

**Nomination of Dr Wong Chung Kwong, JP
for RCPsych Public Educator of 2013
for his innovation of the ICAN Scientific and Value Based
Practical Psychology Model**

**The Importance of Mental Health and
the ICAN Model**

by

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(I) Mental Health Problems in the Community and Implication

Mental health problems in the community have become a serious worldwide issue. I refer to the two most authoritative sources. The first is the National Institute of Mental Health (NIMH) of the United States, the largest scientific organization in the world dedicated to research focused on the understanding of mental health problems. Its annual budget for the year 2010 was US\$1,474 million (*web reference 1*) and for 2011 was US\$1,540 million (*web reference 2*). It estimated that the one-year prevalence of all diagnosable mental disorders among adults in the average community is 26.2% (*web reference 3*). The second source is the World Health Organization (WHO). In the Executive Summary of its important publication *Investing in Mental Health* (WHO, 2003), it is estimated that one in four families has as at least one member with a mental disorder. Based on these authoritative sources, we can safely conclude that for an average community, at least one in four people is suffering from a diagnosable mental disorder.

It may seem unthinkable that mental disorders are so prevalent. Mental disorders refer not to the psychotic disorders such as Schizophrenia. In fact, the “non-psychotic” disorders are much more common. The following is the one-year prevalence of the more common mental disorders as provided by the National Institute of Mental Health (*web reference 4*). A substantial number of patients suffer from more than one disorder:

- Any mood disorder (major depressive disorder, dysthymic disorder, and bipolar disorder): 9.5%
- Schizophrenia: 1.1%
- Any anxiety disorder (panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia): 18.1%
- Any eating disorder (anorexia nervosa, bulimia nervosa, and binge-eating disorder): 2 to 5% suffer from binge-eating disorders in a six month period; life-time risk of anorexia nervosa in females is 0.5 to 3.7% ; life-time risk of bulimia in females is 1.1 to 4.2%

Furthermore, according to the publication *Promoting Mental Health* by World Health Organization (WHO, 2005a), about half of the general population is in a mentally unhealthy state. Many of them when under prolonged or excessive stress will break down to become mental illness cases.

Other than causing personal suffering and compromising personal effectiveness, mental health problems affect the family and the workforce. World Health Organization provides the following summary in its publication *Investing in Mental Health*:

“Given the prevalence of mental health and substance-dependence problems in adults and children, it is not surprising that there is an enormous emotional as well as financial burden on individuals, their families and society as a whole. The economic impacts of mental illness affect personal income, the ability of ill persons – and often their caregivers –to work, productivity in the workplace and contributions to the national economy, as well as the utilization of treatment and support services. The cost of mental health problems in developed countries is estimated to be between 3% and 4% of GNP. However, mental disorders cost national economies several billion dollars, both in terms of expenditures incurred and loss of productivity” (page 5).

In the same publication, there is another important summary statistics: *“In many developed countries, 35% to 45% of absenteeism from work is due to mental health problems”* (page 19).

Among the workforce, mental health problems affect corporations in the following manners:

1. Sick leave directly related to diagnosed mental disorders;
2. Sick leave related to unrecognized mental disorders (in particular undiagnosed mental health problems presented as frequent common minor ailments; psychosomatic illnesses; drinking problems; substance abuse problems);
3. Poor job performance and low motivation;
4. Conflicts with co-workers;
5. Conflicts with customers; and
6. Crisis and emergency.

In the family, mental health problems cause marital conflict and are among the most important causes directly and indirectly leading to separation and divorce. Mental health problems also affect parent-child relationship. It takes mentally healthy parents to bring up mentally healthy children. This is why children who are brought up in families beset with mental health problems very often grow up to become the next generation of mentally unhealthy and problematic parents.

This is why mental health is probably the core factor that decides the quality of life of the individual and also the quality of society as a whole. This is not to say other factors, such as the educational, social, occupational or financial, are unimportant. Rather, mental health is the core underlying factor that interacts with all these other factors to determine the outcome of whatever efforts we put into the community. Worldwide, we witness an increase in problems in the family, the workplace and also society as a whole. Take the case of Hong Kong, there has been increasing concern about drug abuse, violence and other law-breaking behaviour among school children. We need to tackle these problems from the “outside”, i.e. early detection, law enforcement, education and effective intervention programmes. To achieve best results with these measures, and particularly to ensure effective treatment of the affected children and also effective implementation of prevention programmes, we must also work from the “inside”, i.e. to promote the mental health of school children so that they can better effectively resist the temptations they face day in and day out.

Note: List of References for this Section is found at the end of Section (IV)

(II) The Importance of Mental Health to the Individual and to Society

What is mental health?

In *Investing in Mental Health* (WHO, 2003), Whole Health Organization provides the following well-known definition for mental health:

“Mental health is more than the mere lack of mental disorders...Concepts of mental health include subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one’s intellectual and emotional potential. It has also been defined as a state of well-being whereby individuals recognize their abilities, are able to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder” (page 7).

