

Seeing the Unseen: Non-Chinese Youth Mental Health in Hong Kong and What It Demands of the System

Insights Report | June 2026



Organised by

Funded by

TABLE OF CONTENTS

About This Report

This report is written for stakeholders who shape Hong Kong's mental health and non-Chinese youth development systems. It represents evidence, insights, and recommendations.

It is intended as a knowledge-transfer contribution from the Hong Kong University of Science and Technology (HKUST), supporting evidence-informed decisions on programme design, resource allocation, and cross-sector collaboration.

About the Project

The Jockey Club Shining Together with Cross-Cultural Youth Project is a three-year initiative based at The Hong Kong University of Science and Technology and funded by The Hong Kong Jockey Club Charities Trust. Its mandate is to build an evidence base and drive culturally responsive mental health knowledge, practice, and policy for non-Chinese youth aged 15-24 in Hong Kong.

The project integrates two strands of work including community-based programme delivery with non-Chinese youth and rigorous empirical research using mixed-methods.

Executive Summary

P1

01

The Contradiction: Investment Without Inclusion

P2

02

A Population Hidden in Plain Sight

P3

03

What the Community Is Telling Us

P5

04

What Works, and Why

P9

05

Structural Challenges to be Addressed

P11

06

Ways Forward: Stakeholder-Focused Recommendations

P14

07

From Evidence to Commitment

P17

Authors

P19



EXECUTIVE SUMMARY

Hong Kong is investing more in mental health through community, school, and digital initiatives. However, non-Chinese youth from South Asian, Southeast Asian, and other ethnic minority communities remain underserved by systems not designed with them in mind. Expanded services often do not translate into accessible, trusted, or relevant support, creating a paradox: at the moment of greatest policy attention, some of the young people with the highest unmet needs benefit the least.

This report synthesises findings from the Jockey Club Shining Together with Cross-Cultural Youth Project, together with Hong Kong and international research, to offer a system-level view of non-Chinese youth mental health: what currently works, and what must change in policy, funding, and service design. It draws on two years of culturally grounded programmes, a randomised controlled trial and surveys, qualitative insights from youth and practitioners, consultations with non-governmental organisations, schools, community leaders, and funders, and evidence on culturally adapted and preventive interventions.

Four system-level messages stand out. First, culturally grounded, preventive approaches delivered in and with communities are effective: participating youth show measurable gains in literacy, confidence, and the use of coping skills, with evidence of real-world application. Second, access is relational as well as logistical: trust, cultural resonance, and psychological safety largely determine whether non-Chinese youth engage with support. Third, the current system was not built with them in mind and remains dominated by majority languages, assumptions, and crisis-oriented models. Fourth, proven approaches struggle to scale because funding, workforce expectations, and governance do not yet support community-embedded, culturally grounded prevention.

Culturally grounded, preventive approaches delivered in and with communities are now among the most effective options available for non-Chinese youth. The central question is whether Hong Kong's systems will align policy, resources, and practice around what the evidence already shows works.

01

THE CONTRADICTION: INVESTMENT WITHOUT INCLUSION

This section shows that:

- Hong Kong has taken important steps towards a more preventive, community-based mental health system.
- These advances remain largely notional for non-Chinese youth.
- Services continue to reflect majority norms in ways that render ethnic minority needs structurally invisible.
- The result is a paradox: at a time of major policy attention and investment, some of the highest-need youth remain most excluded.

In recent years, Hong Kong has placed mental health firmly on its policy agenda. Initiatives such as the Primary Healthcare Blueprint, district-based mental health initiatives, and the expansion of school-based support services^{1 2 3} signal a gradual policy shift away from a predominantly hospital-centric model towards more preventive and community-oriented approaches. These developments matter. They mark a recognition that mental health cannot be addressed only at the point of crisis.

Yet progress on paper does not necessarily translate into inclusion in practice. For non-Chinese youth, the architecture of mental health provision remains poorly aligned with their lived realities. While services have expanded, they continue to be designed around the linguistic, cultural, and social norms of the Chinese-speaking majority.

This mismatch produces a fundamental paradox. At a time when mental health is receiving unprecedented attention and resources, those with some of the greatest unmet needs remain structurally underserved. Indicators of service utilisation can therefore be misleading: low uptake among non-Chinese youth often reflects low trust and relevance, not low need.

