

Knowledge of Counselling and Attitudes toward Seeking Counselling Help in Hong Kong

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Abstract

A quantitative study using self-administered online survey questionnaire investigated the general public perception of counselling in Hong Kong. The survey focused on the respondents' understanding of counselling and attitudes toward seeking counselling help. The results revealed that the majority of respondents viewed counselling as a way to ease emotional distress which was also the top ranked circumstance that they would use counselling service. Older age, having experience of receiving counselling and having some training in counselling were related to positive attitudes toward seeking counselling help. The results of this study have implication for promoting counselling services and curriculum design to train professional counsellors in Hong Kong.

Keywords

Counselling, psychological services, mental health, public perception

Introduction

Any news about violence and suicide among the mentally ill always alarms us as both citizens and as professionals in the counselling field in Hong Kong. The recent MTR firebomb attack in February 2017 that left 19 people injured had raised our concern again about mental illness and its impact on the society ("Firebomb attack," 2017).

Hong Kong is one of the most densely populated regions and a fast-paced city. Everyone lives under the great pressures from long working hours, lack of personal space, and materialistic values (Busiol, 2016). A recent population-based, territory-wide study, the Hong Kong Mental Morbidity Survey (HKMMS), reported that the estimated prevalence of common mental disorders (e.g. depression and anxiety) and psychotic disorders in the past week were 13.3% and 2.5% respectively among adults aged 16-75 (Chang et al., 2015; Lam et al., 2015). However, 26% of these people had never consulted any form of mental health service— medical or psychological interventions— in the past year (Lam et al., 2015), indicating a possible physical or psychological barrier from accessing service.

As inferred from the worldwide prevalence rate of mental illness at 15 to 25% in the Hospital Authority (HA) Mental Health Service Plan for Adults 2010-2015 (HA, 2011), 1 to 1.7 million people could be suffering from some kind of mental health condition in Hong Kong (HKSAR Government, 2015), including 70,000 to 200,000 with severe mental illnesses (HA, 2011). Even with increasing number of new psychiatric cases registered in specialist outpatient clinics every year, only 152,844 patients were receiving psychiatric services in public hospitals in 2008 (HA, 2011), and this is consistent with HKMMS that a great number of people suffering from mild, or even severe mental health issues are not seeking any form of help. Yet, the current number of service users is already putting a lot of strain on the service due to a shortage of workforces and relevant training in the field (Fong & Wong, 2016; HA, 2011).

In order to change the situation, introducing and training of new mental health workforces, and minimizing the barrier to access any form of mental health service are crucial. A thorough understanding of the public attitude and perception about mental health services in the local settings would help develop tailor-made training and facilitate the pathway to care. Among

the network of expertise available in Hong Kong, this paper focuses on the counselling provided by psychiatrists, psychologists, psychiatric nurses, social workers, teachers and counsellors in various settings, such as outpatient clinics, churches, schools, universities and counselling centres, and through face-to-face meetings, telephone contacts or via the internet/social media.

There is a claim that there are more than 1,000 approaches to counselling nowadays (Petrik, Kazantzis, & Hofmann, 2013; Whittlesey, 2001), and for the purpose of this article, counselling is defined as the interactions between a counsellor and a client practiced legally and ethically with the purpose to help the client with problems related to thinking, emotional suffering or behaviours (Sharf, 2016, p. 4).

In an earlier study on the perception of counselling in Hong Kong among mostly (73%) young people between 15 and 24 years old, 53.3% of the respondents said they would not pay to see a counsellor while 31.9% would pay less than HK\$50 for a 50-minute counselling session. 65% of the respondents believed the key benefit in seeking counselling help was to obtain advice and support but about a quarter also said it was difficult to communicate with the counsellor (26%) and thought counselling was not necessary (24%) (Yu, Fu, Zhao, & Davey, 2010). It was also found that young adults in Hong Kong had little knowledge or interest in counselling and were not aware that counsellors in Hong Kong were professionals. They also believed many counsellors were biased, too directive or did not have enough time for the session (Busiol, 2016). Negative counselling experiences including the feeling of being judged and fear were also reported among a group of students who received counselling in public secondary schools on sex-related matters (Kwok, Winter, & Yuen, 2012).

