



MENTAL HEALTH MATTERS



Save the Children
救助兒童會

Protect Children's Wellbeing in Hong Kong
香港兒童與青年的心理健康：分析及建議

Sept 2020



行政摘要 EXECUTIVE SUMMARY

為進一步了解香港兒童最新情況，香港救助兒童會早前進行需求評估研究，而《香港兒童及青年的心理健康：分析及建議》為研究的其中一部分。本報告綜合了來自香港救助兒童、關注相關議題的學者以及非政府組織在相關議題的研究和調查。以了解他們在心理健康方面的狀況和需要。

研究主要結果：

1. 受政治和社會動盪因素影響，高達39%香港中小學生可能有心理健康疾病相關的癥狀。
與去年相比，兒童今年對臨床精神科服務需求有所增加，但是由於他們對心理健康意識較低，對公共服務提供者的信任度低，以及患者受到污名化等因素所影響，所以較少人會主動尋求或被轉介接受精神健康服務。
政治動盪和疫情加劇了心理健康和壓力等問題的嚴重性，對兒童和家庭，以至公共精神健康服務帶來負擔。
- 2.
- 3.

4. 在過去一年，香港某些地區的兒童平均要輪候長達113週，才能接受精神健康治療。
5. 有35%的學齡兒童在問卷調查中表示，在停學期間，他們的家庭環境緊張或令人恐懼。
6. 在停課期間，23%的學齡兒童感到比以前更不開心，27%覺得更沒有希望，46%的人感到更憂慮。

建議：

- 提高大眾對心理健康的關注，並改變社會對尋求精神健康服務的態度。
- 改善社區心理健康支援服務，並採取不同方法辨認有需要但未有主動尋求協助的兒童。
- 減輕兒童的學業和家庭壓力。
- 協助兒童健康地管理「屏幕時間」。

社會各持份者可以如何改善兒童或青年的心理健康？

公民社會和社會服務機構



提高社工和相關專業人士提供心理介入和辨識需要協助兒童的知識和能力。與學校、社區組織和工作機構合作，提供社區為本的項目以改善社會對心理健康的認識、建立互助機制和提高抗逆力。發展創新和多元的活動，以改善兒童和青年的福祉和親子關係。擴大網上情緒支援平台的規模，讓兒童和青年能夠更方便和迎合他們生活習慣的方式去尋求輔導服務。設立朋輩支援和充權項目，以提升自我照顧能力，和加強朋輩支援的技巧。

學校



設立由老師、社工和相關專業人士組成的協調機制，共同制訂措施處理學童停學期間的心理健康、促進朋輩社交溝通，以及重新建立對學校的安全感和聯繫感。在課堂中加強兒童和青年的心理健康教育，以提高他們對精神疾病的認知，並鼓勵他們在有需要時積極尋求支援，培養學生的正面態度和價值觀，以及減低對精神病的歧視。為老師和社工提供更多培訓機會，以提高他們對心理健康的專業知識，以便有效地辨識有需要的學生並適時提供支援。透過家長教師會舉辦講座或其他活動，提高家長對學童的情緒和心理健康的認識，以便能夠支援子女。以便利閱讀和兒童友善的方式，提供指引，鼓勵學童及家庭健康地使用互聯網和電子產品。透過在校內舉辦由兒童及青年主導的活動，提高他們對心理健康的認識。創建一個有利的學校環境，優先考慮孩子的幸福和福祉，以促進學生的學習以及均衡的身心健康發展。

政策制定者



為公立的兒童精神科門診增撥資源，以縮短過度活躍症、自閉症、抑鬱症、焦慮症或其他精神疾病患者輪候時間。確保精神科醫生，社區精神科護士和個案經理的人手供應，能夠滿足長期的人力資源需求，並符合世界衛生組織的標準。增加教育心理學家的人手供應，為受心理和情緒問題困擾的學生提供更完善的支援。檢討課程和公開考試制度，以促進學生的均衡發展和讓他們可以有更多休閒和玩樂的時間。開展大規模的家長教育計劃，為父母和照顧者提供適切的教育、訓練和指引，以增進他們養育子女方面的知識，從而減輕不良的親子關係對心理健康所造成的負面影響。

商業機構



為於社區提供精神健康支援的慈善機構，提供財政支援。與慈善機構和各持份者建立價值共享的夥伴關係，並透過創新方式，再社區支援的兒童和青少年心理健康。於工作環境中推動家庭友善政策，以確保員工能夠平衡工作與家庭生活，促進家庭關係。



ABOUT THIS STUDY

This report is a component of a larger research initiative by Save the Children Hong Kong, assessing the changing dynamics of Hong Kong children's most significant needs for support. This report examines the current mental health needs for children in Hong Kong and aims to provide a summary of the best available research and insights from experts and community actors.