The sections that follow unpack this paradox, beginning with who Hong Kong's mental health system is currently built for, and who it leaves out.

¹ Health Bureau. (2022). Primary Healthcare Blueprint. Hong Kong SAR Government.

² Health Bureau. (2024). Government launches Healthy Mind Pilot Project at three District Health Centres / District Health Centre Expresses. Hong Kong SAR Government.

³ Advisory Committee on Mental Health. (2023). Mental health support for children and adolescents in Hong Kong. Hong Kong SAR Government.



02

A POPULATION HIDDEN IN PLAIN SIGHT

This section shows that:

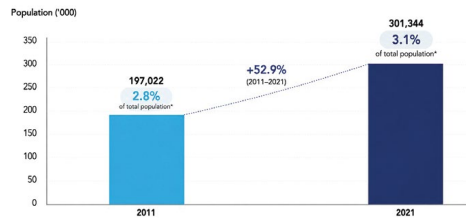
- Non-Chinese communities form a substantial and growing part of Hong Kong's population.
- Ethnic minority youth face layered structural pressures that directly shape mental health.
- Mainstream service data and institutional indicators routinely obscure these realities.
- Structural disadvantage is not incidental to youth mental health; it is the context in which it develops.

Hong Kong's non-Chinese population is far from peripheral. It is a substantial and increasingly visible community,⁴ deeply diverse in culture, socioeconomic status, and migration history. South Asian communities, principally Nepalese, Pakistani, and Indian populations, alongside Southeast Asian and other groups, are represented across a wide spectrum of experiences.

These demographic shifts are particularly important among younger populations. While Hong Kong's overall youth population has declined over the past decade, the ethnic minority youth population has continued to grow, increasing the importance of culturally responsive approaches within schools, communities, and youth mental health systems.

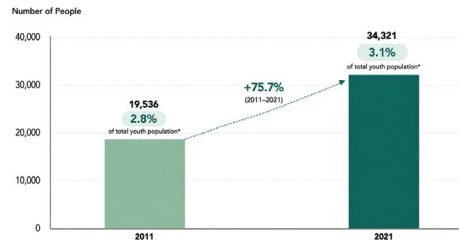
Yet across institutions, policies, and public services, these populations remain insufficiently reflected within mainstream systems, indicators, and service assumptions.

Figure 1. Growth of Hong Kong's Ethnic Minority Population (2011–2021)



* Excluding foreign domestic workers. Source: Census and Statistics Department, 2011 and 2021 Population Census Thematic Reports on Ethnic Minorities.

Figure 2. Growth of Ethnic Minority Youth Aged 15-24 (2011–2021)



* Percentages refer to the share of ethnic minority youth (aged 15–24) within Hong Kong's total youth population. Source: Census and Statistics Department, 2011 and 2021 Population Census Thematic Reports on Ethnic Minorities.

⁴ According to the 2021 Population Census, Hong Kong's ethnic minority population numbered 619,568 (8.4% of the total population). Excluding foreign domestic workers, the ethnic minority population remained above 300,000 residents. Census and Statistics Department. (2022). 2021 Population Census Thematic Report: Ethnic Minorities.

Structural Pressures Shaping Non-Chinese Youth Mental Health

For many ethnic minority youth, structural disadvantage is not a background condition; it is a defining feature of everyday life. Education, employment, and social participation intersect to shape mental health long before any clinical threshold is reached.

- **Education:** Many ethnic minority students remain concentrated in schools with high proportions of non-Chinese-speaking students and restricted curriculum pathways, limiting access to mainstream academic tracks and the opportunities those tracks afford.
- **Employment:** Even those born and educated in Hong Kong encounter systemic discrimination and occupational segregation. Ethnic minority workers are disproportionately represented in lower-paid, long-hour roles, with median incomes often below the city-wide median. These pressures reverberate through families and into youth expectations about their own futures.

These are not only economic or social realities; they are structural determinants shaping mental health and wellbeing. Chronic stress, constrained opportunity, and experiences of exclusion create conditions in which anxiety, depression, and other difficulties are more likely to emerge and less likely to be adequately addressed.