Cultural and contextual factors (e.g. provision of counselling services, registration and accreditation of counsellors [if applicable]) influence public perception and delivery of counselling services (Akiyama et al., 2008; Ruzek, Nguyen, & Herzog, 2011). For example, 78% of the respondents from an evenly distributed age sample between 18 and 55 in Australia said they would consider meeting a counsellor and were willing pay for counselling service (Sharpley, Bond, & Agnew, 2004). Another study in Canada revealed that in addition to age, gender may also play a role. Researchers found that older adults and the female gender, when

compared with their counterparts, were more open to seeking psychological services and were more likely to access mental health services (Mackenzie, Gekoski, & Knox, 2006; Mackenzie, Knox, Gekoski, & Macaulay, 2004). A recent Greek study conducted in a psychiatric setting, on the other hand, found that mental health treatment recipients reported experiencing a higher level of fear toward the service than non-treatment recipients (Zartaloudi & Madianos, 2010). A cross-temporal meta-analysis among 6,796 college-aged non-clinical sample in North America from 1968 to 2008 also showed an increasingly negative attitude toward psychotherapy, such as talk therapy (Mackenzie, Erickson, Deane, & Wright, 2014). These studies have clearly demonstrated how demographic characteristics and experience with mental health support may affect how general population perceives counselling help.

The aims of this study are therefore to 1) explore general public's perception on and experience of counselling help (e.g. receiving counselling services and undergoing training in counselling); and 2) examine the key factors which might explain respondents' attitudes toward seeking counselling help. With the knowledge of how the general public in Hong Kong perceives counselling, it is hoped that we can develop better strategies to promote early help-seeking behaviours for professional counselling services and to introduce a more targeted training program for future counselling professionals.

Methodology

Study design

A self-administered survey was conducted on a convenience sample online from August to October 2016, which aimed to gather general public's views on counselling help. This study was jointly commissioned by the Hong Kong Professional Counselling Association (HKPCA) and the Hong Kong Association for School Discipline and Counselling Teachers (HKDCA). Ethical approval was sought from City University of Hong Kong Ethics Committee – Expedited Review (Human Ethics).

Pilot testing

The first draft of the survey was piloted after obtaining the ethical approval, to ensure its feasibility to be delivered online and to make sure the most appropriate wording of questions was used. A total of 32 individuals were invited

by the research team to complete the survey and express their views on the questions and individual survey items. These participants suggested minor modifications to the survey; only necessary changes were made after further review by the investigators. The finalized version of the survey was input on Qualtrics, an online survey hosting service at <https://www.qualtrics.com/>.

Data collection

The invitations with the link to the survey were sent to individual members of the HKPCA and HKDCA, who may be members of the general public, teachers, and prospective or current employers of counsellors. By clicking the link to the survey, potential participants were directed to an informed consent page. The page consists of information about the name and the objectives of the study, the organizations that commissioned the study, and statements on voluntary participation and nondisclosure of identifiable information of the participants. A lucky draw of an iPhone 7 was used as an incentive for participation. If a participant agreed to take part in the survey, he/she would sign the informed consent by checking the checkbox on the page and proceed to the survey. It was estimated that each participant would take about 15 minutes to complete the survey.

Samples

1,239 participants completed the online survey, with 941 valid responses after data cleaning. Of these, 595 were respondents from the general public, 269 were teachers, and 77 were prospective/current employers of counsellors. For the purpose of this study report, only the responses from the 595 members of the general public would be analysed.

Measures

The online survey for members of the general public had three sections.