Our study included extensive desk review of academic studies and small-scale surveys completed by other NGOs in Hong Kong. Findings also reflect conclusions from focus groups with 58 youth, and 32 adult members of the public, 23 key person interviews, a poll of 350 primary school children, and an online survey of 274 secondary school children conducted by Save the Children Hong Kong.

KEY FINDINGS

- 1.** As much as 39% of all primary and secondary students in Hong Kong may have developed symptoms of mental health disorders following a period of political and social turmoil.
- 2.** The social and political turmoil, as well as the pandemic has compounded existing mental health problems and stresses, both on children and families as well as public mental health services.
- 3.** This year, thousands more children may need clinical psychiatric services compared to last year, but on account of low mental health awareness, low trust in public service providers, and high stigmatization, very few will actively seek or be referred to mental health care.
- 4.** In the past year, the median wait time for a child in Hong Kong to receive mental health care reached as high as 113 weeks in some areas of Hong Kong.
- 5.** 35% of school-aged children in our survey described their home environment as tense or fearful during the school suspension.
- 6.** 23% of surveyed children felt more sad, 46% felt more worried, 27% felt less hopeful.

OUR RECOMMENDATIONS

FOR PROTECTING CHILDREN AND YOUTH'S MENTAL HEALTH IN HONG KONG



Improve community awareness of mental health and attitudes towards seeking mental health care

Attitudes of acceptance and awareness of mental health care and illness among the public are generally low. Teachers, parents and caregivers can benefit from having more knowledge on different kinds of mental health issues, which have unique signs and symptoms, and on how to respond to a child displaying those symptoms.



Improve the capacity to provide basic mental health services from the community level and find ways to reach children in need who aren't seeking help

There is a severe shortage of psychiatric service resources at the secondary care level, and a lack of capacity building efforts put towards primary care for children with mental health issues. Children with mental health problems in Hong Kong wait for a much longer time than adults before they get treatment,^{1,2} delaying the recovery for afflicted children.



Reduce children's academic and family pressure

The intense academic competition and a general shortage of time allocated for children's leisure and play in Hong Kong, coupled with high parental expectations and commonly controlling parenting styles contribute to mental health stresses in children and youth.



Help children manage screen-time in a healthy way

Increases in time spent on the internet and mobile devices have been linked with declines in psychosocial wellbeing and higher prevalence for depression symptoms for teens and pre-teens. The issue of excessive digital exposure is now exacerbated given intermittent school closures amidst the coronavirus pandemic.



BACKGROUND

**POLITICAL &
SOCIAL TURMOIL**

as well as

A PANDEMIC

have compounded
the mental health burdens
of Hong Kong children

The high degree of social tension and anxiety related to recent political and social turmoil in addition to social isolation created by coronavirus pandemic mitigation measures has had a negative impact on children's mental health in Hong Kong, adding incredible burdens to many children already extremely stressed by academic pressure and weak parent-child communication.

Attitudes of acceptance and awareness of mental health issues among the public is generally low which makes children less likely to seek help early, or at all. This inhibits early interventions or self-care practices that can prevent a mental illness from becoming worse and impacting a child's development irreparably. The low capacity of Hong Kong's mental health services and ability to reach youth and children in need puts more children at increased risk of hardship and impediments to their development.

According to the World Health Organization (WHO), 10-20% of children worldwide experience mental disorders, about 4-6% of which require clinical intervention. Half of all mental illnesses begin by the age of 14 and three-quarters by the mid-20s. If untreated, these conditions severely influence children's development, their educational attainments and their potential to live fulfilling and productive lives.^{3,1}



