As a GP, what have been your observations over the past few months in relation to the mental health of your patients?

There has been such a wide response in our relatively small cohort of patients that it is hard to generalise. But if anything, I can say that the coronavirus pandemic has exposed or amplified people’s underlying emotional state. Those with stable jobs and home environments (the bedrock of adult mental health) have been largely unaffected. In fact, many have flourished with the added time around their families due to restricted travel and the opportunities to control their own daily schedule as they worked from home. On the other hand, those with underlying cause for insecurity and emotional fragility have really struggled with the added uncertainty. As a result of this we have seen an overall increase in the amount of mental health consultations and prescriptions in the past few months. This has made me personally aware of just how many people must be struggling because the patients who make it into our office for a consultation are only the tip of the iceberg.

Have you noticed any changes now that people are returning to ‘normality’ (schools, workplaces opening etc.)?

Absolutely! We will probably never return to “normal” again and there are already permanent changes taking place which will last well beyond the pandemic. For example, many employers have discovered the potential efficiencies behind distributed work and how to decrease their rent and HR costs in a city like Hong Kong. At Central Health we used to be reluctant to use virtual consultation platforms in favour of a traditional face-to-face appointment. But with the extra practise we have had in recent times I can now see a distinct advantage in doing Skype or Zoom appointments for someone at home with mental health issues. Maximising the comfort, convenience and efficiency for some of my patients will in fact allow me to get more out of them during a 15-minute slot and in turn give them more meaningful advice. We also see many parents becoming more conscientious about their children’s illnesses and seeking advice early on. They are more likely to keep kids out of school when they have a cold whereas before someone would be topped up with medication and sent out into the community before they had fully recovered.
In your opinion, how can we best support people as they transition back to their workplaces and routine?

Flexibility is the first word that comes to mind. I don’t see any benefit in a rigid and short-term strategy when there is still so much uncertainty around the pandemic and how it affects the world. Some people are keen to return to the office, whilst others are more comfortable at home and showing that they can still have the same level of efficiency in a new format. The employers that show they can accommodate the most reasonable requests and remain open to new ideas will likely be rewarded by the most productive employees. It is hard to imagine what people are struggling with at home and how they might still be feeling about the situation so it is important to be more sensitive than usual. I feel particularly concerned for those who are newly into a role or took on a task that had a very different description before the pandemic. To judge someone’s long term worth to a company based on the past 6 months would be a mistake in many cases. I would urge companies to be open and transparent with someone who is new or struggling at this time, with proactive steps to make sure they feel supported and not judged for how the job may have changed around them.

How do we ensure that people put in place long-term strategies for mental health and ensure resilience for the future?

This is the easiest question for me to answer because the answer is exactly the same as it has always been. We tackle problems day to day, step by step and try our best to make good choices! Even if we can’t remember them as clearly now, most people have been through really tough times before and they will almost certainly experience them again. The goal is to survive (or perhaps even thrive) despite these difficulties through the choices that you make. Difficult situations such as financial problems, marital strife, health complications and so on are also opportunities for us to make good or bad decisions. I encourage people to think about all the variables that are truly under their control and to start with those when trying to build up resilience. For example, the food you eat, how much alcohol you drink, the exercise you take, the relationships you encourage, the attitude you bring with you into a room. All of those are choices, and most of us would feel better off and more empowered if we took full accountability for them on a daily basis.

What should people do if they experience a mental health / wellbeing problem?

A lot of offices have an EAP (employee assistance program) in place for those who want to reach out to someone confidentially. Despite this, some are worried about the repercussions of someone finding out their personal problems so they prefer to go somewhere else such as the GP. Either way, having a simple conversation with a professional can in itself be therapeutic to many people. Often it helps just to know that someone is familiar with your story and how you are feeling at a difficult time. An impartial opinion from a professional can also help to allay some common fears and misconceptions about mental health. The vast majority of my patients in this situation do not require medication or years of therapy but it does at least open the door to the possibility of treatment.
Do you have any observations of dealing with different generations /genders/ ethnicities on the issue of mental health?

We love variety in general practice and every day brings a broad range of cultures and backgrounds through the door. The key is to be sensitive to the fact that other people may have had a different lived experience in the past regarding mental health, or have been taught differently when they were younger. I find this to be far more telling than a person’s gender, age or ethnicity. If someone does seem reluctant to talk about mental health issues, or they are particularly jaded from a negative occurrence in the past, I take extra care to explore their concerns and explain our medical process along the way. These often turn out to be the most satisfying of cases when they eventually come around and so I look forward to the challenge! But for the most part, there is no sweeping generalisation in a city like Hong Kong because there is so much variety in how we were all brought up and educated about mental health.