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**Post-COVID-19 Mental Health Challenges in Hong Kong: A  
Review of Policy and Practice Trajectories**

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3 **Post-COVID-19 Mental Health Challenges in Hong Kong: A Review of Policy and**  
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5 **Practice Trajectories**  
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8 **Abstract**  
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10 **Purpose**  
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12 This policy analysis seeks to explore the efficacy of mental health policies implemented in  
13 Hong Kong during the COVID-19 pandemic and to identify strategic priorities for advancing  
14 policy and practice in the post-pandemic period.  
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17 **Methodology**  
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19 Using a scoping review methodology, this study synthesizes existing literature on mental health  
20 challenges experienced in Hong Kong during the pandemic. The analysis is structured around  
21 the health policy triangle framework, which examines policy content, context, actors, and  
22 processes to evaluate current mental health strategies and guide future policy development.  
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25 **Findings**  
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27 The review identifies a broad spectrum of pandemic-related mental health risk factors,  
28 including the characteristics of the outbreak, enforcement of protective measures and social  
29 distancing, diminished social capital, restricted access to face-to-face healthcare, media-driven  
30 anxiety, and fears of infection or transmission. While the government assumed a central role  
31 in implementing public health measures, public opinion largely attributed successful pandemic  
32 management to community-led initiatives. These findings emphasise the need for mental health  
33 policies that are inclusive, adaptive, and grounded in community engagement, alongside  
34 practice trajectories that prioritise accessibility, responsiveness, and integration of community-  
35 based approaches.  
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38 **Originality**  
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40 This study adopts a policy-focused lens by applying the health policy triangle framework to  
41 examine mental health governance in Hong Kong. It integrates empirical evidence from the  
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3 pandemic with policy analysis, offering insights into policy directions and practice trajectories  
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5 that can strengthen mental health systems in the post-COVID-19 context.  
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8 **Keywords: COVID-19, mental health, post-COVID 19 era, Hong Kong**  
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## 10 11 12 **Introduction** 13

14 The COVID-19 pandemic has affected global mental health, causing widespread psychological  
15 distress and anxiety stemming from lockdowns, social isolation, economic instability, and the  
16 loss of loved ones. These extraordinary conditions have worsened existing mental health issues  
17 and triggered new cases of mental illness in various populations. As the world transitions into  
18 the post-COVID-19 era, it is imperative to scrutinise whether current mental health policies  
19 and practice are adequately addressing the evolving mental health needs.  
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22 Research has demonstrated a marked increase in mental health conditions during the COVID-  
23 19 pandemic. A meta-analysis of 66 studies with 221,970 participants revealed that during the  
24 pandemic, the pooled prevalence of depression, anxiety, distress, and insomnia was 31.4%,  
25 31.9%, 41.1%, and 37.9%, respectively (Wu et al., 2021). Economic uncertainty, exacerbated  
26 by the pandemic, is a major stressor. A study using the COVID Impact Survey found that  
27 employment, health coverage, and food provision uncertainty contribute to mental distress  
28 (Tham et al., 2021). Health care workers, noninfectious chronic disease patients, COVID-19  
29 patients, and quarantined individuals are particularly affected. In the context of COVID-19,  
30 pandemic-related stressors encompassed exposures to infected individuals, having infected  
31 family members, the loss of loved ones (Van Schaik et al., 2025), and physical distancing  
32 (Adzrago et al., 2024). Secondary adversities included economic losses (Ma et al., 2022).  
33 Psychosocial effects comprised depression, anxiety, psychosomatic concerns, insomnia,  
34 increased substance use, and domestic violence (Abdo et al., 2020). Indicators of vulnerability  
35 involved preexisting physical or psychological conditions (Pfefferbaum and North, 2020).  
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The mental health of Hong Kong people has been a persistent public health concern. A longitudinal survey of 1,004 individuals aged 15 years and above assessed the Hong Kong Mental Health Index (MHI) in 2022. Conducted annually since 2012, the survey reported an average score of 47.64 out of 100 on the World Health Organization's Five Well-Being Index (WHO-5) (Equal Opportunities Commission, 2022). Although this reflects a modest increase from 46.41 in 2019, the MHI has remained below the widely accepted academic threshold of 52 since 2018. Prior to the COVID-19 pandemic, scores between 2015 and 2018 ranged from 50.2 to 57.78; however, a marked decline to 46.41 occurred in 2019 coinciding with the onset of the pandemic (Care for Mental Health, 2022). Notably, 54.4% of respondents scored below the threshold in 2022, indicating widespread mental health challenges. Poor mental health was observed across all age groups except those aged 65–74 and 75+, who achieved scores above 52. Furthermore, 23.5% of respondents reported anxiety symptoms, while 18.6% exhibited depressive symptoms. During the pandemic, a separate study of 500 Hong Kong residents found that 19% experienced depression and 14% anxiety, with 25.4% reporting deterioration in mental health (Choi et al., 2020). Factors associated with poorer outcomes included lack of prior experience with the 2003 SARS outbreak, fear of infection, shortage of protective masks, and inability to work remotely (Choi et al., 2020).

