

**For discussion
on 23 April 2018**

**Legislative Council Panel on Health Services
Panel on Education and Panel on Welfare Services
(Joint Meeting)**

Mental Health of Children and Adolescents

PURPOSE

This paper briefs Members on the mental health services for children and adolescents provided by the Government.

MENTAL HEALTH SERVICES FOR CHILDREN AND ADOLESCENTS

Current Situation in Hong Kong

2. Mental health of children and adolescents is an essential part of overall health of society. A good mental state can help children and adolescents fulfil their potential, develop lifelong resilience to adversity and improve future life chances. Therefore, the Government attaches great importance to the mental health of children and adolescents, and provides cross-sectoral and multi-disciplinary support and care for those with mental health needs through collaboration and cooperation among different bureaux/departments, including the Food and Health Bureau (“FHB”), the Labour and Welfare Bureau (“LWB”), the Education Bureau (“EDB”), the Department of Health (“DH”), the Social Welfare Department (“SWD”) and the Hospital Authority (“HA”).

3. In 2016-17, the Child and Adolescent (“C&A”) Psychiatric

Service of HA provided mental health services to over 32 000 children and adolescents, the majority of which are patients diagnosed of Autism Spectrum Disorders (“ASD”) and Attention Deficit/Hyperactivity Disorder (“AD/HD”). Some disorders have a higher frequency of occurrence than others in a specific age range. For example, among the cases followed up by the C&A Psychiatric Service, there is a higher incidence and prevalence of ASD and AD/HD in early and middle childhood, while psychosis is more prevalent in late adolescence and early adulthood.

Existing Services

4. Currently, a number of bureaux and departments provide children and adolescent mental health services covering various aspects including healthcare, education, social services, promotion and cross-sectoral cooperation.

(A) Healthcare Services

Child Health Service of DH’s Maternal and Child Health Centres

5. The Maternal and Child Health Centres (“MCHCs”) of DH provide health promotion and disease prevention services for children from birth to five years old (“the Child Health Service”). The Child Health Service covers immunisation, parenting as well as health and developmental surveillance. It aims at providing education on child health for parents, identifying children having health or developmental problems and their families at an early stage and referring them to appropriate healthcare and social services for further follow-up.

Child Assessment Service of DH

6. The Child Assessment Service (“CAS”) of DH provides comprehensive assessment and diagnosis, and formulates rehabilitation plan for children who are under 12 years of age and suspected to have

developmental problems; provides these children and their families with interim support and reviews evaluation; and conducts public health education activities. After assessment, follow-up plans will be formulated according to the needs of individual children, who will be referred to other appropriate service providers for training and education support. While the children are awaiting rehabilitation services, CAS will provide support for their parents, such as organising seminars, workshops and practical training, with a view to enhancing the parents' understanding of their children's conditions and giving them information on community resources, so that they can provide home-based training effectively to support the development and growth of their children.

Student Health Service of DH

7. DH's Student Health Service provides health promotion and disease prevention services for primary and secondary school students. Eligible students enrolled for the service will receive free annual health assessment service designed to cater for their health needs at various stages of development, including screening for mental health problem(s). Students found to have mental health problem(s) will be referred to DH's Special Assessment Centres, HA's specialist clinics or other appropriate institutions for further assessment and follow-up.

C&A Psychiatric Service of HA

8. C&A Psychiatric Service of HA comprising healthcare practitioners in various disciplines provides early identification, assessment and treatment services for children and adolescents in need. The multi-disciplinary professional team, involving doctors, clinical psychologists, nurses, speech therapists, occupational therapists and medical social workers ("MSWs"), provides a range of appropriate treatment and follow-ups for children and adolescents, including in-patient service, specialist out-patient service, day rehabilitation training and community support services, according to the severity of their clinical

conditions, with a view to enhancing their speech and communication, sociability, emotion management, problem solving, learning and life skills.

