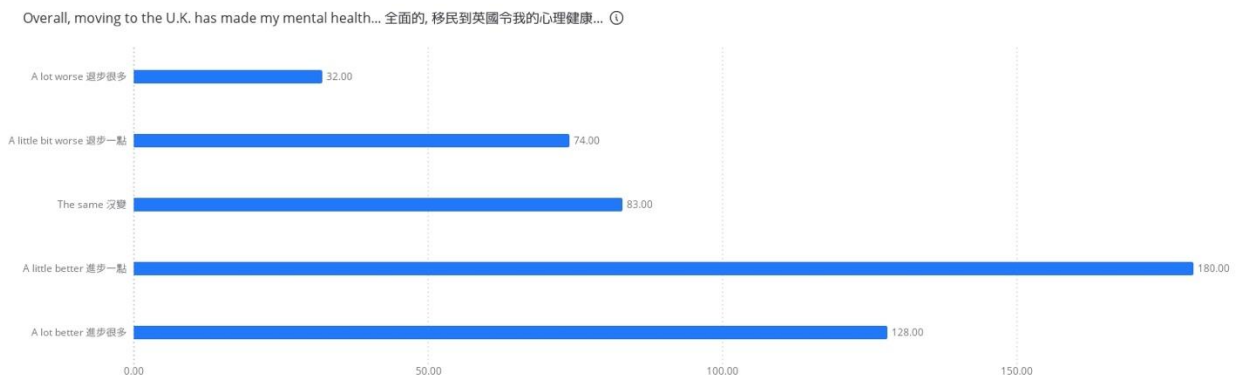
**446 (91.6%) of respondents reported that they have an NHS number (N=487).**



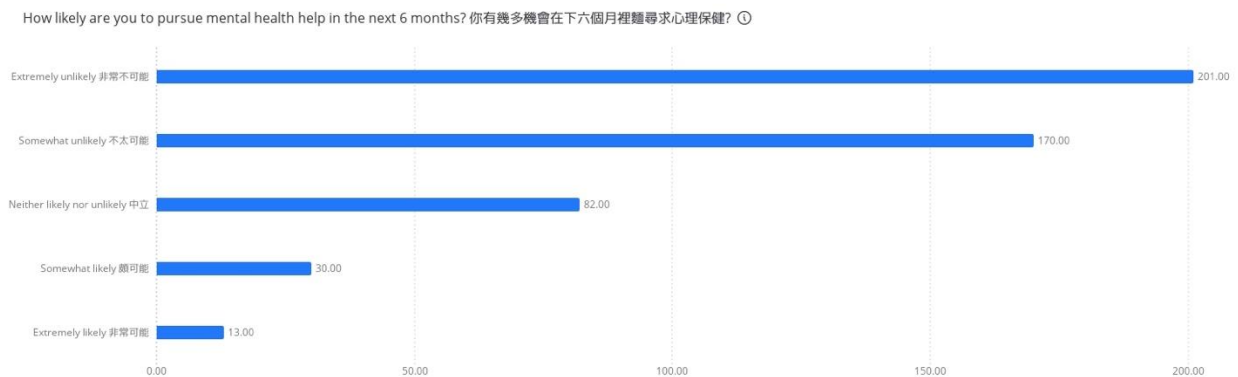
**Only 30 (6.0%) of respondents have ever discussed mental health with a GP, compared to the 245 (49.3%) that have met with a GP but have not discussed mental health. 222 (44.7%) of respondents have not met with a GP yet (N=497).**