In the aftermath of COVID-19, a large-scale study conducted in 2023 by the Mental Health Association of Hong Kong, involving 2,904 participants, revealed that depression levels reached an unprecedented high compared with corresponding findings from 2012, 2014, 2016, 2018 and 2020 (Mental Health Association of Hong Kong, 2023). Prior to the pandemic, the mental health of Hong Kong residents was generally considered acceptable; however, the Mental Health Index (MHI) declined below the recognised threshold during the COVID-19 period and has not recovered since. Evidence indicates that mental health has not only failed to improve but has further deteriorated following the subsidence of the pandemic. This trend

highlights the urgent need for a comprehensive review of mental health policies in the post-pandemic era to address its far-reaching repercussions. These include micro-level impacts on individuals, such as disruptions to daily functioning and quality of life, and macro-level consequences for society, including escalating healthcare expenditure on mental health services and broader socio-economic implications.

Before the pandemic, mental health policies in many countries were already criticised for being under-resourced and inadequately prioritised within public health agendas. The World Health Organization (WHO) has long championed the need for more comprehensive and inclusive mental health strategies, highlighting the importance of increased funding, integrated services, and the destigmatisation of mental health conditions (World Health Organization, 2013). However, the pandemic has exposed and amplified the weaknesses in these systems, underscoring the urgent need for robust mental health infrastructure.

Mental health services in Hong Kong evolved from an institutional/detention model to a treatment and rehabilitation model. The Mental Health Ordinance (MHO) of 1960, based on the UK Mental Health Act, governs compulsory and voluntary admissions (Cheung et al., 2010; Yip, 1998). The Rehabilitation Programme Plan (RPP), initiated in 1974, integrates mental health within broader disability policies (Zheng, 2011; Hong Kong Food and Health Bureau, 2017). Despite these frameworks, substantial long-term policies have been lacking, with the government historically adopting a limited role in service delivery (Lee and Lam, 2015; Tsang, 2007). In 2013, the FHB-led Review Committee proposed 40 recommendations for enhancing services, though criticisms about a lack of vision and detailed measures persist (Hong Kong Food and Health Bureau, 2017).

The current mental health policy in Hong Kong is characterised by cross-sector collaboration, adopting an integrated, multi-disciplinary approach with a strong emphasis on community-based care, supported by public education initiatives and anti-stigma campaigns (Hong Kong

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3 Food and Health Bureau, 2017). This policy framework is underpinned by the Mental Health  
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5 Ordinance (MHO), which provides the legislative basis for mental health governance. In 2023,  
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7 the government introduced ten enhanced measures aimed at addressing the needs of individuals  
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9 with severe mental disorders as well as those with general mental health concerns (The  
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11 Government of the Hong Kong Special Administrative Region, 2023). These measures include:  
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13 optimising the ratio of case managers to patients with severe mental illness; introducing new  
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15 oral medications with fewer side effects; reducing waiting times for new cases; strengthening  
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17 communication between the Hospital Authority and the Social Welfare Department; reviewing  
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19 the Conditional Discharge provisions under the MHO; implementing mental health  
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21 assessments for the general public; expanding services offered by Integrated Community  
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23 Centres for Mental Wellness; enhancing social worker training; establishing a mental health  
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25 support hotline; and providing targeted support for disadvantaged groups, including low-  
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27 income families and ethnic minorities (The Government of the Hong Kong Special  
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29 Administrative Region, 2023). Collectively, these initiatives represent a significant policy  
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31 response to the growing mental health challenges in Hong Kong, aiming to improve service  
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33 accessibility, quality of care, and social inclusion.

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36 In response to the mental health crisis precipitated by the COVID-19 pandemic, numerous  
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38 countries have introduced significant reforms to their mental health policies. These reforms  
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40 have included increased funding for mental health services, the expansion of telehealth  
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42 provision, and initiatives aimed at reducing stigma and promoting psychological well-being  
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44 (Miller et al., 2022). Notably, for the first time, the World Health Organization (WHO) has  
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46 advocated a “mental health in all policies” approach, outlined in its Guidance on Mental Health  
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48 Policy and Strategic Action Plans published in 2025 (World Health Organization, 2025). This  
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50 guidance delineates strategies for integrating mental health considerations across ten broad  
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52 policy domains, thereby promoting a whole-of-society approach, alongside fostering  
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3 interdepartmental collaboration through a whole-of-government framework (World Health  
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5 Organization, 2025). Furthermore, the guidelines provide practical recommendations for  
6 governments, including initiating high-level dialogue, reviewing existing policies, establishing  
7 monitoring mechanisms, and ensuring comprehensive support for all government departments  
8 in implementing mental health initiatives (World Health Organization, 2025).  
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15 Despite these efforts, there is growing concern that these policy changes may be insufficient or  
16 inadequately targeted to address the complex mental health landscape in the post-pandemic  
17 era. Critics argue that while immediate responses were necessary, long-term, sustainable  
18 strategies are essential to meet the ongoing mental health needs effectively. Moreover, the  
19 integration of mental health services into primary care remains inadequate, with many health  
20 systems still treating mental health as separate from general health care. This siloed approach  
21 can lead to fragmented care and suboptimal outcomes for individuals with co-occurring  
22 physical and mental health conditions.  
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41 This study aims to explore the efficacy of existing mental health policies and practice  
42 trajectories in Hong Kong and to identify strategic areas for improvement to better address  
43 mental health needs in the post-COVID-19 era.  
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#### 46 **Research questions:**