9. The multi-disciplinary professional team also provides parents and carers of the children and adolescents in need with information on the respective diseases so as to enhance their understanding of the symptoms and treatment needs of their children. The professional team also maintains close communication with related organisations, such as early training centres and schools, to provide support according to the developmental needs of the children and adolescents.

Early Assessment Service for Young People with Early Psychosis

10. HA launched the Early Assessment Service for Young People with Early Psychosis (“EASY”) Programme in 2001 for people aged between 15 and 25 who suffered from early psychosis. The multi-disciplinary intervention team of the programme provides continuous, one-stop and stage-specific support for target patients during the first three years after their first episode of illness. Evidence has shown that the programme helps identify those people suffering from psychosis at an early stage and offer them prompt treatment, so as to prevent their conditions from deteriorating and avoid unnecessary psychiatric in-patient admission. Apart from the case assessment and therapeutic solutions provided for patients by the professional intervention team, educational programmes, and seminars and workshops on mental health are also organised by a service team of the EASY Programme for social workers, teachers, doctors, parents and the public to enhance their knowledge of early psychosis and the EASY programme.

Child and Adolescent Mental Health Community Support Project

11. In addition, HA has implemented the Child and Adolescent Mental Health Community Support Project (“CAMCom”) aiming at early identification of children and adolescents with anxiety or depression

problems, and providing them with appropriate assistance to help them overcome their emotional problems and prevent their problems from worsening so that they can resume their normal learning, social and family life. The project targets children and adolescents aged between 6 and 18 with anxiety or depression problems, and provides early identification and intervention services, as well as appropriate community support services. The scope of services under CAMCom includes conducting public education activities; providing advice and support services for youth workers and parents; and providing counselling services for individual targets as needed. In 2016-17, over 26 000 students, parents and staff members in the education sector from 431 schools received support or participated in CAMCom.

Mental Health Direct Hotline

12. HA has also established a mental health advisory hotline, namely Mental Health Direct Hotline (Tel: 2466 7350), to provide support for ex-mentally ill persons and their carers (including children and adolescents with mental health needs and their parents). Manned by professional psychiatric nurses, the hotline provides professional advice on mental health issues for patients with mental illness, their carers, the relevant stakeholders and members of the public. The hotline operates around the clock so that persons in need may call and seek assistance at their convenience. In 2016-17, the hotline received over 23 000 calls.

(B) Education Service

13. EDB has been encouraging schools to adopt the Three-tier Intervention Model¹ through the Whole School Approach to identify and

¹ Tier-1 support – quality teaching in the regular classroom to help students with transient or mild learning/behavioural adjustment difficulties;
Tier-2 support – “add-on” intervention for students with persistent learning/behavioural adjustment difficulties; and
Tier-3 support – intensive individualised support, such as formulating Individual Education Plans, for students with severe learning/behavioural adjustment difficulties.

support students with mental health needs. School professionals, including guidance teachers, school social workers and educational psychologists (“EPs”), provide support and counselling services for students with learning or adjustment difficulties, including those with mental health needs. EDB has also been actively promoting diversified development programmes, continuously enhancing the school curriculum and promoting life education so as to facilitate students’ learning and development.

Support Services

14. With regard to school social work and guidance services, more resources will be provided for public sector primary schools starting from the 2018/19 school year to encourage them to strengthen and enhance their social work and guidance services according to school-based circumstances, with a view to ultimately achieving the target of “one school social worker for each school”. We propose that primary schools, under the enhanced funding mode, be allowed to opt to create a graduate social worker post or receive an equivalent subsidy for employing a registered graduate social worker or hiring the service of a registered graduate social worker stationed in school from a social work service provider. Moreover, schools will be provided with a consultation service grant for hiring consultation, supervision or other related services to support school social workers. The existing Top-up Student Guidance Service Grant will also be enhanced so that all schools can receive more resources under the enhanced funding mode with a view to strengthening school social work and guidance services. Furthermore, after implementing the policy of “one school social worker for each school”, the EDB will review the mode of collaboration between student guidance and social work services, and explore with the education sector various feasible proposals so as to enable schools to adopt the best way to provide social work and guidance services for supporting students. For secondary schools, the SWD has, since the 2000/01 school year, implemented the policy of “one school social worker for each secondary school” by subventing non-governmental organisations

(“NGOs”) to provide school social work service for secondary schools with the focus on supporting adolescents at school age. Besides, school social workers will make good use of community resources and suitable referral services through their service organisations and relevant service units at the district level, including Integrated Children and Youth Services Centres and Integrated Family Service Centres, to support students in need.

15. School-based Educational Psychology Service (SBEPS) has covered all public sector ordinary primary and secondary schools since the 2016/17 school year. Through regular school visits, EPs provide preventive, developmental and remedial services at the school system, teacher support and student support levels, in order to enhance schools’ capacity to cater for students’ diverse educational needs. EDB has also enhanced the SBEPS by progressively improving the EP to school ratio to 1:4 at public sector ordinary primary and secondary schools with a large number of students with special educational needs (“SEN”), in order to provide the schools and students with more comprehensive and regular case follow-ups and intervention services.

16. Starting from the 2017/18 school year, the Learning Support Grant that EDB provides for public sector ordinary primary and secondary schools to support students with SEN has covered those with mental illness so that schools have additional resources to enhance their support to cater for those students’ learning, social, emotional and behavioural needs.

17. Starting from the 2007/08 school year, EDB has been providing serving teachers with structured training courses on supporting students with SEN pitched at the Basic, Advanced and Thematic levels (BAT Courses). Some modules of the BAT Courses cover mental illness. From the 2017/18 school year onwards, EDB conducts the “Professional Development Programme for Mental Health” which includes an Elementary Course for teachers at large and an In-depth Course for designated teachers, to enhance their awareness of students’ mental health, as well as their professional knowledge and ability to identify and support

students with mental health needs.

School Curriculum

18. EDB, the Curriculum Development Council and the Hong Kong Examinations and Assessment Authority conducted the New Academic Structure (“NAS”) review from 2012 to 2015, with recommendations that include, among others, the streamlining, fine-tuning and updating of curriculum contents, streamlining of School-based Assessment (“SBA”) as a whole while not implementing SBA in 10 subjects. All these aim to reduce the workload of teachers and students in order to create space for improving learning and teaching. Students have to sit only one public examination under the NAS implemented since 2009, which has helped create space for students to develop diverse interests. The Chief Executive further announced in her Policy Address in 2017 that in-depth reviews would be conducted on eight key areas of education, one of which was curriculum arrangement. EDB set up the Task Force on Review of School Curriculum (“the Task Force”) in November 2017. One of the review directions of the Task Force is to examine how to better cater for students’ diverse abilities, interests, needs and aspirations. The Task Force holds regular meetings and has identified three pivotal areas, namely catering for learner diversity, multiple pathways and whole-person development, for in-depth deliberations, and three corresponding sub-groups are also formed for the purpose.

Parent Education

19. Parents have a great impact on the healthy development of their children. Parents and schools both play an important role in helping students manage their stress and emotional problems. The Committee on Home-School Co-operation (“CHSC”) takes an active role in promoting the “Happy Kids Charter” for schools and parents. EDB also actively encourages the Federations of Parent-Teacher Associations (“FPTAs”) of different districts and schools’ PTAs to organise activities based on the

content of the “Happy Kids Charter” to enhance students’ mental health and well-being. Starting from the 2015/16 school year, CHSC jointly organises parent talks with FPTAs and regional associations of school heads every year to provide parents with information on how to identify and support students with emotional and stress problems. Recently, the Education Commission has set up a task force on Home-school Cooperation and Parent Education to review the existing approach in promoting parent education and home-school cooperation, and to explore, among others, how to avoid excessive competition so that children can grow up happily and healthily. Besides, EDB launched a website called “Smart Parent Net” in February 2018 to provide information on parent education. The website enables parents with children from kindergarten to primary and secondary school levels to easily access useful information on supporting the physical and mental development of students, which includes the parent-child relationship, parenting skills and children’s mental health, etc.

Mental Health Support provided by Tertiary Education Institutions

20. All tertiary education institutions concern students’ mental health, and are committed to promoting mental wellness and providing relevant counselling and support for students to cope with their studies and campus life. Some institutions adopt a positive psychology approach to enhance students’ resilience, including training for mental health ambassadors, organising seminars and peer counselling activities to uphold students’ positive values and maintain healthy physical and mental development.

(C) Social Services

Medical Social Services

21. MSWs of SWD are stationed in public hospitals, some of the specialist out-patient clinics and service centres of the EASY Programme to provide timely psychosocial counselling and support for patients

(including children and adolescents with mental health needs) and their family members, and help them cope with and solve their emotional and daily problems caused by illness, trauma and disabilities. As members of the clinical teams, MSWs play an important role in linking up the medical and social services to facilitate patients' rehabilitation and re-integration into the community. In addition, when medical and allied health professionals assist patients in determining discharge plans that suit their needs, MSWs will provide professional advice from the social work perspective, and make referrals for patients and their family members in need to apply for rehabilitation services and community resources.

Pre-school Rehabilitation Services

22. The Government currently provides children from birth to six years old with special needs (including ASD and AD/HD) with treatment and training through subvented pre-school rehabilitation services, including Early Education and Training Centres, Special Child Care Centres ("SCCC") and Integrated Programme in Kindergarten-cum-Child Care Centres ("KG-cum-CCCs"). The aim is to enhance their development and growth, thus improving their opportunities of attending ordinary schools and participating in daily life activities, and helping their families meet their special needs. The Government has been implementing various initiatives under a multi-pronged approach to enable pre-school children with special needs to receive necessary services as soon as possible, thereby strengthening the support for their carers.

23. Recognising the importance of early intervention for pre-school children with special needs, SWD launched a Pilot Scheme on On-site Pre-school Rehabilitation Services ("the OPRS Pilot Scheme") in November 2015 with funding of \$422 million from the Lotteries Fund. On-site pre-school rehabilitation service places are provided for children with special needs who are studying at participating KGs and KG-cum-CCCs by interdisciplinary teams coordinated and arranged by NGOs with experience in implementing subvented pre-school rehabilitation services. The OPRS

Pilot Scheme also provides professional advice and support for KG teachers/child care workers for children with special needs, and renders support to parents in fostering a positive attitude and acquiring effective skills in raising their children with special needs. With the OPRS Pilot Scheme achieving notable preliminary results, the Government has earmarked an annual recurrent expenditure of about \$460 million to regularise the OPRS Pilot Scheme in the 2018/19 school year, and will increase the number of its service places from about 3 000 to 7 000 in two years.

Social Work Services for Children

24. For early identification and provision of support for students and their families at high risk and with welfare needs, SWD will launch a three-year pilot scheme in the 2018/19 school year with a provision from the Lotteries Fund to provide social work services in phases for about 150 000 children and their families from more than 700 aided standalone CCCs, KGs and KG-cum-CCCs. Details are yet to be finalised.

Integrated Community Centres for Mental Wellness

25. SWD has set up 24 Integrated Community Centres for Mental Wellness (“ICCMWs”), operated by NGOs, across the territory since October 2010 to provide one-stop and district-based mental health support services for ex-mentally ill persons aged 15 or above, persons with suspected mental health problems aged 15 or above, their family members/carers and residents living in the districts concerned. The services provided include casework counselling, therapeutic and supportive group work services, outreaching services, day training, public education activities, and referral of cases to HA for clinical assessment and psychiatric treatment. The Government has allocated additional resources over the past years for ICCMWs to strengthen manpower and provide more intensive support for ex-mentally ill persons and their family members/carers. Currently, the financial resource allocated to ICCMWs

is around \$327 million. In 2018-19, the Government will further provide additional resources for ICCMWs, including creating clinical psychologist posts and strengthening the manpower of social workers, so as to provide more intensive and professional support for ex-mentally ill persons and their family members/carers, particularly their children.

