Mind HK's Recommendations in Response to
The First Five-Year Plan for Economic and Social Development of the HKSAR (2026-2030)
Building Hong Kong as a High-Performing, Mentally Healthy City Under the 15th Five-Year Planning Cycle

TO: Mr John KC Lee, GBM, SBS, PDSM, PMSM
Chief Executive
Chief Executive's Office
Tamar, Hong Kong

DATE: 17 July 2026
RE: Submission to the First Five-Year Plan for Economic and Social Development of the HKSAR (2026-2030)

Building Hong Kong as a High-Performing, Mentally Healthy City

Dear Mr Lee,

Mind Mental Health Hong Kong Limited (Mind HK), a registered charity under Section 88 (91/16471), is pleased to submit the following policy recommendation as part of the 2026 Policy Address Public Consultation, in particular relating to the mental health of Hong Kong.

The central recommendation is to treat mental health as Hong Kong's core public infrastructure and a strategic enabler of high-quality development. Mental health should be integrated into economic planning, health economics evaluation, education reform, labour policy, technology governance, ageing policy, entrepreneurship support, community development, and primary care, rather than treated as a standalone health or social service for people who already have mental health diagnoses. Hong Kong should adopt the goal of becoming a high-performance, mentally healthy city, using a model similar to elite sports: high standards, disciplined effort, evidence-based training, psychological support, recovery, and system coordination.

We thank you for reading our policy recommendation and for supporting the Administration in adopting an integrated public mental health approach—grounded in evidence, prevention, and coordination—making mental health a central priority for the benefit of all residents.

Yours sincerely,

Dr Candice Powell
Chief Executive Officer
Mind HK

Policy Recommendation:
Building Hong Kong as a High-Performing, Mentally Healthy City Under the 15th Five-Year Planning Cycle

Executive summary

Hong Kong should position itself as a demonstration city for a new development model: one that is globally competitive, financially dynamic, fast-paced, and, at the same time, mentally healthy, socially resilient, and sustainable. This is not a soft social aspiration. It is a hard economic, governance, and human capital requirement for high-quality development.

The current model of development places emphasis on physical infrastructure, economic scale, and sectoral "hub" building, while mental health support in Hong Kong is still largely budgeted towards hospital and rehabilitation support for people who already have diagnosed mental disorders. In a city characterised by high living costs, long working hours, academic pressure, population ageing, rapid technological change, and intense competition, untreated or inadequately addressed mental health conditions reduce educational attainment[1], undermine work participation and productivity[2], strain family functioning[3], and contribute to social exclusion that can erode social cohesion and trust over time[4].

Hong Kong has important strengths. Compared with many Asian and Mainland cities, it has a more developed professional mental health workforce, established university-based research capacity, a sophisticated health system, strong NGOs, and the institutional maturity to pilot integrated models that can inform wider Chinese policy development. However, these strengths are not yet organised into a coherent, outcome-driven, cross-sector system, and the existing Advisory Committee on Mental Health does not have the mandate or authority of a system-level coordinating and accountability body to showcase our strengths to other cities.

The central recommendation is to treat mental health as **core public infrastructure and a strategic enabler of high-quality development**. Mental health should be integrated into **economic planning, health economics evaluation, education reform, labour policy, technology governance, ageing policy, entrepreneurship support, community development, and primary care**, rather than treated as a standalone health or social service for people who already have mental health diagnoses. Hong Kong should adopt the goal of becoming a **high-performance, mentally healthy city**, using a model similar to elite sports: high standards, disciplined effort, evidence-based training, psychological support[5], recovery, and system coordination.

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[1] Hamaideh, S. et al. (2022). Association between mental health and academic performance among undergraduates: A longitudinal study. *International Journal of Environmental Research and Public Health*, 19(18), 11426
[2] Huo, D., Rice, N., Roberts, J., & Sechel, C. (2022). Mental health and productivity: evidence for the UK. *The Sheffield Economic Research Paper Series (SERPS)*, *2022023*(2022023).
[3] Wiegand-Grefe, S., Sell, M., Filter, B., & Plass-Christl, A. (2019). Family functioning and psychological health of children with mentally ill parents. *International journal of environmental research and public health*, *16*(7), 1278.
[4] Paquin, V., Miconi, D., Aversa, S., Johnson-Lafleur, J., Côté, S., Geoffroy, M. C., & Gülöksüz, S. (2025). Social and mental health pathways to institutional trust: A cohort study. *Social Science & Medicine*, *379*, 118199.
[5] Schinke, R. J., Li, Y., & Quartiroli, A. (2026). Elite athlete mental health: an international society of sport psychology east–west perspective. *International Journal of Sport and Exercise Psychology*, *24*(1), 1-19.