What the Service Landscape Looks Like:

A Mental Health System Built Around Majority Populations

Hong Kong's mental health system, spanning psychiatric services, school counselling, and NGO programmes, was largely developed around the linguistic, cultural, and social assumptions of the Chinese-speaking majority population.⁵ Services predominantly operate in Chinese and rarely integrate the lived realities and communication styles of ethnic minority communities in systematic ways. While language support may exist in some settings, local evidence suggests that translation alone is insufficient to address deeper barriers relating to trust, stigma, cultural understanding, and perceived relevance of services.^{5 6}

The result is a population that is visible in demographic terms yet insufficiently reflected within the assumptions and service models shaping mainstream mental health provision.

Organisations serving ethnic minority youth are often small, non-subvented, and resource-constrained, limiting their ability to scale culturally responsive interventions or conduct rigorous evaluation. By contrast, larger subvented organisations frequently operate within standardised delivery and reporting structures that may reduce flexibility for community-specific adaptation.⁷ The result is a structural imbalance: organisations with stronger community trust are often the least resourced, while organisations with greater institutional capacity may face greater constraints in culturally tailored service delivery.

Case Example

Experiencing the Gap

An anonymised South Asian youth participant described avoiding school counselling services despite experiencing persistent anxiety, citing language barriers and concerns about cultural misunderstanding as key reasons for non-engagement. This experience illustrates the gap between service availability and actual accessibility.

The comparatively low visibility of ethnic minority youth within mainstream mental health services should therefore not be interpreted as an absence of need, but may instead reflect barriers relating to trust, accessibility, stigma, and perceived cultural relevance. When low service utilisation is interpreted primarily as low demand rather than as a potential indicator of structural and cultural barriers, a self-reinforcing cycle may emerge in which low visibility contributes to continued underinvestment and limited accessibility for ethnic minority communities.

⁵ Sharif, N. B., Chen, W., Niu, M., & Cheng, Z. (2025). "As I know, there is nothing there for our people": Unmasking mental health literacy and help-seeking attitudes among ethnic minorities in Hong Kong. *Journal of Asian Public Policy*.

⁶ Hong Kong Christian Service. (2024). Nearly 30% of ethnic minorities at high risk of mental disorders.

⁷ Equal Opportunities Commission. (2019). Closing the gap: Report of the Working Group on Education for Ethnic Minorities.

WHAT THE COMMUNITY IS TELLING US

This section shows that:

- Effective engagement with non-Chinese youth is multi-dimensional and relational.
- Cultural adaptation is a prerequisite for impact, not an optional enhancement.
- Peer networks and community settings are central to extending reach.
- Continuous feedback and evaluation drive improvement and relevance.

Two years of work with non-Chinese youth in Hong Kong suggest several consistent lessons regarding what supports meaningful engagement and participation.⁹ Interventions that succeed do so not simply because of their content, but because of how, where, and by whom they are delivered.

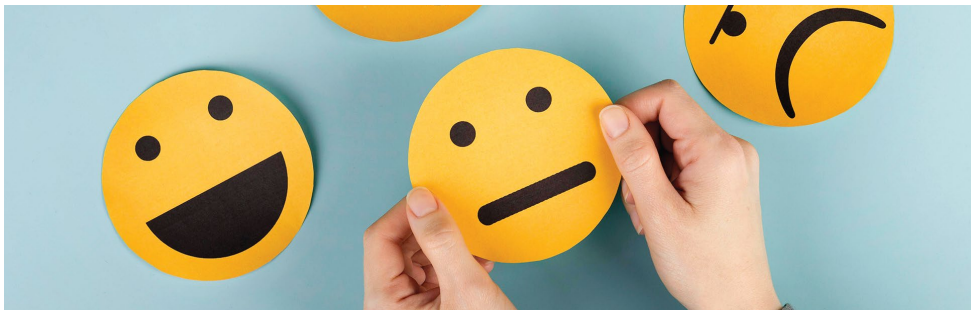
Engagement is Multi-Dimensional

Programmes that engage ethnic minority youth effectively often operate across multiple touchpoints, including schools, community organisations, peer networks, families, and digital platforms, rather than relying on a single service setting.⁹

- **Educational Institutions:** While essential for early identification, school-based programmes need to account for language diversity, culturally relevant examples, and pedagogical approaches that resonate with ethnic minority learners.
- **Community-Based Programmes:** Local NGOs and community centres often serve as trusted gateways by providing culturally safe spaces, leveraging community networks, and offering flexible formats such as small-group sessions, peer mentorship, and family-inclusive workshops.
- **Digital Platforms:** Technology-mediated interventions, when culturally adapted, help overcome logistical and stigma-related barriers, particularly for youth reluctant to access face-to-face services.