Clearly mental health is not merely the absence of mental illness. The absence of mental illness is just one criterion for mental health. Other criteria that must be satisfied are listed in the above definition. In brief, the hallmark of mental health must include mental well-being and personal efficacy; effective functioning in the family, workplace and society and also a good quality of life from the psychological perspective. This explains why there are three states of mental health. While about one in four people are mentally ill, one in two is mentally unhealthy because even though they do not satisfy criteria of mental illness, they have subclinical symptoms and/or compromised functioning and/or unsatisfactory quality of life.

Mentally healthy people are confident with good self-esteem and good self-awareness. They abide by the common moral values of life. They think positively and are optimistic. They are happy, at peace with themselves and are able to resolve negative emotions. They are resilient and are highly able to deal with stress and change. They are effective at work and in their families, and they actively contribute to society.

Mental Health of Children and Adolescents

In the context of mental health for the general population, we ask a related question: What about mental health for children and adolescents? World Health Organization provides us with clear and pragmatic concepts. In the Executive Summary of its publication *Child and Adolescent Mental Health Policies and Plan: Mental Health Policy and Service Guidance Package* (WHO, 2005b), it states:

“Children and adolescents with good mental health are able to achieve and maintain optimal psychological and social functioning and well-being. They have a sense of identity and self-worth, sound family and peer relationships, an ability to be productive and to learn, and a capacity to tackle developmental challenges and use cultural resources to maximize growth. Moreover, the good mental health of children and adolescents is crucial for their active social and economic participation” (page 2).

The above reference states the importance of mental health for children and adolescents. It also defines the nature and scope of mental health policies and plans for children and adolescents. The nature and scope are useful guidelines for designing mental health promotion programmes for children and adolescents.

Mental Health for Society

In *Investing in Mental Health* (WHO, 2003), World Health Organization emphasizes that mental health is not just important for the individual but also for society:

“Mental health is about enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. Mental health should be a concern for all of us, rather than only for those who suffer from a mental disorder. Mental health problems affect society as a whole, and not just a small, isolated segment. They are therefore a major challenge to global development” (page 7).

To conclude, mental health is not merely the absence of mental illness but rather a state of mental well-being. It is the core factor that decides the functioning and quality of life of the individual. Mental health is also the core factor that decides the quality of family, school, corporations and society as a whole. There is an important intergeneration aspect of mental health. Mental health of adults decides the mental health of children, through the family and the school. Mental health of children in turn decides the mental health of the next generation of adults.

Note: List of References for this Section is found at the end of Section (IV)

(III) A Holistic Approach to Mental Disorders and Mental Health

In this Section, I will first discuss the two common approaches to mental health problems in society, i.e. the **therapeutic approach** and the **preventive approach**. I will then discuss why we should prefer the third or the **enhancement approach**.

The Therapeutic Approach

The traditional approach in dealing with mental health problems is to treat mental disorders. While society should continue to do its best on the therapeutic front to treat and help people with mental disorders, using the therapeutic approach alone to deal with the mental health problems in the community is unlikely to be successful for three reasons. First, no society has the colossal human resources necessary to treat the huge population of people with mental disorders. Second, even if such extremely large-scale psychiatric treatment services were available, the great majority of patients would still be unwilling to receive treatment, particularly in oriental communities like Hong Kong where mental disorders still carry substantial stigma. Third, the cost of running such therapeutic programmes is very high. There is one good example on a national scale: the IAPT (Improving Access to Psychological Therapies) programme of the United Kingdom (*web reference 5*). The objective of IAPT is very clear and focused (*web reference 6*):

“The Improving Access to Psychological Therapies (IAPT) programme has one principal aim, to support Primary Care Trusts in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. At present, only a quarter of the 6 million people in the UK with these conditions are in treatment, with debilitating effects on society.”

The IAPT programme started in 2006 as a pilot project. It came into full implementation since 2008. The following is their budget: £33 million for 2008/9; a further £70 million to a total of £103 million in 2009/10; and a further £70 million to a total of £173 million in 2010/11 (*web reference 6*).

This is why while on the one hand society should continue to provide high quality psychiatric treatment services to the individual patients, on the other hand, society must also find much more innovative, efficient, and cost-effective ways to deal with the mental health problems on a community level.

The Preventive Approach

The second approach is the preventive approach. The aim of this approach, as its name implies, is to prevent mental disorders. Although this approach aims at the population at large, it is primarily targeted at the mentally unhealthy group of people to prevent them from becoming mentally ill. There are two deficiencies with this approach. First, the objective of prevention only at best answers part of the mental health need of the individual and society. Even if successful, prevention of mental disorders does not necessarily mean mental health as the absence of mental disorder is not equivalent to the mentally healthy state. Second, the preventive approach does not address the need of people with mental disorders.

