

教育局
小學校本課程發展組

**「課程領導 - 學習社群」
2016-17 全體聚會**

2016年 9月24日

不一樣的學習體驗 不一樣的生命歷程

< 分享嘉賓 >

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Adolescent Health in Hong Kong 2016 Update

Dr. Chok-wan CHAN

Chairman, Joint Committee for Promotion of Child Health in Hong Kong

Board Chairman, Hong Kong Pediatric Foundation

President, International Paediatric Association (2007 to 2010)

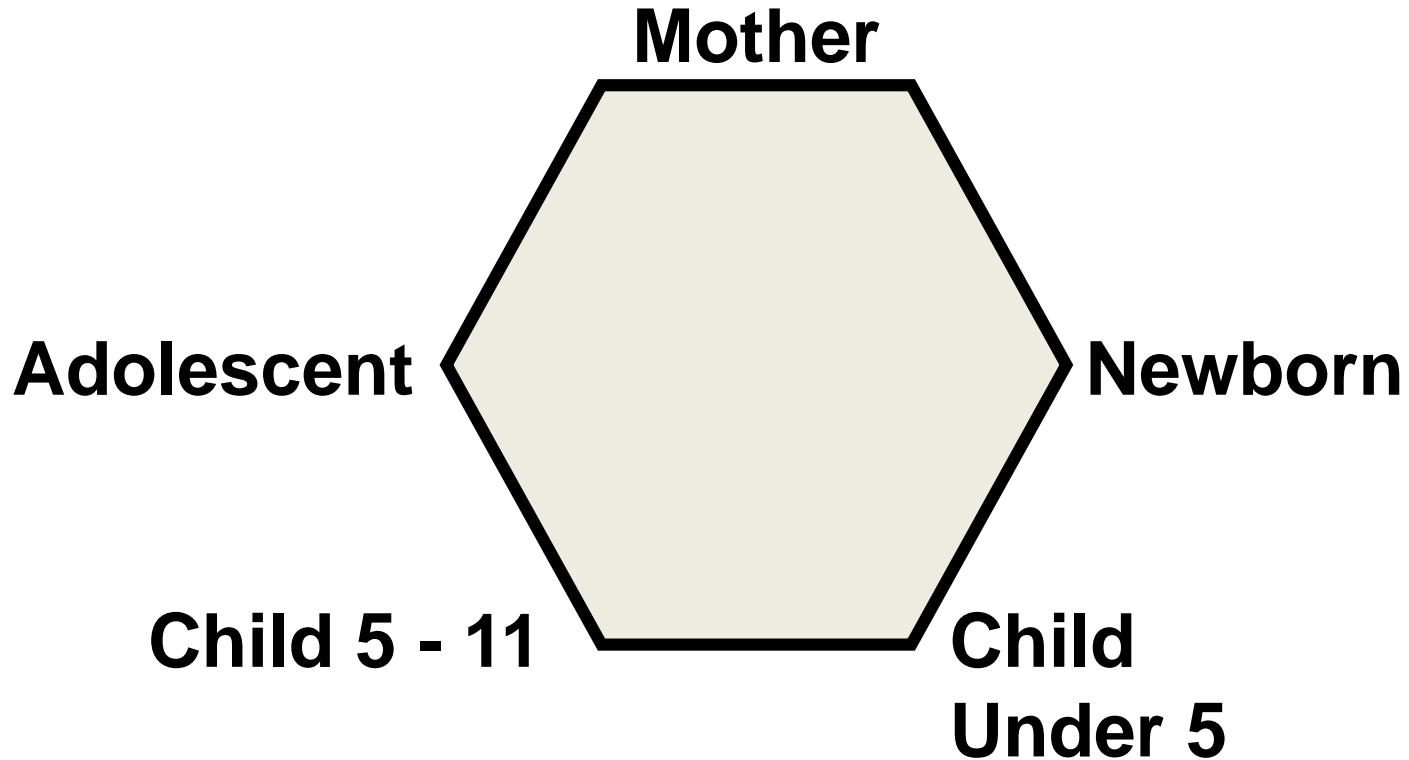
Outlines of My Talk

- Concept of Global Child Health
- Adolescent Health in Hong Kong
- Youth Issues for Hong Kong
- The Child Health Policies for Hong Kong
- The Way Ahead

Child Health

- **The Child (0 to 18 Years – United Nations)** covering Fetus, Newborn, Childhood and Adolescence
- **Sectors** (Medical, Social and Education)
- **Domains** (Family, School, Community)
- **Definitions**
 - Freedom from Diseases (1946)
 - A state of physical, social, mental and spiritual well-being (1988)
 - Attainment of highest potential in life and development (2008)