10-20% of children worldwide
experience mental disorders

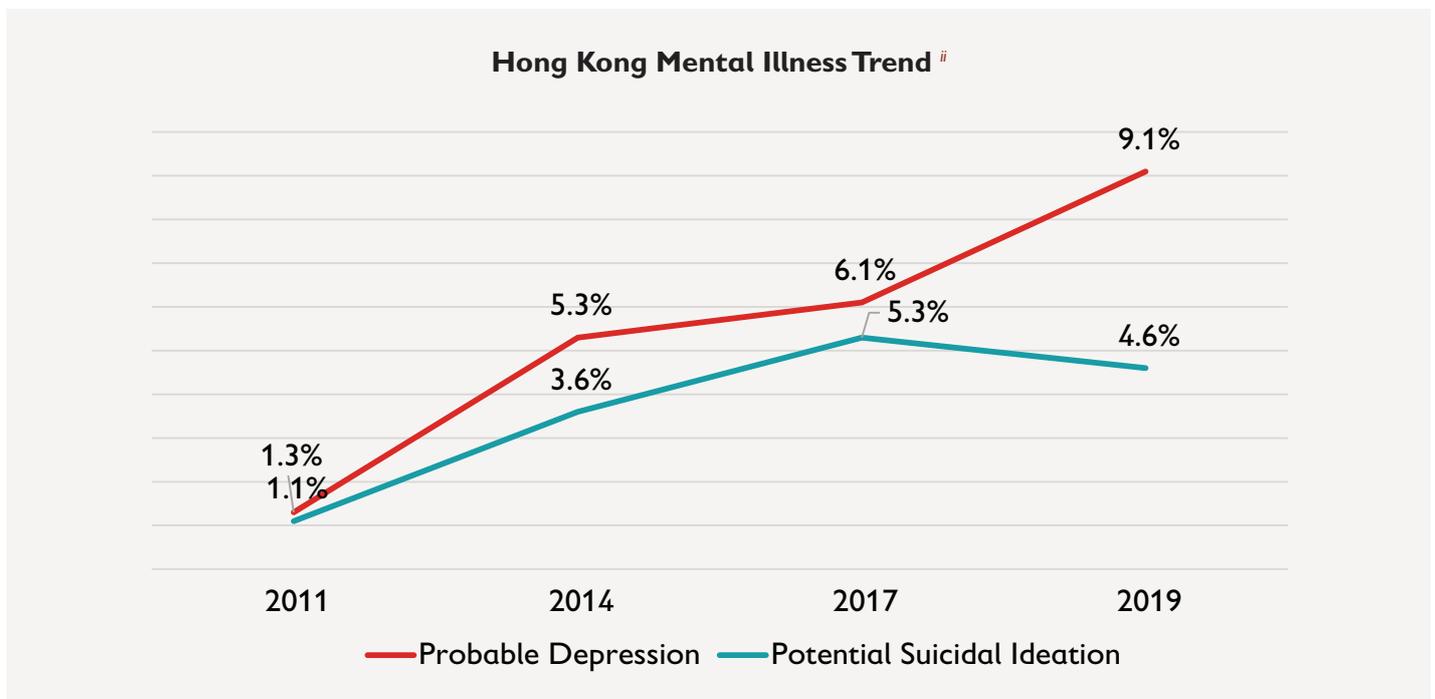
THE TRENDS AND LONG-STANDING ISSUES

Probable depression is increasing in prevalence

In the course of the consultations to prepare this report, when we spoke with teachers, social workers, academics, and NGO staff as well as dozens of members of the public, all expressed concern over what seemed apparent to them as a worsening situation for mental health among the Hong Kong population. Their concerns appear to have been well placed, as a recent landmark study has shown that the prevalence of both probable depression and potential suicidal ideation have increased across all ages in both sexes in Hong Kong over the past decade.ⁱ The study, produced by a team at the University of Hong Kong LKS Faculty of Medicine (HKU Med), involved a 10 year longitudinal review assessing the changes in depression levels in Hong Kong over eight successive waves of social unrest running from March 2009 to July 2019.⁴ According to this study, the mental health impact of the social and political turmoil following the Extradition Law Amendment Bill (ELAB) controversy on the adult population has been significant, and impacts on children have been estimated to be similar in scale and severity.

According to the HKU Med study, one in five adults in Hong Kong either have probable depression or may be suffering from PTSD, representing an increase of 70% in probable depression since 2014. The study included questionnaire responses from more than 18,000 people aged 18 or above.ⁱⁱⁱ

While children were not interviewed in that study, the researchers estimated that the prevalence of probable depression for children in Hong Kong would be similarly elevated, but to a slightly lesser extent than for adults. Hong Kong now has the equivalent of an additional 590,000 adults with probable depression compared to typical depression prevalence before 2014, while the number of children is likely to have similarly increased. All signals indicate we've arrived in a widespread mental health crisis and based on surveyed attitudes towards seeking clinical care the hospital authority may see a 12% increase in the psychiatric care patient queue above previous years.⁵ Meanwhile, experts believe that very few of those who need clinical care will actually receive psychiatric services, despite severe symptoms.⁶ For parents who have developed these conditions, prior studies have demonstrated that the higher a parent's anxiety, the more likely it is that their child will experience social, learning, and self-discipline problems.⁷



i. These findings are generally corroborated in other studies, such as one carried out in late 2019 by the Hong Kong College of Psychiatrists³⁵ and another from the Chinese University of Hong Kong Department of Psychology.³³

