

**Critical appraisal of the effectiveness of our child health services in the past 20 years and
“Survey on the quality of life of Hong Kong kindergarten and primary students and their parents”**

Press Conference

11 June, 2017 (Sunday)



**THE HONG KONG
PAEDIATRIC SOCIETY**



**THE HONG KONG
PAEDIATRIC FOUNDATION**

About The Hong Kong Paediatric Society & The Hong Kong Paediatric Foundation

Dr. CHAN Chok Wan, Chairman of Board of Directors of Hong Kong Paediatric Foundation, Past President of the International Pediatric Association (IPA)

The Hong Kong Paediatric Society



- Established in 1962
- Key members are paediatricians and healthcare professionals
- Dedicated to
 - advance the knowledge of child health care
 - maintain high standard of child health care
 - promote child health through public education
 - Foster children's right



The Hong Kong Paediatric Foundation



香港兒科基金
Hong Kong Paediatric Foundation

- Established in 1994
- A charitable organization wholly owned by the Hong Kong Paediatric Society
- Primary members include child health professionals from intersectoral domains and community celebrities
- Dedicated to the promotion of child health and child advocacy through public education





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1997 vs 2017
Are there any changes in
child health ?



Healthcare Statistics of Hong Kong

- Neonatal Morality Rate
- Infant Mortality rate
- Below-Five Mortality Rate
- Below-Five Morbidity Rate

The best in the world !



Existing child health problem in Hong Kong

- Children mental health problem
- Youth suicide problem
- Environmental health and safety (lead-poisoning issue)
- Accident and home safety
- Growth and development
- Poverty and lack of resources
- Education system

.....

Huge difference between the statistics and the reality

WHY?

- **Child health** : proactive and prevention (medical/ social / education)
- **Paediatric** : Childhood illnesses (community and hospital base)

What is Child Health?

WHO definition

- Age: 0-18 years (newborn, childhood, adolescence)
- Domains: medical, social, education
- Definition of Child Health:
Not just a state of complete physical, mental, intellectual, social and emotional well-being from infancy through adolescence but to develop positive capacity to achieve life's goals and to reach full developmental potential

Three major issues derived from the 20-year review

1. The surge in mental illness among children & adolescents

- caseload of child and adolescent psychiatric services rose significantly

2. Fluctuating rate of student suicides

- lack of sustainable and effective strategies

3. Growth standard

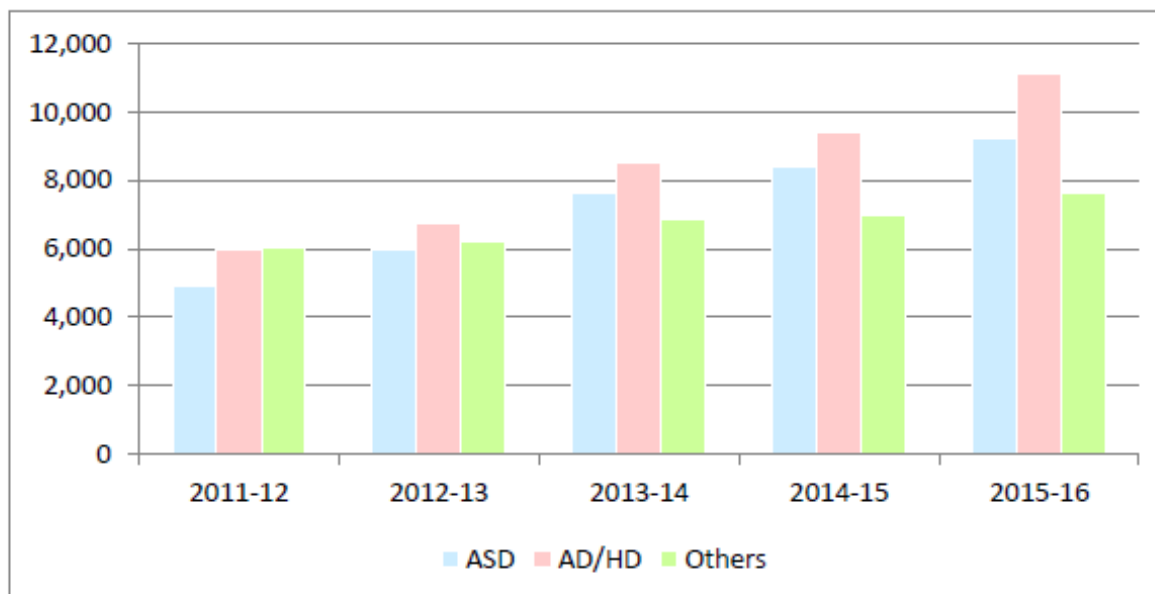
- lack of research statistics and comprehensive data on childhood growth
- last updated in 1993



(1) The surge in mental illness among children & adolescents

- The caseload of Hospital Authority rose from 18,900 in 2011-12 to 28,800 in 2015-16, representing an increase by more than 50%

Figure 2.3 Caseload of HA's Child and Adolescent Psychiatric Services



Some patients were categorised into more than one disease group in the same year.

