

### **Motion 3**

## **The Government should implement effective measures for tackling student mental health issues**

### **Child Councilors:**

CHAN Hiu Ching

CHAN Hoi Yan

FONG Ka Ying Yen

HO Tin Yan

HO Wing Sze

HUI Man Ki

LAM Lai Ting Lydia

LEE Tsam Nam

LI Man Shek Ayesha

LO Vincent

NG Hei Yiu

PAU Sum Yi

PITIAROONROJ Samita

POON Yan Suet

SO Wang Wai

SZE Yuen Wai

WONG Wai Lung

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### **Translators:**

SIN Ka Ming Louisa, YIM Pui Yu Raven, LEUNG Chi Ting Rachel,

CHEUNG Ying Lam Esther

### **Supervisor & Translation Editor:**

Dr. Robert Neather

## **Introduction**

According to Article 27 (1) of the Convention on the Rights of the Child, “States Parties recognize the right of every child to a standard of living adequate for the child’s physical, mental, spiritual, moral and social development”. It is also stated that the mental health of every child should be protected. Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to his or her community. Mental disorder significantly hinders the mental and physical development of teenagers and even leads to youth suicide and rising social concern.

Currently, Hong Kong students’ mental health is becoming an increasingly serious issue, with academic performance, career prospects, and influence from peers and parents constituting the main sources of stress. Although we would like to offer help to the majority of students, each individual’s situation is different, and it is thus difficult to tackle the full range of mental health issues with a single policy. Moreover, it takes a long time to combat issues relating to academic pressure. In view of the above, this motion paper aims at mitigating current problems through the introduction of short-term solutions, while urging the government to implement effective measures to squarely address the question of students’ mental health.

## **Background**

At present, a growing number of Hong Kong children and adolescents have been diagnosed with mental problems. The Hong Kong College of Psychiatrists estimates that 43,500 to 87,000 Hong Kong students require support from mental health services. Another study by the Hospital Authority indicates that the caseload of child and adolescent psychiatric teams rose by a total of 79.4% from 18,900 in 2011-2012 to 33,900 in 2017-2018.

Hong Kong students also show a tendency towards earlier incidence of mental stress. The severity of the situation can be seen from the statistic that one in seven primary school students have developed symptoms of depression. Among students as a whole, secondary school students in particular suffer from severe depression and anxiety.

Firstly, in terms of primary students, more than 20% often feel stressed. The number has increased by 5.5% every year, to reach a new three-year high. Around 10% of the student

respondents also developed symptoms of acute depression, requiring further clinical therapy. For secondary school students, the Survey of Depression and Anxiety in Secondary School Students published in August 2017 by Baptist Oi Kwan Social Service shows that half of the interviewees suffered from depression. The research also points out that the lack of self-compassion has worsened the problem of depression. In a nutshell, the above studies reflect the current acute mental health issues found among school children.

## **Current Situation**

### **1. Insufficient Support from School**

Support from school in resolving students' mental health problems is far from sufficient. Teachers have a heavy workload of both administrative and educational work. Be it teachers or social workers who are involved in the three-tier support model, they are not able to deal with an excessive amount of student cases. On the other hand, students whose social skills are not well-trained are incapable of helping each other. It is possible that students even bully or insult their peers due to a lack of understanding. Thereby, not all of the students' mental problems could be carefully and adequately addressed. In the long run, their mental health will deteriorate.

### **2. Insufficient Medical Manpower**

The number of new cases handled by the Child and Adolescent Psychiatric Services of the Hospital Authority is increasing by 10% each year, while Hong Kong has less than 25 doctors specialized in child and youth psychiatry. This deficient number of doctors can hardly satisfy the huge demand for medical services. This has led to a two-year waiting time for consultations in public hospitals, and four to six months for follow-up consultations. No timely treatment is provided to the suffering students. Also, many patients are not able to afford the high-priced consultation fees in private clinics or private hospitals. For instance, the Child and Adolescent Psychiatric Service provided by Hong Kong Psychological Counselling Center charges HKD1,800. Therefore, resorting to public hospital services is their only way out. Yet, patients might face a deterioration of their mental condition during their prolonged waiting time, to such an extent that it impairs the speed of their recovery. Worse still, they might even refuse medical assistance due to a loss of interest in receiving medical care.

### **3. Overlap in the Function of Non-governmental Organizations**

Currently, the government has been unable to achieve the division of labour with non-governmental organizations that is necessary to assist students experiencing mental suffering and thus to enhance the overall well-being of society. Moreover, resources could not be appropriately allocated, owing to overlaps in the functions of different non-governmental organizations. According to Wilson OR, Legislative Council member, these organizations lack a platform for timely and coordinated communication and exchange of information. As a result, they can only work separately, rather than cooperating efficiently. Moreover, Dr. Chan, the chairman of Hong Kong Paediatric Foundation, also agrees that there is no coordinator between local non-governmental organizations. Consequently, resources are divided but not directed to the same direction for better results.