1) Counselling-related experience

This part has nine questions about whether the respondents and their significant others had ever received counselling, whether they had ever received any training in counselling, and whether they would be willing to seek professional help (e.g. psychiatrist, psychologist, counsellor, social worker, medical doctor) for emotional and mental health issues, and in various situations.

2) Understanding about and attitudes toward counselling service

This part was concerned with participants' general views toward counselling service, as measured by the followings:

- i. their definition of 'counselling', as chosen from a set of options (e.g. chatting, sorting things out) provided to them;
- ii. the types of counselling service (e.g. cognitive behavioural therapy, art therapy, life coaching) that they have heard of through different channels;
- iii. under what circumstances would the respondent resort to counselling service; and
- iv. the amount of money they are willing to spend on a 60-minute session.

Fischer and Farina's (1995) short-form of Attitudes Toward Seeking Professional Help Assessment, a 10-item, 5-point Likert-type instrument ranging from 1 ("strongly disagree"), 3 ("neutral"), to 5 ("strongly agree"), was translated into Chinese, and was used to measure respondents' attitudes toward seeking counselling help or beliefs about counselling service. The phrases "professional help" and "psychological help" were replaced by "counselling help" for the current survey. We also added an additional item to gauge the respondents' gestalt-view, "I would recommend my family or friend to seek counselling help if they are affected by emotional disturbance." We name the modified version as "Attitudes Toward Seeking Counselling Help Assessment" (ATSCHA). As discussed in the previous studies (Fischer & Farina, 1995; Goh et al., 2007), it was recommended the total instrument scale rather than subscales of the measure on attitudes toward seeking psychological help should be used. The average of the ATSCHA 11 item scores was calculated to obtain a composite score and it was treated as a single dependent variable for further analyses.

Personal information

Respondents were asked about their gender, age range, educational level and residential district and other related demographic data.

Data analysis

A dataset was generated on the Qualtrics website after the survey period, and the data were input into the IBM SPSS Statistics version 24. T-tests and ANOVA were used to examine whether

respondents' age, gender, history of receiving service and training had any relationships with their attitudes toward seeking counselling help or beliefs about counselling services. A multiple regression was conducted to assess how those variables (e.g. age, gender, history of receiving service and training) predicted changes in attitudes toward seeking counselling help or beliefs about counselling services.

Results

Demographic characteristics of the respondents

Of the 595 respondents, 68.2% (n=406) were female (as compared to 53% of the Hong Kong's general population). The majority (85%) of the respondents aged between 25 and 64 (as compared to 61.7% of the Hong Kong's general population). 12 respondents (2% of the sample) were 65 years old or above, which grossly under-represented individuals in the same age range of the general population (16.2%). **Table 1** provides the demographic characteristics of the respondents.

Descriptive Statistics

Attitudes toward counselling: Gender by age

Figure 1 shows the plot of the change in male and female respondents' attitudes toward seeking counselling help by the respondents' age. The respondents' attitudes toward seeking counselling help or the composite score differed greatly at young age across the gender groups, with the female respondents showing more positive attitude. The attitudes toward seeking counselling help of the female and male respondents of aged 25-44 converged.

Figure 1

Plot of combined effects of gender and age on attitudes toward seeking counselling help