Continuum of Care



Child Health

Providers: (Transdisciplinary Team)

- Healthcare Professionals
 - Medical Doctors
 - Nurses / Midwives
 - Allied Health Professionals
- Social workers
- Education – teachers, health nurses
- Others

United Nation (UN) Convention on the Rights of the Child 1989

- Equity
- Quality
- Rights
- Welfare
- Protection
- Others

Adolescent Health Service in Hong Kong

At mid-2014,
the population of Hong Kong was **7.24 million**

– 0–14 years	804 400 people	11.1%
– 15–24 years	835 200 people	11.5%

*Around **20%** of Hong Kong population are
children and youth*

**Census and Statistics Department Website: <http://www.censtatd.gov.hk>
April 2015**

Organization of Child & Adolescent Health Service in Hong Kong

Organization	Hospital Authority (Public Service)	Department of Health	Private doctor	Social Welfare Dept
Health Education	✓✓	✓✓✓	✓	✓
Health Surveillance		100%		
Immunization		90%	10%	
School health services		100%		
Adolescent health	✓	✓	½✓	✓✓✓
Child Assessment	✓	✓✓✓	½ ✓	
Primary medical care	5%	5%	90%	
Secondary & tertiary care	90%		10%	
Rehabilitation	✓			✓✓✓

Majority of *primary health care* is provided in private setting but *preventive care* is mainly provided in the public health system

Adolescent Health Service (HA)

- Adolescent Medical Center (QEH) started in 1995
- Adolescent service gradually set up in many pediatric units
 - Out-patient adolescent service:
 - In-patient admission: up to 18 yrs (2002)
 - Chronic illness
 - Eating disorders
 - Psychosomatic disorders
 - Drug overdose/abuse
 - Sexual/physical abuse
 - Behavioural and emotional problems

Student Health Service

Department of Health

- Target at
 - primary school ***P1-6 (aged 6-11 yrs)*** &
 - secondary school ***S1-7 (aged 12-18 yrs)*** students
- *Provide comprehensive and preventive health screening for physical and psychological health*

Health Program at Student Health Center

Screening for Secondary School Students

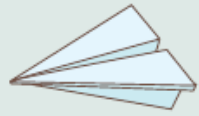
Hearing Test	聽覺測試
Checking of Immunisation Status	免疫接種核對
History Taking	病歷記錄
Physical Examination	身體檢查
Pubertal Development Assessment	青春期發育評估
Spinal Assessment	脊椎骨評估
Psychological Health Assessment Questionnaire 心理健康評估問卷	For Student 學生填表
	For Parent 家長填表

– **Obesity**

– **Scoliosis**

– **Mental Health**

http://www.studenthealth.gov.hk/english/resources/resources_forms/files/appendixb.pdf



青少年健康服務計劃 Adolescent Health Programme

服務內容

衛生署學生健康服務於2001年成立了青少年健康服務計劃，服務隊成員包括醫生、護士、營養師、社工及臨床心理學家等專業人士，透過外展服務在學校向就讀日校的中學生、家長及老師推行促進身心社交健康的活動。本計劃主要有兩大範疇，包括為中一至中三學生而設的基本生活技巧訓練及為中一至中七學生、家長及老師而設的專題探討，內容涵蓋情緒管理、溝通技巧、壓力處理、預防吸煙、飲酒及吸食危害精神毒品、逆境處理、目標的確立及建立健康生活習慣等；本計劃旨在促進青少年生理、心理及社交健康，能自信和有效地面對成長所帶來的轉變與挑戰，邁向健康快樂的豐盛人生。

參加辦法

本計劃以學校為單位，只要學生就讀之中學參與本計劃，學生便可以免費接受由服務隊所提供之服務。

Services provided

The Student Health Service launched the Adolescent Health Programme in 2001. The programme is an outreach service for secondary day school students, their parents and teachers. It is implemented in schools by multidisciplinary team staff comprising of doctors, nurses, dietitians, social workers, and clinical psychologists. The programme includes basic life skills training for form one to three students and topical programmes for form one to seven students, parents and teachers. A variety of topics are covered, including emotion management, interpersonal communication, stress management, smoking, drinking, and substance abuse prevention, adversity management, goal setting and healthy lifestyle. The programme aims at promoting psychosocial as well as physical health of adolescents so that they are able to competently and confidently participate in society throughout their life course.

Enrollment

Service is provided on a school basis. Students will receive this service free of charge once their schools have enrolled in our programme.

