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The Legislative Council Subcommittee on Rights of Ethnic Minorities 10 April 2017 Meeting on "Issues relating to the use of healthcare services by ethnic minorities"

Submission from KELY Support Group

KELY Support Group (KELY) is a non-government funded bilingual organisation providing support to youth between the ages of 14 and 24 in Hong Kong with a focus developing young people's potential through building their resilience, knowledge, resistance and harm reduction around substance misuse. Our prevention and education work reaches youth across Hong Kong, no matter what their background or ethnicity and we also fully believe in the World Health Organisation's 1984 broader definition of health as being "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".

In the past 25 years of working with youth including those from Ethnic Minority backgrounds, we have noted that resources for accessing health education for Ethnic Minority youth have been either lacking, not relevant, culturally inappropriate or difficult to access. In 2012, we conducted a research together with the PolyTechnic University, Department of Applied Social Sciences on Ethnic Minority youth and drug related issues. The following are some of the findings:

- 60% of ethnic minority youth respondents displayed a critical lack of knowledge about drugs and their effects.
- Compared to Chinese-speaking and English-speaking students, ethnic minority youth had the highest response rates to the statements "I don't mind trying drugs" and "I don't know where to get help if I have a drug problem."
- 26% of them stated it was hard to turn down their friends' requests to try drugs, twice as high as the rate reported in the other two groups.

Today in Hong Kong, we note that "Relief of depression/anxiety" ranks one of the top reasons among young people for drug use, thus the importance of providing expert care for Ethnic Minority youth is high. In view of this, from our experience working with school social workers, we know that there is not a lot of support in the training of social workers that enables them to be able to work cross-culturally and in particular best meet the needs of Ethnic Minority youth.

A recent survey we conducted from 927 youth between October and November 2016 regarding concerns around alcohol consumption among young people indicated that the need for, and quality of more health education around substances is on the minds of our young people. Half of these surveyed were from Ethnic Minority backgrounds and around 22% of those surveyed, had concerns about their health when it came to alcohol and the top suggestion of what else needed to be done, was education around alcohol. We are encouraged to see the young people themselves identify these needs, and we feel this is even more important that our Government can collaborate and work together with community groups like ourselves to provide better health education to our Ethnic Minority youth.

We have seen some progress from the Narcotics Division in their efforts to increase the drug education programmes for Ethnic Minority youth with opportunities for NGOs like ourselves to apply for funds that support Ethnic Minority populations. However, in terms of other areas of health education including alcohol related harm, sex education, mental health services and emotional well being to name a few, we are still looking forward to seeing a much more integrated and intentional mainstream approach in providing and implementing



accessible health education that would be appropriate for all young people from Ethnic Minority backgrounds.

We would like to recommend that the concerns for Ethnic Minority youth with regards to the different areas of health education, regardless of the Government Departments responsible, be brought forward as part of mainstream support and as a key consideration for allocation of resources and future planning.

Thank you.

KELY Support Group