47 1. To what extent have existing mental health policies and practice trajectories addressed the  
48 mental health needs of people in Hong Kong during the COVID-19 pandemic?  
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50 2. What major gaps in mental health policy and service delivery have emerged or become  
51 more pronounced as a result of the pandemic?  
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53 3. How can long-term, sustainable mental health strategies and practice pathways be  
54 developed and implemented to address ongoing and future challenges in the post-pandemic  
55 context?  
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#### 59 **Methods**

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This study employed a scoping review design to address the research questions, using the Health Policy Triangle as the analytical framework to examine mental health policy and practice trajectories in Hong Kong. A scoping review is an evidence synthesis method that systematically maps existing literature, identifying key concepts, theoretical approaches, and research gaps (Munn et al., 2018). This approach is particularly suited to large, complex, and heterogeneous bodies of literature (Pham et al., 2014) and is guided by the frameworks of Arksey and O'Malley (2005) and the Joanna Briggs Institute (Peters et al., 2020). Although scoping reviews often incorporate diverse sources, this study focused exclusively on peer-reviewed journal articles retrieved from academic databases to ensure methodological rigour, reliability, and consistency in evidence quality. Grey literature and policy papers were excluded due to potential variability in credibility, lack of peer review, and challenges in standardising appraisal across heterogeneous sources. Primary research was deemed unsuitable because the research questions required a comprehensive synthesis of existing evidence rather than new data collection. By systematically mapping the literature, this method facilitates the identification of key themes, conceptual frameworks, and research gaps, providing a structured overview that informs policy and practice development in the post-pandemic context.

The Health Policy Triangle, developed by Walt and Gilson (1994), provides a structured framework for analysing health policies through four interrelated components: context, content, process, and actors. This model facilitates an in-depth examination of how mental health policies and practice trajectories are shaped by socio-political conditions, stakeholder dynamics, and implementation mechanisms. By applying this framework, the study offers a systematic approach to understanding the complexities of mental health governance in the post-COVID-19 era, making it a valuable tool for both researchers and policymakers seeking to inform future policy and practice directions (O'Brien et al., 2020).

A comprehensive search strategy was implemented across ProQuest, CINAHL, and

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3 ScienceDirect using the keywords 'COVID', 'mental health', and 'Hong Kong' to identify  
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5 peer-reviewed literature published between January 2019 and August 2024. Inclusion criteria  
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7 comprised full-text conceptual and empirical articles addressing mental health policies,  
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9 services, and their implications for individual and community wellbeing. Articles were  
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11 excluded if they focused on interventions unrelated to mental health policy or services, were  
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13 not published in English, or constituted grey literature. The research team screened each article  
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15 for relevance to the study's focus and research questions. Following the screening of 101  
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17 articles, 10 studies met the inclusion criteria and were selected for thematic analysis. These  
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19 were coded according to the Health Policy Triangle framework, with researcher triangulation  
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21 and iterative coding employed to ensure validity and reliability, thereby aligning the review  
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23 with principles of rigorous policy analysis.  
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31 ***Figure 2. PRISMA flowchart.***

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36 **Results**

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38 Ten papers were included in the review (see Table 1). The majority were original research  
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40 articles ( $n = 9$ ), with one conceptual paper ( $n = 1$ ). Of the original research articles, seven  
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42 employed quantitative methodologies and two adopted qualitative approaches. All studies  
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44 examined the impact of the COVID-19 pandemic on mental health and local communities. The  
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46 implications for mental health policy and practice, as well as potential strategies for sustainable  
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48 mental health, were analysed using the Health Policy Triangle Framework.  
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51 Table 1. Articles included in the scoping review.  
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54 ***Domain I: Context***  
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57 1.1: The global and historical context of Hong Kong  
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The COVID-19 pandemic disrupted global healthcare and mental health systems (Yan et al., 2022; Liu et al., 2023; Chan et al., 2024). In Hong Kong, early responses were shaped by the 2003 SARS trauma, heightening public anxiety and preparedness (Chung et al., 2021; Li et al., 2020a; Liu et al., 2023). Despite low initial infection rates, strict interventions were enforced. Social unrest since 2019 further complicated mental health, affecting compliance and distress levels, especially among psychiatric patients (Li et al., 2020a; Liu et al., 2023; Nam Chan et al., 2024).

### 1.2 Political context

Hong Kong's political landscape, influenced by its governance and ties with mainland China, shaped its COVID-19 response (Yan et al., 2022; Chung et al., 2021; Arat and Kerelian, 2023). The government enforced strict measures—social distancing, quarantine, and mask mandates (Liu et al., 2023; Nam Chan et al., 2024)—which impacted mental health and social capital (Chan et al., 2024; Li et al., 2020b; Chan et al., 2021). Public distrust led to grassroots initiatives, with many attributing pandemic success to community efforts (Li et al., 2020a).