Source: HA



(1) The surge in mental illness among children & adolescents

- lack of research and services

- A study conducted in 2008 found that the overall prevalence of mental disorders among the sampled children and adolescents in Hong Kong was 16.4%, which is significantly higher than the global figure (13.4%)
- No further study after 2008
- Data of emotional problem is incomplete

**Prevalence of Mental Disorders in Children and Adolescents
(Worldwide vs Local)**

	Worldwide pooled prevalence % (95% CI) N= 38324 – 87742 Studies = 19 - 41	Hong Kong prevalence (young adolescents) % (95% CI) N = 541
Any disorder	13.4 (11.3 – 15.9)	16.4 (13.3 – 19.5)
Any anxiety disorder	6.5 (4.7 – 9.1)	6.9 (4.8 – 9.0)
Any depressive disorder	2.6 (1.7 – 3.9)	1.3 (0.3 – 2.3)
Major depressive disorder	1.3 (0.7 -2.3)	--
Any disruptive disorder	5.7 (4.0 -8.1)	--
Attention Deficit/Hyperactivity Disorder	3.4 (2.6 – 4.5)	3.9 (2.3 – 5.5)
Oppositional defiant disorder	3.6 (2.8 – 4.7)	6.8 (4.7 – 8.9)
Conduct disorder	2.1 (1.6 – 2.9)	1.7 (0.6 – 2.8)



Hong Kong mental health services Inadequacies

1. Insufficiency
 - Insufficiency in software & hardware
 - Inadequate resources
2. Uneven distribution of services
3. Inaccurate focus resources allocation
4. Not holistic approach
5. No comprehensive policy



(1) The surge in mental illness among children & adolescents - comment

- **Cases increase continuously, however**
 - Scattered policies, lack of cross-departmental co-ordination
 - Focuses on treatment instead of **prevention**
 - **Focuses** on autism spectrum disorders and attention-deficit/hyperactivity disorder
 - **Neglects children with emotional problems**, inadequacy in outreach of children in need
- The early stage of life presents an important opportunity to promote mental health and prevent mental disorders as up to 50% of mental disorders in adults begin before the age of 14

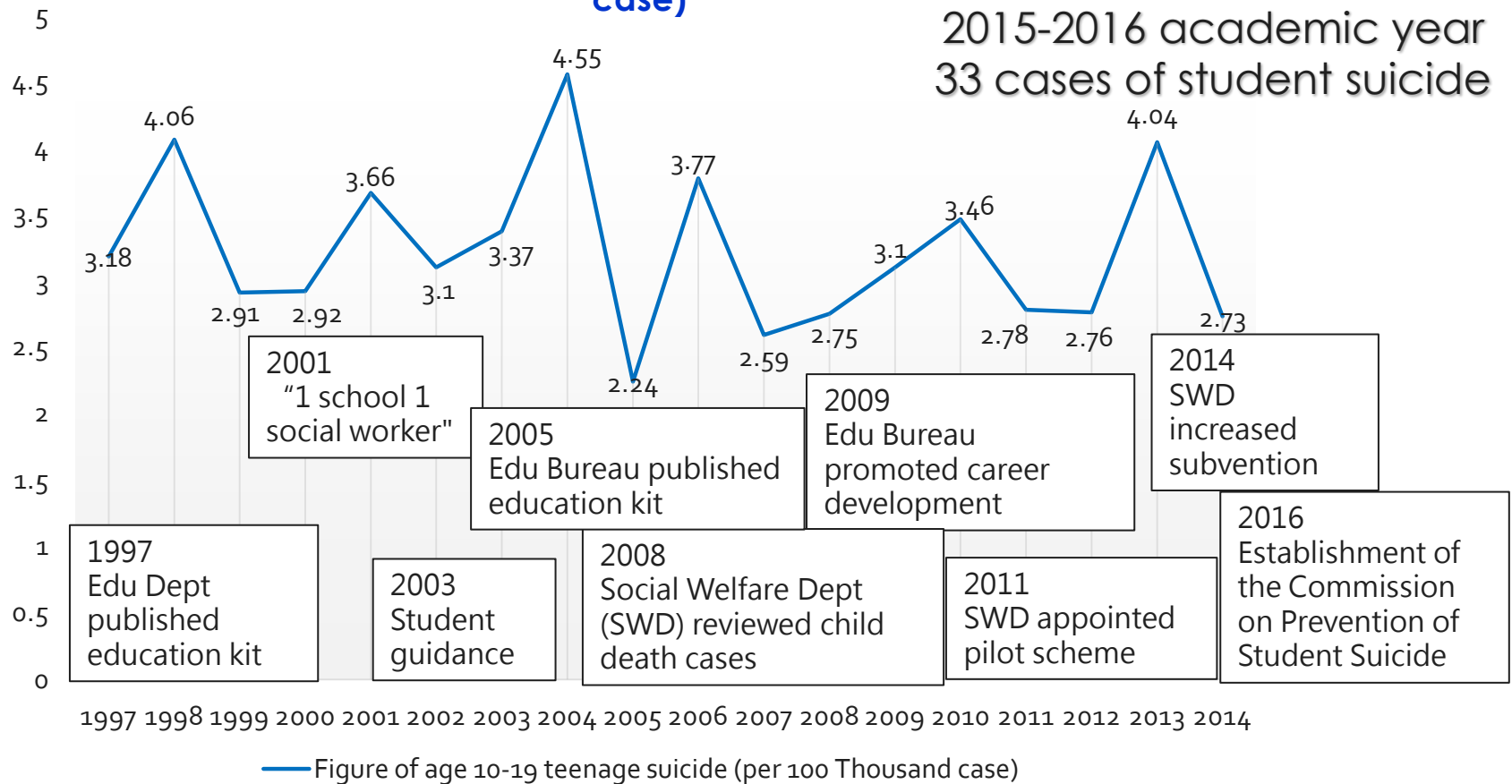
“lack of a forward-looking and comprehensive prevention and treatment strategy and analysis”

Cannot count on reactive approach, we need a forward-looking, holistic and effective strategy



(2) Fluctuating rate of student suicides

Figure of age 10-19 teenage suicide (per 100 Thousand case)