This recommendation proposes eight strategic goals: (1) Position Mental Health as a Strategic Asset in Hong Kong's Development Planning; (2) Integrate Mental Health into Economic Planning and Health-Economy Evaluation; (3) Build an Integrated and Accountable Governance Architecture; (4) Improve Access, Timeliness, and Quality of Care Across the Continuum; (5) Shift from Output-Based to Outcome-Based Mental Health Systems; (6) Understand and Address Determinants of Mental Health; (7) Build Mental Health Supportive Environments; and (8) Create a Learning System Driven by Data and Implementation Science.

Submitted by
Dr Candice Powell
Chief Executive Officer / Clinical Psychologist
Mind HK

Background and rationale

Hong Kong is the most competitive urban economy in Asia, with a strong identity as an international financial centre and a broader ambition to remain a global hub for commerce, innovation, and talent. This position will unavoidably continue to expose its population to high performance demands in school, higher education, work, entrepreneurship, caregiving, and later life adaptation. The policy question is therefore not whether Hong Kong can or should become less competitive, but whether it can redesign the conditions of competition so that excellence is sustainable rather than psychologically damaging.

Current evidence indicates that mental health problems are common in Hong Kong. The Mental Health Review Report estimated that 13.3% of adults experienced common mental disorders, with mixed anxiety and depressive disorder being the most common[6]. More recent local analyses and commentaries have continued to describe worsening mental wellbeing, significant stress among young people. 24.4% of Hong Kong children aged 6–17 have at least one mental disorder within a year, with depression affecting 10% and anxiety 7.8% of secondary school students[7,8]. The estimated economic loss due to depression alone is HK$ 2.5 - 3.0 billion per year,[9] and up to HK$ 12.4billion of productivity loss due to poor mental health[10]. There is a need to elevate mental health as an urgent public and economic priority.

What is shaping our environment? In workplaces, Hong Kong's long-hours culture, heavy workloads, and persistent stigma around mental health create conditions in which mental health problems are often concealed until they become severe. In education, high-stakes assessment, social comparison, and strong performance pressure contribute to high stress and emotional strain among students. At the population level, ageing, financial pressure, and stress associated with retirement transitions create additional risks. Technology is also reshaping mental health conditions through digital overload, online bullying or social media comparison, changing work patterns, and the emergence of AI-enabled supports and risks.

Where are we now? Mental health is typically considered from the ill-health and social service point of view. Mental health responsibilities are distributed across the Health Bureau, Hospital Authority, Education Bureau, Social Welfare Department, Labour and Welfare

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[6] Lam, L. C. W., Wong, C. S. M., Wang, M. J., Chan, W. C., Chen, E. Y. H., Ng, R. M. K., ... & Bebbington, P. (2015). Prevalence, psychosocial correlates and service utilization of depressive and anxiety disorders in Hong Kong: the Hong Kong Mental Morbidity Survey (HKMMS). *Social psychiatry and psychiatric epidemiology*, *50*(9), 1379-1388.

[7] Chan, S. S., Wong, O. W., Hussain, S., Tsoi, K. K., Ma, K. K., Chau, S. W., ... & Leung, P. W. (2025). Twelve-month prevalence of DSM-5 mental disorders and the psychosocial correlates-a child and adolescent psychiatric epidemiologic survey in Hong Kong SAR. *The Lancet Regional Health–Western Pacific*, *57*.

[8] Wong, S. M., Chen, E. Y., Suen, Y. N., Wong, C. S., Chang, W. C., Chan, S. K., ... & Hui, C. L. (2023). Prevalence, time trends, and correlates of major depressive episode and other psychiatric conditions among young people amid major social unrest and COVID-19 in Hong Kong: a representative epidemiological study from 2019 to 2022. *The Lancet Regional Health–Western Pacific*, *40*.

[9] Li, S. X., et al. (2024). PD134 Projecting the 10-year cost of care burden for depression until 2032 in Hong Kong: A real-world evidence-based Markov model. *International Journal of Technology Assessment in Health Care*, 40(S1).