The Enhancement Approach

This is why we need the third approach: Enhancement of mental health. The salient difference between the preventive approach and the enhancement approach is succinctly stated in *Promoting Mental Health* (WHO, 2005a):

“Mental health promotion and the prevention of mental disorders

Although mental health promotion and the prevention of mental disorders have overlapping and related properties, they are derived from different conceptual principles and frameworks. Mental health promotion focuses on positive mental health and, in the main, on the building of competences, resources and strengths, whereas the prevention of mental disorders concerns itself primarily with specific disorders and aims to reduce the incidence, prevalence or seriousness of targeted problems... Mental health promotion is not primarily about the prevention of mental disorders but is a desirable activity in itself and has a major contribution to make to promoting personal and social development...” (page 42).

The enhancement approach aims at the whole population, i.e. it aims at people in all three states of mental health (people with mental disorders; people in the unhealthy mental state; and the mentally healthy)(Figure 1). From Figure 1, we can see how the enhancement approach benefits the whole population. For the mentally healthy, the enhancement approach will further equip them with knowledge and skills that can further promote their mental well-being and also enable them to function even better in their families and workplaces. This also means they are even better able to help and support their family members and colleagues. For people in the unhealthy mental state, the enhancement approach serves to enhance their mental well-being and to prevent them from deteriorating to the state of mental illness. For people with mental disorders, the enhancement approach also helps directly and indirectly. It helps directly by improving their mental well-being. It helps indirectly by improving the mental well-being of their significant others, thus enabling their significant others to be better willing and able to accept and care for them.

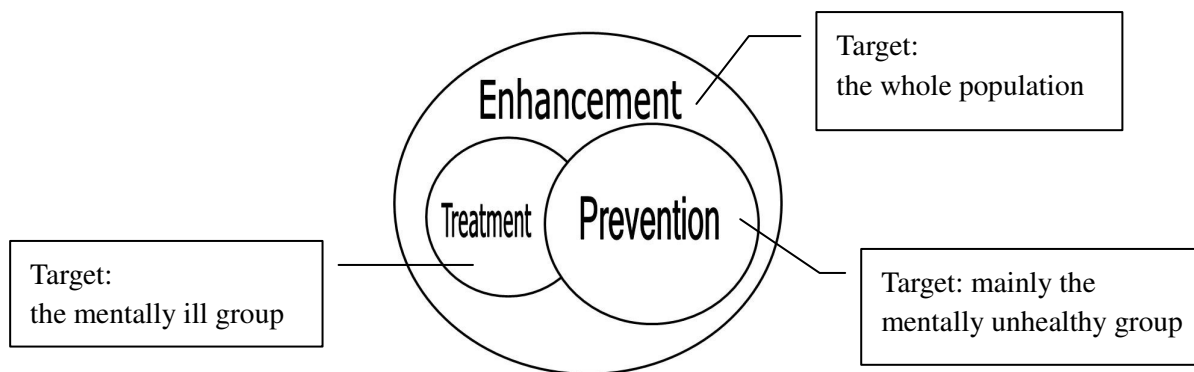


Figure 1. The Three Approaches to Mental Health in Society

In *Promoting Mental Health* (WHO, 2005a), World Health Organization gives strong support to the enhancement approach:

“There is now compelling evidence for the need to promote positive mental health through interventions that promote competence and psychological strengths. Scientific methodologies in promotion are increasingly sophisticated and the results from high-quality research trials are as credible as those in other areas of biomedical and psychosocial science” (page 4).

Note: List of References for this Section is found at the end of Section (IV)

(IV) The Scientific Background of the ICAN Model

The ICAN model is a scientific and valued-based practical psychology model innovated by me, when I was Professor and Chairman of Psychiatry of The Chinese University of Hong Kong, to enable people to live a successful, advancing and happy life. My brief C.V. is enclosed at the end of this Section.

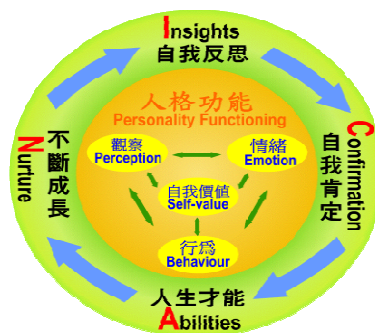


Figure 2. The ICAN Model

The three interacting objectives of **success**, **advancement** and **happiness** of the ICAN model come from the core principles of three important domains of psychiatry and psychology: psychotherapy; motivational psychology; and development psychology. The following is a summary of the scientific background of the ICAN model.

Objective 1: Success [成功]

Based on the Principles of Psychotherapy

There are many schools of psychotherapy. They are all concerned about helping people to correct maladaptive beliefs, attitudes, emotions and behaviours that cause personal suffering and impairment in functioning in the family and the workplace. In brief, all psychotherapies concern directly or indirectly with belief, thought, emotion and behaviour.