Cultural Adaptation Matters

Generic mental health content, even when translated, may have limited impact when it does not reflect the lived experiences, family expectations, communication styles, and cultural realities of non-Chinese youth.¹⁰



PRACTICE VIGNETTE

LANGUAGE, MEANING, AND CONNECTION

In one workshop series, participants from a Nepalese youth group became more engaged when concepts such as “**stress**” and “**depression**” were discussed through familiar experiences relating to family expectations, uncertainty about future opportunities, and navigating identity and belonging in Hong Kong. Framing mental health concepts through culturally recognisable experiences appeared to strengthen participation and openness during discussion.⁹

Peer-led sessions, bilingual facilitation, and facilitators with direct cultural or lived experience of the communities they serve are often associated with stronger engagement, trust, and retention. These elements are not cosmetic; they are central to whether an intervention feels relevant, accessible, and psychologically safe.

Trust is As Important As Skills

Skill-building alone is not enough. Many non-Chinese youth may have prior experiences of discrimination, exclusion, or institutional mistrust that shape their willingness to engage with formal support systems,⁹ making relationship-building an essential precondition for meaningful engagement. In many cases, it takes multiple interactions before participants feel safe enough to share personal challenges or fully participate in activities.



Case Example

Building Trust Through Repeated Engagement

An anonymised Pakistani youth participant initially expressed scepticism towards mental health workshops, describing mental health as something “**not usually discussed**” within their peer and family environment. Through repeated engagement, culturally resonant examples, and supportive facilitation, the participant became more willing to discuss stress, recognise distress among peers, and take on a peer-support role. This trajectory illustrates how culturally responsive programming can strengthen trust, participation, and leadership development over time.

Involving families, where appropriate and culturally acceptable, can reinforce programme impact, especially when there are inter-generational gaps in mental health literacy. Youth repeatedly highlight the importance of being understood not just as individuals, but as members of families and communities with specific expectations and constraints.

⁹ Findings derived from Year 1–2 programme delivery, evaluation, and stakeholder engagement activities under The Jockey Club Shining Together with Cross-Cultural Youth Project (March 2024–February 2026).

⁹ Equal Opportunities Commission. (2019). Closing the gap: Report of the Working Group on Education for Ethnic Minorities.

¹⁰ Suen, Y. N., et al. (2023). Effects of a culturally adapted counselling service for low-income ethnic minorities experiencing mental distress: A pragmatic randomised clinical trial. *BMJ Mental Health*.

Monitoring, Evaluation, and Continuous Learning

Research – Practice Feedback Loop

Small, flexible programmes are often better positioned to adapt based on participant feedback than large, rigid systems. Quantitative data (pre/post measures) provide critical baselines, but qualitative insights, stories, focus groups, informal reflections, are indispensable for understanding why interventions succeed or struggle.

Programmes that systematically incorporate youth feedback and frontline observations refine their approaches over time. This iterative learning strengthens cultural relevance, improves outcomes, and surfaces implicit biases or gaps in cultural competence among practitioners.

Patterns of Success

Across the portfolio of programmes, several consistent patterns emerged:

1. **Accessibility is relational:** Youth are more likely to engage where they feel understood, trusted, and psychologically safe.
2. **Content must resonate culturally:** Generic programmes without cultural adaptation often show lower participation and engagement.
3. **Multi-modal delivery enhances reach:** Combining schools, community spaces, and digital platforms can improve accessibility and inclusivity.
4. **Feedback loops support continuous improvement:** Programmes that consistently integrate participant voices are better able to refine and adapt their approaches over time.



WHAT WORKS, AND WHY

This section shows that:

- International and local evidence consistently support culturally adapted mental health interventions.
- Culturally originated approaches go beyond translation to embed community realities in design.
- Preventive, skills-based programmes for youth can achieve sustained behavioural change.
- Peer support models extend the reach of formal services into everyday spaces.