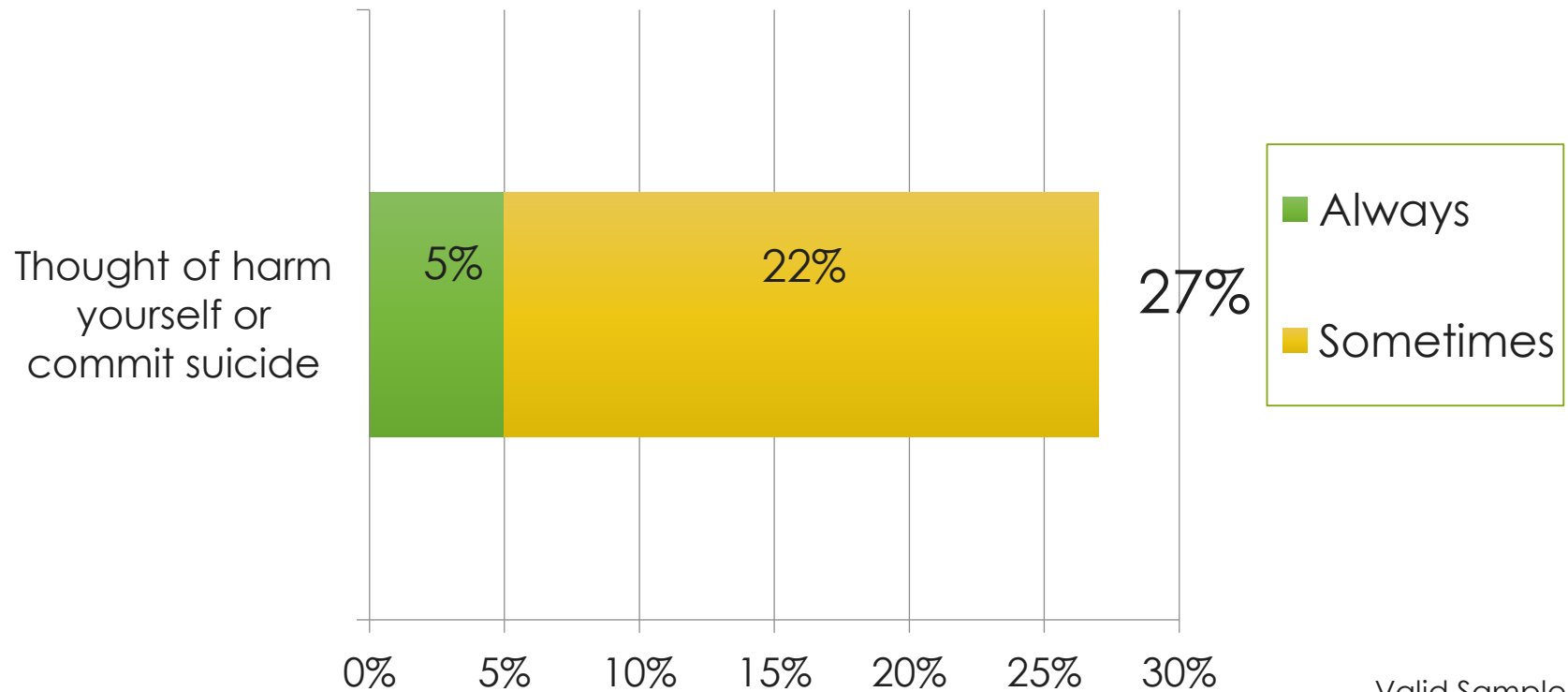
**Short-term measures in react to sharp rises of suicide figures,
no long-term solution to tackle the underlying problems**



(2) Fluctuating rate of student suicides

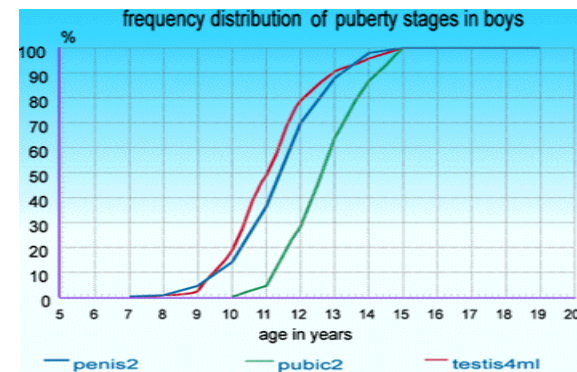
27% had considered harming themselves or committing suicide in the past 6 months

In the past six months, the frequency of the following situations you encountered





(3) Growth chart last updated in 1993



- A territory wide cross-sectional growth survey, covering 25,000 Chinese children was performed in 1993 by the Faculty of Medicine, The Chinese University of Hong Kong in collaboration with the Department of Health and the Hospital Authority for the development of a local growth chart.
- Growth parameters measured include weight for age, height for age, weight for height, head circumference, BMI, age of pubertal changes etc.
- Growth chart shall be updated every 5-10 years in order to match with the growth and development of children

No update of the local growth chart since 1993
The Department of Health just consider to update it this year
May need another 5-10 years to develop a new growth chart



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**Following the return to China for 20 years
What have our government done for our
children in HK ?**



X

Only focused on
education reform
More pressure for our
children?

Mr. Tung Chee-hwa

✓

Support underprivileged
children and tackle
child abuse
Ineffective, lack of
resources



Sir Donald Tsang Yam-kuen

Program for disabled, ethnic minorities, underprivileged children ✓

Ineffective, lack of resources



Children's Hospital ✓

Drug testing scheme X



Inclusion of pneumococcal vaccine under free programme

Cannot tackle the drug abuse problem



Mr. Leung Chun-ying



- Focuses on mainland exchange programmes for young people

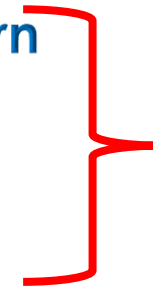
neglecting other needs of teenagers



- Support ethnic minorities to learn Chinese



- Supports children with special needs



Ineffective, lack of resources



- Expand the “School-based Education Psychology Service” to deal with students suicide problem

Not tackling the root causes, effectiveness doubtful?



