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Panel on Health Services, Panel on Education and Panel on Welfare Services

**Background brief prepared by the Legislative Council Secretariat
for the joint meeting on 20 December 2017**

Mental health of adolescents

Purpose

This paper provides background information and summarizes the concerns of members of the Panel on Health Services ("the HS Panel"), the Panel on Education ("the ED Panel"), the Panel on Welfare Services ("the WS Panel") and the Joint Subcommittee on Long-term Care Policy ("the Joint Subcommittee") appointed by the HS Panel and the WS Panel on issues relating to mental health of adolescents¹.

Background

Prevalence of mental disorders in adolescents

2. According to the World Health Organization, 10%-20% of children and adolescents worldwide experience mental disorders. Half of all lifetime mental illnesses appear to start by the age of 14 and three-quarters by mid-20s. Poor mental health can have important effects on the wider health and development of adolescents. It is among the leading risk factors for death, including suicides, and causes of disability-adjusted life years. Locally, there has been a growth in the number of children and adolescents diagnosed with mental health problems.

¹ In the Mental Health Review Report released by the Review Committee on Mental Health in April 2017, adolescents refer to persons aged between 12-17 years.

The caseload of the child and adolescent psychiatric teams of the Hospital Authority ("HA")² rose from 18 900 in 2011-2012 to 32 000 in 2016-2017, representing an increase of about 70%.

Assessment, treatment and community support services for adolescents with mental health needs

3. The Student Health Services of the Department of Health ("DH") provides health assessment services to primary and secondary students. Psychosocial health is assessed with the use of questionnaires completed by students and/or their parents as appropriate. Students with suspected psychosocial problems³ will be provided counselling services and where necessary, referred to clinical psychologists or psychiatric specialists of HA, schools, the Social Welfare Department ("SWD") or non-governmental organizations ("NGOs") for further assessments and follow-up. The Adolescent Health Programme under Student Health Services also provides outreach programmes in school setting, targeting secondary school students, their parents and teachers. Through interactive programmes and health talks, the Programme aims to promote the psychosocial health of adolescents and enhance their resilience.

4. The multi-disciplinary professional teams of HA provide a spectrum of mental health services, including inpatient, outpatient and ambulatory services to adolescents with mental health problems. There are currently five hospitals⁴ providing child and adolescent psychiatric services for children and adolescents aged 18 or below. The Early Assessment Service for Young People with Early Psychosis ("EASY") Programme of HA provides one-stop support for people suffered from early psychosis during the first three years after their first episode of illness. This apart, the Child and Adolescent Mental Health Community Support Service, an extended arm of the HA child and adolescent service, provides community support services to facilitate early identification and intervention for children and adolescents with anxiety and mood problems.

5. SWD has set up Integrated Community Centres for Mental Wellness ("ICCMWs") providing one-stop and district-based community support services ranging from prevention to risk management for discharged mental patients, persons with suspected mental health problems who were at the age of 15 years or above, their family members and carers and residents living in the districts concerned. There are currently 24 ICCMWs across the territory operated by 11 subvented NGOs.

² The child and adolescent psychiatric teams of HA serve patients aged below 18.

³ Psychosocial problems include self-esteem problems and/or behavioural problems.

⁴ These hospitals are Queen Mary Hospital, United Christian Hospital, Kwai Chung Hospital, Alice Ho Miu Ling Nethersole Hospital and Castle Peak Hospital.

Mental health promotion and intervention in school setting

6. At present, elements of psychological health are covered in various Key Learning Areas ("KLA") or subjects, such as the subject General Studies at primary level, and the Personal, Social and Humanities Education KLA, the Science Education KLA and the subject Liberal Studies at secondary level. In addition, learning elements including psychological health, mental disorders and services for mental patients are included in the Health Management and Social Care curriculum implemented in schools at S4-S6 level. Each school has a team consisting of a student guidance teacher or personnel and a school social worker supported by an educational psychologist who pays regular visit to school to discuss learning, social and behavioural issues of students in need collaboratively. Schools are encouraged to adopt a three-tier intervention model to provide support for students with learning or behavior adjustment difficulties and identify students with mental health problems.⁵ The Education Bureau ("EDB") also works in collaboration with other departments, HA and NGOs in developing screening or assessment tools to support students with mental health problems.

Mental health review

7. The Food and Health Bureau ("FHB") set up a Review Committee on Mental Health ("the Review Committee") in May 2013 to study the existing policy on mental health services and consider means and measures to strengthen the provision of mental health services having regard to changing needs of the community. An Expert Group on Child and Adolescent Mental Health Services ("the Expert Group") was formed under the Review Committee to review the existing mental health services for children and adolescents and make recommendations to the Review Committee on how to enhance the relevant services.