- Outreach service set up in 2001
- For secondary school students, parents & teachers
- Basic Life Skills Training
 - emotion and stress management, interpersonal communications
 - smoking, drinking and substance abuse, healthy lifestyle

http://www.studenthealth.gov.hk/english/resources/resources_bl/files/shs_lefleaf.pdf

Hong Kong Society for Adolescent Health (HKSAH)

- A multidisciplinary society set up in 2006
- Members including doctors, nurses, social workers, occupational therapists, physiotherapists, clinical psychologists and other youth workers
- The Society is committed to improving the physical and psychological health and well-being of adolescents and to enabling adolescents to develop and realize their potential

New Health Challenges

for Children and Adolescents in 21st Century

- Non-communicable diseases and Chronic illnesses
 - Unhealthy life style
 - Exposure to environmental toxins
 - Risk exposure
- e-Era
 - Overwhelming information from cyber world with new sets of social values and culture
 - Overuse of electronic media leading to new health hazards
- **Increasing mental health problems**
 - Competitive world
 - Academic stress
 - Parental expectation
- Inequity (poverty, physical insufficiency, learning disability)

Common Mental Health Issues in Adolescents

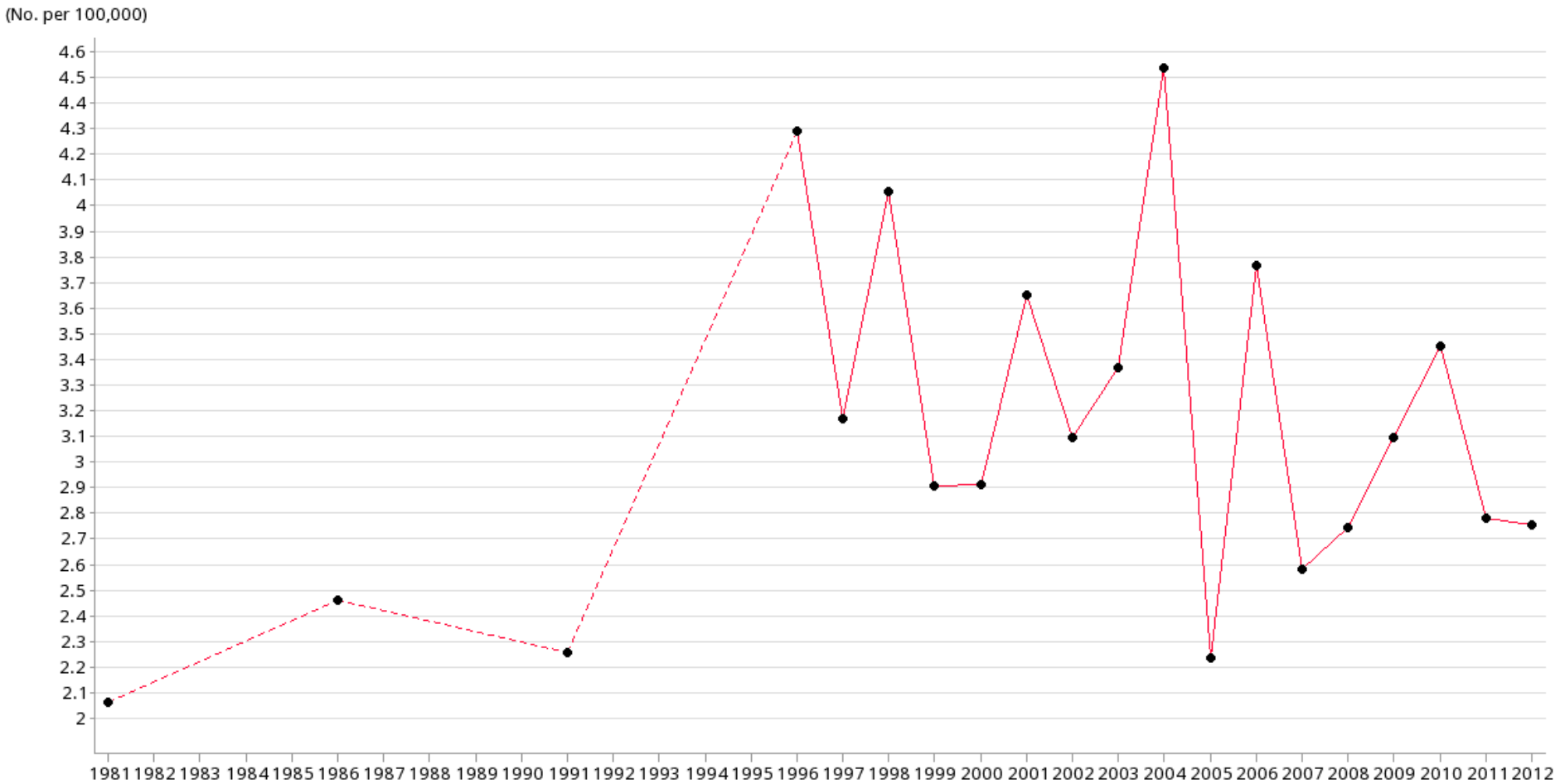
- Suicide
- Self-harm behaviour
- Psychosis
- Depression
- Panic attack
- Eating disorder
- Psychosomatic disorder