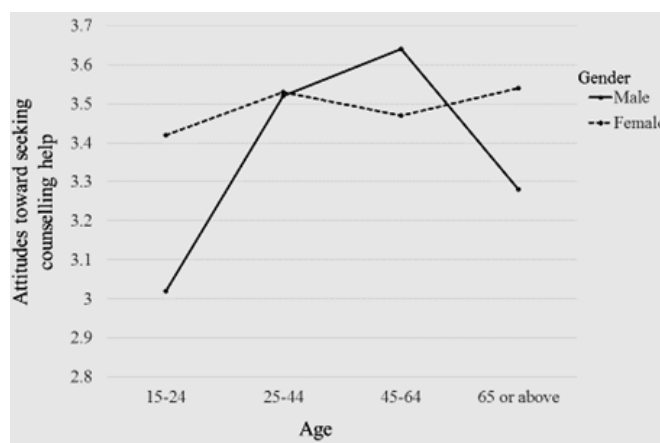


Table 1

Demographic characteristics of the respondents

	n	%
Gender		
Male	189	31.8
Female	406	68.2
Age group		
15-24	77	12.9
25-44	267	44.9
45-64	239	40.2
65 or above	12	2.0
Occupation		
Government worker	52	8.7
Social worker/ welfare worker	77	12.9
Healthcare provider / professional	39	6.6
Service industry	78	13.1
Retail industry	26	4.4
Business person / self-employed	41	6.9
Student	66	11.1
Housewife	47	7.9
Retired	34	5.7
Unemployed	14	2.4
Other	121	20.3
Education		
Junior secondary school or below	29	4.9
High school	117	19.7
Pre-tertiary school	98	16.5
Bachelor degree	199	33.4
Master degree	143	24.0
Doctorate	9	1.5
Monthly household income (HKD)		
<\$9,999	35	5.9
\$10,000-\$19,999	98	16.5
\$20,000-\$29,999	132	22.2
\$30,000-\$59,999	225	37.8
>\$60,000	103	17.3
Region		
Hong Kong Island	99	16.6
Kowloon	179	30.1
The New Territories	306	51.4
Outer Islands	11	1.8

Male respondents' attitudes toward seeking counselling help were even more positive than their female counterparts among the 45-64 age group. The data from people in the 65 years or above age group were omitted in this plot because there were only 12 respondents in this group.

Prior counselling experience

63.4% of the respondents had never received any counselling service and 60% of them had never been trained in counselling per se. Among those who had received counselling training, 47% held a Bachelor/Master's degree in counselling (n = 112); the rest took short courses in counselling.

Nature and types of counselling, and circumstances for seeking counselling help

87.2% (n = 519) of the respondents viewed counselling as a way to ventilate difficult emotions. Of all the common counselling/therapeutic approaches available in Hong Kong, marriage counselling, music therapy, and pre-marriage counselling were the three top approaches that the respondents had heard of via different channels. In regards to what circumstances respondents would seek counselling help, emotional distress was the most popular response (15.5%), followed by suspected cases of mental illness of self or loved ones (11.1%), and familial dysfunction (9.8%). 47.6% (n = 283) of the respondents were willing to spend between HK\$100 and \$499 per 60-minute counselling session.

General attitudes toward seeking counselling help

"Strongly agree" and "Agree" responses in the ATSCHA were combined, and the three most popular attitudes (> 60% of respondents' rating, **Table 2**) toward seeking counselling help were "I would recommend my family or friend to seek counselling help if they are affected by emotional disturbance" (Item 11), "I would want to get counselling help if I were worried or upset for a long period of time" (Item 5), and "If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counselling" (Item 3).

Nearly 20% of respondents agreed with the following three reversely-coded statements: "The idea of talking about problems with a counsellor strikes me as a poor way to get rid of emotional conflicts" (Item 2), "Personal and emotional troubles, like many things, tend to work out by

Table 2

Results of the “Attitudes toward seeking counselling help”

Items	Combined “Strongly agree” and “Agree” in percentage	Mean (SD)
If I believed I was having a mental breakdown, my first inclination would be to get counselling help.	45.4	3.28 (1)
The idea of talking about problems with a counsellor strikes me as a poor way to get rid of emotional conflicts.	19.3 [†]	3.31 (.88)
If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in counselling.	67.2	3.68 (.78)
There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to counselling help.	26.3 [†]	3.12 (.95)
I would want to get counselling help if I were worried or upset for a long period of time.	71.3	3.75 (.84)
I might want to have counselling in the future.	45.9	3.39 (.83)
A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with counselling help.	42.5	3.19 (1.02)
Considering the time and expense involved in counselling, it would have doubtful value for a person like me.	18.0 [†]	3.32 (.92)
A person should work out his or her own problems; getting counselling would be a last resort.	24.5 [†]	3.20 (1.05)
Personal and emotional troubles, like many things, tend to work out by themselves.	18.5 [†]	3.46 (.97)
I would recommend my family or friend to seek counselling help if they are affected by emotional disturbance.	72.6	3.78 (.80)

Note.