8. The Review Committee released the Mental Health Review Report ("the Review Report") on 18 April 2017⁶, in which a total of 40 recommendations were put forth for enhancing the overall mental health services in Hong Kong in

⁵ Under the three-tier intervention model, Tier 1 targets at students who are vulnerable and requiring additional support through teaching, guidance and support activities mainly from teachers. Tier 2 targets at a smaller group of at-risk students referred to school social workers or school guidance teachers or personnel for risk assessment and add-on support services. Tier 3 focuses on the high-risk cases requiring in-depth assessment and intensive individualized support from specialized helping professionals.

⁶ The Review Report can be accessed at the website of FHB (http://www.hpdo.gov.hk/doc/e_mhr_full_report.pdf).

various areas. Recommendations made under the area of support to children and adolescents and their families are broadly grouped into four categories: (a) strengthening services and manpower and provide more targeted support; (b) enhancing cross-sectoral and multi-disciplinary coordination; (c) adopting multi-disciplinary intervention approach to strengthen support at school; and (d) providing smooth service transition at different stages. In particular, the Expert Group recommended the adoption of a three-tier stepped care model to facilitate cross-sectoral and multi-disciplinary collaboration in the delivery of child and adolescent mental health services, with emphasis placed on the promotion of mental health, as well as prevention, early detection and effective intervention of problems.⁷

Deliberations by members

9. The HS Panel, the ED Panel, the WS Panel and the Joint Subcommittee discussed issues relating to mental health of adolescents at a number of meetings between 2013 and 2017 in the context of discussing mental health and related community support services, and measures, services and support for students at risk of suicidal behaviour. The deliberations and concerns of members are summarized in the following paragraphs.

Review of mental health policy

10. Members were of the view that the existing mental health services fell far short of meeting the needs of mentally ill persons and ex-mentally ill persons due to lack of a comprehensive policy on mental health. At the joint meeting of the HS Panel and the WS Panel on 24 February 2017, members passed two motions urging the Administration to, among others, formulate a mental health policy; allocate more resources to improve the psychiatric services; enhance medical-social collaboration and set up a mental health council to coordinate mental health policies.

11. At the meeting on 25 April 2017, the HS Panel was briefed on the findings of the review on mental health, including a mental health policy statement ("the Policy Statement") as a preamble to the Review Report. Some

⁷ Under the three-tier stepped care model, Tier 1 services refer to universal prevention, early detection and intervention as well as mental health maintenance that are accessible by children, adolescents and their families in their everyday life through public education, parenting programmes, promotional activities in the community or at schools, etc. Tier 2 is to serve as a bridge between Tier 1 and Tier 3 to provide more structured and targeted assessment and intervention to children and adolescents in need. Tier 3 provides specialist intervention to moderate to severe mental health cases.

members expressed disappointment that the Policy Statement provided neither a vision nor any concrete measures with timetables and resources required to address the future service needs. Concern was raised over the implementation of the recommendations put forth in the Review Report as it lacked concrete implementation plan. The Administration advised that the Policy Statement had been drawn up to outline the approach and directions of mental health services in Hong Kong, and the Review Report served as a blueprint for enhancing the overall mental health services. A standing advisory committee on mental health ("the advisory committee") would be set up to monitor the implementation of the recommendations of the Review Committee, and give advice on further service enhancement to address the changing needs of the society, including the need to review the Policy Statement as and when appropriate.

12. Some members expressed concern about the level of the advisory committee in view of its responsibility to, among others, facilitate the collaboration among relevant bureaux and departments for enhancing planning and provision of mental health services. Some other members called for the setting up of a dedicated mental health council or commission. The Administration advised that as compared to a dedicated council or commission, the setting up of the advisory committee which would comprise representatives from the bureaux and departments concerned and stakeholders was considered as a more effective mechanism under the local healthcare system. Consideration would be given to appointing a person of high standing in the community as the Chairman of the advisory committee. At the special meeting of the HS Panel on 22 May 2017, members passed two motions urging the Administration to, among others, upgrade the standing advisory committee to an interdepartmental steering committee under the Chief Secretary for Administration; and invite families and carers of ex-mentally ill persons to sit on the committee.

Assessment and treatment services for adolescents with mental health needs

13. Members noted that a low percentage of adolescents suffering from common mental disorders would seek mental health services. Given that early detection of mental health issues and timely intervention could reduce the severity of mental illness and its associated social problems, they urged the Administration to provide early intervention services for adolescents by making reference to the overseas experience. Members were also concerned about the long waiting time for child and adolescent psychiatric services at HA. There was a view that the Administration should take steps to clear up the waiting list through public-private partnership and strengthening its healthcare manpower.