[10] City Mental Health Alliance Hong Kong, & Oliver Wyman. (2019). *The cost of mental ill health for employers in Hong Kong*. City Mental Health Alliance Hong Kong. https://www.oliverwyman.com/our-expertise/insights/2019/jan/the-cost-of-poor-mental-health-for-employers-in-hong-kong.html

Bureau, and NGOs. We therefore face a structural challenge of fragmentation rather than absence; we need a sufficiently strong central mechanism for integration, shared standards, or outcome accountability. Existing advisory mechanisms of the Advisory Committee on Mental Health are important and useful, but limited if they cannot direct cross-sector implementation, monitor outcomes, and realign resources across the system. Places with similar economic competitiveness in Hong Kong adopt a national mental health strategy. For example, Singapore launched a National Mental Health and Well-being Strategy, which was explicitly described as a "whole-of-government and whole-of-society" strategy in 2023[11]. Australia's National Mental Health Strategy is another example of a long-standing, federal–state framework through which the government guide national policy and plans to strengthen suicide prevention and workforce capacity[12].

Moreover, our system remains more developed in specialist and downstream services than in upstream prevention, primary care, and early intervention. For example, in 2022–2023, the Hospital Authority's expenditure on mental health services totalled HK$ 6,086 million[13], almost entirely focused on clinical care for individuals with diagnosed mental disorders. By contrast, the only major population-level promotion initiative is the "Shall We Talk" mental health promotion and public education campaign, which receives HK$ 50 million in annual recurrent funding[14]. No up-to-date information on the budget was found relating to the community rehabilitation services mainly for people with existing psychiatric diagnoses, Integrated Centre for Community Mental Wellness, Long Stay Care Home, Halfway House, etc, funded by the Labour and Welfare Bureau. The early intervention, Healthy Mind Pilot, in District Health Centres is still in the pilot stage. This pattern underscores that most resources are concentrated on remedial, diagnosis-based services, while dedicated investment in upstream prevention and promotion is limited to a relatively small share of the overall mental health budget, reinforcing the case for a strategic rebalancing toward proactive, preventive, and primary-care-anchored approaches. Current downstream services are resource-intensive rather than value-generating. Transitioning the paradigm to treat **positive mental health as an economic asset** will enhance workforce productivity, foster innovation, and systematically reduce public healthcare expenditures.

At the same time, Hong Kong has comparative advantages that should be leveraged. Its professional workforce in psychiatry, psychology, social work, and related disciplines is stronger than in many Mainland contexts. It also has research-intensive universities, credible NGOs, and the administrative capability to test and refine policy innovations that integrate mental health into broader development strategy. This makes Hong Kong well-placed not only to improve its own system but also to provide a model and reference point for Mainland China in developing mentally healthy, high-performance cities.

[11] Ministry of Health Singapore (2023). National Mental Health and Well-being Strategy (2023) https://www.moh.gov.sg/others/resources-and-statistics/national-mental-health-and-well-being-strategy--2023-/
[12] Ramsay, J. (1996). The national mental health strategy. *Australian Journal of Rural Health*, *4*(1), 53-56.
[13] https://www.legco.gov.hk/yr2023/english/panels/hs/papers/hs20231117cb4-977-5-e.pdf
[14] https://www.legco.gov.hk/yr2023/english/panels/hs/papers/hs20231117cb4-977-5-e.pdf

Vision

Hong Kong should become a leading model of a **high-performing, mentally healthy city**: a city that achieves economic competitiveness, educational excellence, innovation capacity, and longevity without normalising burnout, chronic toxic stress, social alienation, avoidable tragedy, or preventable psychological suffering.
This vision rests on seven principles.

1. Mental health is a public good and a foundation of human capital, not merely a medical matter for a small minority of people with severe disorders.
2. High performance requires optimal stress, not chronic or maximal stress; the goal is to calibrate demands and supports so that challenge drives growth while chronic overload is reduced.
3. Prevention, early identification, primary care implementation, and timely low-intensity intervention are as important as specialist treatment and rehabilitation.
4. Evidence, ethics, and outcomes should guide service design and funding, rather than output counts alone.
5. Mental health must be integrated into system thinking across economy, education, labour, welfare, health, ageing policy, entrepreneurship development, technology governance, and urban development.
6. Mental health is shaped by surrounding environmental forces, including economic stability, social media, digital culture, AI, equality, retirement transitions, and changes in family and community structures.
7. A mentally healthy society requires lifespan thinking, from social-emotional development in childhood to active, connected, and meaningful ageing in later life.

Goals and Recommendations

Goal 1: Position Mental Health as a Strategic Asset in Hong Kong's Development Planning

Explicitly recognise population mental well-being and resilience as strategic assets in Hong Kong's next five-year planning cycle. This must be reflected in formal policy language, key performance indicators, and cross-bureau accountability mechanisms to ensure that major reforms in education, labour, ageing, youth development, and entrepreneurship are assessed for mental health impact.