[†] Items 2, 4, 8, 9, and 10 were scored reversely before adding up the ratings to get a sum and a mean score.

themselves” (Item 10), and “Considering the time and expense involved in counselling, it would have doubtful value for a person like me” (Item 8).

Inferential statistics: Mean differences

In this series of analysis, the data collected from the ATSCHA were averaged to create a composite score for each respondent and treated as a single dependent variable. Further analyses were performed with these independent variables: age, gender, history of receiving counselling service, and history of receiving counselling training. Individual analyses are shown in **Table 2**.

Age and attitudes toward seeking counselling help

Age was tested against the attitude composite

score using ANOVA. The first level of results suggested that age had a significant relationship with attitudes toward seeking counselling help [$F(3, 591) = 5.81, p = .001$] (**Table 3**). Tukey post-hoc tests revealed that those in the youngest age group (age 15-24) had a significantly lower composite score for attitudes toward seeking counselling help when compared to the other two age groups (25-44; 45-64) (**Table 4**).

Gender and attitudes toward seeking counselling help

When the gender of the respondents was tested for their mean differences against the attitudes toward counselling help, it was revealed that males had a significantly lower composite score when compared to females [$M = 3.39, SD = .54$ t

Table 3

Results of ANOVA when age was tested against attitudes toward seeking counselling help

	Sum of Squares	df	Mean Square	F
Between Groups	3.75	3	1.26	5.81***
Within Groups	127.97	591	.22	
Total	131.74	594		

Note. *** $p < .001$

Table 4

Results from Tukey post-hoc analysis when different age groups were compared against each other for their relationships with the attitudes composite score

Mean Difference				95% Confidence Interval	
(I) 1. Age	(J) 1. Age	(I-J)	Std. Error	Lower Bound	Upper Bound
15-24	25-44	-.24***	.06	-.39	-.09
	45-64	-.22*	.06	-.38	-.07
	65 or up	-.27	.14	-.65	.09
25-44	15-24	.24***	.06	.09	.39
	45-64	.01	.04	-.09	.12
	65 or up	-.03	.13	-.39	.32
45-64	15-24	.22***	.06	.07	.38
	25-44	-.01	.04	-.12	.09
	65 or up	-.05	.13	-.40	.30
65 or above	15-24	.27	.14	-.09	.64
	25-44	.03	.14	-.32	.38
	45-64	.05	.14	-.31	.40

Note. *** $p < .001$

Table 5

Results of t-test when gender was tested against attitudes toward counselling help

Attitudes toward counselling		Females (n=406)	Males (n=189)	t-value (2-tailed)	df
Scores	M	3.42	3.39	-.817**	593
	SD	.44	.54		

Note. ** $p < .01$

Table 6

Results of ANOVA when history of training in counselling was tested against the attitudes toward seeking counselling help

	Sum of Squares	df	Mean Square	F
Between Groups	6.20	2	3.10	14.62***
Within Groups	125.54	592	.21	
Total	131.74	594		

Note. *** $p < .001$

(593) = -.82, $p = .004$]. The results are presented in **Table 5**.

History of receiving service and attitudes toward counselling help

The analysis of this variable had no statistically significant impact on the attitudes toward seeking counselling help.

History of receiving counselling training and attitudes toward seeking counselling help

History of counselling training had a statistically significant impact on the attitudes toward seeking counselling help (**Table 6**). Tukey post-hoc tests indicated that when compared to the individuals with have a degree in counselling, the respondents without prior counselling training had significantly lower scores on the attitudes toward seeking counselling help. Similarly, when compared to the individuals with have a degree in counselling, individuals who had taken short courses in counselling had significantly lower scores in the attitudes toward seeking counselling help (**Table 7**).