The three Chief Executives:
Mr. Tung Chee-hwa
Sir Donald Tsang Yam-kuen
Mr. Leung Chun-ying

NO Child Health Policy

- **20 years return to China**
- All three Chief Executives did not care about children, and there is no child health policy
- There is even no designated child section in the Policy Addresses in the last 20 years
- Children-related policies only covered **12%** of the Policy Addresses in the past 20 years
- All policies **only tackled the symptoms, not the root causes**
- Short-term remedial measures result in “back to square one” afterwards
- Problems became worse



Children are not sick \neq Grow healthily and happily
**Hong Kong government neglects the comprehensive
child health**

- The Hong Kong government has huge fiscal reserves
- Yet only allocated very little resources to child health
- Child health is a long term issue which needs to be tackled with a long term and comprehensive policy
- The policy should not only focus on disease treatment, but also prevention and early intervention

**If the problem persists or worse,
it may lead to disastrous consequences**



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“Survey on the quality of life of Hong Kong kindergarten and primary students and their parents”



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Dr. Wong Hiu Lei, Lilian
Secretary General, Hong Kong Paediatric Foundation
and Past President of Hong Kong Paediatric Society



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Methodology

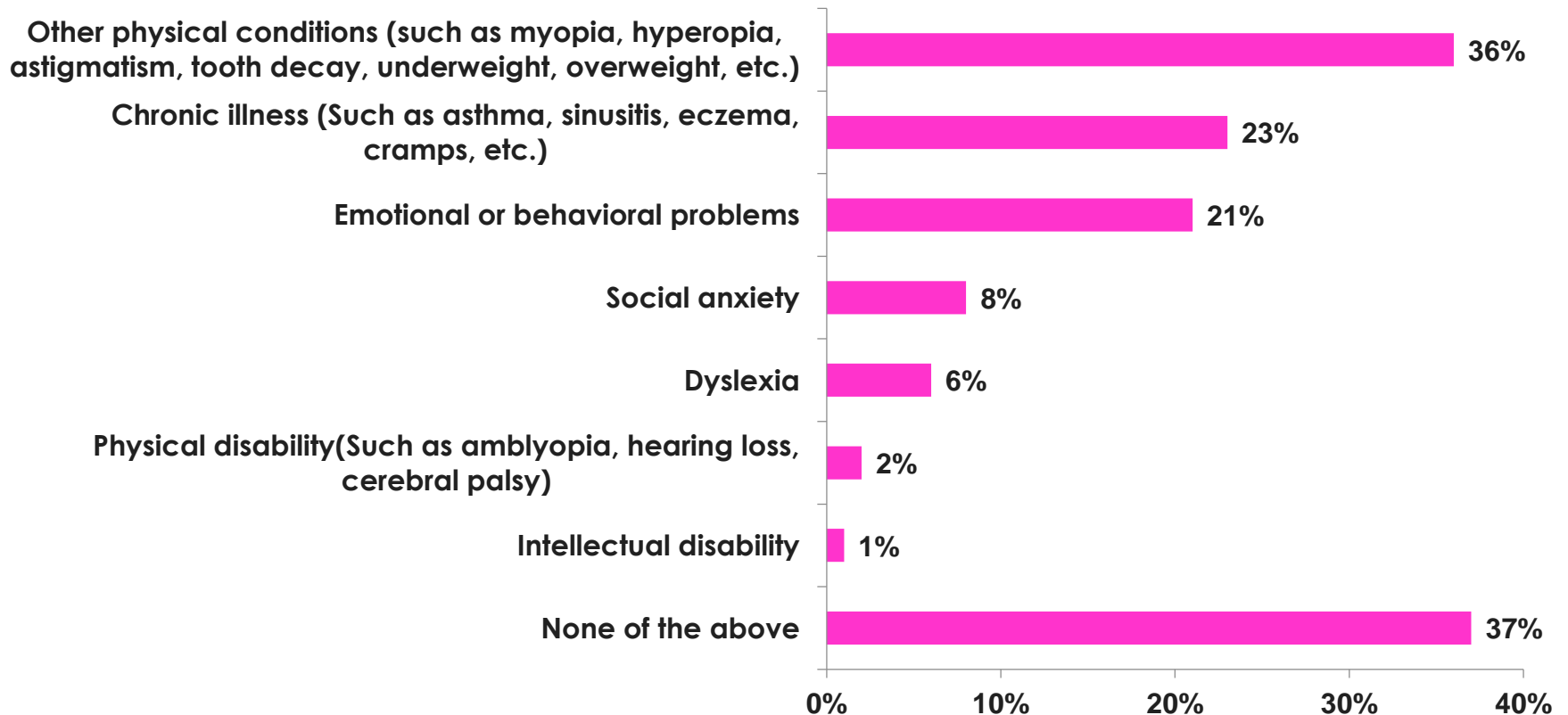
Objective	To investigate parents' opinion on our child health services in the past 20 years, and the pressure of children and parents
Duration of survey	11 May, 2017 - 6 June, 2017
Participants	Parents of Hong Kong kindergarten and primary school students
Methodology	Self-report questionnaires
Number of complete respondents	1,327

Life of our children
- are they **healthy** and **happy**?

36% children have physical problem such as myopia, hyperopia, astigmatism, tooth decay, underweight, overweight, etc.