In particular, the very well-known CBT (cognitive behavioural therapy) approach (Scott & Dryden, 1996; Meichenbaum, 1995; Reinecke & Clark, 2004; Palmer & Szymanska, 1996; Wagner & Reinecker, 2003; Freeman & Urschel, 1997) directly works with the three key components of psychological functioning, i.e. cognition, emotion, and behaviour (Figure 3):

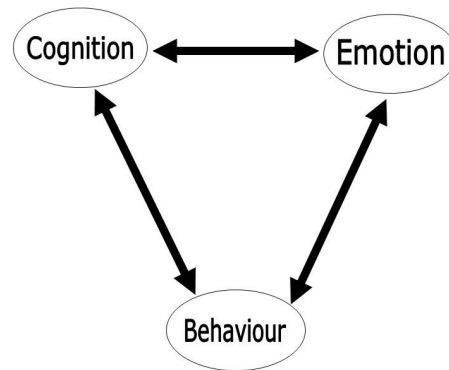


Figure 3. The Three Psychological Components of Cognitive Behaviour Therapy

The CBT approach is adopted as the underlying theoretical framework to the first objective of the ICAN model. However, I explicitly add in a fourth psychological component: **Self-value**. The importance of values and beliefs is in fact implicit in the CBT model (Person, 1989). An important controversy in psychiatry and psychotherapy is whether moral value has any part to play in the treatment of patients, or whether as some psychiatrists and psychologists have claimed in the past, that psychiatry and psychotherapy should be “amoral”, or that is psychiatrists and psychologists should not concern themselves with values in helping their patients. There is increasing recognition that in fact matters of moral values are indeed important in psychiatry and psychotherapy (Pearce & Pickard, 2009; Keyes, 2002). This is why in the ICAN model, I explicitly add in the component of **Self-value**.

In the ICAN model, the psychological functioning of people is thus the interaction of four components: **Self-value**, **Perception** (or **Cognition**); **Emotion**; **Behaviour** (Figure 4). I use the term **Personality Functioning** to refer to this four-component interaction. The term **Perception** is more readily understood in everyday usage. It includes how we see things and how we make interpretation of what we see as well as the thinking that is involved. Hence in the ICAN model, **Perception** is synonymous with cognition.

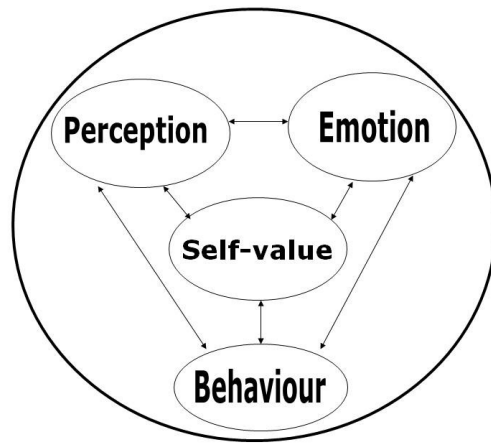


Figure 4. Personality Functioning Consists of Four Circular Interacting Psychological Components

The characteristics of people with good mental health, i.e. people of high psychological quality are as shown in Figure 5:

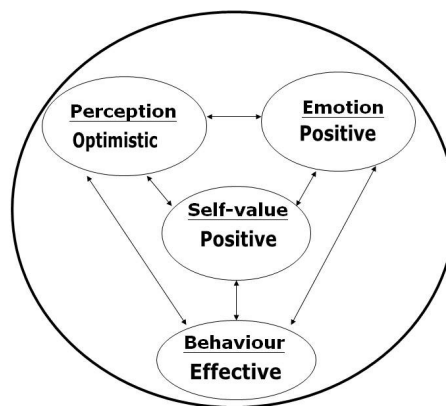


Figure 5. The Characteristic Features of People of Good Mental Health

In contrast, people of impaired mental health or who are of low psychological quality are as shown in Figure 6:

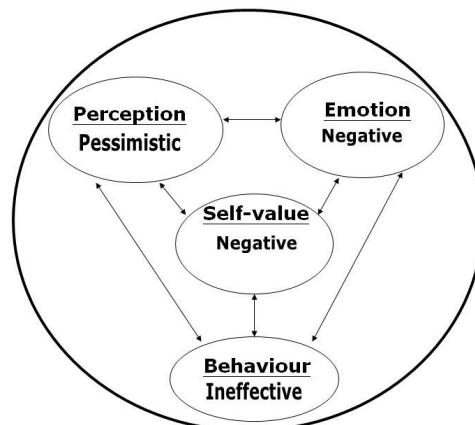


Figure 6. The Characteristic Features of People of Poor Mental Health

Objective 2: Advancement [進步]

Based on the Principles of Motivational Psychology

Motivational psychology is the science that studies the determinants of motivation. It studies the key factors that decide people's thinking and behaviour. Activating these determinants will bring about motivation, and motivation in turn will lead to action and change.

Although there are quite a large number of schools of motivation and they approach the topic from different perspectives, many come to rather similar conclusion regarding the determinants of motivation. The ICAN model selects the key determinants from these various schools, and then organizes them in a pragmatic action-oriented way to form the continuous **ICAN Self-empowerment Process** [自我賦權] that is easily understood and mastered by ordinary people (Figure 7):

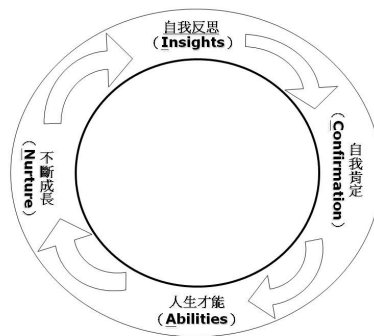


Figure 7. The ICAN Self-empowerment Process

There are four circular steps in the **ICAN Self-empowerment Process** and I will explain each one of them, also referring to the relevant scientific theories.