ii. The point prevalence of probable depression and suicidal ideation.⁴

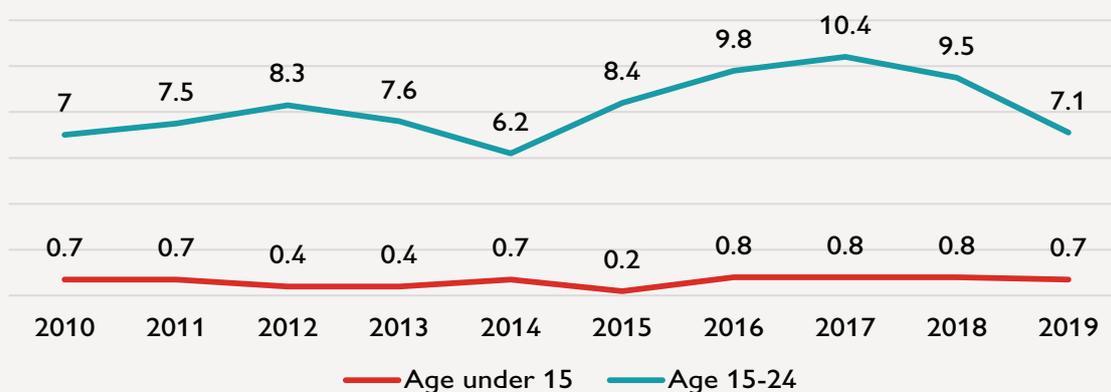
iii. This study is considered the world's largest and longest study of the population-wide impact of political crisis on mental health.

The youth suicide rate shows a long-term increasing trend

Youth suicide rates (age 15-25) have been on an upwards trend for much of the past 10 years, peaking in 2017 its highest level since 2004.⁸ A current 2 year decline may be only temporary and not represent a change in youth mental health trends, while the phenomenon of suicides among very young children is relatively unchanged and demands serious concern.⁹



Child and Youth Suicide Rates in Hong Kong (per 100,000)⁸



The prevalence of suicidal ideation among Hong Kongers has continuously increased from 1.1% in 2011 to 3.6% in 2014 and 4.6% in June-July 2019.⁵ According to an interview with Professor Paul Yip, Director at the Centre for Suicide Research and Prevention, young people in Hong Kong face a number of factors taxing their mental health with the political and social situation adding additional stresses.⁹ This is also evidenced by the trends of those seeking support through suicide prevention hotlines and similar support channels. For instance, the suicide prevention hotline of the Samaritans received

callers with very diverse situations before June 2019. However, after June 2019 80% of the callers were expressing distress on issues related to the current social and political turmoil, according to the interview with the COO of The Samaritans, Mr David Cheng.⁹

In 2019, 6 children under the age of 15 took their own lives in Hong Kong, and on average 4 youth died by suicide every month. In total the lives of 58 children and young people were lost to suicide last year.^{8, iv}

“

No suicides have been reported in our form.

However, many students tend to cut their arms. It's not easy to tell whether they cut themselves until the wounds are obvious. Students usually conceal their wounds very well.”

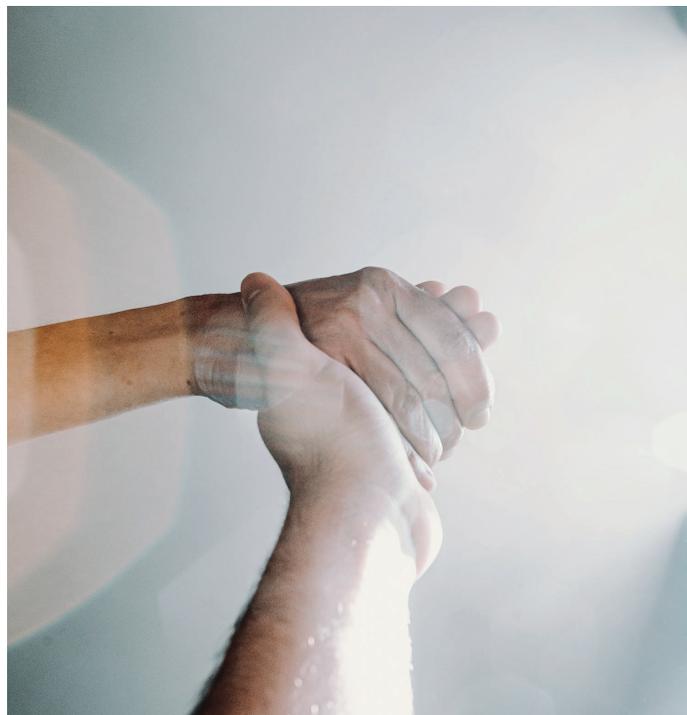
- Anonymous youth participating in Save the Children Hong Kong's "Young Voices" focus groups

Weak mental health awareness and poor help-seeking behaviour

The current attitudes towards mental health are a significant barrier to connecting those in need with care and health service providers in Hong Kong. A survey of attitudes towards mental illness has found that general acceptance is low, and younger groups (age 15-19) have the least knowledge of mental health problems compared to other age groups. This lack of awareness and acceptance of mental illness among peers and in the community makes young people reluctant to seek help early and puts them at risk of their condition worsening and impacting their life outcomes.¹⁰

While there may have been some past improvements in help-seeking and treatment, with the total Hospital Authority psychiatric caseload rising from 187,000 to 226,000 between 2011 and 2016, the work is still incomplete.¹ Recent survey evidence shows high rates of probable depression and anxiety in the Hong Kong population⁵. However, there is a very low number of cases for depression and anxiety receiving diagnosis and treatment from the Hospital Authority.¹