14. According to the Administration, the Review Committee considered that while services at Tier 1 and Tier 3 under the three-tier stepped care model were relatively well established, there was a need to enhance the services in Tier 2. In this regard, a two-year Student Mental Health Support Pilot Scheme which was steered by FHB in collaboration with HA, EDB and SWD was launched in the 2016-2017 school year in two phases, under which a school-based multidisciplinary communication platform involving healthcare, education and social care professionals was set up in each participating primary and secondary school to coordinate and provide support for students with mental health needs in the school settings. This apart, HA would continue to strengthen its manpower for child and adolescent psychiatric services. However, it might not be feasible to implement public-private partnership in the area of child and adolescent psychiatric services given the current limited supply of psychiatrists in this area. At present, the EASY Programme under HA provided continuous, one-stop and stage-specific support for patients with psychotic disorders for the first three years of illness in order to prevent deterioration and unnecessary hospitalization.

Promotion of mental health among students

15. Members noted that mental disorders were one of the multiple factors contributing to students' suicidal behaviours. In response to the spate of student suicides in the 2015-2016 school year, a Committee on Prevention of Student Suicides ("the Committee") had been set up in March 2016 to examine the causes of student suicides and make recommendations on appropriate preventive measures. Members were advised that the Administration had accepted the recommendations in the Final Report submitted by the Committee to the Secretary for Education in November 2016 ("the Final Report")⁸. EDB and the relevant bureaux and departments would formulate measures and follow-up actions according to the four areas, including promotion of students' mental well-being and health, strengthening support for school and teachers, reviewing relevant domains in the education system, and enhancement of family life and parent educations. The follow-up measures to promote students' mental well-being and health included, among others, promoting the Joyful@School Campaign in primary and secondary schools in the 2016-2017 school year; launching the Student Mental Health Support Scheme; and promoting the psychiatric advisory hotline (i.e. Mental Health Direct) in the community to provide over-the-phone consultation and support on mental health issues.

⁸ The Final Report can be accessed at the website of EDB (http://www.edb.gov.hk/attachment/en/student-parents/crisis-management/about-crisis-management/CPSS_final_report_en.pdf).

16. Some members took the view that the Administration should step up life education so as to nurture students' positive values and strengthen their adversity coping skills. According to the Administration, life education was incorporated in different subjects within the school curricula. Teaching materials were available from EDB's website and information kits was made available since April 2016. Schools were encouraged to enhance their life education through school-based activities according to their own circumstances and needs. Experiential learning activities were provided to primary and secondary students through various guidance projects. Professional development programmes would be strengthened to better equip teachers to provide appropriate support to students in facing adversity and managing stress.

17. Members considered that heavy workload of teachers would undermine their support to students. They called on the Administration to provide more resources to improve the student-to-teacher ratio. The Administration advised that starting from the 2016-2017 school year, secondary schools would be allowed to turn the Senior Secondary Curriculum Support Grant and the Career and Life Planning Grant into regular teaching posts. The Administration further advised that the overall student-to-teacher ratios in public sector secondary and primary schools had been improved significantly in the past few years, dropping from 18.0:1 and 18.4:1 in the 2005-2006 school year to 12.4:1 and 14.1:1 in the 2015-2016 school year respectively.

18. Two relevant motions were raised at the special meeting of the ED Panel on 21 March 2016 and were passed at the meeting on 22 March 2016, urging the Administration to, among others, establish an inter-departmental coordination mechanism to enhance mental services support measures; deploy additional professional manpower to facilitate the provision of support to students; and study how to improve students' mental well-being in various areas.

Learning pressure on students

19. Members were gravely concerned about the pressure arising from learning and articulation under the existing education system which had adversely affected the mental well-being of students. Holding the view that the learning pressure might have contributed to student suicides, some members urged the Administration to conduct a holistic review of the education system. In particular, consideration should be given to reducing unnecessary homework, drilling and examinations across the board; providing more choices of curriculum and diversified pathways to cater for different needs of students; reviewing the New Secondary curriculum and increasing subsidized university places to relieve the competition pressure on students.

20. The Administration assured members that it had all along monitored the development of the education system and taken appropriate measures to address various concerns. In response to the Final Report, schools were encouraged to implement the suggestions made in the review of the New Academic Structure, so as to support the diverse learning needs of schools and students. These included, among others, increasing the flexibility in deploying lesson time; trimming, enhancing or updating curriculum contents and assessment arrangements; implementing School-based Assessment in fewer subjects and improving its implementation to reduce student and teacher workload; and promoting vocational and professional education and training to provide multiple study pathways for students. This apart, EDB had issued guidelines to schools in October 2015 to formulate an appropriate and transparent school-based homework policy. Many schools had subsequently set less homework.