Parents/Relatives Resource Centres

26. There are currently a total of six Parents/Relatives Resource Centres (“PRCs”) subvented by SWD in the territory, which were set up to provide community support for parents and relatives/carers of persons with disabilities and ex-mentally ill persons. With the assistance of the centre staff, parents and relatives/carers in need can learn how to take care of their family members who have disabilities or developmental difficulties, share their experiences and establish mutual support. The services help parents and other family members/relatives/carers accept the persons who have disabilities or developmental difficulties, enhance the family functions, and assist parents and relatives/carers to cope with their difficulties and pressure in taking care of their family members who have disabilities or developmental difficulties. In addition, SWD established the Professional Support Team (“PST”) to PRCs in September 2015. Through liaison with the PRCs, social workers and professional therapists of PST form support groups, and organise customised workshops and talks for parents to cater for their needs. Telephone enquiry service is also provided for parents and carers to give them timely and appropriate support. The Government plans to allocate an additional annual recurrent expenditure of about \$40 million in 2018-19 for the establishment of 13 more PRCs in phases to strengthen support for parents and relatives/carers of persons with disabilities.

Integrated Family Service Centres/Integrated Services Centres

27. The 65 Integrated Family Service Centres (“IFSCs”) and two Integrated Services Centres (“ISCs”) operated by SWD or subvented

NGOs across the territory provide a spectrum of preventive, supportive and remedial welfare services for individuals and families in need, including family life education, parent-child activities, enquiry service, volunteer training, as well as outreaching service, groups and programmes, intensive counseling, financial assistance and referral service, etc. Social workers of IFSCs/ISCs conduct comprehensive assessment on the needs of the service users and offer them appropriate services through such work strategies as early identification and intervention, service integration as well as partnership with related service stakeholders.

(D) Promotion

“Joyful@HK” Campaign

28. To enhance public engagement in promoting mental well-being, and to increase public knowledge and understanding of mental health, DH launched a three-year territory-wide mental health promotion campaign called “Joyful@HK” (“the Campaign”) in January 2016. The Campaign seeks to encourage the public to integrate three key elements, i.e. “Sharing”, “Mind” and “Enjoyment”, into their daily life. By increasing the public’s knowledge and understanding of common mental health problems of different age groups, such as anxiety disorders for adolescents, the Campaign aims to encourage people to detect the problems and seek help earlier, as well as to reduce misunderstanding and stigmatisation.

29. A series of mass media advertising (including electronic, printed and social media) and publicity activities for various target groups, including children and adolescents, have been carried out. Moreover, community partnership programmes targeting children and adolescents were launched under the Campaign in early 2017 with a view to developing evidence-based interventions and training materials that could be further adopted by community partners.

30. Moreover, to target children and adolescents and enhance the mental well-being of students specifically, DH and EDB have joined forces in launching a mental health promotion and destigmatisation campaign called “Joyful@School” under the Campaign in the 2016/17 and 2017/18 school years to enhance students’ awareness and understanding of mental health, raise their awareness of help-seeking, reduce the stigma associated with the help-seeking behaviour and strengthen their ability to cope with adversity. The “Joyful@School” Campaign, which targets upper primary and secondary school students, aims to –

- increase students’ engagement in promoting mental well-being through sharing, positive thinking and enjoyment of life;
- cultivate a positive culture and attitude towards acceptance of help-seeking and mental health services among students, teachers and parents; and
- raise students’ knowledge and understanding of mental health and promote the effective ways to handle challenging situations.

31. Under the two Campaigns, various initiatives targeting students have been rolled out, including four-panel comics, “Joyful@HK” Run, “Your Joyful Record” Video Competition and “Your Joyful Photo” Competition.

32. Moreover, the Quality Education Fund (“QEF”) encourages schools, NGOs and tertiary institutions, etc. to submit applications through a simplified application procedure for additional resources to conduct related activities under the “Joyful@School” Campaign. The Government encourages schools to continue organising activities in relation to the “Joyful@School” Campaign for the promotion of mental health. They may submit their proposals to QEF for additional resources if needed.

Mental Health Month

33. LWB provides funding annually to support the organisation of the Mental Health Month. The Mental Health Month is a public education event organised by NGOs providing rehabilitation service for ex-mentally ill persons in collaboration with various public organisations (including HA, Hong Kong College of Psychiatrists, Equal Opportunities Commission, and Occupational Safety and Health Council) as well as government departments (including LWB, EDB, Labour Department, DH, Home Affairs Department, SWD, Radio Television Hong Kong and Information Services Department). The event aims at promoting to the public the messages on mental wellness and the acceptance of ex-mentally ill persons. The 2017 Mental Health Month was launched under the theme of “Healthy living, healthy mind!”. From June to November 2017, various public education activities were held to enhance public understanding and awareness of emotional health, and encourage the public to lead a healthy life by maintaining a pleasant state of mind.

Adolescent Health Programme

34. The Adolescent Health Programme (“AHP”) under DH’s Student Health Service is an outreaching service to provide Basic Life Skills Training and Topical Programmes. Through conducting activities at schools to promote physical and psychosocial health, it empowers our adolescents to develop the right attitude and skills to face the challenges of growing up. Targeting secondary school students, and their teachers and parents, the programmes aim at improving adolescents’ self-understanding and acceptance, as well as enhancing their emotion and stress management skills, interpersonal relationship and problem-solving capabilities, etc. The AHP also enhances the knowledge of teachers and parents about adolescents’ physical and psychosocial health, and equips teachers and parents with the right attitude and skills to nurture adolescents.

35. AHP has incorporated the three key elements of “Sharing”, “Mind” and “Enjoyment” into the regular programmes, with a view to strengthening students’ capacity to handle anxieties and examination pressure, improving the resilience of senior secondary school students, and preventing bullying and Internet addiction.

36. Through AHP, DH also maintains close communication and co-operation with various stakeholders in promoting practical tips on mental health enhancement to the community and schools.

YouthCan.hk

37. “YouthCan.hk” launched by DH in August 2017 provides “Infotainment” that presents monthly updated information that adolescents need and care about, such as health knowledge, basic life skills and community resources, in entertaining ways.

Strengthening Education and Destigmatisation

38. CE announced in the Policy Agenda in October 2017 that an on-going mental health educational and destigmatisation campaign would be launched in 2018-19 after the completion of “Joyful@HK” Campaign in March 2018. The Government aims to, through phased promotion and education, strengthen the public’s awareness of mental health, followed by messages on destigmatisation with a view to achieving the goal of developing a mental-health friendly and inclusive society.

(E) Cross-sectoral Cooperation

Student Mental Health Support Pilot Scheme

39. FHB, in collaboration with EDB, HA and SWD, launched the two-year “Student Mental Health Support Pilot Scheme” (“the Pilot Scheme”) in the 2016/17 school year to provide appropriate support services for

students with mental health needs in schools.

40. Under the Pilot Scheme, a multi-disciplinary team comprising teachers, EPs, school social workers and psychiatric nurses is formed in each participating primary/secondary school to provide support services for students in need. The multi-disciplinary team convenes regular meetings to discuss the latest development of each case and provides support for students according to their needs. If necessary, welfare units will also send social workers to join the platform to provide professional advice and appropriate interventions on the students' family issues for known cases. We hope that through the Pilot Scheme, the communication and collaboration among professionals from the healthcare, educational and social service sectors can be further enhanced, and the capability of staff from various sectors in identifying and handling students with mental health needs in a timely manner can be strengthened, so as to provide better support services for students with mental health needs.