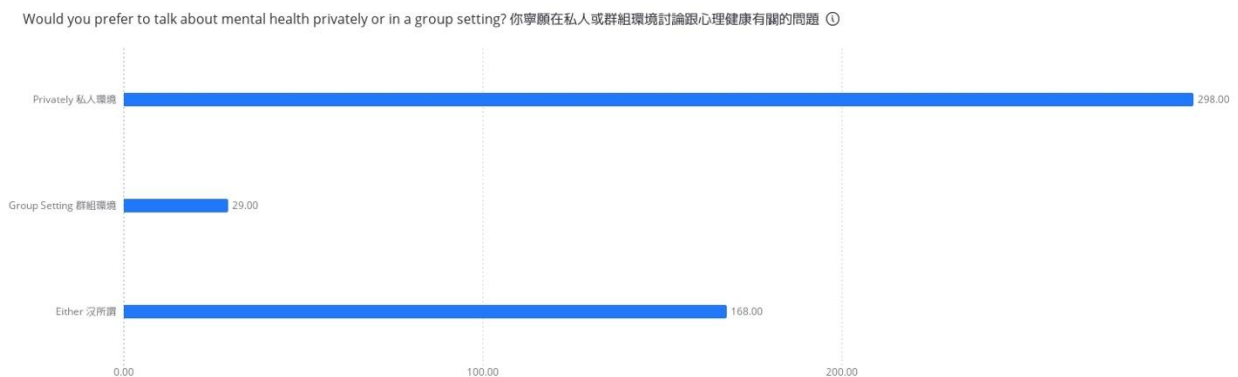
**A majority of Hongkongers living in the UK believe that moving to the UK has improved their overall mental health, with 128 (25.8%) selecting “a lot better” and 180 (36.2%) selecting “a little better.” 83 (16.7%) selected “the same,” 74 (14.9%) “a little bit worse,” and 32 (6.4%) “a lot worse” (N=497).**



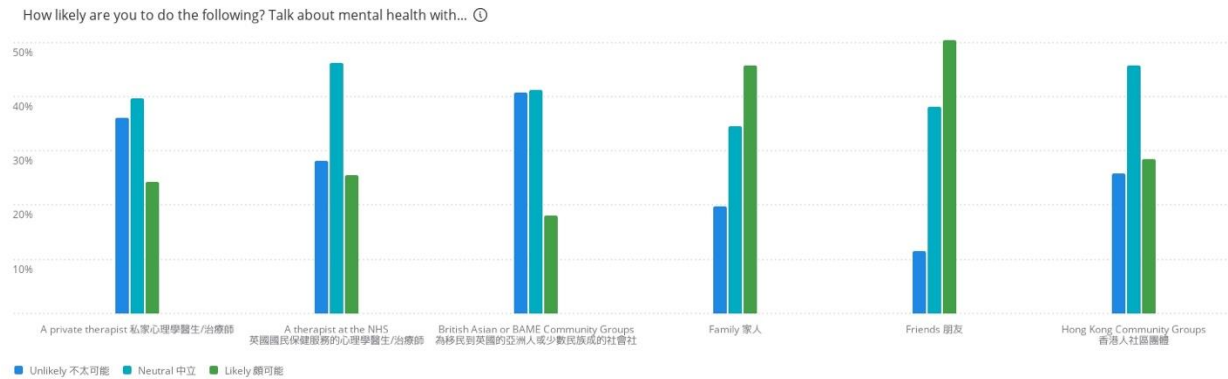
**A majority of Hongkongers living in the UK are unlikely to pursue mental health treatment in the next six months**, with 201 (40.6%) selecting “extremely unlikely,” 170 (34.3%) selecting “somewhat unlikely,” 82 (16.6%) selecting “neither likely nor unlikely,” 30 (6.1%) selecting “somewhat likely,” and 13 (2.6%) selecting “extremely likely” (N=495).



**A majority of Hongkongers living in the UK would prefer to talk about mental health privately**, with 298 (60.2%) preferring private therapy, 29 (5.9%) preferring group therapy, and 168 (34.0%) without a preference (N=495).



Given the option to select “likely,” “neutral,” or “unlikely” for the following options, **more Hongkongers living in the UK selected likely to discuss mental health with their friends (50% of respondents) and family (46%)**. More Hongkongers selected neutral when discussing mental health with therapists at the NHS (46%), with private therapists (40%), and with Hong Kong Community Groups (46%). An equal amount (41%) selected neutral or unlikely to discuss mental health with general British Asian/BAME community groups.