A multiple regression was performed to test how the four independent variables (age, gender, history of receiving counselling and history of training in counselling) predicted, or were good explanatory variables of the dependent, or outcome variable—attitudes toward seeking counselling help. As shown in the model summary (**Table 8**), the R value was 0.30, which means that these four variables, when combined, had a 30% correlation with the outcome variable. The R square was .08, which means that the percentage of combined variance explained by these four dependent variables was 8%, which was considered low. The significant p -values for the variables indicated that three out of the four dependent variables (age, history of receiving counselling and training in counselling)

Table 7

Results from Tukey post-hoc analysis when history of receiving counselling training was compared against each other for their relationships with the ATSCHA composite scores

History of counselling training		Mean		95% Confidence Interval	
		Difference	Std. Error	Lower Bound	Upper Bound
No training	Short course	-.11*	.05	-.22	-.00
	Degree or above	-.26***	.05	-.38	-.15
Short course	No training	.11*	.05	.00	.22
	Degree or above	-.15*	.06	-.29	-.02
Degree or above	No training	.26***	.05	.15	.38
	Short course	.15*	.06	.02	.29

Note. * $p < .05$, *** $p < .001$

had significant relationships with the response of the attitudes toward seeking counselling help (Table 9).

Discussion

Study context

Before discussing the main findings of the present study, it is important to address the issue of sample representativeness. Although this study offers a useful indication of how the public thinks about counselling in general and the attitudes toward seeking counselling help, the present study had a major limitation in terms of the demographics of the respondents such as the male and older age group was relatively under-recruited compared to the local population in Hong Kong. Yet older adult is a fast-growing community with multiple counselling needs such as the locus of control, transition to retirement, post-retirement aspiration, relationship issues and sense of belonging (Chow & Yau, 2016; Huseh-Zosel, Sanders, O'Connor, Fuller-Iglesias, & Langley, 2016; Mackenzie, Gekoski, & Knox, 2006). The skewing to younger age group and working adults was possibly related to the fact the present survey was conducted through the online platform as opposed to in person (Buizza, Ghilardi, & Ferrari, 2017). Also a careful analyses of how Chinese culture influences the public attitudes toward counselling or help-seeking behaviours in general are beyond the scope of the present study (Bond, 2010; Busiol, 2016).

Gender, age and counselling help

Unlike the earlier local study, gender was not found to be a significant factor associated with seeking counselling help (Yu et al., 2010) yet it is intriguing to note the combined effect of gender

Table 8

Table presenting the summary of the regression model when all four independent variables were fitted

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.30	.08	.08	.45

and age on attitudes toward seeking counselling help albeit it did not reach statistically significant level. Male Chinese respondents at the young age or early adulthood in Hong Kong appeared to be less forthcoming to use counselling service compared to their female counterparts. It may be related to the fact that young men are less emotionally developed and socially sophisticated and perhaps less keen to examine personal issues and seek support from counsellors (Mackenzie, Gekoski, & Knox, 2006; Myers et al., 1991; Zhu, Tse, Cheung, & Oyserman, 2014). The steady increase in positive attitudes toward seeking help among men undergoing the transition from young to late-adulthood was very encouraging. However given there were only 12 respondents at the age 65 or above, it did not afford us the opportunity to confirm if the trend existed in that age group which definitely warrants a future study.