The First Step: Insights [自我反思]

People are habit dependent. Habits are not only limited to behaviour but to each and every of the other three components of psychological functioning. In other words, each person's particular **Personality Functioning** is a unique pattern of habits. There are two very important implications. First, unless people make conscious efforts to stop and think whether they should continue with their habits, they will most likely just repeat them, very often without conscious awareness. Second, habits spiral upwards or downwards depending on the quality of **Personality Functioning**. People who are able to make advancement in life are those who are able to change their habits, from bad to good, and from good to better. The first step of this process is **Insights [自我反思]**, i.e. “stop and think”, an introspective process to examine and understand one's **Personality Functioning** and way of life, including strengths and weaknesses, and including mistakes and problems that need to be corrected.

The scientific theoretical basis of **Insights**:

The key elements underlying **Insights** are “sense of internal control” [自主] and “awareness of oneself” [醒覺]. “Sense of control [控制感]” is a very well researched topic in motivational psychology, in particular the locus of control theories (Crandall, Katkovsky & Crandal, 1965; Skinner, 1995; Skinner, Zimmer-Gembeck & Connell, 1998) and the attribution theories (Kelley, 1967; Heider, 1958; Graham, 1991; Weiner, 1985). In brief, people with a strong sense of internal control have a strong sense of control of their environment and their life in general. For example, even when they have experienced serious misfortune in life, they are able to say to themselves: “Although I have no choice about what has happened to me, I still have the choice of how to see what has happened to me.” They are much more able to see what they still have, rather than what they have lost. They see misfortune as challenge rather than just as setback.

“Awareness of oneself [醒覺]” is partly related to sense of internal control in that people with high self-awareness are conscious of and hence in control of their feelings, thoughts and actions. In contrast, people with low self-awareness tend just to repeat their feeling, thinking and behavioural habits without awareness. That

awareness of oneself is important in motivation is emphasized in self-efficacy theories (Bandura, 1997; Maddux, 1995), intrinsic motivation theories (Sanaone & Harackiewicz, 2000; Ryan & Deci, 2000) and self-regulation theories (Zimmerman, 1989). People with high self-awareness are aware of their thoughts, feelings and behaviours and hence they are better able to change their **Personality Functioning**.

The Second Step: Confirmation [自我肯定]

Insights lead to **Confirmation [自我肯定]**, i.e. confirmation of the goals one needs to set in order to make change to better oneself. These goals include improving one's **Personality Functioning**, such as the weaknesses that one needs to strengthen. They also include one's daily life, such as problems and mistakes in family and in work that one needs to improve and correct.

The scientific theoretical basis of **Confirmation**:

The key element of **Confirmation** is “goal setting”. Goal setting is recognized as a very important factor in motivation, such as in the goal theories (Ford, 1992; Covington, 2000), intrinsic motivation theories (Sanaone & Harackiewicz, 2000; Ryan & Deci, 2000) and self-regulation theories (Zimmerman, 1989). Whatever the theory, the determinant of motivation is essentially the same, i.e. goals that are set by the individual give rise to much stronger motivation than goals that are given to the individual. This concurs with daily observation. People are much more motivated to pursue their self-set goals. In contrast, people are far less motivated to pursue goals imposed on them.

The ICAN model emphasizes goal setting through the process of **Insights**. Such goals are internally driven rather than externally imposed. These goals give rise to very strong motivation.

The Third Step: Abilities [人生才能]

The third step is **Abilities [人生才能]**: **Abilities** refers to the drive to learn the necessary skills and to take action to make changes and to achieve the goals one has set.

The scientific theoretical basis of **Abilities**:

Motivational theories all directly or indirectly deal with the issue of drive. The stronger the motivation, the stronger is the drive. Drive can be “external” or “internal”. External drive is imposed, reactive and often involuntary. Internal drive, in contrast, is self-driven, spontaneous and voluntary. That it is the internal drive that is much more powerful and sustaining is clearly shown by intrinsic motivation theories (Sanaone & Harackiewicz, 2000; Ryan & Deci, 2000; Deci & Ryan, 1985; Utman, 1997; Burns 2002), self-regulation theories (Zimmerman, 1989; Mithaug, 1993) and locus of control theories (Crandall, Katkovsky & Crandall, 1965; Skinner, 1995; Skinner, Zimmer-Gembeck & Connell, 1998).

The Fourth Step: Nurture [不斷成長]

The fourth step is **Nurture [不斷成長]**: **Nurture** refers to achievement and growth. It does not refer only to outward success and achievement but even more importantly to the inward sense of self-efficacy, success and self-appreciation. Achievement is important in motivation for two reasons. First, it is the reason for motivation, i.e. achieving one’s goals. Second, it is a very important reinforcement of further motivation.

