

Executive Summary Direct Investigation Report

Government’s Follow-up Mechanism Regarding Psychological Health Assessment of School Children

Foreword

To safeguard the physical and psychological health of school children, the Department of Health (“DH”) launched the Student Health Service Programme (“the Programme”), under which students are given an annual health assessment at a Student Health Service Centre (“SHSC”), including psychological health assessment, that match their different stages of development.

Our Findings

2. The Programme covers all primary and secondary students in Hong Kong and is currently the most comprehensive and wide-ranging student health service. Over the past few years, an average of more than 600,000 students enrolled to join the Programme annually. However, our direct investigation has found inadequacies in the implementation of the Programme in the following three areas.

(I) Failing to Adopt Specific Measures to Boost Low Student Attendance Rate

(1) Failing to Examine the Reasons for Absence from the Annual Assessment Sessions

3. The Government spends around \$200 million each year on the Programme. In the past few years, only around 65% of the enrolled students attended their annual assessment sessions. The attendance rate of secondary students was even as low as 50%. Nevertheless, DH has never looked into the reasons behind their absence. Such low attendance rate would not only undermine the Programme’s effectiveness, but also cast doubt on whether the resources have been properly utilised.

4. Upon our intervention, DH started in December 2018 a random sample questionnaire among those absent students with a view to understanding why students

in different grades had missed the sessions. In our view, DH should consider adding a function in its online services for students/parents to voice their opinions about the Programme. DH should also consider specific measures to boost the student attendance rate.

(2) Failing to Provide Schools and Education Bureau with Information on Student Attendance Rate

5. At present, DH would not notify the schools/ Education Bureau (“EDB”) about students’ attendance of the annual assessment. We recommend DH to release to each school such information as the attendance rates by students’ grades, and release to EDB the overall attendance rate of each school. If any school is found to have a persistently low attendance rate, EDB should work with the school concerned to take improvement measures.

(3) To Enhance the Appeal of the Programme

6. DH may consider providing among its online services more basic health information and medical records of students (such as vaccination records and various health indicators) for easy reference by parents, making the Programme become the students’ personal growth and physical development/health records, thereby increasing the appeal of the Programme and boosting its attendance rate.

(II) Failing to Ensure that Parents Know their Children’s Assessment Results

(A) Failing to Effectively Notify Parents Who Have Not Attended their Children’s Annual Assessment of the Assessment Results

7. Our investigation found that many students were not accompanied by their parents when attending assessment sessions. Even for students as young as Primary Two, the highest attendance rate of parents was only 80%. For cases requiring follow-up actions, SHSCs would contact the parents. For others including cases where the student’s psychological health required attention but referral was not necessary, SHSCs would only ask the students to deliver the assessment report to their parents. Nevertheless, we are concerned about whether those students, especially younger ones, are capable of understanding and accurately conveying to their parents the explanation and recommendations of the medical staff.

8. In our view, DH should consider more reliable ways to notify parents of their children's assessment results. DH is now studying the feasibility of allowing parents to access their children's assessment results online. We suggest that DH should also add an online function for parents to fill in the questionnaire on their children's psychological health assessment in advance. That will assist SHSCs in making assessments even if the parents cannot attend the assessment sessions.

(B) Psychological Health Assessment Reports Fail to Reflect Details of Students' Assessment Results

9. We notice that the report on "Personal Health Assessment Results and Recommendations" prepared by SHSCs includes only some general advice on health, such as "develop good hobbies" and "stay relaxed and cheerful". It does not contain any details about any particular issues or areas of concerns. DH should review the contents of the report and set out the areas of concern in a clearer manner so that parents can follow up accordingly.

(III) Insufficient Follow-up Action on Case Referrals

(1) Undesirable Practice of "Reviewing Case Referrals by Next Annual Assessment"

10. Currently, when an SHSC considers that a student has a psychological problem and follow-up action is needed, it will refer the case to different specialist units/organisations based on the nature of the problem. Once a case is referred, the SHSC will suspend its follow-up action until the student's next annual assessment. Nevertheless, DH's data show that many of the students referred did not attend the next annual assessment. In fact, about 50% of the Form Four students did not show up for their next annual assessment after the referral. In such circumstances, SHSCs simply would not know how those students are doing, let alone providing appropriate support to them.

11. The saving grace is that after our intervention, DH agreed to strengthen its support to students after referral. DH and the Hospital Authority ("HA") are launching a pilot scheme at four SHSCs¹. Around three months after a case is referred, the SHSC concerned will telephone the parents to check the student's latest condition and the arrangement for appointment with a psychiatrist. In addition, we

¹ The four SHSCs are Chai Wan, Western, Lam Tin and Tuen Mun SHSCs.

consider that SHSCs should actively follow up and offer assistance if the students referred do not show up for their next annual assessment.

(2) Inadequate Communication with Organisations Referred

12. At present, only a small number of organisations receiving case referrals from SHSCs would keep the SHSCs concerned updated on the condition of the students referred. We opine that DH should consider setting up a reminder system to actively remind the organisations referred to provide such information as appropriate. If a student has not contacted the organisation referred at all, the SHSC concerned should contact the student or his/her parents to see what the problem is and seek assistance from the school where necessary.

Better Compilation and Utilisation of Statistics

13. The Programme, being the student health service with the widest coverage in Hong Kong, should have the most comprehensive and up-to-date information and data on students' psychological health condition as well as details on the follow-up actions. DH should make good use of such a rich database to assist the Government in formulating appropriate policies and deploying resources.

Conclusion

14. Psychological problems can be easily overlooked by the patients, especially when the patients are immature young students who may not understand their own condition. They may also shun treatment out of worry of discrimination by peers once being labelled "patients with mental illness/mood disorder". DH, therefore, should take a more proactive approach in following up on those cases. Given the increasing trend in the number of children and adolescents developing mental illness in recent years, and the heightened concern about the problem in the society, more efforts should be made to enable prompt identification of high-risk cases and early intervention.

15. Certainly, the prime responsibility to take care of students with psychological problem rests with the parents. We would not ask DH to take up the role of parents or decide the course of action on their behalf. We just hope that DH can ensure that those student would get proper attention and appropriate follow-up action, so that students in need of help would not fall through the gaps in the system.

Recommendations

16. In the light of the above, The Ombudsman makes the following recommendations to DH and EDB:

- (1) **DH** to gather information on the reasons for students being absent from their annual assessment in a bid to formulate specific measures to boost the student attendance rate;
- (2) **DH** to provide schools and **EDB** with information on student attendance rates, while **EDB** should pay attention to those schools with a consistently lower attendance rate;
- (3) **DH** to provide more information about the health condition and medical records of students online so as to increase the appeal of the Programme;
- (4) **DH** to allow parents to fill in the questionnaire about their children's psychological health online;
- (5) **DH** to review the content of the "Personal Health Assessment Results and Recommendations" to set out more clearly the students' problems and concerns;
- (6) **DH** to monitor closely the effectiveness of the pilot scheme implemented jointly with HA for strengthening support for students referred, and extend the new measure to other SHSCs as soon as possible;
- (7) **DH** should contact the student/parents if the student, after being referred for follow-up action, is found to have missed the next annual assessment;
- (8) **DH** to set up a reminder system to regularly remind organisations referred to update the situation of the referred cases; and
- (9) **DH** to compile more useful statistics on students' psychological condition, with a view to assisting the Government in formulating relevant policies and deploying resources.

Office of The Ombudsman
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