### Interviews and Qualitative Data:

In our open-ended question and oral histories, the most common themes surrounding mental health and immigration were related to the process of adjusting to life in the UK. **Problems with English, finding a job, and adjusting to newfound tensions with family members/children were the three most discussed topics.** Several respondents noted positive aspects of life in the UK, including lower costs for housing, peace and quiet, a more relaxed environment, and more perceived political freedoms.

One respondent framed their difficulties with living in a new country as an identity crisis, an issue common in many immigrant populations, saying, *“A part of myself is not there when I do not speak Cantonese... even though English is my better [academic] language.”* Other issues included navigating the bureaucratic landscape -- another respondent, currently applying for a BN(O) visa and under Leave Outside the Rules (LOTR), noted difficulties in getting a National Insurance number necessary for employment, citing the resulting life pressure and high tax burdens in the UK as contributing to stress.

Negative themes surrounding mental health and perhaps unique to the recent Hong Kong arrival included emotional responses to Hong Kong’s new political status, worry/fears for those still living in the city, and anger towards the events of 2019-2020. Many respondents noted that Hong Kong’s National Security Law made it difficult to discuss ideas freely for fear of reprisal, either for themselves or for family/friends living back in Hong Kong. Several cited wanting to visit parents or family members who continue to live in Hong Kong and so unable to give any political opinion that might run afoul of authorities – more than one mentioned *“survivor’s guilt.”* **This observation is reflected in our survey results, where around 10% of participants who filled out the generalized PHQ-8 and GAD-7 surveys refused to fill out the subsequent IES-R, which explicitly asks participants to report symptoms of distress as related to the 2019 protests and National Security Law.**

As one respondent put it, *“I hate to think [I] cannot travel back to [my] homeland freely, no one wants to be exiled or named fugitive.”*

A surprising number of respondents referenced the ongoing crisis involving Russia's 2022 invasion of Ukraine. Some stated a shared solidarity with Ukrainians against a foreign aggressor, whilst others mentioned that repeated images of war and violence seen throughout media platforms exasperated their own mental health or made them worry that Hong Kong's struggles and Hong Kong's emigrants would be overshadowed and forgotten. Conversely, we saw little to no discussion from participants living in the UK linking their self-reported anxiety or depression symptoms to the ongoing COVID-19 pandemic in Britain.

Conversations with those who identified as health-care providers and social workers reported similar findings to the anonymous open-ended questions. Informants reported that, alongside traditional barriers amongst immigrants such as language differences, **incidents of self-censorship made talk therapy immensely difficult. Fear of reprisal was so high that one respondent told of a friend who refused to discuss anything related to Hong Kong's political situation out on the street in Britain.** Another informant mentioned that even after two months of continued talk therapy, their client refused to discuss anything revolving around politics. **Stigma and lack of information were also barriers – one provider noted that a client came in with physical symptoms of panic attacks (tight chest, palpitations) but was unaware of such diagnoses.** These specific factors related to the HK immigrant population accordingly made many types of mental health therapy, including telephone sessions, chatlines, and community organizing, difficult due to lack of trust.

### Discussion:

To the authors' knowledge, this is the first nation-wide study looking at the specific experiences of Hongkongers who have moved to the UK after the onset of the 2019 protests and mass social unrest in Hong Kong. Notably, it also records mental health outcomes in the HK immigrant population for the first time after the onset of the 2020 Hong Kong National Security Law implemented by Beijing, which was cited as a possible complication in emigration processes, the pro-democracy movement, and subsequent data collection due to its ability to be applied retroactively and to citizens of any nationality.<sup>8</sup>

The usage of the PHQ-8 and GAD-7 surveys allows us to make comparisons to similar studies done in Hong Kong and Britain using the same questionnaires from 2019-present. **For comparative purposes, our survey reported clinically relevant symptoms of depression in 18.9% of the study population (PHQ-8 score  $\geq 10$ ), and 19.4% for symptoms of anxiety (GAD-7 score  $\geq 10$ ; note that this is a higher threshold than the NHS report for "caseness" previously discussed).**

Prevalence of depression is higher to those reported in Ni et al. (11.2%) in 2019 Hong Kong, and comparable to that of that of Hong Kong's population from April-May 2020 (19%)

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<sup>8</sup> <https://www.amnesty.org/en/latest/news/2020/07/hong-kong-national-security-law-10-things-you-need-to-know/>

reported in Choi et al. Prevalence of anxiety is higher than those recorded from April–May 2020 (15.3%), and from July–August 2020 (13.7%) in Hong Kong (Hou et al). See Figure 1.