21% have emotional or behavioral problem

Q4. Did any of the below happen to your child? (Multiple selections)



No. of respondents: 1,327



Myopia, tooth decay and overweight problem sharply increase after children entering primary schools

Q4. Did any of the below happen to your child? (Multiple selections)

	Average	Kindergarten	Primary School
Emotional or behavioral problems	21%	21%	20%
Chronic illness (such as asthma, sinusitis, eczema, cramps, etc.)	23%	20%	25%
Other physical conditions (such as myopia, hyperopia, astigmatism, tooth decay, underweight, overweight, etc.)	36%	18%	44%
None of the above	37%	48%	32%

No. of respondents: 1,327
407 (Kindergarten) / 920 (Primary school)



The score for happiness drops after children entering primary schools

Academic is the main reason for unhappiness

Q2. Do you think your child is happy?
(10 being very happy , 1 being least happy)

	Average	Kindergarten	Primary School
Do you think your child is happy?	7.9	8.3	7.7
If they are unhappy, the reasons are			
- Academic	54%	24%	68%
- Emotional problem	50%	60%	45%
- Social	30%	28%	30%
- Parent-child relationship	21%	26%	20%

No. of respondents: 1,327
407 (Kindergarten)/ 920 (Primary school)



Stress level increases 60% after children entering primary schools

Q7. How do you rate your child's stress level ? (10 being most stressful and 1 being least stressful)

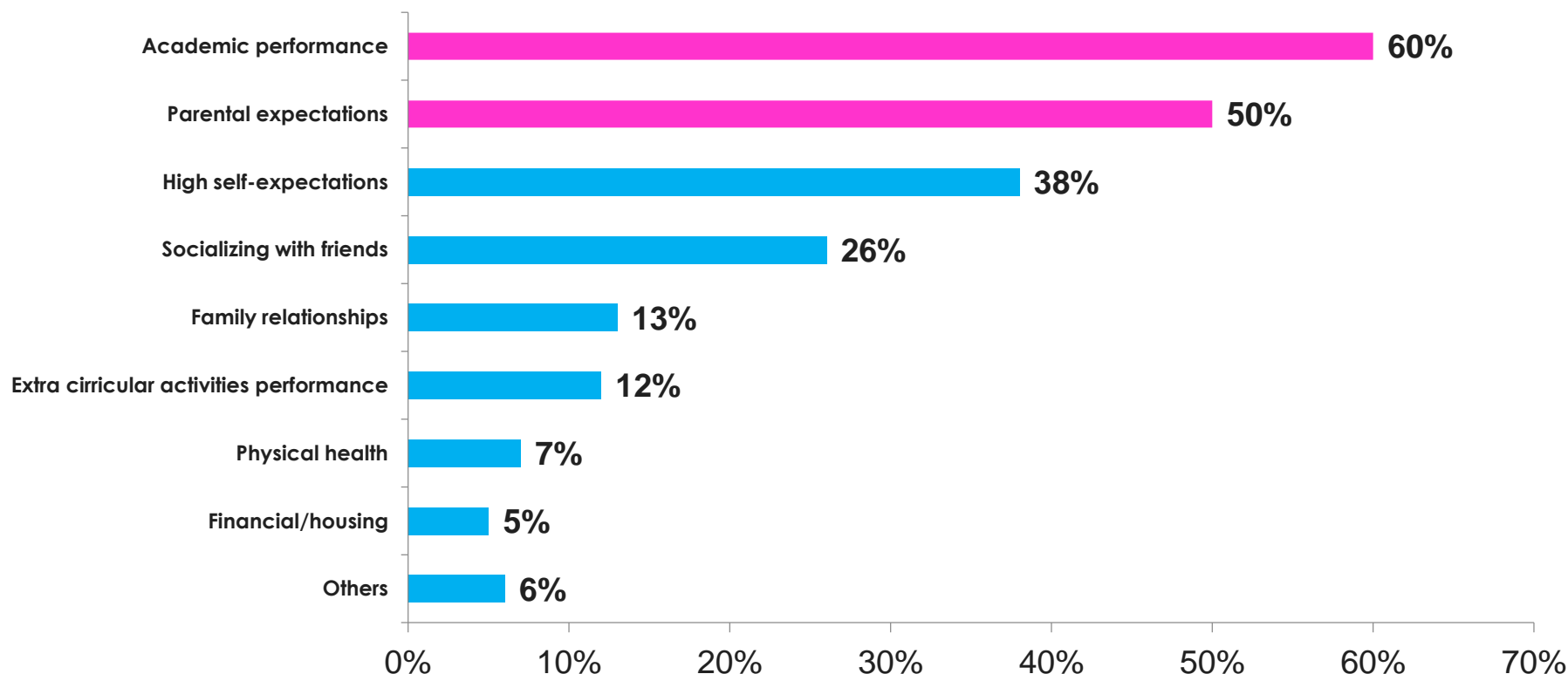
Stress level of Kindergarten students	Stress level of primary school students
3.6	5.8 (↑ 60%)

No. of respondents: 407 (Kindergarten) / 920 (Primary school)



60% parents considered academic performance as the stressor
50% ranked parental expectations

Q8. What do you think is the source of stress for your child? (Multiple selection)



No. of respondents: 1,327



Academic performance and parental expectations become the major source of stress after children entering primary schools

Q8. What do you think is the source of stress for your child? (Multiple selection)

Kindergarten	Primary School
Parental expectations (48%)	Academic performance (76%)
High self-expectations (41%)	Parental expectations (51%)
Socializing with friends (30%)	High self-expectations (37%)
Academic performance (23%)	Socializing with friends (24%)

No. of respondents: 407 (Kindergarten) / 920 (Primary school)

The stress level of parents



The **stress level** of parents with kindergarten and primary school children **reaches point 7**

Q11. How do you rate your stress level? (10 being the most stressful and 1 being least stressful)