According to interviews with social workers and key persons as well as focus group discussions, children in Hong Kong tend not to seek help mainly because (1) they are unaware of their need, (2) they fear the stigma of mental health issues, (3) they don't know how to seek help, and (4) they don't trust public health service providers or their school and its social workers.⁹ In recent studies, especially younger males with suspected PTSD or persons with low family support are likely to avoid seeking professional help for mental health problems on account of privacy concerns related to their political views and activities.⁵



50%

A 50% increase in clients hit the Hospital authority child psychiatric services between 2011 and 2016

but only 4% of just youth cases were for depression



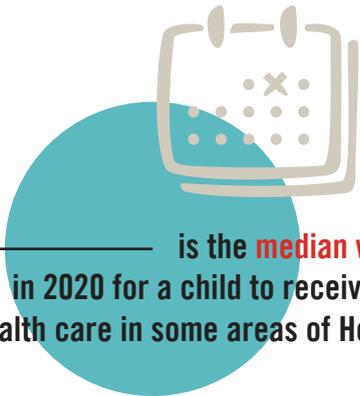


Poor self-care and low psychiatric services capacity

As awareness and acceptance of mental health issues is so low, most children have not been supported to develop their own self-care skills or ability to recognize when they have symptoms of more serious mental health problems. The capacity for self-care, and to recognize when peers require care, is critical in the current environment. According to David Cheng, COO of The Samaritans, young people prefer not to receive and seek counselling services for themselves even when they have mental health issues. Young people need others to recognise and advise them of their emotional situation,⁹ and many will be looking for some kind of 'quick fix'. As explained by one focus group participant, "in Hong Kong mental health isn't 'cool' like physical fitness is", so while someone might readily visit a gym or get a coach to support their physical health, they are very unlikely to behave similarly when it comes to caring for their own mental health.¹¹ Despite the weak self-care capacity in the population, among surveyed respondents more than 50% of persons now with probable depression will not seek professional help. Instead, they intend to try to manage their condition themselves or seek help from family or friends.⁵

The barriers to mental health awareness and treatment may be even more serious though, as there is very limited capacity for mental health assessment by primary health care workers including those at the clinics in the community and among the doctors and nurses most children would see for their health needs. The proportion of doctors and nurses qualified to provide mental health assessments is below standards recommended by the WHO, reaching only 40% of the recommended number of psychiatrists for the population of Hong Kong.¹⁰ Among the cases the Hospital Authority manages for children's mental health, more than half are autism spectrum disorder (ASD) and attention deficit hyperactive disorder (AD/HD). Meanwhile, depression, despite the overwhelming evidence that a large portion of Hong Kong children suffer from this disease, is a negligible portion of the caseload managed by the public health service providers.¹ The low capacity in the Hong Kong health care service has translated into an excessive extension of waiting times for children and youth seeking psychiatric care services in 2020, as the median wait time for a child to receive mental health care reached as high as 113 weeks for some areas of Hong Kong.¹²

113 weeks



is the **median wait time**
in 2020 for a child to receive mental
health care in some areas of Hong Kong

THE **BURDENS** ON CHILDREN AND YOUTH'S MENTAL HEALTH IN HONG KONG



High academic pressure

Distress amidst turmoil

Excessive time on digital devices

Strained parent-child relationships

Poor self-care

Coronavirus isolation and stress

THE DRIVERS OF MENTAL HEALTH HARDSHIPS

Parent-child relationships are strained and academic pressure is high

In focus groups conducted by Save the Children Hong Kong in early 2019, youth consistently ranked family and school performance as their primary sources of stress and feelings of pressure. Uncertainty about their future and the Diploma of Secondary Education exam (HKDSE) were significant additional drivers.¹³ These two related strains on children and youths' wellbeing are nothing new, with major studies being commissioned by government committees to specifically seek ways to ameliorate high levels of student suicides in the past.¹⁴

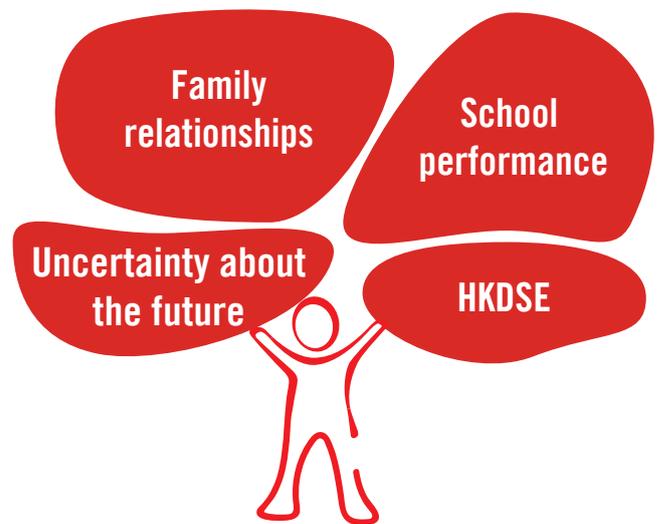
Meanwhile, high levels of inequality in Hong Kong^{15,16} turn academic performance into truly high stakes competition as a university education appears to many as the only pathway to a desirable life outcome, and less than 30% of secondary school students are successful in winning the opportunity to enrol.¹⁷