The scientific theoretical basis of Nurture:

There are two kinds of achievements, the “outward” attainment of one’s tangible goals, such as reaching the target one has set, and the “inward” self-appreciation such as sense of success, efficacy and fulfillment. Most, if not all, motivational theories show that it is the inward self-appreciation that is a much more powerful reinforcement of motivation than outward achievements: self-efficacy theories (Bandura, 1997; Sanaone & Harackiewicz, 2000); self-regulation theories (Zimmerman, 1989; Mithaug, 1993); locus of control theories (Crandall, Katkovsky & Crandall, 1965; Skinner, 1995; Skinner, Zimmer-Gembeck & Connell, 1998); the self-worth theory (Covington, 1992; Covington, 1998); and the reinforcement theories (DeCharms, 1983).

The continuous ICAN Self-empowerment Process

The **ICAN Self-empowerment Process** utilizes the determinants of motivational psychology. It starts from **Insights** in which people make conscious efforts to stop their habits and examine themselves, both inward and outward. In that process they understand themselves and their situations, including strengths and weaknesses. The process moves on from **Insights** to **Confirmation**: people set goals for themselves. These are goals for bettering themselves. The process continues from **Confirmation** to **Abilities**: they activate their internal drive to learn and to act in order to achieve their goals. The process goes on from **Abilities** to **Nurture**: they achieve “outward” attainment, and more importantly, “inward” self-appreciation. Such inward positive feelings motivate them to ask the salient question, “How can I do even better?” This question is the starting point of the next round of **Insights** in that it motivates people to set further and higher goals. As such, $I \rightarrow C \rightarrow A \rightarrow N \rightarrow I \rightarrow C \rightarrow A \dots$ becomes a continuous process, generating very strong self-motivating force to make continuous progress and advancement in life.

Objective 3: Happiness [快樂]

Based on the Principles of Developmental Psychology

The following is a pragmatic description of developmental psychology taken from *The Scope of Developmental Psychology of Life-Span Developmental Psychology: Introduction to Research Methods* (Baltes, Reese & Nesselroade, 1977):

“...the task of developmental psychology: the description, explanation, and modification (optimization) of intraindividual change in behavior and interindividual differences in such change across the life span” (page 84).

The following excerpts from *The Importance of Caregiver-child Interactions for the Survival and Healthy Development of Young Children: A Review* (WHO, 2004), an authoritative work by World Health Organization, shed light on the importance of relationship to children’s survival and development:

“The formation of an ongoing, warm relationship is as crucial to the child’s survival and healthy development as the provision of food, child care, stimulation and discipline” (page 8).

“Early interactions and relationships with caregivers exert a strong effect on the survival and healthy development of young children” (page 11).

The same publication emphasizes that children’s relationship with their care-givers have long-lasting effects on childhood and adulthood:

“Evidence establishes the importance of early relationships for later personal and social competence” (page 10).

“Loving, mutually responsive early care is essential for the child to develop into an emotionally secure and confident individual. If the infant is treated

with love and kindness, he or she feels worthy of love, and becomes capable of feeling and expressing love and kindness towards others” (page 12).

The above World Health Organization publication uses a simple and straight forward analogy to explain the importance of inter-personal relationship: Children need love just as they need food to survive, grow and function. Deprivation of food leads to hunger and will retard the physical growth of children and will also lead to physical illness, suffering, and finally death. Likewise, deprivation of love leads to loneliness and will retard the psychological growth and functioning of children, and will also lead to mental illness and suffering.

The importance of inter-personal relationship in maintaining mental health and in daily functioning is succinctly summarized in the following excerpt from *The Unmotivated Child* (Rathvon, 1996):

“Attachment theorists, such as John Bowlby and Mary Ainsworth, propose that all human beings are motivated to form close emotional bonds, or attachments, with other human beings throughout their lives, and that our capacity to form attachments has a great deal to do with our ability to function effectively in the world. People who have secure, loving attachments are able to accept and give help to others, develop satisfying relationships, and pursue their goals with confidence and enthusiasm. In contrast, those who have difficulty forming secure attachment develop a distrust of their own worth and competence and the willingness of others to help them meet their needs. Such insecurely attached individuals are plagued with chronic feelings of emptiness, dissatisfaction, and anxiety. They are unable either to reach their maximum potential or to develop and maintain fulfilling relationships with others” (page 13).

Put it very simply and pragmatically, people need love just as they need food to stay healthy and functional (Karen, 1998; Holmes, 1993). Thus in the ICAN model, according to developmental psychology, I emphasize the need to **Connect** [連繫] and **Empower** [賦權]. To **Connect** is to form and maintain high quality inter-personal relationship with family members, friends, colleagues, other people,

and also society and country. To **Empower** means to have the power to influence others, through high quality inter-personal relationship. People who are able to **Connect** and to **Empower** are healthy, strong and happy.