Stress level of parents with kindergarten children	Stress level of parents with primary school children	Stress level of parents whose children do not suffer from any health problem
6.7	6.8	6.3

No. of respondents: 407 (Kindergarten) / 920 (Primary school) / 488 (No health problem)



Children's academic performance becomes the major source of stress for parents after children entering primary schools

Q12. What is the source of stress? (Multiple selection)

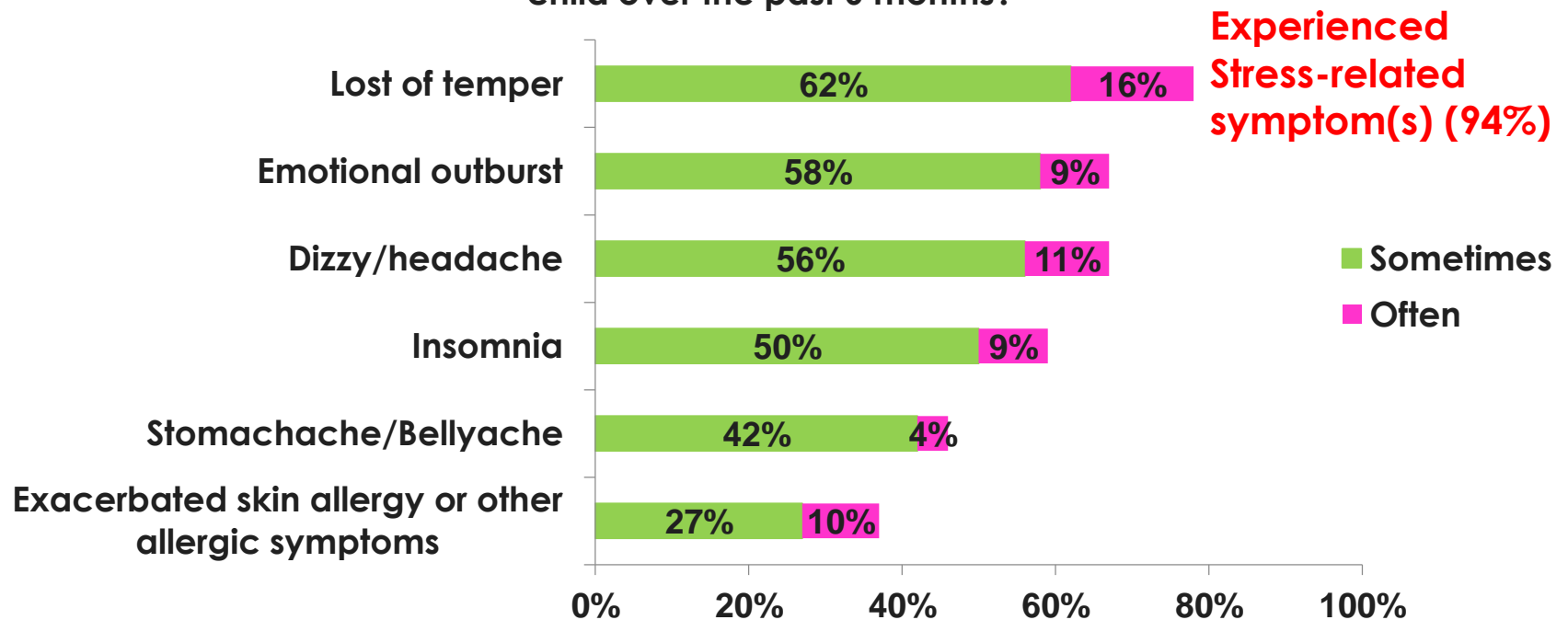
Parents with kindergarten children	Parents with primary school children	Parents with children not suffer from any health problem
Children's emotional and behavioral problems (71%)	Children's academic performance (79%)	Children's academic performance (76%)
Children's physical health (54%)	Children's emotional and behavioral problems (70%)	Children's emotional and behavioral problems (58%)
Marital relationship (42%)	Children's physical health (52%)	Children's physical health (46%)
Financial/housing issues (42%)	Financial/housing issues (36%)	Financial/housing issues (32%)
Children's academic performance (41%)	Marital relationship (27%)	Own emotional problems (30%)

No. of respondents: 407 (Kindergarten) / 920 (Primary school) / 488 (No health problem)



94% parents **experienced stress-related symptoms**
when taking care of their children over the past 6 months
78% experienced lost of temper
67% experienced emotional outburst

Q10. Did you experience the below symptoms when taking care of your child over the past 6 months?



No. of respondents: 1,327



When parents taking care of their children, no matter at what age or with/without health problem

90% parents experienced stress-related symptom(s)

Q10. Did you experience the below symptoms when taking care of your child over the past 6 months?

Kindergarten	Primary school	Children without health problem
Lost of temper (84%)	Lost of temper (75%)	Lost of temper (68%)
Emotional outburst (71%)	Emotional outburst (65%)	Emotional outburst (55%)
Dizzy/headache (70%)	Dizzy/headache (65%)	Insomnia (55%)
Insomnia (59%)	Insomnia (58%)	Dizzy/headache (58%)
Stomachache/Bellyache (51%)	Stomachache/Bellyache (45%)	Stomachache/Bellyache (33%)
Experienced stress-related symptom(s) (95%)	Experienced stress-related symptom(s) (93%)	Experienced stress-related symptom(s) (90%)

No. of respondents: 407 (Kindergarten) / 920 (Primary school) / 488 (No health problem)

How did parents rate the government services on health, education and welfare for children now and before the handover?