Seeking counselling help

In general, similar to the past study conducted among high school and college students in the United States (Goh et al., 2007), the Chinese respondents' attitudes toward seeking counselling help revealed in the present survey were consistently positive across the 11 items

Table 9

Table presenting the ANOVA and coefficient tests with all the four independent variables

Model		Unstandardized Coefficients		Standardized Coefficients	
		B	Std. Error	Beta	t
1	(Constant)	3.45	.12		29.64***
	History of receiving counselling service	-.19	.04	-.19	-4.38***
	History of receiving counselling training	.08	.03	.13	3.11***
	Age	.07	.03	.11	2.77**
	Gender	.03	.04	.03	.68

Note. **p < .01, ***p < .001

(Table 2). The mean and standard deviation of the ATSCHA were 3.67 (out of 5; range = 2.88, 3.78) and .99 respectively. Close examination of the individual items suggests that the respondents would likely seek counselling support if the emotional disturbance was considered as serious and lasting for prolonged period of time (see Items 3 and 5). There was a good coherence between the respondents' view about counselling which was primarily related to the provision of emotional support and ventilation of difficult emotions and the circumstances under which respondents might seek counselling help. The present finding aligns well with the earlier results found in the United Kingdom, "The question addressing the benefits of counselling gathered a wide range of responses, with the most frequently recorded benefits of counselling being an impartial counsellor who listens, supports and helps clarify" (Sharpley et al., 2004. p. 106). The reasons provided by the present study's respondents were predominantly related to emotional stress at individual or family level (e.g. loved one was suspected of having mental illness or dysfunction existed in a family). The individualistic-collectivistic orientation is one of the most important and fundamental dimensions of cultural variations (Hofstede & Bond, 1984). Chinese people tend to place a strong emphasis on collectivism and the maintenance of harmony within nuclear or extended family. It is crucial to investigate how counselling or attitudes toward seeking counselling help is defined and negotiated by individuals with mental health issues and, importantly, by their family members and caregivers (Tse & Ng, 2014).

The present survey found that 88.1% of respondents indicated that they would pay to see a counsellor which is highly comparable to

the 78.8% reported in a similar study conducted in Australia in 2002 (Sharpley et al., 2004). Additionally, 46.7% of the present sample were willing to pay around HK\$100-500 for an hour counselling session compared to 24.6% found in the past study by Yu et al. (2010) however it was unclear if the difference was due to changed view of the general public or the Yu's study surveyed a much younger sample (73% were between 15 and 24 years old). Lastly consistent with past studies (Goh et al., 2007; Li, Wong, & Toth, 2013), this survey found that older age (up to 64 years old), having experience in receiving counselling and undergoing training in counselling were related to positive attitudes toward seeking counselling help in Hong Kong. The remaining challenge is how to promote counselling services to the wider society in Hong Kong.

Implications and future studies

The strengths of this study included reaching a more adult working sample compared to similar studies conducted in Hong Kong which mainly involved young people or university students (e.g. Goh et al., 2007; Yu et al., 2010). Another strength was we used the slightly adapted standardized instrument to measure the respondents' attitudes toward seeking counselling help and other similar items (e.g. amount willing to pay for a counselling session) that allowed some degree of data comparison across studies and cohorts. There are two implications for the counselling professionals in Hong Kong. First, the professional counselling bodies have to work hard to explain the nature of counselling services and the availability of counselling help to the general public in particular men, younger age group and the older adults and those who have never had any experience in receiving counselling help. Second, this survey found that members of the general

public tend to view counselling was about offering emotional support to the needy as either individual or family. Thus it has implications for curriculum design and training of professional counsellors in Hong Kong. It is not only about placing the emphasis on different approaches and techniques in supporting individuals with emotional needs but also a careful and thorough analysis and integration on culture and emotionality among Chinese or Asians in general. Directions for future research are to investigate the process and experience of how individuals across the lifespan (e.g. college students versus individuals at late adulthood; see the work by Leung, 2013 and American Psychological Association, 2014) and various socioeconomic backgrounds make up their mind to actually seek counselling help and how they choose the counsellors or the counselling services. The above implications are well summarized by a recently published study, "At present, in Hong Kong the professional training of counsellors is too short and the profession is not regulated (emphasis added) and many of the respondents' observations on the low professionalism of local professionals are actually supported by findings from other studies... Thus, it is understood that a culture of counselling among the population can only follow a better culture of counselling among professionals" (Busiol, 2016, p. 397).

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