The interaction of the three objectives of ICAN

The three objectives of ICAN do not work in isolation but rather in a continuously interactive manner (Figure 8):

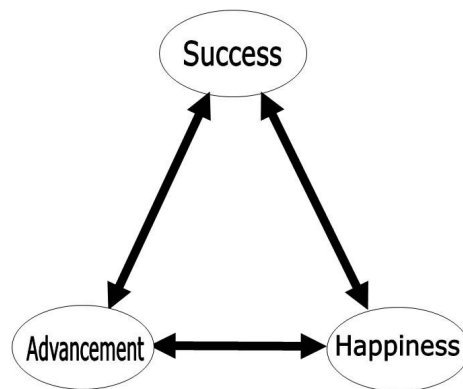


Figure 8. The Interaction of the Three Objectives of the ICAN Model

The three scientific disciplines of the ICAN model, namely psychotherapy, motivational psychology and developmental psychology, each has important contributions in helping us to understand the psychology of people and in promoting the mental well-being of people. However, as three separate disciplines, their usefulness in enhancing the mental health of people is limited. The psychotherapies, for example, are not meant for the use by laymen but for psychiatrists and psychologists to give psychological treatment to patients. Motivational psychology and developmental psychology are scientific disciplines meant for researchers. Their many important findings stay in the scientific arena, outside the reach of laymen. The ICAN model captures the key factors of these three disciplines and organizes them in a pragmatic and synergistic way, thus allowing these factors to be readily understood and applied by people to enhance their mental health.

Brief C.V. of Dr Wong Chung-Kwong

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Dr Wong graduated from the University of Hong Kong with the degrees MB BS in 1977. After graduation, he received specialist training in general psychiatry and also child and adolescent psychiatry. Dr Wong is Fellow of the Royal College of Psychiatrists (UK), Fellow of the Hong Kong College of Psychiatrists and Fellow of the Hong Kong Academy of Medicine. He obtained the degree of Doctor of Medicine from the Chinese University of Hong Kong. He was Professor and Chairman of the Department of Psychiatry of the Chinese University of Hong Kong. He innovated the psychological model of ICAN.

Dr Wong has extensive experiences of working with public and private corporations. His expertise and service are often sought by corporations and government departments to provide consultancy and training in the areas of stress and crisis management, psychological health and resilience promotion, leadership, team building and communication skills.

Outside the Medical Faculty, Dr Wong has delivered over 3,000 lectures, seminars, and workshops to professionals and the general public. He has taken part in the production of 600 TV programmes on topics of mental health, personal growth, corporate functioning and parenting skills. He has published over 60 scientific articles in psychiatric journals and books. He is also the author of several series of books on topics of mental health, psychological quality and parenting skills.

Dr Wong serves as a member to several government committees and as an honorary adviser to several voluntary agencies. He has acted as an expert psychiatric witness in over 1,200 civil and criminal cases in the High Court of Hong Kong.

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(V) A Brief History of the Development of the ICAN Model

A brief history of the development of the ICAN model in Hong Kong, Macau and the Mainland is presented in this Section. The publications, leaflets and pamphlets referred to in this Section can be found in the **Annex** of this paper.

The Pilot Phase, 2000 to 2005

The pilot phase of the ICAN model started in 2000. Dr Wong Chung-Kwong was invited by the Moral Education Concern Group to be its programme adviser in order to promote moral education in the Hong Kong community. The Moral Education Concern Group was established by Mrs Betty Tung (董趙洪娉), wife of Mr Tung Chee Hwa, the then Chief Executive of the Hong Kong Special Administrative Region. Dr Wong used the ICAN model to deliver lectures and workshops to the general public, the staff of government departments and private corporations and also principals and teachers of schools. Starting from 2002, Dr Wong provided systematic training to secondary and primary school teachers, using the ICAN model. The objectives of the training were two: to enhance the mental health of teachers; and to train teachers the methodology of delivering mental health education programmes to their students by using the “ICAN Whole Person Education” secondary and primary school curricula. From 2002 to 2004, a total of about 2,000 secondary and primary teachers received such training (some in the format of large-scale lectures and some in the format of intensive workshops), and through these teachers, some 30,000 secondary and primary students were trained.

The Whole Person Education Foundation and the “ICAN School” Project in Hong Kong, 2005 to 2010

In 2005, Whole Person Education Foundation (the Foundation) was established with the mission of promoting mental health of adults and children. The Foundation is a charitable organization. Mrs Rita Fan (范徐麗泰) has been the Patron of the Foundation since its inception. The Foundation provides training to teachers and parents through different types of training programmes. In particular, the Foundation offers the “ICAN School” project to secondary and primary schools. Through the “ICAN School” project, teachers receive systematic training to enhance their mental health and also receive training on teaching methods to enhance the mental health of their students. In the 2009/2010 academic year, there were a total of 21 secondary and 32 primary schools in the ICAN School project.