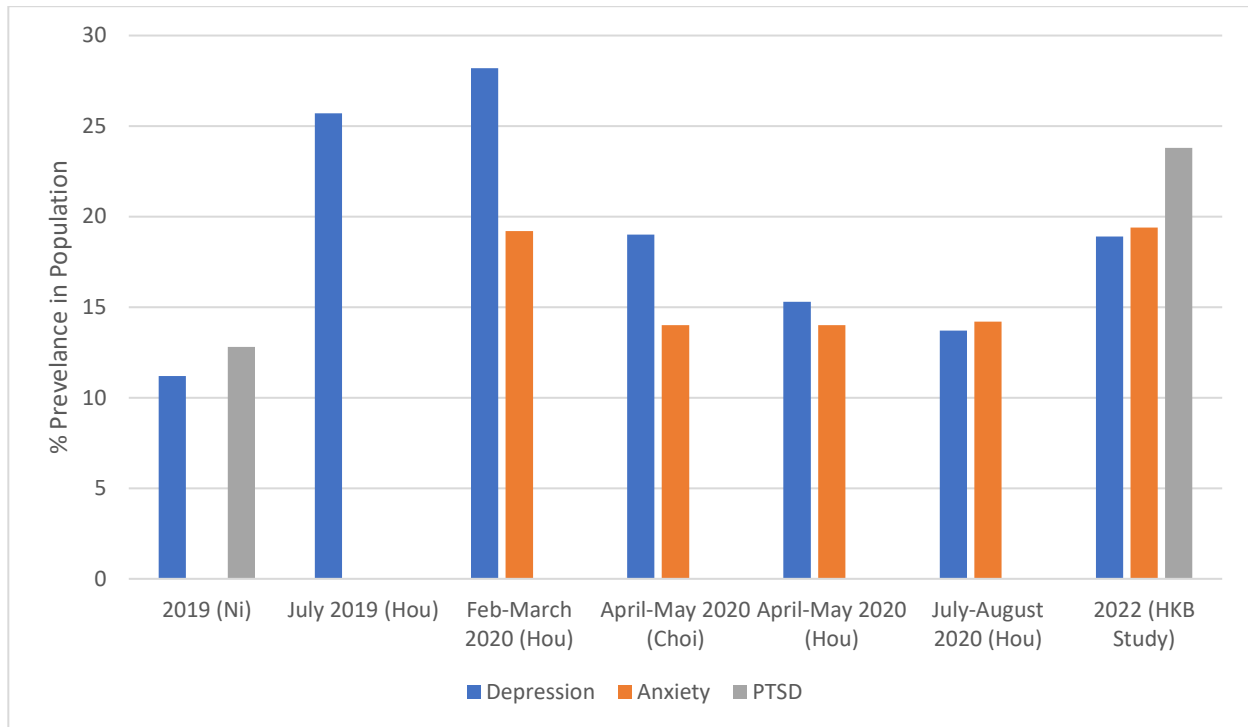


Fig. 1: Prevalence of depression, anxiety, and PTSD amongst Hong Kong (2019-2020) and HK emigrant (2022) population.

Prevalence of depression and anxiety in the HK immigrant population are both higher than levels recorded in the general population of Britain in Aug 2020 for both depression (16.3%) and anxiety (11.5%) (Fancourt et al).

