



香港申訴專員公署
Office of The Ombudsman, Hong Kong



主動調查報告
Direct Investigation Report

政府當局對學童心理健康評估的跟進機制
Government's Follow-up Mechanism Regarding
Psychological Health Assessment of School Children

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政府當局對學童心理健康評估的跟進機制 主動調查報告摘要

引言

為保障學童的生理和心理健康，衛生署設立「學生健康服務計劃」，讓學童於每學年在該署轄下的學生健康服務中心（「中心」）接受一次為配合其成長階段的健康評估服務，包括心理健康評估。

調查所得

2. 「學生健康服務計劃」涵蓋全港所有中、小學生，是現時覆蓋率最全面及廣泛的學童健康服務。在過往數年，每年登記參加計劃的學童人數均逾 60 萬。然而，這次主動調查揭示，主責部門在以下三方面均有不足。

（一）未有採取針對性措施提高學童偏低的出席率

（1）未有針對性探討學童缺席周年檢查的原因

3. 政府每年花費約兩億元提供「學生健康服務計劃」，但在過去數年，出席周年檢查的學童人數只佔已登記人數約六成半，中學生的出席率更低至五成。但衛生署卻一直未有探討學童缺席的原因。使用率未如理想，不單影響計劃實際成效，更有浪費資源之嫌。

4. 在本署介入後，衛生署於二〇一八年十二月開始向缺席周年檢查的學童及其家長抽樣作問卷調查，以了解不同年級學童缺席的原因。本署認為，衛生署應考慮在其網上服務加設問卷功能，以便學童 / 家長反映對計劃的意見，並研究針對性措施以提升學童的出席率。

(2) 未有向學校和教育局提供學生出席周年檢查的情況

5. 就學童出席檢查的情況，衛生署現時不會通知學校 / 教育局。本署認為，衛生署應向學校發放其學生的出席人數和按年級的出席率等資料，以及向教育局發放每間學校的整體出席率。教育局若發現有學校的出席率持續偏低，便應向學校了解，共同尋求改善方法。

(3) 計劃的吸引力有待提高

6. 衛生署可考慮在其網上服務提供更多有關學童的基本健康資訊和醫療記錄（例如疫苗注射記錄和各類健康指標等資料），讓家長一目了然，使「學生健康服務計劃」成為學童的「個人成長體格 / 健康記錄」，以增加計劃的吸引力，從而提高其出席率。

(二) 未有採取足夠措施確保家長知悉其子女的檢查結果

(1) 未能有效通知沒有出席子女周年檢查的家長其子女的檢查結果

7. 本署的調查發現，不少學童進行檢查時均沒有家長陪同。甚至年幼如小學二年級的學童，家長的出席率最高也只是八成。就一些需要再作跟進的個案，中心會聯絡學童家長。至於其他個案（例如一些無需轉介，但有心理健康問題需要關注的個案），若學童沒有家長陪同出席，中心只會將檢查報告交給學童，以轉交給家長。然而，本署關注該些學童，尤其年紀較小的，是否有能力理解和傳達醫護人員的解釋和建議，或有否如實告知父母其心理健康問題。

8. 本署認為，衛生署應探討一些較可靠的方法，以通知家長其子女的檢查結果。衛生署正研究讓家長在網上查閱其子女的檢查結果。本署認為，該署亦應在網上加入填寫子女心理健康問卷的功能，讓未能陪同出席的家長預先填寫，協助中心作出評估。

(2) 心理健康檢查報告未能具體反映學童的檢查結果

9. 本署留意到，中心為學童所準備的「個人健康檢查結果及建議」報告，只包含一些概括性的健康建議，例如：「培養良好嗜好」、「保持輕鬆愉快心境」，未有道出任何具體問題或需注意的事項。本署認為，衛生署應檢討該報告的內容，較具體地列出有關學童的問題和原因，以便家長及早對症下藥。