AUTHORITARIAN PARENTING, LOW PARENTAL WARMTH, AND HIGH MATERNAL OVER-CONTROL

are associated with mental health problems and suicidal ideation among Hong Kong adolescents. Conflict with parents is a key driver of mental health problems while parents' concern groups also point to academic pressure as a source of excessive stress on their children.

Local studies on parenting practices in Hong Kong reveal that the authoritarian parenting style is common, while this style is understood to have greater risks of child abuse and potential negative impacts on the child's development.^{18,19} In addition, studies in Hong Kong have found that a lack of parental care and understanding, a non-harmonious family, and conflicts with parents all coincide with suicidal ideation in Hong Kong adolescents.²⁰



Hong Kong children's top sources of stress and feelings of pressure

According to historic studies of child abuse prevalence in Hong Kong, the majority of children encounter psychological aggression (58%), 23% experience physical assault, and 4% experience very severe physical assault all by their own parents within a given year.²¹ These negative and harmful interactions with parents add considerable burden to child and youth mental health.

More recently, a study conducted in late-2019 found that nearly 4 in 10 young people in Hong Kong report quarrelling with their parents since June 2019, with the majority of them (71%) saying the cause has been political differences and societal events, while 6% report having frequent conflict with their parents.²² In addition, the well-documented impact of the recent social and political turmoil on adults' mental health also increases concern for children given parental mental illness has been linked to various developmental and mental health risks for the child.²³ In general, increasing stress and anxiety on parents and children individually adds to the burden on pre-existing family relationship problems, which in turn can further worsen mental health problems for children and youth.

“

I attempted suicide when I was young owing to the stress given by my parents. It is impossible to change your parents, what you can do is to change the way you deal with things...”

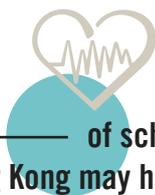
- Anonymous youth participating in Save the Children Hong Kong's "Young Voices" focus groups

Children feel distressed amidst turmoil in Hong Kong

Many of those interviewed in the course of this research attest that children in Hong Kong have been actively seeking political news and information on the internet and doing so with a higher level of participation, such as sharing their viewpoint online, or even joining demonstrations. However, according to interviewed school counsellors and academics, young people lack the resilience that comes with life experience and prior handling of psychological distress such as that generated by frequent exposure to distressing news or observing acts of violence, both on the internet and in real life.⁹ As much as 39% of school-aged children in Hong Kong may have had symptoms of mental disorders during the recent periods of turmoil.³

As much as

39%



of school-aged children in Hong Kong may have had symptoms of mental disorders during the recent periods of turmoil^v

A recent study found that nearly 30% of surveyed children in Hong Kong aged 8-14 displayed a severe level of anxiety and depression. The study, organized by Caritas in partnership with the HKU Faculty of Applied Social Sciences, surveyed 64 children in August 2019. A total of 8 out of 18 children participating in a focus group had negative feelings towards the political and social turmoil, highlighting, for example, the impact on personal safety. A 10-year-old child reported feeling worried and shocked after seeing video footage of white-shirted men beating pedestrians in a rail transit station. In the past, children's sources of stress were mostly related to academic performance and family. At the time of this study however, it was found that children exhibited more negative emotions brought on by events and media related to the current political and social turmoil.^{24,25}

v. This estimate considers if the surveys cited showing 51% of secondary school students and 30% of primary school students displaying symptoms of depression and anxiety are roughly representative of the whole primary and secondary student population, then the portion of the combined student population affected could be 39%.

In another study of 2,685 students across 14 secondary schools, 51% of students were found to be experiencing some symptoms of depression, with 34% reporting being unable to stay focused, 30% feeling anxiety about the events related to the civil unrest, and 26% reporting difficulty sleeping. Children at these schools reported an impact of recent events on school life, with nearly a quarter (24%) reporting social tension at school having an effect on them.

Among secondary school students...