Recommended actions include:

- **Establish a Statutory Mental Health Commission:** Building on the Advisory Committee on Mental Health, establish an independent or statutory Mental Health Commission with authority to coordinate cross-sector strategy, issue standards, monitor performance, and publish annual assessments of the city's mental health system.
- **Multidisciplinary Expertise:** The Commission should include expertise from psychiatry, psychology, counselling, public health, social work, education, labour policy, implementation science, service users, carers, ageing services, digital governance, and youth development.
- **Core Commission Mandate:**
    - Set territory-wide five-year goals and indicators spanning prevention, early intervention, treatment, recovery, stigma reduction, workforce accreditation, and mental health promotion.
    - Coordinate policy across relevant bureaux and agencies to reduce duplication and close service gaps.
    - Review the mental health impact of major policy directions across education, labour, ageing, family, and technology-related domains.

Goal 2: Integrate Mental Health into Economic Planning and Health-Economy Evaluation

Establish mental health as a recognised component of economic competitiveness. Instead of relying solely on global data, Hong Kong must build its own local health-economy evidence to demonstrate the concrete returns of prevention, early intervention, treatment, and supportive environments.

Recommended actions include:

- **Commission Local Health-Economic Studies:** Research the direct and indirect costs of poor mental health in Hong Kong, including healthcare utilisation, productivity loss, absenteeism, presenteeism, school disengagement, caregiver burden, and preventable crises.

- **Global Benchmarking:** Benchmark Hong Kong against comparable international cities on workforce mental health indicators, youth well-being indicators, service access, and prevention investment.
- **Evidence-Driven Resource Allocation:** Use health-economy findings to guide funding and investment priorities in workplace reform, school-based support, early intervention, and active ageing.
- **Policy Evaluation:** Developing explicit mental health return-on-investment (ROI) frameworks for major policy initiatives.

Goal 3: Build an Integrated and Accountable Governance Architecture
Create a single high-level mechanism responsible for strategic direction, coordination, standards, and public accountability across sectors. Without this structural anchor, mental health policy will remain reactive, siloed, and inconsistent.

Recommended actions include:

- **Whole-of-System Accountability:** Empower the newly proposed statutory Mental Health Commission to move beyond an advisory role, granting it a clear mandate for cross-bureau coordination, rigorous system monitoring, and long-term planning.
- **Standardised Frameworks:** Task this centralised governance body with issuing evidence-based service standards and unified outcome frameworks for all publicly funded mental health programmes.
- **Workforce Quality Control:** Establish a unified competency framework and statutory registration system for mental health workers to guarantee service quality across the entire sector.

Goal 4: Improve Access, Timeliness, and Quality of Care Across the Continuum

Ensure that residents can obtain appropriate mental health support early, easily, and without excessive delay. Care must be dynamically matched to need through an accessible, stepped-care model that leverages both public and private resources, including employers and insurers.

Recommended actions include:

- **Full Implementation in Primary Care:** Move beyond isolated pilot approaches and fully embed mental health support into routine primary care settings to catch and manage problems before they escalate into severe disorders requiring hospital-based treatment.
- **Early Intervention Infrastructure:** Expand community-based services capable of managing common mental health problems, stress-related presentations, and early-stage psychological difficulties.

- **Seamless Care Pathways:** Improve operational coordination and referral pathways between primary care, NGOs, and specialist services within the Hospital Authority so individuals do not fall through institutional gaps.

- **Targeted Equitable Access:** Ensure equitable service distribution across all districts and vulnerable groups, including youth, older adults, ethnic minorities, carers, and new immigrants.

Goal 5: Shift from Output-Based to Outcome-Based Mental Health Systems
Redesign funding, procurement, and evaluation frameworks so that mental health services are judged not merely by transactional volume (attendance, case counts, or contact hours), but by whether people actually achieve meaningful improvement.

Recommended actions include:

- **Blended Performance Indicators:** Evaluate publicly funded services using multidimensional metrics, including clinical symptom reduction, daily functioning, return to study or work, user-reported outcomes, dropout rates, and overall service satisfaction.
- **Routine Outcome Monitoring:** Mandate standardised, routine outcome tracking across all publicly funded services, utilising de-identified benchmarking data to compare performance across different providers.
- **Value-Based Funding Decisions:** Tie ongoing funding, contract renewals, and scaling decisions directly to documented service quality, evidence alignment, equity of access, and measurable outcomes rather than the simple fulfilment of activity quotas.
- **Ethical Practice Safeguards:** Support frontline ethical practice by enforcing clear standards for clinical supervision, professional competency, and intervention fidelity.