(三) 未有全面跟進獲轉介學童個案

(1) 「下年檢視」的做法不可取

10. 根據現行做法，若中心認為學童有心理健康問題需再作跟進，便會按個案性質轉介到不同的專科 / 機構。一經轉介後，中心便會暫停跟進，直至下周年檢查時才再檢視。然而，衛生署的數據顯示，部分獲轉介學童會缺席下周年的檢查。中四的獲轉介學童更有接近一半曾缺席下周年的檢查。在此情況下，中心根本無法得知該些學童的情況，更遑論提供適切支援。

11. 猶幸在本署介入後，衛生署同意加強對獲轉介學童的支援。該署正與醫院管理局（「醫管局」）在四間中心¹試行先導計劃，在轉介個案後約三個月，致電家長跟進學童的情況及精神專科的預約安排。本署認為，若中心發現有獲轉介的學童缺席下周年檢查，便應主動跟進和予以協助。

(2) 與獲轉介機構溝通不足，無法得悉獲轉介學童的跟進情況

12. 現時，獲轉介機構在接獲中心轉介個案後，只有小部分會向中心提供有關學童的最新情況。本署認為衛生署應考慮設立提示系統，主動提醒獲轉介機構需適時更新學童的跟進情況。若中心發現學童未有按建議到獲轉介機構跟進，便應聯絡學童或其家長了解情況，並在有需要時尋求學校的協助。

¹ 四間中心分別為柴灣、西環、藍田和屯門學生健康服務中心。

須加強統計和善用有關學童心理健康的資訊

13. 「學生健康服務計劃」作為現時本港覆蓋最全面的學童健康服務，理應掌握最多及最新有關學童的心理健狀及其跟進詳情的資訊和數據。本署認為，衛生署應充分利用這個蘊藏豐富數據的資料庫，以協助政府制定適當的政策及資源調配。

總結

14. 本署認為，心理健康問題較易被患者忽略，尤其是一些心智未成熟的學童，他們可能不明白自己的病況，亦有可能擔心一旦被標籤為「精神病/情緒病患者」，會遭朋輩歧視，因而逃避治療。因此，衛生署對這類學童的跟進應該更加積極。加上近年兒童及青少年精神病患者的數字有所增加，社會對有關問題亦越來越關注，「學生健康服務計劃」應增加資源，務求盡早識別高危個案，及早介入。

15. 當然，學童的心理健康出現問題，跟進的責任首先是在家長，本署不會要求衛生署取代家長的角色，或替家長決定如何跟進其子女的情況。本署只是希望衛生署可確保學童的個案得到適切關注及跟進，不會讓需要幫助的學童處於制度上的夾縫中。

建議

16. 鑑於以上所述，申訴專員向衛生署和教育局提出以下建議：

- (1) 衛生署收集學童缺席周年檢查的原因，以制定針對性措施提高學童出席率；
- (2) 衛生署考慮向學校和教育局提供學童出席周年檢查的情況。教育局應留意並協助出席率偏低的學校；

- (3) 衛生署在網上提供更多有關學童的健康資訊和醫療記錄，增加計劃的吸引力；
- (4) 衛生署在網上加入填寫子女心理健康問卷的功能；
- (5) 衛生署檢視「個人健康檢查結果及建議」的內容，較具體地列出學童的問題和原因；
- (6) 衛生署密切監察與醫管局試行加強支援獲轉介學童的先導計劃之成效，並盡快將該新措施應用於其他中心；
- (7) 衛生署若發現有獲轉介學童缺席下周年的檢查，應主動聯絡學童 / 家長；
- (8) 衛生署考慮設立提示系統，就一些未有回覆的轉介個案，定時提醒獲轉介機構更新跟進情況；
- (9) 衛生署加強蒐集及統計有關學童心理健康情況的資訊，以協助政府制定相關政策及調配資源。

申訴專員公署
二〇一九年三月

Executive Summary

Direct Investigation into 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

(1) 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.

(2) 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 consider that SHSCs

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