### 1.3 Social context

Hong Kong's wealth inequality (high Gini coefficient) shaped health disparities (Chung et al., 2021). Employment, economic stability, and healthcare access affected vulnerable groups' mental health (Chung et al., 2023; Chan et al., 2021). Isolation worsened depression and anxiety, especially among older adults (Liu et al., 2023). Older women faced heightened loneliness (Yan et al., 2022), while unrest and stigmas affected ethnic minorities' access to services (Arat and Kerelian, 2023).

### 1.4: Cultural context

Hong Kong's hybrid cultural identity influenced pandemic responses (Li et al., 2020a). Community mobilization and social cohesion supported mental health (Chan et al., 2021),

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3 though lack of cultural sensitivity in public health measures reduced effectiveness (Chung et  
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5 al., 2023; Arat and Kerelian, 2023).  
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### 10 1.5 Sustainable Strategies for Addressing Socioeconomic and Structural Determinants 11 12

13 Mental health must be addressed within its socioeconomic context. Financial assistance,  
14 employment support, and job training reduce stress and aid recovery, especially for vulnerable  
15 populations (Yan et al., 2022; Chan et al., 2021; Chung et al., 2021; Li et al., 2020b; Chung et  
16 al., 2023). Integration with housing and welfare programmes addresses structural causes of  
17 distress (Chung et al., 2021). Targeted interventions are needed for older women, ethnic  
18 minorities, and low-income individuals (Yan et al., 2022; Chung et al., 2021; Chung et al.,  
19 2023).  
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## 29 ***Domain 2: Content*** 30 31

### 32 2.1 Government Policies and Response 33 34

35 Government policies were central to Hong Kong's pandemic management (Chan et al., 2021).  
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37 The government swiftly declared an emergency and implemented evidence-based guidelines  
38 (Liu et al., 2023; Li et al., 2020a). Measures such as social distancing, mask-wearing, and hand  
39 hygiene were introduced to protect vulnerable groups, particularly older adults (Liu et al., 2023;  
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41 Chung et al., 2021). The availability of PPE was critical in preventing transmission (Chung et  
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43 al., 2021). From a policy analysis perspective, these interventions reflect a public health  
44 strategy grounded in biomedical containment. However, policies enacted between July 2020  
45 and January 2021 significantly disrupted economic activity, resulting in job losses and  
46 underemployment (Chung et al., 2023; Chan et al., 2021), with lockdowns and altered work  
47 arrangements contributing to broader socioeconomic challenges (Chung et al., 2021). These  
48 outcomes underscore the necessity for integrated policy frameworks that balance  
49 epidemiological control with economic and psychosocial resilience.  
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3 2.2 Mental Health Services  
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7 To limit transmission, many community mental health services were suspended, adversely  
8 affecting individuals with pre-existing conditions and highlighting the need for adaptable  
9 service models (Liu et al., 2023). Public services experienced increased demand, while private  
10 providers faced financial constraints (Li et al., 2020a). Telemental health services emerged as  
11 essential alternatives, maintaining access during periods of social distancing (Liu et al., 2023).  
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14 Technology facilitated telecounselling and online platforms, supporting both professionals and  
15 service users (Li et al., 2020a; Liu et al., 2023). Self-care practices, including meditation and  
16 maintaining social connections, were vital coping mechanisms (Li et al., 2020a). These  
17 developments point to the importance of policy innovation in digital mental health  
18 infrastructure and equitable access.  
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21 2.3 Social and Community Systems  
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24 Social security mechanisms, notably Comprehensive Social Security Assistance, provided  
25 support to deprived groups (Chung et al., 2021). Preventive behaviours were adopted early,  
26 often preceding official mandates (Li et al., 2020a). Community support programmes and  
27 mutual-help initiatives strengthened social cohesion (Chan et al., 2021). Grassroots efforts in  
28 distributing supplies and PPE reflected strong community solidarity (Li et al., 2020a; Chan et  
29 al., 2021). From a policy analysis standpoint, these responses illustrate the complementary role  
30 of community-led initiatives in public health governance and the value of participatory models  
31 in enhancing crisis resilience.  
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34 2.4 Sustainable Strategies for Community-Based and Culturally Competent Care Using  
35 Technology  
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38 Community-based approaches are central to accessible and sustainable mental health services.  
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41 Culturally responsive care addressing linguistic, cultural, and religious needs of South and  
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Southeast Asian communities is vital (Arat and Kerelian, 2023). Faith-based and peer support networks help destigmatise mental health and foster resilience (Arat and Kerelian, 2023; Chung et al., 2023). Community engagement initiatives—neighbourhood cohesion, intergenerational activities, civic participation—strengthen social capital and promote well-being (Yan et al., 2022; Chan et al., 2021; Li et al., 2020b).

The pandemic accelerated digital adoption in mental health care. Telepsychiatry and digital platforms maintained care continuity during mobility restrictions (Li et al., 2020a; Nam Chan et al., 2024). Equitable access requires investment in digital literacy and infrastructure, especially for older adults and digitally marginalised groups (Arat and Kerelian, 2023). Data-driven planning using real-time data and predictive modelling supports adaptive services (Yan et al., 2022; Chan et al., 2021; Chung et al., 2021; Chan et al., 2024).