The advent of the COVID-19 pandemic, implementation of the 2020 National Security Law, and stress typical in the immigration process make it difficult to assign any particular cause to these elevated levels of depressive and anxiety symptoms. We relied on the IES-R, therefore, to measure specific psychiatric stress from the *2019 Hong Kong protests and implementation of the National Security Law*. **23.8% of our population passed the threshold for probable PTSD due to this event**, higher than the levels of PTSD reported in 2019 by Ni et al. (12.8%) and slightly lower than the percentage of Hongkongers who said that they suffered psychiatric distress from police brutality in HKB’s *Coming For Hope* publication (27%). Note that Ni et al., using a different survey to measure PTSD, rely on the non-specific terms *stressful life experiences* and *ongoing social unrest* as the “events” preceding cases of PTSD.

Hou et al. record that anxiety and depression markers fell throughout 2019-2020 in Hong Kong, and we are careful here not to generalize that the act of immigration to the UK or cultural shock alone may explain our higher markers of anxiety and depression for Hongkongers

living in Britain. **Indeed, a majority of our participants believe that their mental health has actually improved upon moving to the UK.** We note that besides being conducted in a different geographical context, other studies cited here, like many conducted in Hong Kong, are not truly anonymous (random sampling is linked to addresses or telephone numbers) and also collected data after the onset of the 2020 National Security Law, which may have influenced responses due to fear of reprisal. Our own data was limited by a small population size, non-random sampling, and a continued perceived fear of reprisal towards research participants, even those living in the United Kingdom. Though our research sample is larger than that of other studies published by Hongkongers in Britain and other research groups, we do not intend to generalize our findings with the entire population of HK arrivals to the UK; our findings serve to inform further qualitative studies and surveys.

In our own survey, we note that **perceptions around outside political forces continue to prevent Hongkongers from speaking freely about their mental health experiences.** One respondent was explicit when they stated, “There are whistle-blowers amongst the Chinese.” Regardless of veracity, these expressions make data collection difficult – as an example, only three asylum seekers filled out the survey despite directly targeting them in private chat groups and networks. It will also inevitably lead to further debates on whether or not Hong Kong arrivals to the UK are “truly” suffering, what forces cause such suffering, and if such suffering requires social and/or medical intervention. In medical anthropology, such relationships can be defined by the term “*idioms of distress*,” which aims to describe how socially, politically, and culturally mediated ways of experiencing and expressing distress influence trauma -- we find the definition particularly relevant to the Hong Kong immigrant population living in Britain.<sup>9</sup> Through we have framed mental health issues within widely-used clinical surveys from the NHS in order to bring attention to the increased mental health struggles that we believe Hong Kong immigrants face, actual symptomologies of distress from this population may present differently or be expressed latently when compared to other residents of Britain or other groups of Hongkongers studied.

### Recommendations:

The authors of this report are grateful for the continued support of the British government in providing resources to the newly arrived Hong Kong arrivals in UK. These have included the 12 decentralized Welcome Hubs set throughout Britain as well as nearly £2.6 million of government funding towards community projects, which have included UK-wide helplines and specialized mental health services.<sup>10</sup> As more funding becomes available in the future, we offer the following recommendations:

### **Employment, schooling, and immigration help *is* mental health help.**

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<sup>9</sup> <https://onlinelibrary.wiley.com/doi/10.1002/9781118924396.wbiea2018>

<sup>10</sup> <https://www.gov.uk/government/news/community-projects-awarded-government-funding-to-help-hong-kongers-settle-into-life-in-the-uk>

Community programs aimed at the HK immigrant population tend to fall into the categories of specific mental health services or generalized immigration support. Working within this dichotomized framework may miss out on wide swaths of Hongkongers suffering from anxiety, depression, and PTSD. Hongkongers in Britain, for example, is only able to allocate <100 target slots of mental health interventions within the next six months based on current funding. **As noted in our survey, almost 75% of the HK immigrant population said they were unlikely to pursue mental health treatment in the next six months.**

Mental health treatment is not just traditional talk therapy and/or medication, but also ensuring that one's needs of personal safety, well-being, and social connectivity are met. **We therefore advocate that mental health services are integrated more into traditional immigration support.** This may involve interventions at every step of the pipeline upon arrival to the UK, including:

- **Running short case identification tools** when providing other seemingly unrelated immigration services, such as the GAD-2 and/or the Whooley depression screen recommended by the NHS.<sup>11</sup> Positive cases can be referred as necessary to the relevant bodies and preventative services.
- **Increasing better communication between relevant support bodies**, such as schools, housing authorities, churches, and the workforce **about the specific needs of HK immigrant families.**
- **Jumpstarting face-to-face social interactions, whenever and wherever possible, between Hong Kong individuals and settled residents to limit isolation and build social cohesion/trust.** Isolation and loneliness in the HK immigrant population may be one of the most impactful factors leading to mental health decline, lack of reporting, and lack of medical intervention.

These are just a few ideas underlying many of the recommendations given by the respondents. One informant argued in their oral interview that a specialized training programme for HK people to become translators in the NHS, for example, could solve their issues related to both language difference and employment difficulties.

**Hongkongers benefit from mental health therapies tailored by them, for them.**

Within the BAME umbrella, Hong Kong immigrants are linked by a shared language and cultural identity that distinguishes them even from other ethnically Chinese communities. **There is a highly sensitive sense of safeguarding felt by many BN(O) holders and those moving to the UK.**

We recognize that networks of close friends and family, inherently the most popular area of mental health support according to our survey, is disrupted upon acts of immigration and migration. **We recommend that UK stakeholders recognize that social support to rebuild**

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<sup>11</sup> <http://www.yhscn.nhs.uk/media/PDFs/mhdn/Mental%20Health/iapt-manual-resources-FINAL.pdf>



**these networks, while cognizant of current political situations, is also mental health therapy.**  
This may include:

- **Training translators, professionals, and other individuals providing social support** to take an initial sensitive approach to questions related to politics, but not to ignore them altogether.
- **Recognizing that Britain's own interventions, such as the governmental asylum process, funding mechanisms for mental health support, and support of organizations perceived to be non-trustworthy may create "idioms of distress" that change how Hongkongers express their mental health struggles.**<sup>12-13</sup>
- **Continuing to show support for Hong Kong and those who choose to remain in the city,** as dictated in the legally-binding 1984 Sino-British Joint Declaration and as the global political situation continues to evolve.

**Building confidence in Britain's social support systems is key.**

Our overall goal is to see more integration of the Hong Kong population within existing frameworks of Britain's support services, especially after the funding of these community projects subsides. **It is troubling, for example, that over 40% of Hong Kong immigrants to the UK have yet to see a GP for the first time, for any reason** – of course, the COVID-19 pandemic likely impacted these numbers, but community workers should continue to disseminate information looking at long-term and preventative health for this population. Such signposting, for example, might entail specific advertisement of the NHS Health Check Program, which serves to screen for pre-existing health conditions and is slowly being reinstated throughout 2022.<sup>14</sup>

Future research with this dataset will look at mental health symptoms with regards to changes in financial status, length of time in the UK, integration in the NHS, and other variables. We hope that conversations around mental well-being continue to underscore discussions about the BN(O) holder and Hong Kong arrivals, that such discussions are fully participatory and engage with the HK community in a **consensus-building** and **desire-based** manner, and that future policy and governmental interventions recognize the demonstrated needs of this population in adjusting to life in Britain.

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<sup>12</sup> For an example, see Britain's recent fix of the BN(O) loophole which excluded young and potentially vulnerable Hongkongers from entering on the visa. <https://www.politics.co.uk/news-in-brief/government-to-expand-bno-visa-scheme-for-hong-kongers-born-post-1997/>

<sup>13</sup> Also see criticisms of the BN(O) welcome package funding groups said to be affiliated with the Chinese Communist Party. <https://www.thetimes.co.uk/article/china-infiltrates-groups-welcoming-hongkongers-to-britain-f2w903c05>

<sup>14</sup> <https://www.nhs.uk/conditions/nhs-health-check/nhs-health-check/>

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Infographics:

