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# Evaluation Report

iACT Youth Wellbeing Practitioner Pilot Training Programme

2021-2023



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## A message from Mind HK's CEO:



Dr Candice Powell  
CEO, Mind HK

Dear all,

The lifetime prevalence of mental illness is an estimated 25%. Alarming, 70% of these cases are associated with depression and anxiety disorders, with the highest onset age being between 12 and 24 years. Despite these startling statistics, the accessibility to mental health services hovers at a low rate of around 30% in Hong Kong. The implications of untreated individuals are far-reaching - from poor quality of life to the possibility of developing fully manifested disorders and increased direct and indirect medical and societal costs.

There is a clear need to improve access to timely and evidence-based mental health interventions. However, Hong Kong is struggling with a shortage of mental health professionals, particularly psychiatrists and psychologists, with our numbers significantly lagging behind international standards. Training mental health professionals is undeniably critical, but it is a long-term commitment, often requiring at least 5 to 10 years.

We need innovative, cost-effective solutions to address this need urgently. Our vision of our Improving Access to Community Therapies (iACT), which will integrate the Youth Wellbeing Practitioner programme, is to provide a sustainable and scalable solution to the community to ensure that no one faces a mental health problem alone.

Based on the successes globally of low-intensity intervention models in the UK and Australia, known as Improving Access to Psychological Therapies (now NHS Talking Therapies) and NewAccess, respectively, Mind HK is beyond proud to have completed the pilot training of wellbeing practitioners. Our Youth Wellbeing Practitioner (YWP) pilot training was the first cohort; these practitioners underwent an intensive, structured, and rigorous 9-month training and placement programme to provide short-term psychological interventions, specifically, low-intensity guided self-help, for individuals experiencing depressive and anxiety symptoms or disorders.

We are thrilled to share the success and learnings from our YWP pilot programme. We proudly report a recovery rate of up to 70%, comparable to and beyond international benchmarks. We have also gathered invaluable insights into localisation and implementation strategies that aid our mission to bring global best practices to the people of Hong Kong.

Fueled by these successes and learnings, we are poised to enhance and expand our programme training capacity with the support of MINDSET and Jardine Matheson. We aim to train 100+ more well-being practitioners in the coming three years. We urge individuals interested in joining this new workforce, organisations and corporations committed to promoting mental health awareness and help-seeking behaviour, and government bodies to support us.

Mind HK aspires to transform the mental health landscape in Hong Kong, making care accessible, approachable, cost-effective, and grounded in evidence-based practice. Our ambition is not just to change numbers but lives, and we invite you all to join us in this vitally important endeavour.

**Dr Candice Powell**

CEO, Mind HK

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# Introduction

The Youth Wellbeing Practitioner (YWP) Pilot Training Programme (2021 - 2023) is a joint initiative between Mind HK and MINDSET Hong Kong, which involved training 51 Youth Wellbeing Practitioners to provide free, low-intensity mental health support (up to 8 sessions) to Hong Kong's young people (aged 12 - 24). The programme was generously sponsored by Jardine Matheson, Hongkong Land HOME FUND, and HKEX Foundation.

## Why people don't seek help when facing symptoms of a mental health problem (Mind HK, 2022)

**52%**

Concerned with  
the cost

**33%**

Feeling like  
they can fix it  
without help

**29%**

Not knowing  
where to get  
help

There are a number of evident barriers to accessible care in Hong Kong. Research commissioned by Mind HK indicated that **nearly three-quarters of youth in Hong Kong expressed a need for more affordable mental health services**. The YWP programme was developed in response to this pressing need, aiming to enhance the accessibility of mental health support for young people, particularly those experiencing mild to moderate mental health issues. **75% of mental health problems develop before the age of 25**. Change is needed, as mental health problems can profoundly impact young people's lives -- including their academic performance, personal relationships, and prospects.

### The YWP pilot training programme consisted of:

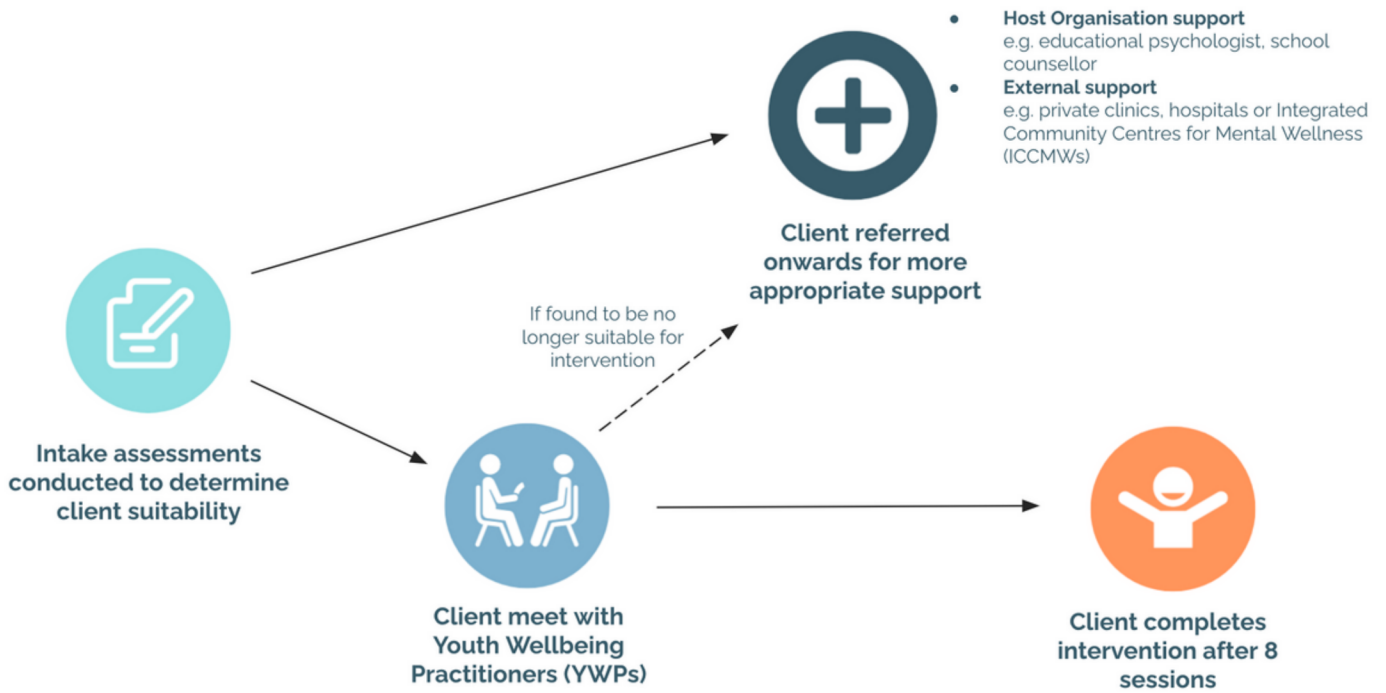
- Training Youth Wellbeing Practitioners (YWPs)
- Supervising YWPs during a 9-month clinical placement at a host organisation
- YWPs offering the free YWP intervention (up to 8 sessions) one-on-one to young people (offline and online) in Hong Kong facing mild-moderate mental health problems
- Rigorous and comprehensive evaluation of the pilot intervention

Recognising an urgent need for a large-scale programme to support young people's mental health in Hong Kong, this programme, which involved training wellbeing practitioners to offer short-term and effective care, was designed based on global best practices.

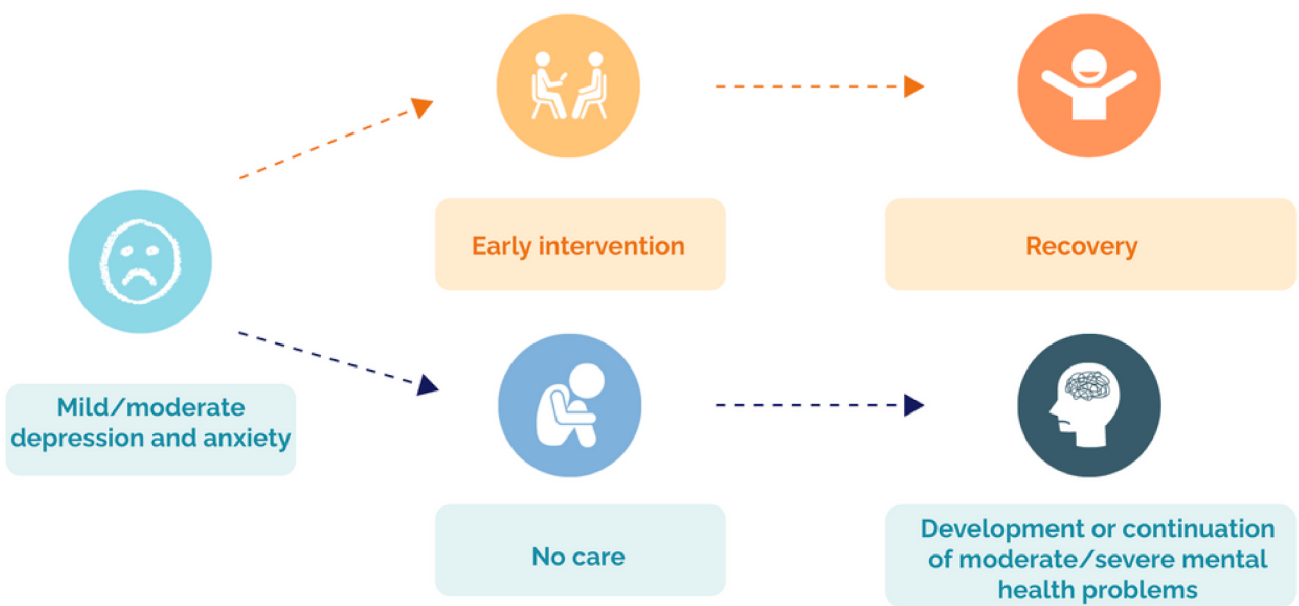
The invaluable assistance of professionals from our local and international partners was pivotal in adapting and localising this programme for trial in Hong Kong. The YWP programme utilised the Children and Young Persons' Improving Access to Psychological Therapies (CYP-IAPT) initiative as a foundation, a public mental health care model widely implemented in the UK and other countries. Mind HK's YWP training curriculum adopted the Acceptance and Commitment Therapy (ACT) model, an evidence-based, transdiagnostic psychological intervention globally used to treat various mental health conditions, including anxiety and depression.

Given that **at least 1 million people in Hong Kong are experiencing a common mental health problem**, low-intensity services, such as the YWP programme, can facilitate access to evidence-based support for people before their issues worsen and impact their functioning more significantly. This type of intervention is necessary for addressing the high prevalence of common mental health problems in our city; it is a cost and time-efficient route to lessen the burden on clinical professionals, particularly within the public system, and support individuals facing mild-moderate mental health problems in a timely and effective manner.





**Early Intervention:**  
We believe **intervening early is key** to preventing onset and further development of mental health conditions.





The pilot programme has demonstrated significant results upon the conclusion of its pilot phase. The programme's **first cohort of 51 trained Youth Wellbeing Practitioners** delivered **3,336+ free mental health support sessions**, leading to **417 students completing the full intervention course** (8 sessions). These interventions were conducted **across 32 host organisations**, including schools, community centres, and non-profit organisations (see below).

## Host organisations (2022 - 2023):



This evaluation report aims to present the evaluation outcomes of our pilot programme, which took place from 2021 - 2023. The subsequent sections will detail the results, evaluating its impact on the mental health landscape for young people in Hong Kong and considering its potential for broader implementation and success in the future. We express our deepest gratitude to the many individuals and organisations who have supported this programme.

# Key Findings - Summary

## Our YWP Pilot Impact:

**51**

Youth Wellbeing Practitioners trained

**417**

Young people in Hong Kong who **completed** the full YWP intervention (8 sessions)

**3336+**

Free mental health intervention sessions provided to youth in Hong Kong

**32**

Host organisations (e.g. schools/NGOs) engaged in the programme:

This evaluation from the YWP pilot programme underscores that **short-term, low-intensity services are feasible and effective means of delivering mental health support to young people in Hong Kong**. For young adults (18-24) in our pilot study, the estimated recovery rate was a **promising 70%**. The recovery rate is above the 50% threshold in the UK's Improving Access to Psychological Therapies (IAPT) programme.



**70%** recovery rate among 18-24 age group

Through our pilot programme, there were the following trends:

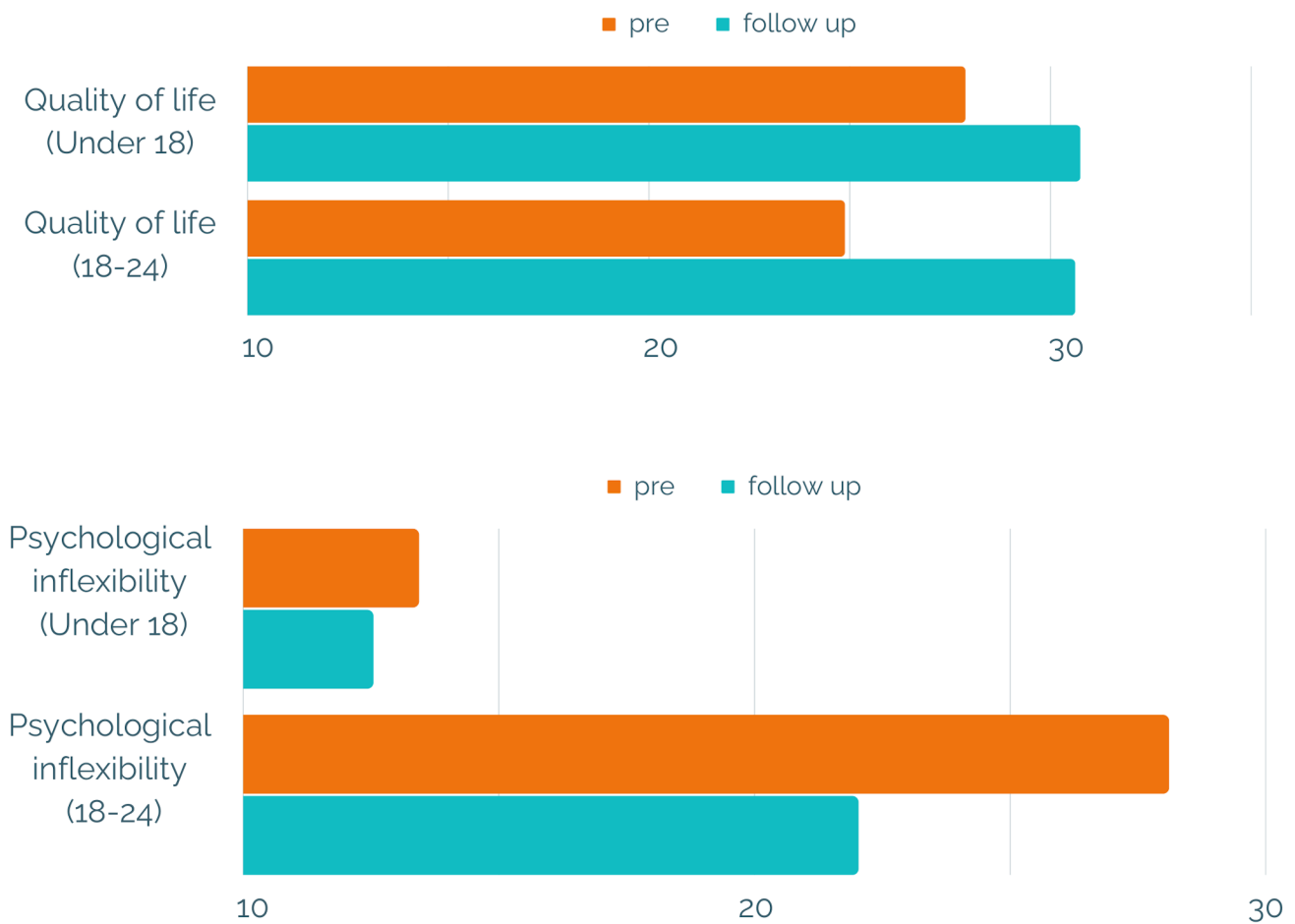
1. Improved quality of life

2. Increased psychological flexibility

3. Reduced psychological distress

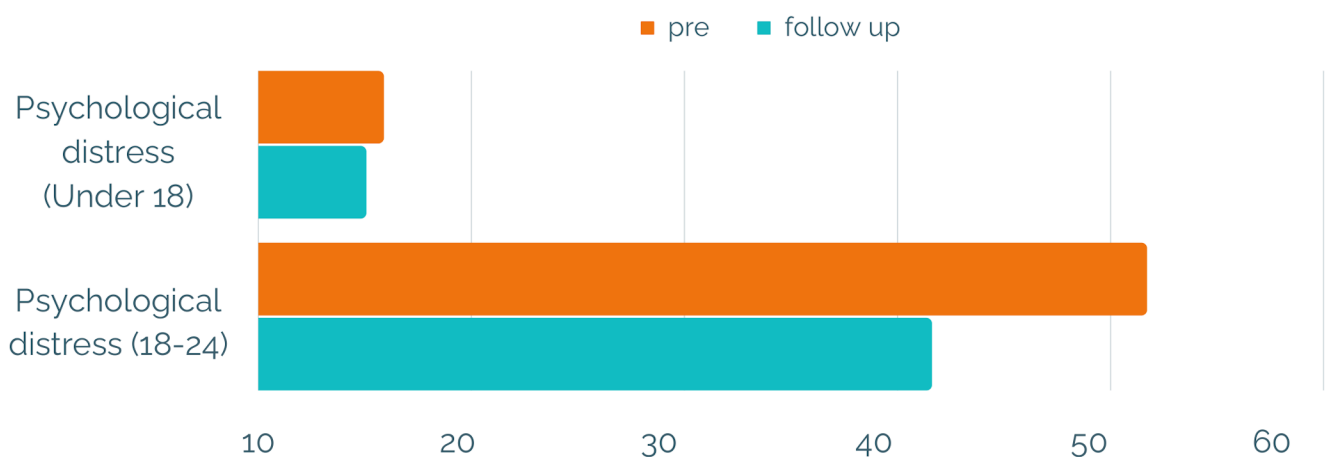
4. Enhanced therapeutic relationships

The data revealed promising outcomes in terms of **improvements in quality of life and reduced psychological inflexibility.**

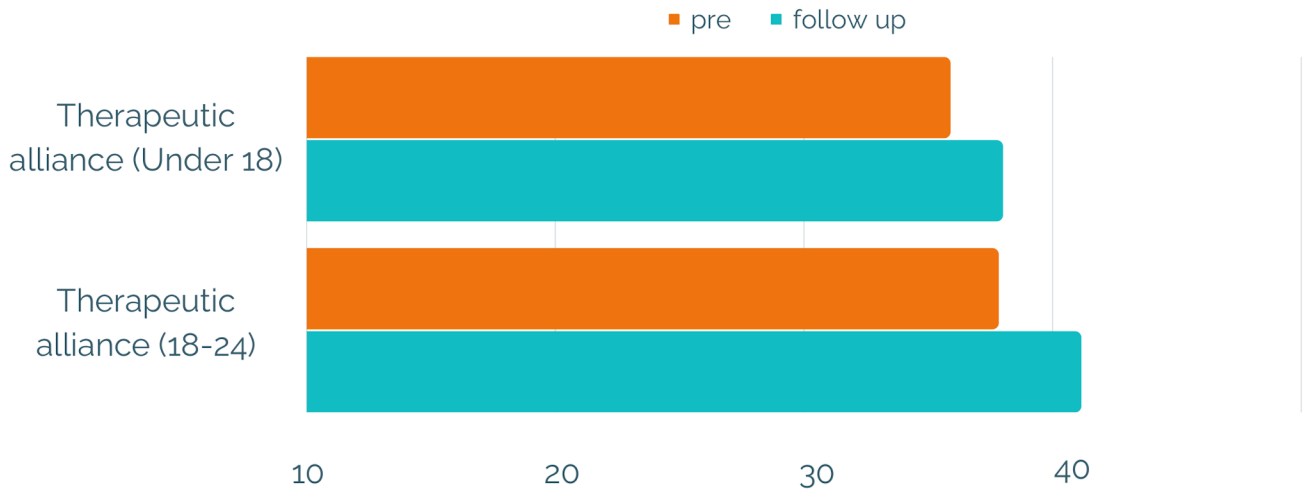


*\*Note: the lower the score, the higher the psychological flexibility.*

Clients who received the intervention exhibited **reduced psychological distress.**

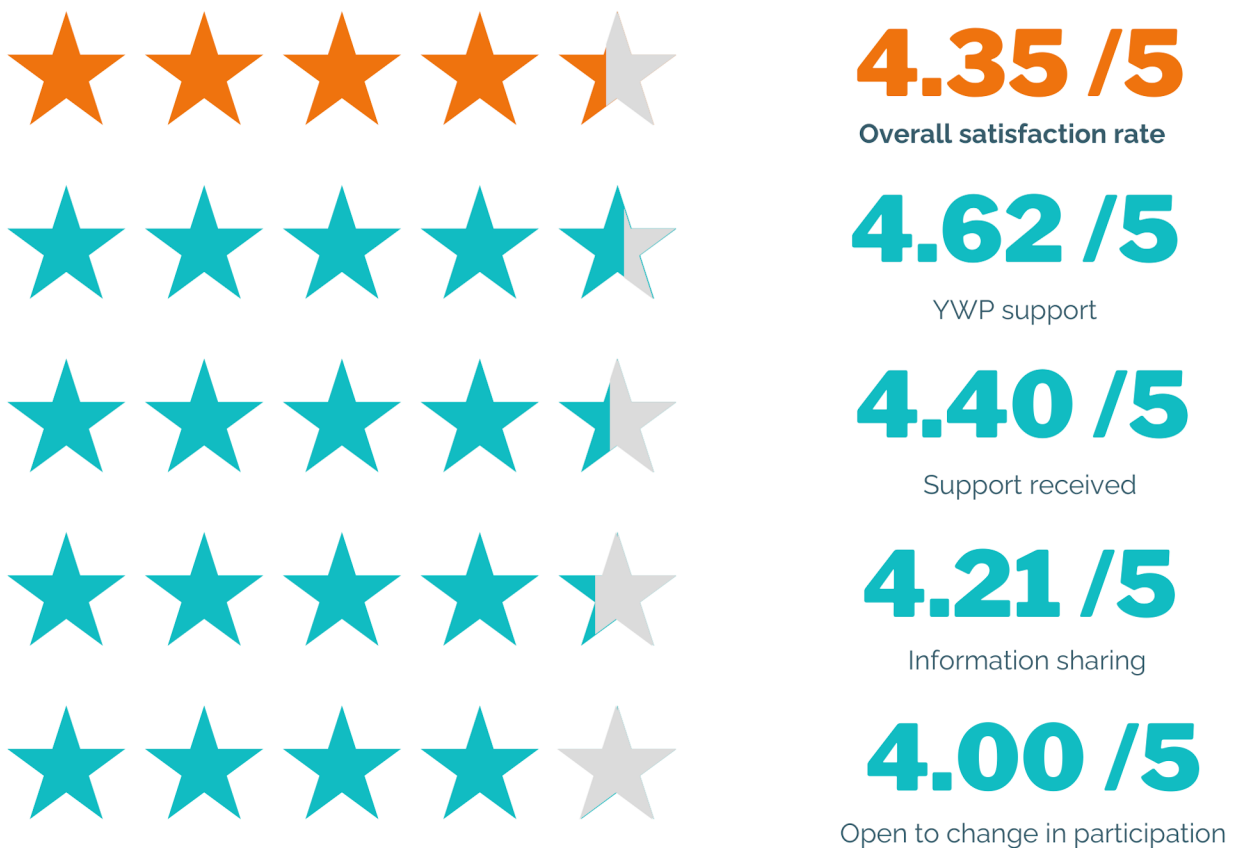


**Therapeutic alliances between the YWP and clients were strengthened** over the course of the intervention.



**The programme was well-received across stakeholders**, with feedback from clients, YWPs, and host organisations depicting it as a feasible means of providing mental health support in Hong Kong. Placing practitioners in community settings and online-enabled low-intensity interventions to be delivered quickly to those who need them most, offering a minimally resource-intensive model of care that provides timely, effective interventions.

**Client satisfaction (mean of ratings out of 5):**



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# Evaluation Summary

From October 2021 to September 2023, the Youth Wellbeing Practitioner (YWP) pilot training programme was developed and implemented by Mind HK. The project's Academic Partner, Hong Kong Baptist University, completed the programme's evaluation to assess the impact and effectiveness using quantitative and qualitative methodologies.

**The YWP project officially launched in November 2021**, with careful planning and development of robust training materials, comprehensive evaluation design, and thorough implementation strategies in local host organisations. The data from the pilot project was collected between September 2022 and August 2023; the subsequent analysis was conducted in August and September 2023.

**The data included 417 participants** who completed the whole intervention, with 268 aged 12 - 17 (170 junior secondary and 98 senior secondary students) and 148 aged 18-24. The age demographics of the participants were as follows: for those under 18, the mean age was 14 years, with ages ranging from 12 to 17 years. For participants aged 18 to 24, the mean age was 21 years.

Regarding gender, 56.3% of the under-18 participants were female, and 43.7% were male. Among the participants aged 18 and above, 71.1% were female, and 28.9% were male. Regarding ethnicity, 82.8% of the participants under 18 and 88.6% of those aged 18 and above were of Chinese ethnicity. The rest were of diverse backgrounds, including, Belarusian, British, Canadian, Danish, Egyptian, Indian, Korean, Nepalese, Ukrainian, and Vietnamese, among others.

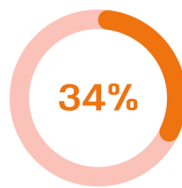
The evaluation also included qualitative components, including individual exit interviews with youth participants and focus group discussions with YWP trainees. In addition, 239 written qualitative feedback responses were collected, including 163 from participants under 18 and 76 from those aged 18 and above.

**The quantitative and qualitative data have provided a rich source of information to understand the impact of the YWP pilot** and insights into areas for further improvement.

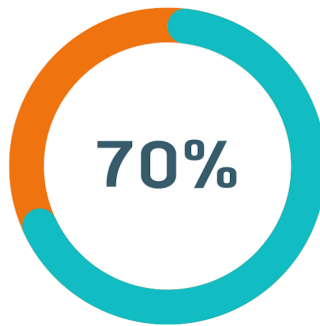
# Key Findings in Detail

Why low-intensity services is an effective tool in improving access to evidence-based care in Hong Kong and beyond

What was the rate of recovery for clients who completed the YWP intervention?



Aged 15 - 17



Aged 18 - 24

In the YWP programme, we calculated the recovery rate by determining the percentage of clients who started the treatment with a score **above** the cut-off on the psychological distress measurement and ended the treatment with a score **below** the clinically significant psychological distress cut-off. We adopted Young Persons Clinical Outcomes in Routine Evaluation (YP-CORE) and Clinical Outcomes in Routine Evaluation - Outcome Measures (CORE-OM) for youth and young adults, respectively, for the measure.

Among those who completed the YWP interventions, the recovery rate varied by age group. **The estimated recovery rate for clients aged 18 - 24 was 70%, meaning that 70% of clients aged over 18 were considered to have entered "recovery" after completing the YWP intervention.** This figure is above the United Kingdom's National Health Service (NHS) benchmark recovery rate of 50% for the adult population, suggesting that the YWP intervention effectively reduced psychological distress to sub-clinical levels for the majority of young adult clients who joined.

For clients under 18, the data indicates an estimated recovery rate of up to 34% for secondary school students. This finding generally aligns with the recovery rates seen in Children and Young Peoples' IAPT (CYP-IAPT) services in the UK. The recovery rate of the young group appeared to be lower. Upon examining the raw data, it was noted that a substantial number of respondents completed the questionnaires in a notably brief period of time, frequently selecting the same response. This pattern could suggest a hastiness in completing the data collection process, which may impact the reliability of the data for this age group. CYP-IAPT services in the UK also experienced difficulties collecting a complete and unbiased dataset, making it **difficult to establish whether the lower recovery rates in under-18s reflect a less effective intervention or is an artefact of “flawed, uncertain, proximate and sparse data”**. This is discussed further below.



## How did the YWP intervention impact quality of life?

The full intervention significantly **improved the quality of life across age groups**. When using Acceptance and Commitment Therapy (ACT), reducing psychological symptoms is only the secondary treatment target. ACT interventions seek to provide people with skills in psychological flexibility that enable them to live rich, meaningful lives. The analysis sought to assess this by capturing data on self-reported quality of life (QoL) before and after the intervention and at follow-up (six weeks post last session).

### **Young Adults (18-24)**

For young adults (aged 18-24), QoL ratings increased between the start (M=24.87) and the end (M=28.24) of the intervention. Further improvements were seen between the final and follow-up sessions (M=30.6).

These results suggest that the YWP intervention was linked with an upward trajectory in QoL that continued beyond the final session and into the follow-up period. This trend could reflect the clients' continued application of ACT skills in their lives beyond the last session, resulting in continued improvements in QoL. These results are extremely promising and suggest that these interventions were associated with sustained improvements in quality of life for those who attended.

### **Secondary School Students (12-18)**

For clients in the "junior secondary school" group (aged 12-14), improvements were seen between the start (Mean [M] score=28.98) and the follow-up (M=31.58), which suggests that the quality of life has been improved throughout the intervention. Senior secondary school students (aged 15-17) who attended the intervention exhibited similar improvements in QoL, with significant increases in scores between the start (M=25.95) and end (M=28.47) of the intervention. Increased QoL scores were maintained at follow-up



## Clinical vs Non-clinical Subgroups

Subgroup analysis examined the differences between clients who were initially above the threshold for clinically significant mental health symptoms (the “clinical” subgroup) and those who were not (the “non-clinical” subgroup). These analyses revealed that both groups derived benefits from the intervention. In particular, the clinical subgroup demonstrated more substantial improvements in quality of life than the non-clinical subgroup. This trend was observed across all age groups. The clinical group exhibited considerably lower quality of life scores at the start of the intervention than the non-clinical group; the intervention appeared to bring their scores in line with those of the non-clinical group. **These findings indicate that the YWP intervention particularly impacted the quality of life of people experiencing clinically significant mental health problems, allowing them to reach QoL levels comparable to those without mental health problems.**



## Did the YWP intervention result in any changes in psychological flexibility?

ACT, which is the modality used in the YWP intervention, aims to increase psychological flexibility, enabling people to respond to their unpleasant feelings and thoughts more flexibly and, thus, **manage unwanted emotional states such as anxiety and depression more effectively**. ACT aims at enhancing psychological flexibility via cultivating an accepting attitude to negative feelings, mindfulness skills, changing the relationship with the thoughts, and clarifying values such that the individuals can observe and live with these unpleasant feelings more freely, without constant psychological struggle. The Acceptance and Action Questionnaire (AAQ) and Avoidance and Fusion Questionnaire (AFQ) were used to measure the psychological inflexibility of the youth and adolescent group. (Note: the lower the score, the higher the psychological flexibility).

### Young Adults (18-24)

The analysis revealed that the intervention was associated with **significant reductions in psychological inflexibility** in clients aged 18-24 between the start (M=28.1) and end (M=23.91) of the intervention. For this group, further reductions in inflexibility were seen between the end of the intervention and the follow-up session (M=22.03).

### Secondary School Students

For clients aged 15-17, there was a **significant improvement in psychological flexibility** between the start of the intervention (M=15.07) and the follow-up session (M=13.53) This suggests that the ACT intervention had the intended result; the sessions helped clients to learn the skills needed to respond more flexibly to their thoughts and feelings. Yet, this trend was not seen in clients aged 12-14.

## **Clinical vs Non-Clinical Subgroups:**

Analysis revealed clients in the clinical subgroup saw greater decreases in psychological inflexibility and maintained the improvement during the follow-up session. Proponents of the ACT approach suggest that psychological distress and mental health problems occur as a direct consequence of psychological inflexibility. Our finding shows that there was a strong association between psychological distress and psychological inflexibility. Clients with higher levels of inflexibility exhibited higher levels of psychological distress. **Sustained improvements in psychological flexibility may have positive implications for their ability to better manage psychological distress in the future.**



## What was the effect of the YWP intervention on psychological distress?

These improvements were more pronounced in young adults (aged 18-24) and people with clinically significant psychological distress at the start of the intervention. Among the 18 - 24 age group, the intervention resulted in a significant reduction in psychological distress between the start (M=51.69) of the intervention and the follow-up session (M=41.6). The impact of psychological distress varied across different age groups.

### Clinical vs Non-Clinical Subgroups:

Different trends were seen across these subgroups within the 18-24 age group; for the clinical subgroup, a greater initial improvement was seen (between the start and end of the intervention), and this improvement in psychological distress was maintained at follow-up (pre-intervention: M=72.42, post-intervention: M=55.98, follow up: 52.93). For the non-clinical subgroup, a significant change occurred between the end of the intervention (M=45.37) and the follow-up session (M=38.04). This lagged improvement may reflect people continuing to apply ACT skills gained after the active intervention.

Overall, the results suggest that the intervention has promise both as a treatment for young adults experiencing clinically significant psychological distress and as a preventative measure for young adults who are experiencing mild to moderate symptoms that do not exceed clinical thresholds. **An intervention service like this may have utility in treating and preventing mental health problems, given that people who were below the threshold for mental health problems also appeared to derive benefits from it.**



## Can rapport be built in time-limited, low-intensity interventions?

Given the time-limited nature of the YWP intervention, it was important to establish whether the YWPs' interactions with their clients enabled them to build strong relationships to facilitate therapeutic change. The Working Alliance Inventory-Client version (WAI-C) was used to measure the rapport perceived by the client.

The results indicate that the processes involved in selecting, training and supervising YWPs produced practitioners who could **effectively develop strong therapeutic relationships with their clients.**

The quality of the therapeutic relationship is known to be pivotal in ensuring that psychological interventions are effective. Data was gathered from the perspective of clients and practitioners to measure the strength of the therapeutic alliance. Across all age groups, **an upward trend was seen in the strength of the therapeutic alliance between the start and end of the intervention.**

This suggests that practitioners were able to enhance the quality of their relationships with clients over the course of the intervention, reflecting positively on the practitioners, their training and the supervision they received throughout the programme.



## How was the programme received by different stakeholders?

Feedback was gathered from various stakeholders in the programme to ascertain the feasibility and effectiveness of the programme. The programme was well-received by host organisations, YWPs and supervisors.

**96%**

of host  
organisations

**91%**

of YWPs

**91%**

of supervisors

**expressed a wish to** continue partnering with Mind HK on any further iterations of this programme.

### Feedback from Host Organisations:

- Host organisations commented on how the programme was well-placed to support young people, offering an alternative for students who did not feel comfortable accessing support systems available within the school.

*"The YWP programme understands the needs of students and can really help those who perhaps do not want to share their thoughts with the school staff or social workers"*

- Some organisations attested to the ability of YWPs to alleviate the workload of mental health professionals in schools, allowing them to focus on more complex and severe cases.

*"The YWP has helped to alleviate the current workload of the team, as current staff members are often occupied with the more complex [cases]. The YWP helps to manage the less complex cases, so that those who normally need to self-refer and wait can get help sooner"*

### Feedback from Youth Wellbeing Practitioners Trained:

- There was positive feedback from YWPs, many of whom praised the training and experiences gained through working as a YWP.

*"The YWP programme has been really useful and is a great learning opportunity for me...I have gained a lot of first-hand experience in delivering mental health interventions to youth...the students that join this programme are receptive to the intervention, and it is really rewarding to see clients make progress"*

## Feedback from Clients:

In this feasibility evaluation, participants rated their satisfaction with various aspects of the intervention programme on a scale from 1 to 5, with 5 being the highest (most satisfied) score.

**Overall:** Participants reported **high satisfaction with the service**, as evidenced by a mode of 4 and a mean of 4.35 (out of 5) when pilot participants (service clients) were asked about overall experience satisfaction. The standard deviations are all less than 1, indicating that responses were generally close to the mean, **indicating relatively little variability in participants' responses.**

**Support Received:** Participants rated their satisfaction with the support they received highly, with a mode of 5 and a mean of 4.40, indicating that the **majority found the support provided very satisfactory.**

**YWP Support:** The Youth Wellbeing Practitioner's (YWP) support was rated even higher, with a mode and mean of 5 and 4.62, respectively, implying **strong approval of the YWP's role in the programme.**

**Information Sharing:** The way information on the service was shared between participants, the YWP, and other professionals and/or parents received slightly lower but still positive ratings, with a mode of 4 and a mean of 4.21, **indicating satisfactory communication processes.**

**Option to Change in Participation:** Participants' perceived autonomy, in terms of the option to change their mind about participation after starting the intervention sessions, was rated positively with a mode and mean of 4 and 4.00, respectively, suggesting the programme respected participant autonomy.



In summary, these results suggest that the programme was well-received by participants, who generally expressed high satisfaction levels across all areas evaluated.

Positive feedback was obtained from clients, some of whom expressed gratitude that the programme was available to them free of charge and allowed them to access support where there otherwise was a gap in services.

### Testimonials from Clients

“

*"I appreciate this service... especially [as] it is a free service for people like me who have never joined any counselling service"*

”

“

*"Thank you for this programme! It has been immensely helpful in identifying my core values in life, in particular building solid and genuine connections with people and my close family, who are the foundation of my support system."*

”

“

*"Really enjoyed it and I believe it is very useful as a support therapy or a way to learn about oneself and how to better manage one's feelings."*

”



# Key Learnings

## **Low-intensity ACT is an effective treatment option for young people in Hong Kong:**

Low-intensity ACT, a short-term, structured psychological intervention delivered by well-being practitioners, **is an effective treatment, especially for young adults, as both a remedial and preventative approach in the local community.** The preliminary estimation of recovery rates is comparable to the targets set in the UK IAPT services. It also improves quality of life and psychological flexibility. There was minimal negative impact seen. The intervention appears to be more robust among young adults than the adolescents group. In addition to the quality of the dataset, the differences might reflect that younger clients may find it more challenging to engage and have difficulties grasping abstract psychological concepts, given their stage of neurocognitive development; this requires further exploration.

## **The response to the intervention was positive across the stakeholders involved:**

The programme was well-received by host organisations and clients. YWPs and supervisors were enthusiastic about supporting the longer-term rollout of low-intensity interventions to support young people in Hong Kong.



## Implementation Insights:

**1** **Adapting to COVID-19 restrictions.** The design of the pilot was adapted to mitigate concerns about reduced face-to-face hours due to COVID-19 restrictions. Mind HK developed the online-only service to enable YWPs to deliver interventions remotely, and enrollment was overwhelming within a short period of time. Agility and flexibility are required to adapt to the changing conditions of the macro-environment

**2** **Integrating into a school schedule.** The unique scheduling constraints within a school setting presented challenges, for example, periods of examination and holiday, priority of academic class over intervention sessions, and packed after-class extracurricular activities. Communication with individual schools and parents is crucial to enable students to participate in mental health programmes. We will explore different methodologies and channels to implement the intervention, including developing group intervention or e-learning support.

**3** **Adapting to individual organisations.** The YWPs were placed in a range of different community and educational settings. Each host organisation had varying processes for referrals, safeguarding and assessment; this required the Mind HK team and YWPs to adapt their approach to ensure the sensitive and appropriate delivery of services within each setting.

**4** **Gathering robust and comprehensive data.** We observed some instances of response biases, for example, missed data points or swift completion, particularly among our younger clients. This presented an opportunity for us to find ways to encourage more thoughtful engagement with the questionnaires; further amendments are required to support this.

**5** **Facilitating appropriate referrals.** Low-intensity ACT is specifically designed for people experiencing mild to moderate mental health problems who are able and motivated to engage in guided self-help treatment. Communicating the criteria for suitable referral is critical to ensure that individuals in need and suitable for the intervention can benefit from the programme. Given that staff in host organisations had already committed to a robust workload, finding additional time for them to conduct triage assessments was, at times, challenging; this allowed us to explore innovative and efficient approaches to engaging host organisations in these essential tasks.

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# Moving Forward and Recommendations

## Leveraging Stepped Care and Low-Intensity Interventions

The results underline the feasibility and effectiveness of low-intensity services in supporting young people's mental health in Hong Kong. The success of the intervention, particularly with young adults aged 18-24, suggests the potential to bridge gaps in mental health care by training paraprofessionals (wellbeing practitioners) and operating within a stepped care model. To make this actionable, we will look to:

- **Collaborate with higher education institutions** to widely implement this programme.
- **Situate practitioners in community services** and reach out to people at risk of mental health problems. This will create a mutually beneficial environment, easing the strain on existing practitioners and improving access to mental health support.
- **Expand this model** to other settings to improve access among hard-to-reach groups, including ethnic minorities and lower-income backgrounds.
- **Consider offering interventions at higher steps** in the model for clients with more severe and complex difficulties, aligning with best practices from other countries.

## Building a Sustainable Mental Health Service

The pilot programme's success supports the exploration of a more long-term approach to bridging mental health care gaps. To ensure a sustainable implementation:

- **Merge** the Youth Wellbeing Practitioner programme into Mind HK's large-scale, long-term initiative named Improving Access to Community Therapies (iACT). iACT will encompass the training of wellbeing practitioners and service delivery of low-intensity mental health support to youth and adults in the community.
- **Recognise** the qualification of wellbeing practitioners to encourage them to remain within the iACT ecosystem.
- **Build** an iACT practitioner network to regulate and monitor the quality of practice and pricing framework to ensure the iACT service remains evidence-based, accessible and affordable.
- **Recruit** more community organisations to adopt the iACT model in their service by either receiving placement students, upskilling their non-professional workforce, or recruiting graduated wellbeing practitioners.

## Integrating AI Technology and Online Platforms

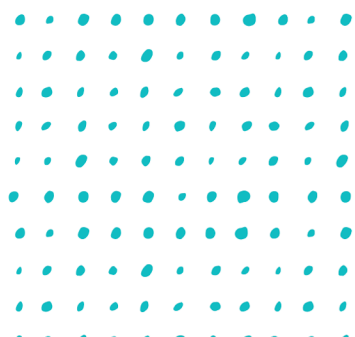
The pandemic required us to shift to promoting hybrid services, and while there were challenges, it also illuminated the potential of online platforms. The accessibility and flexibility of digital methods can greatly enhance the reach and effectiveness of our services. Here's how we can leverage this:

- **Incorporate** Artificial Intelligence (AI) in the preliminary screening and assessment process. AI can efficiently analyse responses to initial questionnaires and identify potential mental health issues, helping to streamline the referral process. This would allow us to allocate our human resources more effectively, dedicating practitioner time to those who most need it.
- **Design** and build an e-learning platform where clients can access resources and learn emotional regulation skills at their own pace. The platform can also host resources for ongoing support and skill reinforcement, ensuring clients can continue to develop outside of their sessions with practitioners.
- **Offer** comprehensive resources and self-help tools on the e-learning platform to make practitioner contact time more efficient. Practitioners can focus their time on addressing barriers and personalising treatment plans, while clients can utilise the platform to learn and practice skills independently. This hybrid approach boosts client engagement and self-efficacy, crucial elements for successful treatment outcomes.
- **Continue providing** services in a hybrid format to allow for flexibility.

## Robust Outcome Monitoring

To deliver quality services consistently, it's vital to develop the habit of routine outcome monitoring. This implies going beyond simple output measures; it will involve including a comprehensive and nuanced understanding of programme results. Here's how we can implement this:

- **Ensure** comprehensive evaluation of all future programmes, adopting the IAPT model of collecting and analysing routine outcome measures. We will use learnings from the YWP programme (and future interventions) to ensure a more complete and high-quality dataset, guarantee positive outcomes and ensure interventions are based on a comprehensive and timely evidence base.
- **Use** data for strategic decision-making via regular outcome monitoring, which will provide valuable data about our services' effectiveness and the community's emerging needs. This data can guide the strategic development of our services, ensuring they evolve to meet changing needs and continue to deliver quality outcomes.



# Conclusion

The Youth Wellbeing Practitioner Pilot Training Programme has successfully illustrated how low-intensity interventions can serve as practical and effective means to support the mental health of young individuals in Hong Kong. Its reception and impact highlight the potential of such initiatives, particularly when considering the encouraging recovery rates observed among young adults. Beyond recovery, the programme also facilitated a diverse spectrum of positive outcomes. Improvements were noted in essential areas such as quality of life and psychological flexibility.

Mind HK's Improving Access to Community Therapies (iACT) model, which will integrate and further develop the Youth Wellbeing Practitioner Programme, is rooted in accessibility and efficacy; it will offer a blueprint for addressing some of the gaps in Hong Kong's mental health care system. By expanding our iACT initiative, tailoring the interventions within it to specific age groups, and incorporating learnings from this pilot programme, we are confident in continuing to evolve the Hong Kong mental health support system. In conclusion, our pilot has made a significant impact and paved the way for future advancements in mental health care delivery in Hong Kong.



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# Glossary

## **Youth Wellbeing Practitioner (YWP):**

Youth Wellbeing Practitioners (YWPs) are para-professionals trained through a pioneering programme "named Youth Wellbeing Practitioner Pilot Training Programme" jointly launched by Mind HK and MINDSET Hong Kong. The primary goal of the YWP programme is to widen the access of Hong Kong's young people to basic mental health support. The YWPs are equipped with the skills to provide interventions to young people experiencing mild to moderate mental health problems. The training for YWPs includes over 100 hours of intensive theoretical training, covering basic counselling skills, assessing ongoing clinical risk, and delivering manualised interventions based on Acceptance and Commitment Therapy. This is followed by nine months of supervised clinical placements at schools and community organisations. After completing the course, YWPs can provide young individuals aged 12-24, each with up to eight free sessions of guided self-help.

## **Improving Access to Community Therapies (iACT):**

Improving Access to Community Therapies (iACT) is the continuation of the YWP programme post-pilot; it is a training programme and service provided by Mind HK with the aim of bringing low-intensity mental health support to individuals in Hong Kong.

- iACT Training: Training wellbeing practitioners in conducting a manualised intervention targeted towards reducing psychological distress and symptoms of anxiety and depression
- iACT Service: The service is delivered by trained wellbeing practitioners - Youth Wellbeing Practitioners and Psychological Wellbeing Practitioners - who provide free, short-term, remote support to local citizens experiencing mild to moderate mental health conditions, aged 12 - 24 and 18-65, respectively. The intervention offers six to eight sessions of one-on-one confidential support from the practitioners and provides tools and techniques to support the individual in managing their emotions.

**For clarity purposes, the intervention will be named YWP intervention/pilot programme/services (post-pilot named iACT intervention/programme/services) in this evaluation report. YWP intervention is equivalent to the full low-intensity intervention being conducted (6-8 sessions provided by a YWP).**

### **Improving Access to Psychological Therapies (IAPT):**

Improving Access to Psychological Therapies (IAPT), now also known as NHS Talking Therapies, is a programme initiated by the UK's National Health Service (NHS) in 2008. The programme aims to make psychological treatment interventions more accessible to individuals suffering from common mental health disorders such as anxiety and depression. IAPT was created in response to a widespread lack of access to evidence-based psychological therapies in the UK, leading to long waiting times and inadequate treatment for many individuals.

Through IAPT, a new workforce of psychological therapists has been trained to deliver evidence-based treatments, predominantly cognitive behavioural therapy (CBT). These therapists provide both low-intensity and high-intensity interventions, depending on the individual's needs. The programme plays a significant role in integrating mental and physical health services, promoting collaboration between IAPT services and other healthcare professionals to provide comprehensive care.

Mind HK's YWP pilot and now, iACT, are largely inspired by the successes of IAPT, with many key learnings gained from the development and implementation of this programme in the UK.

### **Low-intensity Intervention:**

Low-intensity interventions refer to therapeutic treatments that require less contact time with a clinical professional compared to more traditional therapies. These interventions are designed for individuals experiencing mild to moderate symptoms of common mental health conditions, such as anxiety and depression.

The goal of low-intensity interventions is to provide time and resource-efficient, effective, and accessible support to a greater number of individuals, reducing the pressure on more intensive mental health services (e.g. inpatient units and psychiatric outpatient services).



### **Guided Self-help:**

Guided self-help is a therapeutic approach commonly used in low-intensity interventions.

This form of therapy involves individuals working through structured programmes designed to help them understand and manage their mental health symptoms. These programmes often include structured protocols and patient workbooks that are based on evidence-based therapeutic techniques, such as cognitive behavioural therapy (CBT) or acceptance and commitment therapy (ACT).

While the individual largely works through the material independently, the 'guided' aspect comes from regular support provided by a supporter - in our programme, this is conducted by our youth wellbeing practitioners (YWPs). This takes the form of short face-to-face or remote video sessions (around 1 hour), during which the YWP helps the individual to understand and apply the material, monitor progress, and address any difficulties or obstacles encountered.

Guided self-help is designed to provide effective, accessible mental health support, and it can be particularly useful for individuals with mild to moderate mental health conditions or those who may not have ready access to more traditional, intensive therapy services.

### **Subclinical / Clinical:**

These terms refer to the severity or recognition of a condition. "Subclinical" refers to symptoms that do not meet the full criteria for a clinical diagnosis of anxiety and depression, but may still cause psychological distress. "Clinical" refers to meeting the criteria of probable diagnosable anxiety and depression conditions (hereby referred to as common mental health problems/conditions). Someone with clinical symptoms, or "clinically significant distress", usually experiences significant disruption in their ability to function in their lives, affecting their work/education, relationships and health. Sub-clinical symptoms may still cause considerable disruption in a person's functioning, even if they do not meet the criteria for a clinical diagnosis. In the YWP programme, the Clinical Outcomes in Routine Evaluation (CORE-OM) and Young Persons CORE (YP-CORE) scales, which measure psychological distress, were used to determine whether someone's symptoms were above or below clinical thresholds.



### **Recovery Rate:**

It is defined as the proportion of individuals who move from being classified as 'clinical' at the beginning of treatment to being classified as 'non-clinical' at the end of the full YWP intervention.

Recovery rate uses clinical self-report measures to estimate how many service users are considered "recovered" after completing a course of treatment. It is defined as the percentage of service users who started their treatment with a score above clinical cut-offs on clinical measures and are below this cut-off at the end of treatment. In the YWP programme, clients completed the CORE-OM (for clients aged over 18) or the YP-CORE (for clients under the age of 18). These are screening measures for psychological distress, which allow clinicians to determine whether someone's self-reported level of psychological distress is clinically significant.

**A "clinical" condition** is defined here as an individual who meets the clinical threshold for psychological distress at the start of treatment.

**A "non-clinical" condition** is defined as an individual who no longer meets the clinical threshold for psychological distress at the end of treatment.

Therefore, the recovery rate provides an indication of the proportion of people who experience a significant reduction in their symptoms as a result of the treatment provided through the YWP pilot programme.

### **Acceptance Commitment Therapy:**

Acceptance and Commitment Therapy (ACT) is an evidence-based, transdiagnostic psychotherapeutic approach that uses acceptance and mindfulness strategies, along with commitment and behaviour change strategies, to increase psychological flexibility. As a transdiagnostic therapy, ACT is designed to treat a range of mental health conditions rather than being specific to any one condition. The goal of ACT is to help individuals create a rich and meaningful life while effectively handling the pain and stress that life inevitably brings.



**Psychological flexibility:**

Psychological flexibility is defined as the ability to remain in contact with the present moment in a conscious and aware manner while persisting or altering behaviour depending on the situation in pursuit of personal goals and values. It encompasses key processes such as acceptance (willingness to experience feelings, thoughts, and sensations without attempting to control or alter them), cognitive defusion (seeing thoughts as thoughts, not as facts or reality), being present (staying consciously in touch with the present moment), self as context (recognising oneself as the conscious observer of thoughts, feelings, or memories, rather than being defined by these experiences), values (defining what is personally important and gives life meaning), and committed action (taking value-guided action, even when facing adversity or discomfort). Enhanced psychological flexibility can assist individuals in adapting to changing circumstances, reconfiguring mental resources, shifting perspectives, and balancing competing desires, needs, and life domains, potentially improving overall quality of life.

**Mental health:**

A state of emotional, psychological, and social well-being that allows an individual to effectively cope with the normal stresses of life, work productively, and contribute positively to their community.

**At risk of a mental health problem:**

This term refers to individuals who have not yet developed a mental health problem (e.g. anxiety or depression), but have factors that make them more likely to develop one. These factors might include genetic predisposition, environmental stressors, or certain personality traits.

**Psychological distress:**

Psychological distress refers to the emotional discomfort people can experience. Whilst some degree of psychological distress is a normal response to stressful life events or circumstances, moderate to severe psychological distress is associated with difficulties in daily functioning and mental health problems such as anxiety and depression.

**Common mental health problem / common mental health condition:**

In this context, these terms refer specifically to anxiety and/or depression.

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## Partners and sponsors

### Partner



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Mind HK (Mind Mental Health Hong Kong Limited) is a S88 registered charity (91/16471), which launched in 2017. Through our work, we aim to educate about mental health and remove the associated stigma, with the hope of achieving the best mental health for all in Hong Kong.

Since our inception, we have trained over 24,000 in mental health literacy, had over 2 million users visit our [mind.org.hk](http://mind.org.hk) website, developed more than 14 training programmes, hosted two large-scale conferences, trained 100+ ambassadors, and trained 50+ Youth Wellbeing Practitioners to provide free mental health support to those in need.





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