Goal 6: Understand and Address Determinants of Mental Health
Acknowledge that mental health is not an isolated clinical subject but an intersectional issue woven into the broader social and environmental system. Policy must shift from exclusively treating individual distress after it emerges to proactively reshaping the systemic conditions that generate or prolong it.

Recommended actions include:

- **Systemic Impact Research:** Systematically assess how wider environmental conditions affect collective wellbeing, specifically focusing on intense work cultures, educational pressure, housing, economic inequality, and ageing transitions.
- **Address Technology, Social Media, and AI:** Fund dedicated research on the mental health effects of digital habits, algorithmic comparison, online cyberstress, and AI-mediated work or study environments.
    - Incorporate digital wellbeing and healthy technology habits into school curricula and public mental health education.
    - Develop clear guidance for employers, schools, and service providers on managing technology-related mental health risks.
    - Explore safe, ethical, and evidence-informed uses of AI for psychoeducation, screening, triage, and service extension under strict professional oversight and data protection protocols.

Goal 7: Build Mental Health Supportive Environments
Strengthen non-clinical systems so that schools, families, workplaces, entrepreneurial ecosystems, and community organisations become active, informal promoters of early mental health support rather than passive, downstream referral points.

Recommended actions include:

- **Create Mentally Healthy Workplaces:** Treat workplace mental health as an economic priority rather than a voluntary corporate social responsibility (CSR) add-on. Optimise the balance between demand, support, recovery, and sustained output.
    - Embed mental health protections into occupational health and safety legislation.
    - Integrate mental health criteria into formal corporate governance and require large employers and public bodies to develop comprehensive work wellbeing policies.
    - Mandate mental health literacy training for managers and HR personnel to reduce burnout and monitor risk indicators (i.e. working hours, presenteeism, psychological safety, etc.).
    - Incentivise employers to provide corporate insurance packages that explicitly cover mental health support.
    - Develop targeted support structures for entrepreneurs and startup founders facing high uncertainty, isolation, and financial strain.
- **Reform Schools into Psychologically Safe Learning Environments:** Maintain educational excellence while building resilience and emotional competence rather than chronic distress.
    - Embed structured mental health education directly into the formal curriculum across all developmental stages.
    - Expand the headcount and capacity of school-based social workers and counsellors for early on-site intervention.
    - Train teachers and school leaders in psychological safety, supportive communication, and crisis response protocols.
    - Engage parents through targeted education regarding healthy expectation-setting, sleep hygiene, digital habits, and adolescent emotional development.

Goal 8: Create a Learning System Driven by Data and Implementation Science
Develop territory-wide mental health data networks to facilitate real-time problem detection, strategic planning, quality improvement, and the rapid translation of empirical research into frontline practice.

Recommended actions include:

- **Strengthen Research Translation and Implementation Capacity:** Bridge the gap between academia and public service by creating dedicated knowledge translation and implementation hubs that actively link universities, frontline service providers, and funding bodies.

- **Mandate Evidence-Based Design:** Require all new major public mental health programmes to articulate a clear empirical evidence base, a defined theory of change, and a built-in evaluation framework before securing funding.
- **Co-Design and Rapid Feedback:** Build continuous partnerships where frontline agencies and service users co-design research questions and receive rapid, data-driven feedback to optimise ongoing clinical and community practice.
- **Lifespan Strategy and Destigmatisation:** Use data-informed insights to deploy targeted interventions across the entire life cycle:
    - *Childhood/School-Age:* Social-emotional development and help-seeking literacy.
    - *Youth/Young Adults:* Support for examinations, digital stress, and the transition to the workforce.
    - *Workplace/Family:* Managing caregiving burdens, parenting strain, and financial pressures.
    - *Retirement/Ageing:* Maintaining routine, social purpose, and community engagement.
    - *Territory-Wide:* Continuous anti-stigma campaigns that frame mental health management as a normal strength, directly comparable to physical health care.

Why this matters for Hong Kong and China

Hong Kong's significance lies not only in its own population's needs but also in its ability to function as a practical model within the broader Chinese development context. The Mainland's 15th Five-Year Plan process emphasises high-quality development, resilience, and strategic governance. Hong Kong can contribute by demonstrating that a major financial and knowledge economy need not choose between competitiveness and mental health.

If Hong Kong succeeds, it can offer a tested model for integrating mental health into workforce policy, education systems, service governance, primary care, economic planning, technology adoption, and public health strategy in a Chinese urban setting. This would strengthen not only local wellbeing but also national policy innovation in an era when population stress, inequality, ageing, talent retention, and technological change are increasingly central development concerns.