A growing body of research, both globally and in Hong Kong, suggests that mental health interventions tailored to the cultural and social context of target communities are more effective than generic models, particularly for ethnic minority populations.¹¹

The Evidence for Culturally Adapted, Preventive Approaches

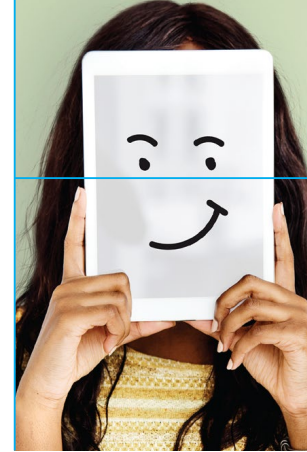
Systematic reviews and meta-analyses show that interventions that adapt content, therapist characteristics, and organisational settings to align with specific communities produce stronger improvements in knowledge, attitudes, and mental health outcomes. In Hong Kong, culturally adapted counselling programmes for South Asian ethnic minorities have shown significant reductions in depression, anxiety, and stress, with no serious adverse events reported.

Preventive approaches, such as psychoeducation, basic skills training, and early intervention, are especially crucial for youth encountering formal mental health frameworks for the first time.

Cultural Origination, Not Just Translation

There is a distinction between culturally translated and culturally originated interventions. Translation involves adapting language and surface elements; origination involves designing content from the ground up in partnership with the communities it aims to serve.

Interventions tailored and co-designed with the target community often resonate more strongly than translated programmes, reflecting cultural norms, relational dynamics, and lived experiences. This process helped ensure that examples, metaphors, and programme assumptions reflected participants' actual contexts and experiences.



PRACTICE VIGNETTE

BUILT FROM THE INSIDE

Workshop content on stress management evolved through repeated cycles of youth feedback. Early sessions revealed that some standard stress-coping examples felt unrealistic given participants' work and family responsibilities. Subsequent iterations incorporated strategies grounded in their real constraints, leading to higher reported application of skills outside sessions.

The Multiplier Effect of Peer Support

Young people trained through the project's peer support curriculum showed not only improved knowledge and skills but also increased confidence in recognising distress among friends, offering culturally appropriate support, and encouraging help-seeking. This creates a multiplier effect: each trained youth extends the reach of any single intervention into networks and contexts that professional services rarely access.

When paired with train-the-trainer models, the scalability potential is significant. Hong Kong's professional mental health workforce may not yet have the linguistic range, cultural familiarity, or community trust required to effectively engage all non-Chinese youth through conventional service delivery models. Investing in young people as agents of mental health promotion within their own communities is therefore not a compromise; it is one of the most effective strategies available.

Understanding these lessons informs priorities for mental health promotion among non-Chinese youth:

1. Expand Beyond Clinical Services

Addressing mental health requires interventions that engage the educational, relational, and socioeconomic conditions shaping youth wellbeing.

2. Embed Community Co-Design

Collaborating with target communities ensures relevance, trust, and participation, reducing structural and cultural barriers.

3. Leverage Peer Networks

Youth trained as agents of change amplify reach, influence, and sustainability.

4. Inform Policy with Evidence

Policymakers and service providers should prioritise culturally adapted, preventive programmes that demonstrate measurable outcomes and broader societal benefits.

¹¹ Suen, Y. N., et al. (2023). Effects of a culturally adapted counselling service for low-income ethnic minorities experiencing mental distress: A pragmatic randomised clinical trial. *BMJ Mental Health*.

STRUCTURAL CHALLENGES LIMITING PROGRESS

This section shows that:

- Hong Kong's mental health system remains heavily crisis-oriented and individualised.
- Funding structures disincentivise the long-term, relational work that culturally responsive interventions require.
- Ethnic minority youth have historically been marginal to local mental health research agendas.
- Cultural responsiveness and cross-system coordination remain uneven across the sector.

The evidence from the previous sections demonstrates that effective, culturally originated, preventive interventions for non-Chinese youth are possible and already exist. The central challenge is less a lack of awareness than a broader structural misalignment between existing systems and the needs of non-Chinese youth. Several features of Hong Kong's mental health and social service ecosystem constrain the translation of what works into normal practice.

Crisis Orientation

Hong Kong's mental health architecture, spanning specialist services, community teams, and NGO programmes, remains more strongly oriented towards crisis response than preventive intervention.¹² The government's recent expansion of the Healthy Mind Pilot Project to include individuals with mild symptoms of depression and anxiety reflects growing recognition of early intervention needs.¹³

However, many existing service pathways still primarily engage individuals after distress has already escalated. For non-Chinese youth facing linguistic, cultural, and help-seeking barriers, preventive and community-based approaches may therefore play a particularly important role in enabling earlier engagement with mental health support.