### **30 *Domain 3: Process***

#### **33 3.1 Social Distancing and Movement Restrictions**

36 Compulsory mask-wearing, bans on gatherings, and physical distancing reduced transmission  
37 but restricted social activities and access to services, causing unintended isolation. PPE  
38 distribution was challenging for deprived individuals. Lockdowns reduced physical  
40 interactions, increasing loneliness, especially among older adults. Low interpersonal trust and  
41 social harmony were linked to higher depression and cautious behaviours (Li et al., 2020a).  
42 From a policy analysis perspective, these measures reflect a tension between public health  
43 protection and the preservation of social wellbeing. The unintended consequences of isolation  
44 and reduced social capital underscore the need for mental health considerations to be integrated  
45 into emergency response planning.

#### **57 3.2 Challenges in Mental Health Service Provision**

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3 Restrictions hindered in-person visits and outreach, limiting help-seeking and provider  
4 response. Telehealth, including tele-psychiatry, ensured continued care, but technology and  
5 connectivity barriers reduced effectiveness for some patients (Liu et al., 2023). These findings  
6 highlight the importance of policy frameworks that support digital inclusion and infrastructure  
7 development, particularly for vulnerable populations, to ensure equitable access to mental  
8 health services.  
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### 18 3.3 Family, Community and Social Dynamics 19 20

21 Lockdowns increased informal monitoring and support at home, offering protection for  
22 disadvantaged individuals. However, media focus on negative pandemic aspects intensified  
23 anxiety and stress. Ethnic minorities faced discrimination and were unfairly blamed for virus  
24 spread, while language barriers and poor translations limited access to services and information  
25 (Chan et al., 2021). These outcomes point to the need for culturally sensitive and inclusive  
26 public health communication strategies, as well as anti-discrimination policies embedded  
27 within mental health governance.  
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### 30 3.4 Socioeconomic Impacts 31 32

33 Economic instability caused financial stress, escalating family conflict and violence,  
34 emphasising the need for supportive policies. Containment measures disrupted daily life and  
35 work, increasing financial strain and mental health issues due to uncertainty and stress (Chung  
36 et al., 2021). These findings reinforce the necessity of cross-sectoral policy responses that  
37 address both economic and psychological dimensions of public health emergencies.  
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### 40 3.5 Sustainable Strategies for Monitoring, Evaluation, and Adaptation 41 42

43 Sustainable strategies require robust monitoring and evaluation. Longitudinal research tracks  
44 trends and informs policy (Yan et al., 2022; Li et al., 2020b; Chan et al., 2024). Equity-focused  
45 evaluation using disaggregated data ensures inclusivity (Yan et al., 2022; Chung et al., 2021;  
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Chung et al., 2023). Community feedback enhances relevance and cultural appropriateness (Arat and Kerelian, 2023; Yan et al., 2022). Building resilience and promoting early intervention are key to sustainable mental health. Psychoeducation and coping strategies help normalise emotional responses (Li et al., 2020a; Chan et al., 2021; Nam Chan et al., 2024). Outreach and screening for high-risk groups prevent escalation (Nam Chan et al., 2024; Chan et al., 2024). Public education campaigns improve mental health literacy, reduce stigma, and encourage help-seeking (Chan et al., 2021; Chung et al., 2021).

#### ***Domain 4: Actors***

##### **4.1 Government**

The Hong Kong government enforced entry restrictions, quarantine, and social distancing (Yan et al., 2022; Li et al., 2020a). Despite these efforts, public distrust persisted, with many crediting community initiatives over government actions (Li et al., 2020a). The government was criticised for insufficient support for ethnic minorities and vulnerable groups (Arat and Kerelian, 2023; Nam Chan et al., 2024). In collaboration with public health experts and the Centre for Health Protection (CHP), the government provided daily updates and scientific data (Liu et al., 2023). These findings highlight the importance of transparent communication and inclusive governance in public health policy, particularly in building trust and ensuring equitable support for marginalised populations.

##### **4.2 Hospitals, Organisations and Public Health Sectors**

The COVID-19 pandemic underscored the critical roles of institutional actors in shaping health policy responses. The Centre for Health Protection (CHP) led public health efforts by delivering daily updates and epidemiological data, which informed public awareness and guided policy-making (Liu et al., 2023). Public health experts contributed to policy formulation by promoting science-based decision-making and fostering public trust (Chung et al., 2023).