Up to the 2009/2010 academic year, under the “ICAN School” project, we have trained a total of about 5,000 teachers. Some of these teachers were trained in large scale lectures to give them an overview of the ICAN model whereas the teachers directly responsible for teaching students the “ICAN Whole Person Education” curricula were trained in workshops. The feedback of the teachers trained in the workshop series is enclosed as Annexes D-2(1) to (3). These teachers have trained a total of about 110,000 students. We have also trained a total of about 10,000 parents. The Foundation publishes an annual “ICAN School” Year Book. I have enclosed the two most recent Year Books as Annexes A-2 and A-3.

Enclosures:

(Please see **Annex A: Whole Person Education Foundation**):

- Annex A-1: Leaflet introducing the Whole Person Education Foundation
- Annex A-2: ICAN School Year Book, 2008/2009
- Annex A-3: ICAN School Year Book, 2009/2010
- AnnexA-4: Special Publication for the ICAN School 2009/2010 Launching Ceremony cum Hong Kong Core Value Survey

The Macau Whole Person Education Promotion Association and the “ICAN School” Project in Macau

Since its inception in 2005, the Whole Person Education Foundation also extended its services to the Macau community, by running the “ICAN School” project in Macau as well.

The Macau Whole Person Education Promotion Association (the Association) was established in Macau in 2008 for similar mission as the Foundation in Hong Kong. The Association is also a charitable organization. It takes over the work of the Foundation in Macau.

澳門教育暨青年局 (Direcção dos Serviços de Educação e Juventude) and 澳門基金會 (Macao Foundation) provided sponsorship for the following projects:

- 《「ICAN 成功、進步、快樂人生」多媒體自學課程》計劃
- 《ICAN 成功、進步、快樂人生，一切從心開始》書籍發行計劃
- 《培訓「ICAN 推動大使」促進和諧快樂社會》計劃
- 《支援教師、關愛學生》計劃

In brief, the first three projects aimed to serve 10,000 Macau adult citizens. The objective was to enhance their mental health through a multi-media self-learning package (please see Annex B-5). The last of the four projects supported schools to promote the mental health of students.

In addition, the Association continues to run the “ICAN School” project in Macau. The Association publishes an annual Year Book. I have enclosed the two most recent Year Books as Annexes B-3 and B-4.

Enclosures:

(Please see **Annex B: Macau Whole Person Education Promotion Association**):

- Annex B-1: Leaflet introducing the Macau Whole Person Education Promotion Association
- Annex B-2: Inauguration Special Publication of the Macau Whole Person Education Promotion Association
- Annex B-3: ICAN School Year Book (Macau), 2008/2009
- Annex B-4: ICAN School Year Book (Macau), 2009/2010
- Annex B-5: 《「ICAN 成功、進步、快樂人生」多媒體自學課程》

The “ICAN School” Pilot Project in Shenzhen, 2008 to 2011

The “ICAN School Pilot Project in Shenzhen” was launched in 2008. The project was jointly run by the Education Bureau of Shenzhen and the Foundation. The project progressed smoothly and successfully.

Enclosure:

- Annex C-1: Report of the “ICAN School Pilot Project” in Shenzhen in Popular Science News

(VI) Evaluation of the ICAN Model

We conduct on-going evaluation on the effectiveness of training and also of the effectiveness of the ICAN model in the enhancement of mental health. We also invite leading government officials, principals, teachers, parents and students to give their feedback in writing and also through audio-visual recording. These feedbacks, comments and evaluation are enclosed in Annex D.

Enclosures:

(Please see **Annex D: Evaluation of the ICAN Model**):

Annex D-1: Journal article: Wong C.K. (2008). 「ICAN 全人教育」提升港、澳學生自尊心[Whole person education enhances the self-esteem of Hong Kong and Macau students]. *Clinical Journal of Traditional Chinese and Western Medicine of China*, 8 (3), 300-303.

Annex D-2: Feedback by teachers regarding training: Summary statistics
Annex D-2-1 2006-2009 All yearly report for Workshop 1
Annex D-2-2 2006-2009 All yearly report for Workshop 2
Annex D-2-3 2006-2009 All yearly report for Workshop 3

Annex D-3: Key speeches regarding the ICAN Model/ICAN School Project:
Annex D-3-1 Mrs Rita Fan, Member of the Standing Committee of the Eleventh National People's Congress of the People's Republic of China (on 3 November 2006)
Annex D-3-2 Mr Henry Tang, Chief Secretary for Administration (on 13 October 2009)
Annex D-3-3 Mr Sou Chio Fai, Director of 澳門教育暨青年局 (on 22 November 2008)
Annex D-3-4: Mr Tang Haihai, Deputy Director of Shenzhen Municipal Education Bureau, (on 28 August 2008)

Annex D-4: DVD containing the above speeches and also feedback and comments by principals, teachers, parents and students

Annex D-5: Articles on the ICAN model and/or ICAN School Project in scientific magazines/newspapers in the Mainland:

Annex D-5-1 China Scitechnology Business 科技中國 (September 2008)

Annex D-5-2 Scientific Chinese 科學中國人 (December 2008)

Annex D-5-3 Renmin Zhengxie Bao 人民政協報 (1 July 2009)

Annex D-5-4 China Today 今日中國 (2009 New China's 60th Anniversary Special)