Preventive and community-based approaches may be particularly important for populations facing barriers to accessing conventional mental health services.



¹² Food and Health Bureau. (2017). Mental Health Review Report. Hong Kong SAR Government.

¹³ Health Bureau. (2025). Healthy Mind Pilot Project expands support for individuals with mild depression and anxiety symptoms. Hong Kong SAR Government.

Fragmented and Short-Term Funding

Social impact organisations serving non-Chinese youth in Hong Kong operate in a funding environment characterised by restricted grants, short cycles, and intense competition. These conditions may unintentionally discourage the long-term, community-embedded, and relationship-based work that culturally responsive mental health support often requires. A programme that takes time to build community trust, to co-design culturally appropriate content, and to track outcomes over meaningful follow-up periods is poorly served by annual grant cycles that prioritise rapid, auditable outputs.



Short-term, competitive funding cycles undermine sustained community engagement and the long-term effectiveness of culturally adapted programmes.



Gaps in the Local Evidence Base

Policy and programme decisions in this space have, until recently, been made without a Hong Kong-specific evidence base. Practitioners have borrowed from international literature that may not translate; funders have invested in programmes without rigorous evaluation; and researchers have focused more heavily on Chinese-majority populations, with comparatively limited Hong Kong-specific evidence relating to ethnic minority youth mental health.



Without locally grounded evidence, policy and programme design risk being ineffective or misaligned with community needs.





Cultural Responsiveness as an Emerging System Priority

Across government bureaux, corporate sectors, hospitals, schools, and NGOs, cultural responsiveness in mental health service delivery is not yet consistently embedded as a standard practice across sectors. While some initiatives and guidelines exist, system-wide standards, accountability mechanisms, and workforce development approaches relating to culturally responsive mental health support remain uneven across sectors.



Treating cultural competence as optional perpetuates inequities in access and quality of care.



The Coordination Deficit

Non-Chinese youth who experience mental health difficulties do not experience them in isolation from other structural pressures in their lives, including educational disadvantage, occupational exclusion, financial hardship, and family strain. Yet the systems designed to address these dimensions, including education, healthcare, social welfare, and employment support, often operate separately, limiting opportunities for coordinated intervention.

The Chief Executive's 2025 Policy Address reinforces the importance of strengthening youth mental health support through measures such as the regularisation of the Three-Tier School-based Emergency Mechanism, expansion of the Healthy Mind Pilot Project, and development of a stepped care model for mental health.¹⁴ For ethnic minority communities, the next challenge is to ensure that cross-sector coordination also translates into culturally responsive referral pathways, shared accountability, and accessible support across schools, communities, and health services.



Siloed systems reduce the effectiveness of interventions, even where programmes individually demonstrate strong outcomes.



¹⁴ Hong Kong SAR Government. (2025). The Chief Executive's 2025 Policy Address.

06

WAYS FORWARD: STAKEHOLDER-FOCUSED RECOMMENDATIONS

This section shows that:

- System change requires aligning policy, practice, funding, and research around cultural responsiveness and prevention.
- Each stakeholder group has distinct but interconnected roles to play.
- Culturally originated, preventive interventions can be scaled with the right enabling conditions.
- The question is now less about "what to do" than about "whether there is collective will to do it."

Hong Kong's non-Chinese youth cannot wait for a perfect system. They are navigating mental health challenges now. The evidence from this project and wider research suggests that meaningful improvement is both possible and needed. This section outlines key moves for different stakeholder groups.

For Government and Policymakers

The most consequential shift is to move cultural responsiveness from the margins to the centre of mental health policy. This entails:

- Strengthening culturally appropriate provision across publicly funded mental health services.
- Investing in preventive approaches at scale, including culturally adapted mental health literacy in schools, not merely translated from majority-population materials but co-designed for diverse youth realities.
- Establishing cross-bureau coordination mechanisms and shared accountability frameworks spanning education, health, social welfare, and employment support, to address the interconnected structural pressures non-Chinese youth face.