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3 Concurrently, hospitals, NGOs, and mental health professionals acted as key service providers  
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5 and policy implementers. NGOs supported vulnerable populations and advocated for inclusive  
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7 policies (Chung et al., 2023), while healthcare providers adapted service delivery to maintain  
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9 continuity of care. The Hospital Authority introduced special arrangements, and mental health  
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11 professionals transitioned to tele-psychiatry and online programmes to address psychological  
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13 distress (Chan et al., 2024; Li et al., 2020a). These actors collectively shaped policy outcomes  
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15 through coordination, expertise, and responsiveness, highlighting the importance of multi-  
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17 sectoral engagement in resilient health governance.  
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#### 23 4.3 Patients

  
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25 Patients were key actors in the mental health system during COVID-19, especially those with  
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27 pre-existing conditions like depression (Chan et al., 2024; Li et al., 2020b). They faced service  
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29 disruptions, delays, and barriers to remote care (Nam Chan et al., 2024). Minority service users,  
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31 including older women and ethnic communities, offered vital insights (Yan et al., 2022). Ethnic  
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33 minorities highlighted systemic inequities, such as language and cultural insensitivity (Chung  
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35 et al., 2021). Their feedback is crucial for inclusive policy development. These findings  
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37 underscore the need for patient-centred frameworks that integrate diverse experiences in mental  
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39 health service design and evaluation.  
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#### 43 4.4 Sustainable Strategies for Integrated and Inclusive Governance

  
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45 A foundational element of sustainable mental health strategy is the establishment of integrated  
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47 governance structures. Centralised coordination, led by government authorities, is essential to  
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49 unify public, private, and non-governmental mental health services, thereby reducing  
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51 fragmentation and enhancing service delivery (Li et al., 2020a). Cross-sector collaboration is  
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53 imperative, involving healthcare, education, social services, and community sectors to ensure  
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55 comprehensive systems (Chan et al., 2021; Arat and Kerelian, 2023; Chung et al., 2021; Li et  
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al., 2020b; Nam Chan et al., 2024; Chan et al., 2024). Public health communication should balance infection risk awareness with mental health protection (Liu et al., 2023). Inclusive policy design must actively involve ethnic minorities, older adults, and women to ensure equity and cultural sensitivity (Yan et al., 2022; Chung et al., 2023).

## Discussion

The mental health risks associated with the COVID-19 pandemic were shaped by the outbreak's nature, the implementation of protective measures, and the resulting social isolation. Factors included reduced interpersonal contact, suspended family gatherings, delays in medical appointments, heightened media-driven anxiety, and fears of infection and transmission. These risks reflect a complex interaction between macrolevel policy decisions and microlevel social and cultural dynamics.

At the macro level, containment policies such as quarantine and lockdowns contributed to widespread anxiety, depression, and loneliness (Ebrahimi et al., 2021). Individuals with pre-existing mental health conditions were particularly affected due to reduced access to timely care. Barrier theory highlights structural impediments to mental health access, including limited awareness, prohibitive costs, and time constraints (Villatoro et al., 2014). The pandemic exposed systemic weaknesses in Hong Kong's two-tier healthcare system, where public hospitals faced long waiting times, high caseloads, and workforce shortages (Li et al., 2020a). These findings underscore the need for policy reform to strengthen mental health infrastructure and improve service delivery.

Structural barriers to mental health support were most pronounced among vulnerable populations, including individuals living in poverty, older adults, and ethnic minority groups. These communities were disproportionately affected by economic instability, income inequality, and restricted access to digital resources. In response, technology-based

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3 interventions such as telehealth services and online mental health programmes were  
4 introduced. Hong Kong has frequently been recognised for its strong digital competitiveness,  
5 ranking fourth globally in the International Institute for Management Development (IMD)  
6 World Digital Competitiveness Ranking (The Government of the Hong Kong Special  
7 Administrative Region, 2025). This ranking serves as a robust indicator of a region's capacity  
8 and readiness to adopt and implement digital technologies. Despite these advantages, the  
9 persistence of a digital divide, characterised by unequal access to devices, infrastructure, and  
10 digital literacy, has constrained the effectiveness of such interventions. For example, while  
11 smartphone ownership among older adults aged 65 and above is relatively high (88%),  
12 significant disparities remain in digital skills and usage, reflecting the nuances of the 'grey  
13 digital divide' (Census & Statistics Department, 2025; Lau et al., 2025). Consequently, policy  
14 responses must address both technological innovation and equitable access, ensuring that  
15 digital mental health services are inclusive and accessible to marginalised populations.

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34 Microlevel cultural barriers also influenced mental health outcomes. Stigmatisation and  
35 perceived discrimination (Spencer and Chen, 2004) discouraged help-seeking, particularly  
36 among ethnic minorities. Cultural concepts such as "loss of face" and the "sick role" (Parsons,  
37 1951) were violated during the pandemic, as some individuals were unfairly blamed for virus  
38 transmission. These dynamics reveal the importance of culturally sensitive mental health  
39 policies that recognise and address stigma, discrimination, and language barriers in service  
40 provision.

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60 Policy analysis must also consider the role of governance structures in shaping mental health  
outcomes. In Hong Kong, government bodies implemented containment measures through a  
top-down approach, informed by lessons from SARS and the region's close ties with mainland  
China. However, the pandemic highlighted the need for inclusive governance, defined by cross-

sector collaboration and engagement with civil society. Strengthening coordination between government agencies is essential for effective mental health policy implementation.

At the institutional level, the Food and Health Bureau should enhance collaboration with the Hospital Authority, Department of Health, Labour and Welfare Bureau, Social Welfare Department, and Housing Department. This integrated approach would support the development of comprehensive mental health programmes. Cooperation with the Innovation and Technology Commission is particularly important to address digital exclusion. Inclusive digital education initiatives can improve digital literacy among disadvantaged groups, enabling broader access to online mental health services.