### **4. Lack of understanding about mental health**

In our present society, people have serious preconceptions regarding mentally-ill patients, causing students to hide their mental problems. The Department of Psychiatry at the Chinese University of Hong Kong conducted a study on the mental and psychiatric health of the general public. According to their research, over 30% of people lack knowledge of Psychiatry, which prevents them from taking care of their own mental well-being. Furthermore, with news media often stigmatizing sufferers of mental illness in their reports, the public is easily led to label sufferers negatively with terms like ‘Psycho’ and ‘Crazy’, causing discrimination and exclusion. This public bias causes students who suffer from mental problems to feel shame, helplessness and embarrassment, preventing them from seeking help and driving them to keep things to themselves instead, so worsening their situation. The situation is further exacerbated as their self-labelling and attempts to hide their condition make the task of identifying these sufferers more difficult.

## **Suggestions**

### **1. Set up a ‘Life Educational Course Outline’ and enforce schools to execute guidelines**

The intention of a Life Educational course is to lead students to explore and respect life, which means mental health should play an important role in the syllabus. We therefore suggest that the Education Bureau set up guidelines and enforce schools to carry them out, by unifying the syllabus and teaching students assigned topics. The course includes methods to identify mental problems in oneself and peers, ways to seek help, and ways to communicate and get along with mental patients. The guidelines, however, should not restrict the teaching

methods for the course. It is suggested that schools carry out the education through communicative methods (e.g. communication with professionals, teachers, students) and sharing sessions hosted by experienced patients. Schools may choose what best suits their students. It is expected that under such circumstances, students will be able to assimilate basic information about mental health and to establish a positive sense of value. They should also be taught the correct attitude when handling mental illness, so as to reduce stigmatization and discrimination.

## **2. Install a division system**

In order to ease the problem of a lack of medical staff, we suggest a four-level division system be installed. Experienced nurses or pediatricians will diagnose the patients to identify their level of seriousness, and will classify them into four levels. From this, a waiting list will then be generated. The level one group will be counselled by experienced mental nurses and social workers; the level two patients will be treated by pediatricians; the level three patients will receive treatment from psychiatrists; while the most severe level of patients will receive treatment in hospital from various professionals. This method uses a division of labour to ensure treatment for children and teenagers, so easing the problem of a long-term shortage of staff. It also helps to ensure a shorter waiting time for those in need and to prevent the deterioration of patients' situation due to the long waiting period.

## **3. Set up a working group under the Advisory Committee on Mental Health for integrating the functions of NGOs and the government**

At present, services to children's mental health provided by NGOs vary in Hong Kong. The overlap of functions is all too common, which leads to the failure of effective resource allocation. To strengthen mental health support for children, we suggest that the Advisory Committee on Mental Health should set up a working group with responsibility for integrating the functions of NGOs and the government. Through rescreening and rearranging the existing services, such as talks, psychological counselling, workshops etc., the working group will aim to eliminate the overlap in services and to enhance coverage. At the same time, it will help to promote NGO's work in regard to enhancing the public's acceptance of existing children's mental health support, improving the effectiveness of existing services and resource allocation, reducing the demand for manpower, and enabling more children in need to benefit from the existing resources.

#### **4. Launch a “Mental Health Ambassador Scheme”**

Given the general lack of awareness of mental health among students, we propose to launch a “Mental Health Ambassador Scheme” to instill in students relevant knowledge and a positive attitude towards mental health. The scheme targets primary and secondary students by planning activities related to mental health, such as visiting people who have recovered from mental illness, and holding awareness-building activities in schools. In order to enhance the recognition of the scheme, activities held should be certified by the government and assisted by NGOs. Key Opinion Leaders (KOLs) should be invited as ambassadors to attract students’ attention. In addition, activities can be counted as their own Other Learning Experiences (OLE) so as to motivate and attract students. The scheme aims to raise the awareness of mental health among primary and secondary students, and thus to dispel myths and lower the stigmatization of mental illness sufferers among the student body as a whole.

#### **Conclusion**

According to the “Mental Health Review Report” announced by the Food and Health Bureau, the early stage of life presents an important opportunity to promote mental health and prevent mental disorders, as up to half of the mental disorders in adults surface before the age of 14. Therefore, there can be no delay in taking action to address the mental health problems of students. Nowadays, there are many causes of pressure among school children, including academic work, families and peers, and each individual’s needs and circumstances are different. That is why it is difficult to tackle every problem with a single policy. To take the root-cause of excessive academic pressures as an example, compared to the modification of the education system and policies in the long-term it is more important to solve the pressing needs of the moment with short-term measures. Therefore, through this motion, we hope the goal of “early identification, early intervention” will be reached as soon as possible.

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