Compare with 20 years ago, **65% parents disagreed** the current education policy has improved

Q17. The following question is only intending for parents who have
been residing in Hong Kong before 1997

Compare the current policy vs the policy when you were a child

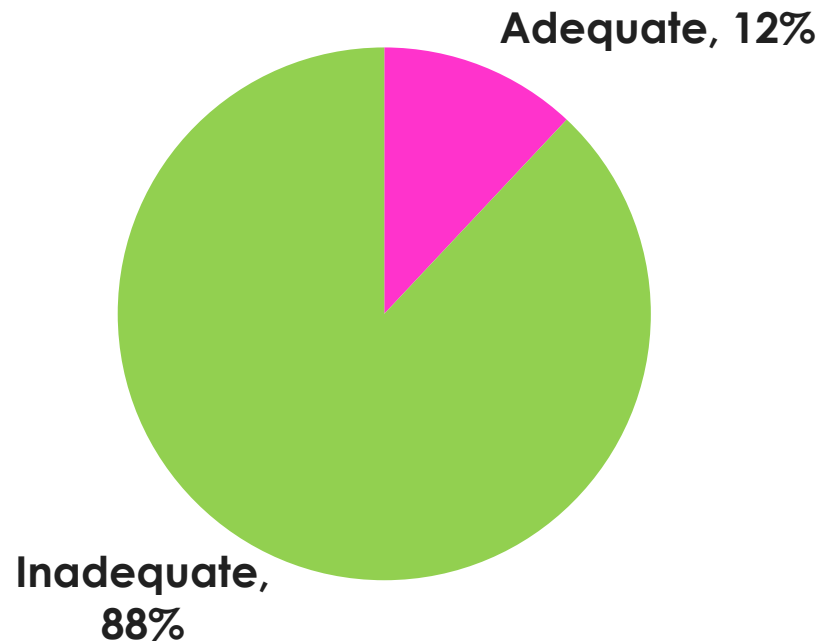
	Disagree	No significant difference
Education policy has improved	65%	14%
Policy on emotional health for children has improved	31%	17%
Welfare policy for children has improved	28%	24%
Medical policy for children has improved	23%	19%

No. of respondents: 1,071
(parents who have been residing in Hong Kong before 1997)



88% parents think there is **inadequate** government support to parents

Q18. Do you think there is adequate government support to parents?

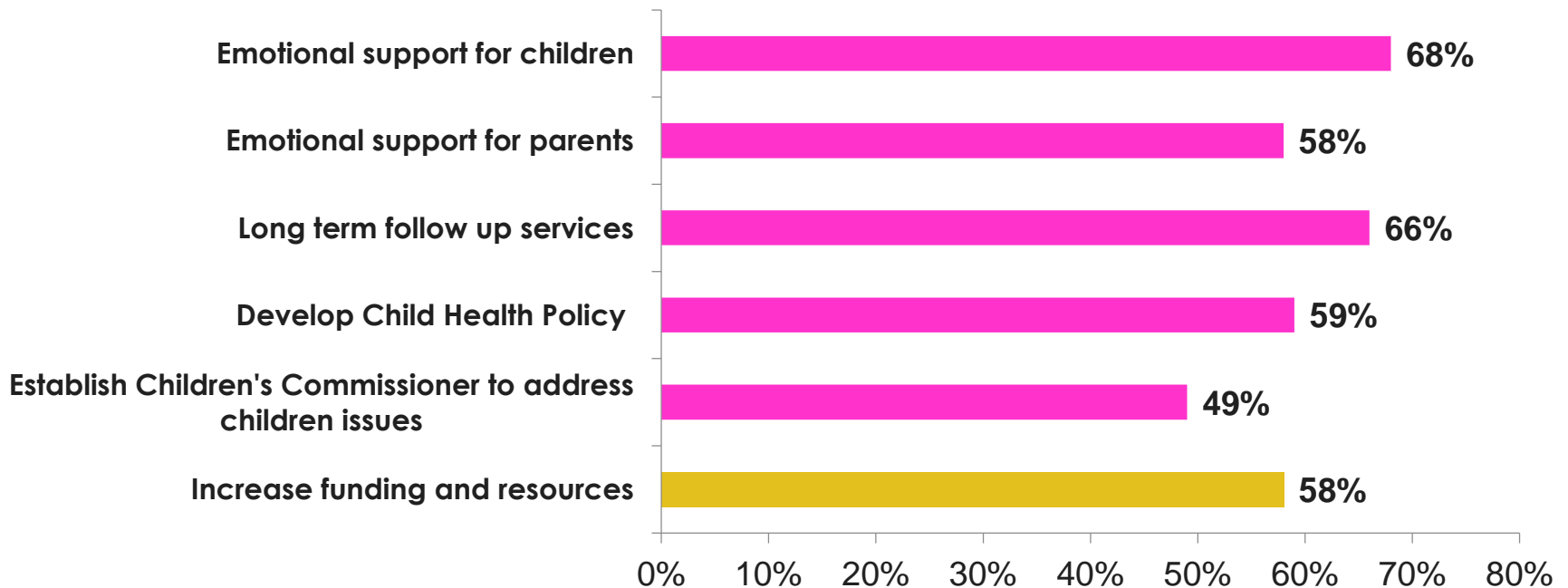


No. of respondents: 1,327



Parents expect the government to provide **support and concrete policy from different perspectives, not only funding**

Q19. What kind of support do you anticipate from the government?
(Multiple selections)



No. of respondents: 1,327

3 major appeals from the Hong Kong Paediatric Society & the Hong Kong Paediatric Foundation

Dr. CHAN Chok Wan, Chairman of Board of Directors of Hong Kong Paediatric Foundation, Past President of the International Pediatric Association (IPA)



The focus of our education system should be on cultivation, not elimination, and examinations should not be reduced to a mechanism of producing losers (Policy address, 1999)