Policy frameworks better adopt a multidisciplinary model, encompassing health promotion, prevention, early identification, intervention, treatment, and rehabilitation, as outlined by the Hong Kong Food and Health Bureau (2017). This model supports a holistic approach to mental health governance, ensuring that services are responsive to diverse needs and adaptable to changing circumstances.

At the community level, partnerships between government agencies and civil society organisations - including NGOs and social enterprises—are critical for addressing mental health challenges. These collaborations must empower stakeholders such as service users, caregivers, women, older adults, and ethnic minorities. Inclusive policy-making requires that these groups participate in programme design and evaluation, a principle referred to as governance beyond government (Ng, 2005). This participatory model enhances policy relevance, responsiveness, and cultural appropriateness.

The findings of this study have broader implications for international mental health policy. The COVID-19 pandemic exposed vulnerabilities in mental health systems worldwide, particularly in terms of policy responsiveness, service accessibility, and support for marginalised

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3 populations. The health policy triangle framework used in this study—focusing on context,  
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5 content, process, and actors—offers a transferable tool for evaluating mental health governance  
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7 in other settings.  
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11 Lessons from Hong Kong's experience highlight the importance of community-led responses,  
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13 the limitations inherent in digital service delivery, and the need for inclusive policy-making.  
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15 These priorities align closely with the mental health guidelines issued by the World Health  
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17 Organization in 2025. As countries continue to address the long-term mental health  
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19 consequences of the pandemic, policy strategies must prioritise equity, resilience, and  
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21 participatory approaches. Strengthening mental health infrastructure through integrated  
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23 governance, cross-sector collaboration, and inclusive digital innovation will be essential for  
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25 building sustainable and responsive health systems globally.  
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### 29 Conclusion

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31 This study assessed mental health policy efficacy during COVID-19 to identify post-pandemic  
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33 improvements. Using the health policy triangle, it systematically examined context, actors,  
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35 content, and process. Findings reveal gaps in policy responsiveness, service accessibility, and  
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37 stakeholder engagement. The study contributes to ongoing policy reform by highlighting  
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39 priority areas for strengthening mental health governance and inclusive service delivery.  
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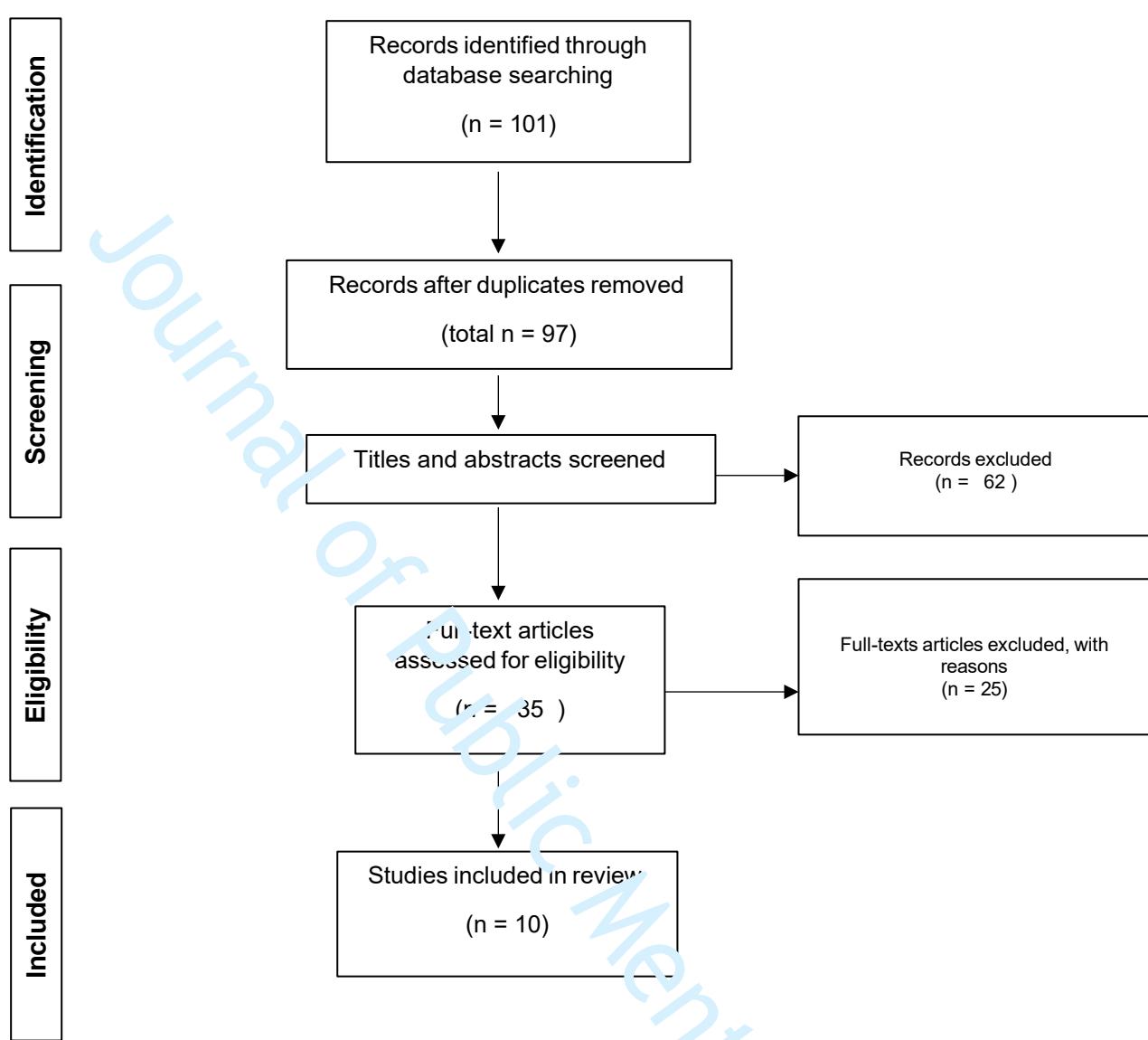
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**Figure 1** identification and selection of studies based on inclusion and exclusion criteria, PRISMA Flowchart