For Schools and Educators

Schools are often the first institutional environment where distress emerges and support can be offered to produce sustained improvements in protective factors. Actionable directions include:

- Embedding mental health literacy as a recurring, curriculum-integrated element of school life rather than one-off awareness events.
- Equipping teachers with specific knowledge and skills to identify and support ethnic minority students in distress, beyond generic cultural sensitivity training.
- Creating structural supports — culturally competent staff, clear referral pathways, and active family engagement — that make formal services accessible and trusted.

For NGOs and Social Service Providers

Organisations serving non-Chinese communities have demonstrated that culturally grounded, preventive, and community-embedded approaches work. Moving forward, they should:

- Adopt the evidence chain — need → design → delivery → evaluation → learning — as a standard practice rather than a compliance exercise.
- Share community expertise across the sector through knowledge transfer, train-the-trainer models, and collaborative advocacy.
- Build cross-organisational coalitions to influence systemic changes that no single organisation can achieve alone.

For Funders and Philanthropists

Funding patterns strongly influence what programmes can achieve. To support evidence-based impact:

- Prioritise multi-year commitments to organisations with community trust and cultural adaptation capacity.
- Allocate dedicated resources for prevention, culturally adapted design, and continuous refinement rather than expecting them to be delivered on constrained budgets.
- Invest in knowledge generation and dissemination, including the results of local RCTs, so evidence benefits the entire sector.

Funder Reflection



Ask not only “What outputs will this project produce in 12 months?” but “What enabling conditions will this funding create for sustained, culturally grounded, preventive impact over the next five years?”

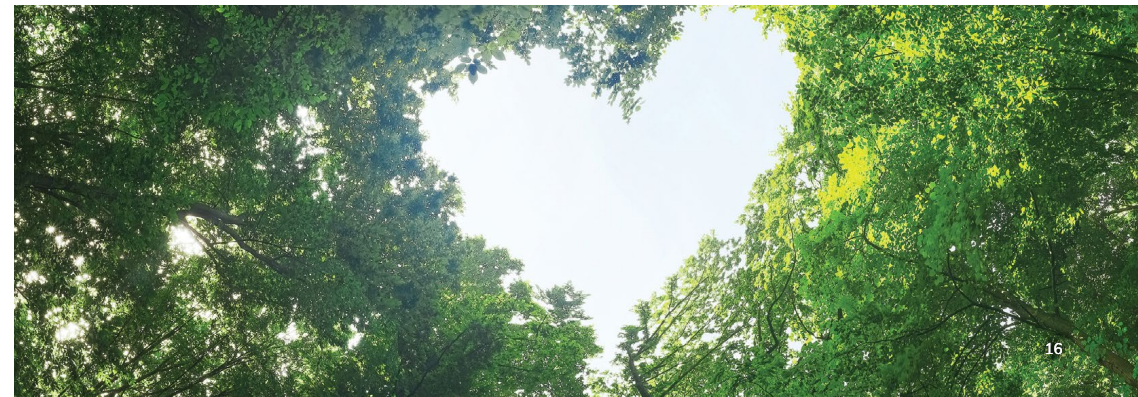


For the Research Community

Rigorous, Hong Kong-specific evidence is critical to guide systemic improvement. Researchers should:

- Build on emerging work to develop a sustained research agenda on non-Chinese youth mental health, including structural determinants, help-seeking pathways, and effective peer support models.
- Use participatory and co-produced research methods that actively involve non-Chinese youth and communities in defining questions, interpreting findings, and shaping recommendations.
- Prioritise translation of research into accessible formats and practical tools for policymakers, funders, schools, and NGOs.

Across all stakeholders runs a single principle: Hong Kong's non-Chinese youth cannot wait for perfect conditions. Systems, resources, and knowledge must be aligned now to ensure their mental health matters as much as any other population. The evidence exists, culturally adapted interventions work, and the community is asking. The remaining question is whether the sector, collectively, is ready to respond.



FROM EVIDENCE TO COMMITMENT

This report has traced a clear line from paradox to possibility. At a time when Hong Kong is investing in mental health, non-Chinese youth remain systematically underserved by systems that were never designed with them in mind. Their lower visibility in mainstream service data reflects not lower need, but structural and cultural barriers that have yet to be meaningfully addressed.

The evidence from this project, amplified by local and international research, suggests that culturally originated, preventive, and community-informed approaches can transform how non-Chinese youth understand, talk about, and manage mental health. These approaches work because they embed themselves in lived realities, leverage peer networks, and build trust over time.

