## LCQ18: Mental health of students

Following is a question by the Hon Kwok Wai-keung and a written reply by the Secretary for Education, Mr Kevin Yeung, in the Legislative Council today (March 24):

Question:

The findings of a number of surveys conducted last year have shown that the Coronavirus Disease 2019 epidemic has resulted in the aggravation of the emotional stress and mental health problems of secondary and primary students. The prolonged suspension of face-to-face classes and changes in the mode of learning have exerted certain pressure on students and affected their emotional and psychological health. In this connection, will the Government inform this Council:

(1) of the number of students who committed suicide and died in each of the past five school years, broken down by age;

(2) whether it knows the respective numbers of students in each of the past five years who (i) received treatments by the psychiatric services of public and private hospitals/clinics, and (ii) waited for such treatments and their average waiting time, together with a breakdown by age and type of mental illness;

(3) whether it knows the number of requests for assistance received, since the outbreak of the epidemic, by schools relating to students suffering from emotional disturbance and mental stress, with a breakdown by type of issues pertaining to the requests for assistance; and

(4) of the work currently undertaken by the Education Bureau on education about students' control of emotions; the new measures in place to (i) strengthen the resilience of students, and (ii) help schools, teachers and parents deal with students' emotional problems more effectively and identify at an early stage students suffering from emotional disturbance, as well as enhance their knowledge of and skills in coping with the relevant situations?

Reply:

President,

Owing to the Coronavirus Disease 2019 epidemic, schools have suspended face-to-face classes from time to time since February 2020 to protect the health of students. Nevertheless, the Education Bureau (EDB) and schools are very concerned about students' support needs in learning and emotion. With respect to learning, we help students learn at home through diversified measures, with an aim to achieving "suspending classes without suspending learning". Regarding emotional support, we also help schools provide timely and appropriate emotional support to students through various means, including talks and workshops. All along, we have been working together with schools to enhance students' development amidst the threat of the epidemic. Saddened by all student suicide cases and noting that complicated issues are often involved, the EDB has been supporting students with mental health needs (including those with suicidal risk) through diversified means.

Having consulted the Food and Health Bureau, we have prepared the following consolidated reply to the question raised by the Hon Kwok Wai-keung:

(1) The EDB has all along been maintaining close contact with schools and providing support as needed. When a suspected fatal suicide case of student arises, the school will immediately inform the EDB and activate the Crisis Management Team to decide on the follow-up actions according to the situation and formulate the contingency plan, so as to minimise the possible negative impact of the incident on students and the school (e.g. emotions of students and teachers, and school operation). The educational psychologists, school social workers and teachers will provide emotional support and follow-up services to students in need. Whether a case is suicide or not will only be confirmed after the legal proceedings of the Coroner's Court (Court) have completed. As the EDB has not captured relevant information from the Court, officially verified figures on students' fatal suicide cases are not available. The numbers of suspected fatal suicide cases of students as reported by primary and secondary schools to the EDB in the past five school years are tabulated as follows:

School year	2015/16	2016/17	2017/18	2018/19	2019/20
No. of cases	19	19	16	20	23

(2) Table 1 below sets out the number of psychiatric patients aged below 18 who were treated in the Hospital Authority (HA) and diagnosed with autism spectrum disorder, attention-deficit hyperactivity disorder, behavioural and emotional disorders, schizophrenic spectrum disorder or depression/depressive disorders by age group from 2015-16 to 2019-20. The HA does not maintain information on the number of students receiving psychiatric services from private hospitals/clinics.

Table 1

Number of	Number of patients aged below 18 diagnosed with the following disorders (Note 5)				
psychiatri c patients aged below 18 (Note 1, 2 and 3)	Autism spectrum disorder	n- deficit hyperact ivity	Behaviou ral and emotiona l disorder s	Schizoph	Depression/ Depressive disorders

I			1		11	1	
	Aged below 6 (Note 2)	2 870	1 720	200	50	0	0
2015-16	Aged from 6 to 11 (Note 2)	15 170	4 870	6 670	680	10	20
	Aged from 12 to 17 (Note 2)	10 780	2 660	4 260	900	350	430
	Total (Note 4)	28 810	9 260	11 140	1 620	360	450
	Aged below 6 (Note 2)	3 450	1 810	240	30	0	0
2016-17	Aged from 6 to 11 (Note 2)	16 680	5 520	7 540	740	10	20
	Aged from 12 to 17 (Note 2)	12 170	3 050	4 940	920	360	590
	Total (Note 4)	32 310	10 380	12 720	1 700	370	610
	Aged below 6 (Note 2)	3 450	2 060	240	40	Θ	0
2017-18	Aged from 6 to 11 (Note 2)	17 660	6 170	8 100	720	10	20
	Aged from 12 to 17 (Note 2)	13 830	3 540	5 690	950	370	740
	Total (Note 4)	34 940	11 780	14 020	1 700	380	760
	Aged below 6 (Note 2)	3 510	2 140	260	50	Θ	0
2018-19	Aged from 6 to 11 (Note 2)	18 980	7 070	8 970	1 010	10	20
	Aged from 12 to 17 (Note 2)	15 420	4 200	6 890	1 160	350	980
	Total (Note 4)	37 910	13 410	16 120	2 210	360	1 000
	Aged below 6 (Note 2)	3 410	1 940	290	70	Θ	0
2019-20	Aged from 6 to 11 (Note 2)	20 280	7 610	9 510	1 410	<5	20
	Aged from 12 to 17 (Note 2)	16 660	4 660	7 610	1 290	300	1 050
	Total (Note 4)	40 350	14 210	17 420	2 760	310	1 070