51% Report symptoms of depression

34% Are unable to stay focused

30% Are feeling anxiety

26% Have difficulty sleeping

24% Are affected by social tension

Students are looking for support from their school to help them cope with these new mental health challenges, with 37% asking for extra-curricular activities to help with stress-relief, and 20% asking for a safe space to talk about their feelings and emotions. A more substantial portion, 69%, are asking for reduced homework in this time of increased stress and hindered mental well-being. The study, which was conducted by HKFYG in Sept-Oct 2019, also concluded that both the real-life social environment as well as information and media reaching the children through the internet on their mobile devices were drivers of children's emotional hardship.²⁶

37%



of students in one survey asked for extra-curricular activities to support stress relief

“

People who are outside regularly have a **lower activity** in the part of the brain that focuses on **repetitive negative emotions**. This is one of the reasons children can slide into negative feelings or even depression during the circumstances they are living in now.”

- Anne-Sophie Dybdal, Senior Child Protection Advisor at the Mental Health and Psychosocial Support Unit of Save the Children

The psychological impact of Coronavirus isolation

35%



of school-aged children
in our survey **described their home
environment as tense or fearful** during
the school suspension

The recent school suspensions, understood as necessary to curb virus transmission, has meant increased social isolation for many children and youth, while the additional strain of the pandemic on family members has increased the risk of family conflicts which negatively affect children’s mental health. Nearly half of 174 Hong Kong students responding to a recent survey felt that their anxiety had increased compared with before the outbreak. One-third of the students said they felt stressed and anxious at home, with many of them worried about the pandemic and some having difficulty with their family relationships. During the school suspension in Hong Kong 64% of surveyed children reported an increase in negative feelings in general. The students surveyed also said that they felt unhappy during the suspension because they had reduced time to meet friends (60%), stayed at home for a long time and life became irregular (52%), and missed school life (48%). Being unable to play outside with friends or fears of falling behind in their education, added to children’s feelings of deprivation and anxiety.²⁷ Among children in our survey, 16% had no contact with friends at all during several months of school suspension.²⁷



In another study, 59% of secondary school students reported the main cause of their worsening emotional state as difficulties with learning and academic stress during the school suspension, and 15% reported increased family conflicts while stuck at home as the primary cause.²⁸

Research shows that feelings of helplessness, loneliness and fear of being socially excluded, stigmatised or separated from loved ones are common in any epidemic, while prolonged stress, boredom and social isolation, as well as a lack of outdoor play, can lead to a higher number of mental health conditions in children, such as anxiety and even depression. Children and youth who are already at risk—such as those living in stressed home environments or children who are at risk of dropping out of school or whose families are already facing poverty—are especially vulnerable.²⁹ Recent surveys have determined that the compounding effect of stress related to the pandemic on top of the pre-existing stress related to the political and social turmoil, as well as other long-standing stressors has led to “alarming” levels of fear, anger, self-doubt and thoughts of death in the Hong Kong population, with young people the worst affected.⁶

64%



of surveyed children reported an
increase in negative feelings during
school suspension

Excessive time on digital devices



Increases in time spent on the internet and mobile devices have been linked with declines in social and psychological wellbeing, and higher depression symptoms prevalence for teens and pre-teens.

More children are starting to use the internet and electronic screen devices at a much younger age, with tablets and smartphones increasingly being introduced to younger and younger children by their parents. With easier accessibility, children and adolescents are spending more time online.³¹ However, excessive or unsupervised use of the internet among young children can lead to negative physical and mental health issues.

Children can be significantly affected by what they see and experience online, including the news, videos and images of violent events, such as the recent social turmoil in Hong Kong. The negative impact would be even greater for those children who are already vulnerable, such as without supportive family relationships or with pre-existing mental health issues.³²

The previously referenced HKU Med study found that spending two hours or more every day on socio-political news via social media was strongly associated with probable depression and suspected PTSD. An online survey targeting persons engaged in political discussion on the internet in Sept 2019 found nearly 40% of respondents exhibited depression-related symptoms, which corroborates this finding.³³

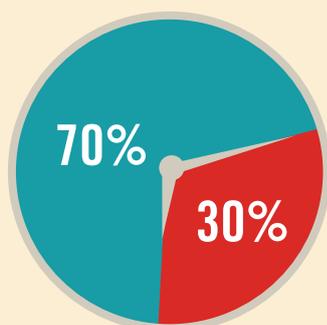


Almost one third of children in Hong Kong believe they spend too much time on the internet

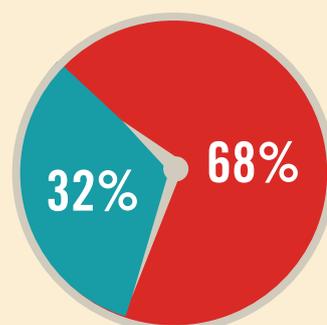
The mental health risks for many children and young people is growing with excessive time spent online.^{5,34,33} According to a study in Hong Kong in 2018, 30% of primary school students and 68% of secondary school students spend more than 2 hours daily on the internet.³⁰ As much as 70% of secondary school students in Hong Kong reported adverse effects of their excessive internet and mobile device usage, including "quarrelling with parents" and being "deprived of sleep time". Just 30% of children in Hong Kong believe they spend too much time on the internet, whereas 62% of parents with primary-school-aged children think so about their children.³⁰ Increases in time spent on the internet and mobile devices have been linked with declines in social and psychological wellbeing, and increased prevalence of depression symptoms for teens and pre-teens.³¹