21. Some members suggested the formulation of happiness assessment indicators for gauging students' levels of satisfaction with school life and introduce "School Retreat Day" in schools so as to create room for listening to students' voices and needs. According to the Administration, some schools were exploring the feasibility of reserving a half-day school day for such purpose.

Manpower requirements for psychiatric services

22. Given the increasing demand for mental health services, in particular in the child and adolescent area, there were concerns about the inadequacy of manpower for mental health services. Members urged the Administration to work out the relevant manpower requirements for psychiatric services, and increase the number of training places for programmes in clinical psychology. The Administration advised that the Review Committee had looked into issues relating to the manpower supply of clinical psychologists. At present, the Chinese University of Hong Kong and the University of Hong Kong provided a total of 57 training places in clinical psychology every two years. With the increase in the number of local medical graduates starting from 2018-2019, HA would make necessary deployment of manpower to specific pressure areas. There had also been an increasing supply of psychiatric nurses in recent years.

Cross-sector services support

23. Members had long called for the allocation of additional resources to enhance professional support for students with mental health needs. The Administration advised that EDB had encouraged schools to adopt the

Three-Tier Support Model to provide different levels of identification and support by teachers, guidance personnel and professional staff respectively to students with behavioural and/or emotional needs. In addition, the ratio of educational psychologist-to-school would be enhanced to 1:4 progressively for public sector schools with a large number of students with special educational needs starting from the 2016-2017 school year.

24. There was a concern about collaboration between the public and private sectors in the provision of adolescent psychiatric service. The Administration advised HA had maintained close liaison with EDB and other NGOs to review and discuss for strengthening of existing notification, referral and support mechanisms to ensure the multidisciplinary collaboration and communication. Schools could directly contact the respective EASY service centres for seeking relevant professional advice and support. To ensure that students with mental health problems could receive timely and appropriate treatment and support, HA would submit the assessment report conducted by psychiatric doctors for schools' or educational psychologists' follow-up by obtaining parents' consent.

Recent developments

25. As announced in the 2017 Policy Address in October 2017, starting from the 2017-2018 school year, the Learning Support Grant for public sector ordinary primary and secondary schools would also cover students with mental illness in order to help schools cater for the students' learning, social emotional and behavioural needs. EDB would also offer subsidy for supply teachers to schools. FHB would consider ways to provide appropriate support services for students with mental health needs with reference to the evaluation results of the Student Mental Health Support Pilot Scheme.

26. In October 2017, the Chief Executive has tasked the Labour and Welfare Bureau to set up a cross-bureaux and departments task force to look at the issue of youth suicides, in particular, to take stock of the implementation progress of the recommendations set out in the Final Report, and to consider if further policy measures and action should be taken to strengthen the efforts to prevent youth suicides. According to the Administration, the task force aims to submit its report and recommendations to the Chief Executive by end 2018.

27. On 28 November 2017, the Advisory Committee on Mental Health, which was tasked to (a) advise the Government on mental health policies, including the establishment of more integral and comprehensive approaches to tackle multi-faceted mental health issues in Hong Kong; (b) assist the Government in development policies, strategies and measures to enhance mental health services;

and (c) follow up on and monitor the implementation of the recommendations of the Review Report, was established. The Advisory Committee on Mental Health is chaired by Mr WONG Yan-lung and comprises professionals from the healthcare, social service and education sectors, representatives from patient and carer advocacy groups and lay persons with interest in mental health.

Relevant papers

28. A list of the relevant papers on the Legislative Council website is in the **Appendix**.

Council Business Division 2
Legislative Council Secretariat
19 December 2017

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Committee	Date of meeting	Paper
Panel on Health Services	25.2.2013 (Item I)	Agenda Minutes
Panel on Health Services	28.4.2014 (Item III)	Agenda Minutes
Panel on Health Services	16.6.2014 (Item V)	Agenda Minutes CB(2)44/14-15(01)
Panel on Education	21.3.2016 (Item I)	Agenda Minutes CB(4)764/15-16(01) CB(4)979/15-16(01)
Panel on Education	22.3.2016 (Item I)	Agenda Minutes CB(4)1190/15-16(01)
Panel on Education	14.11.2016 (Item V)	Agenda Minutes
Panel on Education	7.1.2017 (Item I)	Agenda Minutes
Panel on Health Services	26.1.2017 (Item I)	Agenda Minutes
Panel on Health Services and Panel on Welfare Services	24.2.2017 (Item II)	Agenda Minutes CB(2)504/17-18(01)
Panel on Health Services	25.4.2017 (Item VI)	Agenda Minutes CB(2)30/17-18(01)

Committee	Date of meeting	Paper
Panel on Health Services	22.5.2017 (Item I)	Agenda Minutes CB(2)30/17-18(01)
Joint Subcommittee on Long-term Care Policy	29.5.2017 (Item I)	Agenda Minutes

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