Note:

1. Including inpatients, patients at specialist outpatient clinics and day hospitals.

2. Age of the patients as at June 30 of the respective year.

3. Figures are rounded to the nearest ten.

4. Individual figures may not add up to total due to rounding.

5. The figures may not be comparable to those released in the past due to expansion in data scope since 2018-19.

Table 2 below sets out the number of child and adolescent psychiatric specialist outpatient new cases of HA triaged as Priority 1 (urgent), Priority 2 (semi-urgent) and Routine (stable) cases and their respective median waiting time from 2015-16 to 2019-20.

Table 2

Year	Priority 1	Priority 2

	Number of new cases	Median waiting time (week(s))	Number of new cases	Mediar
2015-16	202	1	915	4
2016-17	267	1	875	4
2017-18	239	1	907	5
2018-19	282	1	930	4
2019-20	355	1	912	3

Note: In view of the emergence of the Coronavirus Disease 2019 epidemic in Hong Kong since early 2020, the HA has adjusted its services in response to the epidemic along with tightening up infection control measures. Hence, the service throughput across a wide range of services provided by the HA might have been reduced when compared with that of previous years.

(3) and (4) The EDB attaches great importance to the emotional education for students. In respect of school curriculum, the current curriculum framework of moral and civic education has listed "adapt to new learning environments with an optimistic and positive attitude" (lower primary level), "handle pressure rationally, and face failure bravely" (upper primary level), "appreciate your strengths and accept your weaknesses" (junior secondary level), and "be proactive and assertive, have a positive self-image" (senior secondary level) as the focuses for nurturing students in schools. The EDB has also adopted "be grateful and treasure what we have, stay positive and optimistic" as the theme for the promotion of values education in schools, provided relevant learning resources, and organised student activities and teacher professional development programmes to support schools in cultivating students' positive thinking and resilience.

The EDB has been encouraging schools to adopt the Whole School Approach directed at three levels, namely "Universal", "Selective" and "Indicated", to promote mental health among students and enhance support for students with mental health needs (including those with suicidal risk).

At the Universal level, the EDB has been actively promoting diversified student development programmes, such as the "Understanding Adolescent Project" for primary schools, "Enhanced Smart Teen Project" for secondary schools, and "Pupil Ambassador Scheme on Positive living" to enhance students' resilience, self-respect, self-discipline, sense of responsibility and courage to embrace changes in facing challenges through adventure-based, team-building and problem-solving training.

At the Selective level, starting from the 2007/08 school year, the EDB has been providing serving teachers with structured training courses on supporting students with special educational needs pitched at basic, advanced and thematic levels. Some modules of the courses cover mental illness. From the 2017/18 school year onwards, the EDB has also provided teachers of primary and secondary schools with the "Professional Development Programme for Mental Health", including 3-day elementary training for teachers at large and 5-day in-depth training for designated teachers with a view to raising their awareness of mental health and enhancing their professional knowledge and skills to identify and support students with mental health needs.

At the Indicated level, starting from the 2017/18 school year, the Learning Support Grant has covered students with mental illness so that schools can have additional resources to strengthen their support for these students' learning, social, emotional and behavioural needs. Moreover, the Food and Health Bureau, in collaboration with the EDB, HA and Social Welfare Department, has launched the "Student Mental Health Support Scheme" since the 2016/17 school year to provide appropriate support services for students with mental health needs through a school-based platform.

During the suspension of face-to-face classes, the EDB has encouraged schools to keep in contact with, and express concern to, students through telephone or electronic communication. Schools should also strengthen communication with parents and jointly observe and pay attention to the behaviours of students. If students are noticed to suffer from persistent or severe emotional distress, teachers should promptly refer them to the guidance personnel, school social workers, school-based educational psychologists or other professionals for appropriate support.

To help teachers and parents understand methods to deal with students' negative emotions arising from the epidemic and assist them to maintain mental well-being, the EDB produced a series of short psychoeducational videos, namely "Suspending Classes without Suspending Love in the Epidemic" in April and May 2020. The videos have been uploaded to the EDB's YouTube Channel and "Smart Parent Net" website. Besides, the EDB organised 20 sessions of workshops from September to November 2020 and invited psychiatrists to share with school personnel the skills of early identification of students with emotional difficulties and approaches to counselling and therapeutic intervention, and to discuss case studies with a view to enhancing the capabilities of teachers and other school personnel in supporting students to release their negative emotions and stress. Meanwhile, we have also issued guidelines and information on mental health, including the guidelines on "Providing Emotional Support to Students amid the Epidemic", the article on "Learning the Lesson of 'Happiness'" and the eposter on "Preparing for the Examination Positively during the Epidemic" for reference of teachers and parents.

In summary, schools can take care of students' emotional and mental health amid the epidemic through the above-mentioned measures provided by the EDB and school-based support strategies. If schools find that students have emotional disturbance and mental health difficulties, they should seek assistance from relevant professionals or organisations. The EDB has not collected information on the number of requests for assistance.