System-level barriers, including crisis orientation, fragmented funding, research gaps, uneven cultural responsiveness, and siloed governance, continue to limit the wider integration of these promising models into standard practice. Addressing these barriers is not a matter of innovation for its own sake; it is a matter of basic equity and system effectiveness.

Non-Chinese youth in Hong Kong are not waiting for a better system in the abstract. They are navigating school pressures, family expectations, discrimination, and the everyday work of becoming adults in a city that does not always recognise them. The question facing the sector is not whether we know enough to act. It is whether we are prepared to act on what we know, at the scale and with the commitment that this generation deserves.



AUTHORS



Professor Naubahar SHARIF

Head and Professor

Department of Social Sciences and Policy Studies
The Education University of Hong Kong

Adjunct Professor

Division of Public Policy
The Hong Kong University of Science and Technology



Ms Cassy CHAN

Project Manager

Division of Public Policy
The Hong Kong University of Science and Technology



Dr Xinyi WANG

Researcher

Division of Public Policy
The Hong Kong University of Science and Technology

REFERENCES

Alphabetical order by organisation/author

Advisory Committee on Mental Health. (2023). *Mental health support for children and adolescents in Hong Kong*. Hong Kong SAR Government. https://www.healthbureau.gov.hk/download/committees/acmh/work_report_of_ACMH_2022_2023_e.pdf

Census and Statistics Department. (2022). *2021 Population Census Thematic Report: Ethnic Minorities*. Hong Kong SAR Government. <https://www.census2021.gov.hk/doc/pub/21c-ethnic-minorities.pdf>

Equal Opportunities Commission. (2019). *Closing the gap: Report of the Working Group on Education for Ethnic Minorities*. https://www.eoc.org.hk/EOC/upload/ResearchReport/Closing_the_Gap_Full_Report.pdf

Food and Health Bureau. (2017). *Mental Health Review Report*. Hong Kong SAR Government. https://www.healthbureau.gov.hk/download/press_and_publications/otherinfo/180500_mhr/e_mhr_full_report.pdf

Health Bureau. (2022). *Primary Healthcare Blueprint*. Hong Kong SAR Government. https://www.healthbureau.gov.hk/download/press_and_publications/otherinfo/221200_primary_healthcare/e_primary_healthcare_blueprint.pdf

Health Bureau. (2024). *Government launches Healthy Mind Pilot Project at three District Health Centres / District Health Centre Expresses*. Hong Kong SAR Government. <https://www.info.gov.hk/gia/general/202408/15/P2024081400535.htm>

Health Bureau. (2025). *Healthy Mind Pilot Project expands support for individuals with mild depression and anxiety symptoms*. Hong Kong SAR Government. <https://www.info.gov.hk/gia/general/202501/08/P2025010800399.htm>

Hong Kong Christian Service. (2024). *Survey: Nearly 30% of Ethnic Minorities at High Risk of Mental Disorders*. https://www.hkcs.org/en/pressrelease/20240201-Ethnic_Minorities_High_Risk_of_Mental_Disorders

Hong Kong SAR Government. (2025). *The Chief Executive's 2025 Policy Address*. <https://www.policyaddress.gov.hk>


Sharif, N. B., Chen, W., Niu, M., & Cheng, Z. (2025). "As I know, there is nothing there for our people": Unmasking mental health literacy and help-seeking attitudes among ethnic minorities in Hong Kong. *Journal of Asian Public Policy*. <https://www.tandfonline.com/doi/full/10.1080/17516234.2025.2514560>

Suen, Y. N., et al. (2023). *Effects of a culturally adapted counselling service for low-income ethnic minorities experiencing mental distress: A pragmatic randomised clinical trial*. *BMJ Mental Health*. <https://mentalhealth.bmj.com/content/ebmental/26/1/e300788.full.pdf>



 jcst@ust.hk

 <https://jcst.ust.hk/>

 Room 4384, 4/F Academic Building,
Clear Water Bay, The Hong Kong University of Science and Technology

This report is produced by the Jockey Club Shining Together with Cross-Cultural Youth Project. Project data, findings, and insights are drawn from Year 2 programme delivery (March 2025 – February 2026), including workshop evaluations, baseline and follow-up surveys, randomised controlled trial data, frontline observations, and stakeholder consultations.

© 2026 The Hong Kong University of Science and Technology. All rights reserved.