Hong Kong primary and secondary school students time on the internet

- >2 hours daily on the internet
- <2 hours daily on the internet



Primary school students



Secondary school students

“

The system of social services in Hong Kong is too segmented. A more integrated service model is needed to deal with the current situation. Youth need the family's support and the IFSC [Integrated Family Service Centre] is supposed to help parents [support their children] but it doesn't work well right now. Too many cases arise meaning that social workers cannot follow up quickly enough and manage them well. More manpower is needed.”

- A senior social worker working on residential childcare service





CONCLUDING REMARKS AND NEXT STEPS

Mental health challenges for children and youth in Hong Kong have long demanded increased attention. In the past year the social and political turmoil as well as the pandemic have introduced additional challenges and psychological strains that children have not previously faced, adding considerably to their burden in the long-growing mental health crisis. Strong evidence of a worsening situation for children’s mental health and wellbeing in Hong Kong is available thanks to numerous studies from academics, NGOs, and government committees. However, both the work to relieve children of the excessive burdens on their mental health as well as the work to close gaps and resolve deficiencies in local

mental health support capacity is still far from complete.

Joint efforts from social service providers in civil society, the education sector, government, and private sector actors are essential to address the youth and child mental health situation in Hong Kong. We hope to see a renewed sense of urgency in response to worsening conditions. In particular, Save the Children Hong Kong believes resources, educational programmes and policies should be advanced by key stakeholders and should pursue the following 4 objectives:



Improve community awareness of mental health and attitudes towards seeking mental health care



Improve the capacity to provide basic mental health services from the community level and find ways reach children and youth in need who aren’t seeking help



Reduce children and youth’s academic and family pressure



Help children and youth manage screen-time in a healthy way

WHAT CAN DIFFERENT STAKEHOLDERS DO TO IMPROVE THE SITUATION FOR CHILDREN AND YOUTH?

Civil Society and Social Service Providers



- Enhance the capacity of social workers and related professionals to deliver psychosocial support knowledge and skills in identifying and supporting children who may need mental health care.
- Develop community-based work with schools, workplaces and communities to deliver programs to improve mental health literacy, mutual support and enhance resilience.
- Develop innovative programmes that improve the well-being of children and youth and strengthen parent-child relationships.
- Expand the provision of relevant online mental health counselling services to provide convenient, accessible services that match the habits of young people.
- Develop peer empowerment and support programmes to foster good mental health self-care and peer support skills.

Schools



- Establish a coordination mechanism bringing together teachers, social workers, and related professionals to devise measures to support children to recover from isolation-related mental health issues, interact socially with their peers, and rebuild the sense of security and connectedness with peers and schools.
- Strengthen child and youth mental health education to enhance students' knowledge about mental disorders, cultivate a positive attitude of help-seeking, and reduce stigma.
- Provide additional training opportunities to teachers and school social workers to enhance professional knowledge in mental health to identify and support students with mental health needs promptly.
- Provide support to parents through school talks or other activities and through parent-teachers associations to enhance their knowledge and capacity to support their children's mental wellbeing.
- Promote the smart and healthy use of electronic screen devices, and issue guidance in child-friendly formats, to facilitate healthy and safe use of the internet and electronic screen products among children and families.
- Launch school-based mental health awareness campaigns that engage and are led by children and youth.
- Create an enabling school environment that can prioritize children's happiness and well-being to facilitate students' learning as well as balanced physical and mental health development.

Policy-makers



- Reduce the waiting time for public child psychiatric specialist outpatient services for those who may suffer from ADHD, autism, depression, anxiety disorder or other psychological illnesses.
- Ensure the supply of psychiatrists, community psychiatric nurses, and case managers are able to meet long-term manpower needs according to the guidelines of the World Health Organization (WHO).
- Increase the supply of educational psychologists to provide better school-based support to the students who suffer from psychological and emotional disturbances.
- Review the education curriculum and public examination system to reduce study pressure and foster balanced development and allow more time for leisure and recreation for students.
- Carry out large-scale parenting education programmes to provide appropriate education, training and guidance to parents and caregivers to increase their knowledge in nurturing their children and mitigate the negative mental health effects caused by poor parent-child relationships.

Private Sector



- Prioritize resources in Corporate Social Responsibility (CSR) programmes for mental health and sponsor mental health related events.
- Explore shared-value partnerships with charitable organizations and other stakeholders to develop innovative initiatives supporting child and youth mental health in the community.
- Adopt family-friendly policies in the workplace to ensure employees are able to balance work and home commitments to facilitate better parenting and family relationships.



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