Mr. Tung Chee-hwa

There is no direct relationship between student suicide and the education system

Mr. Ng Hak-kim

Policy chaotic,
no target

2017



The core issues

- Education is not just knowledge transfer, it has significant impact on the health and wellbeing of our children
- Our education system focuses on examination and academic result
- It neglects the importance of exercise, rest, play, moral and personality development
- The curriculum of primary and secondary schools does not include Chinese History, students are in lack of core values and resilience
- The Education Bureau and Welfare Department adopted different policies and regulations on early childhood development

Recommendations

- Education shall foster physical and mental health, with the right balance
- Chinese History shall be included in Liberal Studies
- Coordinate different organizations and support working parents
- Establish a Children's Commissioner to supervise the implementation of policies



THREE MAJOR REQUESTS

1. Implement a Child Health Policy – with timetable and roadmap

- It takes around **30 years** to achieve the effects of a Child Health Policy
- If the coming government does not take any action, by **2047 (HK returns to China for 50 years)**, the problem will escalate
- 20 years have been wasted since the handover, it means one generation of HK children are not being taken care of and provided the opportunity to maximize their potential
- We have to establish the child health policy ASAP so that our children would not suffer any more, and to ensure the competability of Hong Kong



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Since 2012, the Hong Kong Paediatric Society and the Hong Kong Paediatric Foundation focus on

Child Health Policy



HKPS and HKPF gathered over hundreds of healthcare professionals, economist, educators and social welfare professionals to review the child health problems in our community and develop the first ever

Child Health Policy Proposal for Hong Kong



THREE MAJOR REQUESTS

2. Establish a Children's Commission

– Independent, empowered with resources

- The Legislative Council passed the motion of “establishment of the Children’s Committee” twice
 - 7 June, 2007
 - 20 November, 2013
- But the Children’s Committee was established under the Family Council and no actions have been taken!
- We urge to establish the “Children’s Commission”



Children's Commission

- Part of the government hierarchy
- Above bureau
- Report to the Chief Executive
- With resources and power to develop policies and action plans
- Can coordinate, monitor, and evaluate inter-bureaus policies
- Independent like the ICAC



Children's Committee

- Consultation only
- No power to regulate the policies
- No power to monitor and evaluate the policies
- No power to coordinate different bureaus and departments
- Cannot influence the development of policies and action plans



THREE MAJOR REQUESTS

3. Appoint a Children's Commissioner

- report directly to the Chief Executive
- lead the Children's Commission
- should be child-centered, focus on the needs of children
- Monitor, evaluate and follow up on policies across different bureaus
- Have adequate resources and power
- supervise the implementation of the Child Health Policy, and direct research, monitoring and execution of the policy



An example to illustrate the importance of a Children's Commissioner “Pilot Scheme on On-site Pre-school Rehabilitation Services”

Speaking at the launch event,

Mrs Carrie Lam said

“Children are the pillars of future society and the responsibility of enabling them to grow healthily definitely rests with the Government.”



- Implemented by the then Chief Secretary for Administration, Ms. Carrie Lam, the 2-year Pilot Scheme provided training to children with special needs.
- Multi-disciplinary service teams of NGOs offered rehabilitation services at kindergartens and child care centres.
- Led and coordinated by the **“commissioner”**
- The “commissioner” reviewed the policies. Through coordination and appropriate allocation of resources, concrete programs were implemented.
- Effective measures were in placed which eventually improved and grew the services for children with special needs.



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The successful of a city
depending on the quality and
health of children and
teenagers



- Children accounts for **18%** of our population now, but it will be **100%** of our future !
- We urge the new Chief Executive of HKSAR to put child health a top priority in her policy agenda
- Our children should be care for with love, policy and action

“Healthy Children, Better Future”

- Strategy:
 - **Establish** the Child Health Policy
 - **Set up** Children’s Commission
 - **Appoint** Children’s Commissioner



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The Hong Kong Paediatric Society
香港兒科醫學會

Improve Child Health
Advocate Children's Right

“ALL of us are responsible”

<http://hkpf.org.hk/tc/home/>

<http://www.medicine.org.hk/hkps/>

“Survey on the quality of life of Hong Kong kindergarten and primary students and their parents”

Respondents profiles



Respondents Profile

Gender	Percentage
Male	16%
Female	84%

No. of respondents: 1,327

Age	Percentage
18-19	0%
20-24	0%
25-30	3%
31-35	18%
36-40	35%
41-45	32%
46 or above	12%

No. of respondents: 1,327



Respondents Profile

Gender of child	Percentage
Male	56%
Female	44%

No. of respondents: 1,327

School grade of children	Percentage
Nursery (K1)	11%
Lower (K2)	9%
Upper (K3)	10%
Primary 1	16%
Primary 2	11%
Primary 3	12%
Primary 4	11%
Primary 5	11%
Primary 6	9%

No. of respondents: 1,327



Respondents Profile

Education level	Percentage
Primary or below	1%
F.1 to F.3 (Junior high)	12%
F.4 to F.6/F.7 (High school)	36%
Tertiary education/ Non-degree	33%
Master degree or above	18%

No. of respondents: 1,327

Occupation	Percentage
Full-time work	57%
Part-time work	13%
Unemployed	1%
Full-time homemaker	27%
Others, please specify	2%

No. of respondents: 1,327



Respondents Profile

Type of housing	Percentage
Self-owned private property	37%
Rented private property	21%
Home Ownership Scheme (HOS)	14%
Public Housing	23%
Subdivided flat	2%
Cubicle apartments	1%
Others	3%

No. of respondents: 1,327

No. of children	Percentage
1	38%
2	53%
3	8%
4	1%
5 or above	0%

No. of respondents: 1,327