41. As at end February this year, a total of some 120 students from 17 schools have been supported under the Pilot Scheme. The Government will consider ways to improve the collaboration mechanism with reference to the evaluation results of the Pilot Scheme. In the 2018/19 school year, HA will further extend the services of the scheme to the Hong Kong West Cluster, the New Territories East Cluster and the New Territories West Cluster to support a total of around 40 schools.

Collaboration between HA and EDB

42. HA has been working very closely with EDB to support students with mental health needs. They jointly introduced a referral system in 2013. Schools or EPs can refer students to receive services from C&A Psychiatric Service of HA if necessary. Prior to making a referral to C&A Psychiatric Service of HA for assessment, a school or EP, in addition to obtaining parent consent for making the referral and psychiatric evaluation, also obtains parent consent for HA to send the psychiatric report to the

school or EP for follow-up to ensure that the student concerned can receive timely and appropriate treatment and support services.

Advisory Committee on Mental Health

43. The Government established the standing Advisory Committee on Mental Health (“the Advisory Committee”) in December 2017 based on the recommendations in the Mental Health Review Report (“the Review Report”) published in April 2017, to advise the Government on mental health policies, including the adoption of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong. It assists the Government in developing policies, strategies and measures to enhance mental health services in Hong Kong. It also follows up on and monitors the implementation of the recommendations of the Review Report. The scope of work of the Advisory Committee is not limited to the mental health of children and adolescents.

44. The Advisory Committee has met four times since its establishment. Moreover, relevant bureaux/departments have met with Members for more than ten times to discuss various issues, including –

- strengthening child and adolescent mental health services;
- launching an on-going mental health education and destigmatisation campaign;
- recommending that a large-scale mental health survey be conducted to understand the mental health status of the population of Hong Kong, in particular children and adolescents, to assist the relevant bureaux/departments in formulating mental health policies and strengthening services; and
- providing advice to relevant bureaux/departments on service enhancement measures and monitoring their implementation progress. Issues discussed by the Advisory Committee included

the waiting time for CAS under DH, and the support for students with mental health needs in kindergartens, primary and secondary schools.

45. After deliberation, the Advisory Committee agreed that child and adolescent mental health services would be a key area of discussion for the Advisory Committee. Relevant bureaux/departments will act in line with the preliminary advices of the Advisory Committee and consider how to implement the recommendations of the Review Report and other recommendations put forward by the Advisory Committee.

Task Force on Prevention of Youth Suicides

46. In March 2016, the EDB set up the Committee on Prevention of Student Suicides (“the Committee”), which was tasked to, amongst others, make recommendations on strengthening the existing services and measures related to student suicides prevention. The Committee submitted the Final Report (“the Final Report”) in November 2016. The Final Report analysed the factors of student suicides and made various recommendations on prevention of student suicides. The related bureau and departments have formulated a number of practicable measures and follow-up actions¹ according to the four key areas, including Promotion of Students’ Mental Well-being and Health, Strengthening Support for Schools and Teachers, Reviewing Relevant Domains in the Education System, and Enhancement of Family Life and Parent Education. The Chief Executive (CE) has asked the Labour and Welfare Bureau (LWB) to set up a cross-bureaux/ departments (B/Ds) task force (Task Force) to review, monitor and coordinate the concerted effort of B/Ds to take forward the recommendations in the Final Report, and to further discuss new measures on the prevention of youth suicides. Besides the LWB and EDB, the Task Force comprises representatives from the FHB, the Home Affairs Bureau and other related departments. The Task Force commenced its work in

¹ Details are provided in the Government’s written reply on 15 November 2017 to the question raised by the Hon Michael TIEN.

November 2017 and aims to submit the report and recommendations to the CE by end 2018.

ADVICE SOUGHT

47. Members are invited to note the contents of the paper.

Food and Health Bureau
Labour and Welfare Bureau
Education Bureau
Department of Health
Social Welfare Department
Hospital Authority
April 2018