**Table 1. Articles included in the scoping review**

Authors	Title	Nature of paper	Key findings
1. Yan et al. 2022	Abuse and Discrimination Experienced by Older Women in the Era of COVID-19: A Two-Wave Representative Community Survey in Hong Kong.	Quantitative study	The study found that psychological abuse and age discrimination against older women decreased during COVID-19. However, both were linked to poorer health, mediated by loneliness. Financial stability improved health outcomes, highlighting the need for targeted interventions to reduce loneliness and support financial well-being among older women during pandemic.
2. Chung et al. 2021	COVID-19 related health inequality exists even in a city where disease incidence is relatively low: a telephone survey in Hong Kong	Quantitative study	Deprived individuals in Hong Kong faced higher job loss, reduced working hours, and less access to PPE during COVID-19. These factors worsened their physical and mental health, highlighting the need to address socioeconomic issues to mitigate health inequalities during pandemics.
3. Liu et al. 2023	Depression risk among community-dwelling older people is associated with perceived COVID-19 infection risk: effects of news report latency and focusing on number of infected cases.	Quantitative study	8.4% of older adults screened positive for depression risk during COVID-19. Higher depression risk was linked to being female, having a pre-existing mental health condition, and increases in newly infected cases. Media reporting latency also heightened depression risk.
4. Chung et al. 2023	Experience of South and Southeast Asian minority women in Hong Kong during COVID-19 pandemic: a qualitative study	Qualitative study	South and Southeast Asian women in Hong Kong faced increased domestic burdens, financial stress supporting families abroad, job loss, language barriers, and discrimination during COVID-19. Limited access to information and disrupted social networks further exacerbated their challenges.
5. Chan et al. 2024	Impact of COVID-19 pandemic on depression incidence and healthcare service use among patients with depression: an interrupted time-series analysis from a 9-year population-based study	Quantitative study	The COVID-19 pandemic led to a 21% increase in depression incidence, with adults and older populations most affected. Healthcare service use decreased by 11% for newly diagnosed patients and 16% for pre-existing patients, highlighting suboptimal service provision.
6. Chan et al. 2024	Prevalence and correlates of depression, anxiety and trauma-like symptoms in Chinese psychiatric patients during the fifth wave of COVID-19 pandemic: a cross-sectional study in Hong Kong	Quantitative study	40-55% of CMD patients and 25% of SMD patients experienced moderate-to-severe depression, anxiety, and PTSD-like symptoms during the fifth COVID-19 wave. Key correlates included insomnia, cognitive complaints, lower resilience, and fear of contagion.
7. Li et al. 2020	Social Capital, Income Loss, and Psychobehavioral Responses amid COVID-19: A Population-Based Analysis	Quantitative study	21.3% of respondents reported probable depression during COVID-19. Lack of social capital and income loss were linked to higher depression and lower adoption of preventive behaviors, highlighting the need to enhance social support and address financial insecurity.
8. Chan et al. 2023	The mediating role of individual-level social capital among worries, mental health and subjective well-being among adults in Hong Kong during the COVID-19 pandemic: Research and Reviews	Quantitative study	COVID-19 worries negatively impacted mental health and well-being. Social capital mediated these effects, especially in economically inactive individuals. Economically active individuals were more directly affected by worries. Enhancing social support and financial assistance is crucial.
9. Lee & Cheung 2020	The Situation in Hong Kong During the COVID-19 Pandemic.	Conceptual paper	Community resilience increased, but distrust in the government persisted. Recommendations include advocating for government support, utilizing telecounseling, and promoting self-care practices.
10. Arat & Kerelian 2023	The COVID-19 Pandemic in Hong Kong: Exploring the Gaps in COVID-19 Prevention Practices from a Social Justice Framework.	Qualitative study	Ethnic minorities in Hong Kong faced mental health challenges, discrimination, language barriers, and inadequate information during COVID-19. Limited technology access and inappropriate mask sizes further hindered their well-being, highlighting the need for culturally responsive practices.