Suicide (WHO Mortality Database in 2012)

- A major global public health issue
- Every year, about a million suicidal cases are recorded
- Global age-standardized suicide rate of **11.4 / 100 000 persons** per year (**>50% cases occur in Asia**)
- For youths between 15 to 29 years of age, suicide accounted for **8.5% of all deaths** & ranked **2nd leading cause of death** (WHO, 2014)
- **2/3** of suicidal cases did not receive any mental health care in the year before their deaths

Youth Suicide Rate in Hong Kong (10-19 years)

Year 1981-2012



Source: The Hong Kong Council of Social Service

6/10/2016

Students at breaking point: Hong Kong announces emergency measures after **29 suicides** since the start of the academic year 2015/2016

- **High-pressure education** system in Hong Kong
- Virtual world in the internet and **lack of interpersonal skills**
- The new generation has **less resilience** against stresses and problems
- **Lack of Family Support**
 - both parents have to work, so having less quality time interacting with their children

Professional and Public Education
on **Adolescent Health** on 23-26 Apr. 2016
organized by **HKPS and HKPF**

- **Multidisciplinary Seminar**
 - Review and update on the hot topics on adolescent health
- **Professional Forum on HPV**
 - Update on recent evidences on HPV vaccine for adolescents
- **Adolescent Health Survey and Press Conference**
 - Health Literacy
 - Risk Behaviour

「香港中學生健康素養及高危健康行為狀況調查」 新聞發佈會

- 情緒問題嚴重 六成稱不開心
27%中學生擬自殘自殺
27/4/2016 《成報》
- Suicidal Thoughts of Students Uncovered
27/4/2016 *The Standard*

調查：六成學生有情緒病先兆

- 26/4/2016 《Now新聞》



THE HONG KONG
PAEDIATRIC SOCIETY

Online Survey on
Health Literacy & Risk Behaviours of
Hong Kong Secondary School Students



THE HONG KONG
PAEDIATRIC FOUNDATION

Methodology

Survey background	To understand the level of health literacy and risk behavior of Hong Kong secondary school students so as to provide relevant public health education
Survey duration	17 March, 2016 - 10 April, 2016
Target audience	Secondary school students
Methodology	Questionnaire
Total number of respondents	1,685

Respondent profile

Gender	Percentages
Male	39.47%
Female	60.53%

Valid Sample : 1,685

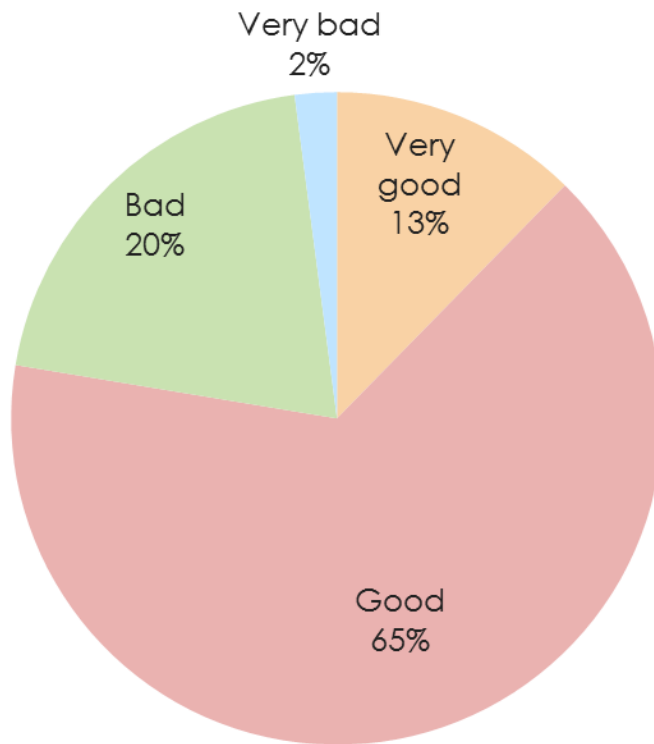
Grade	Percentages
Form 1	21.84%
Form 2	13.83%
Form 3	31.10%
Form 4	13.95%
Form 5	18.87%
Form 6	0.42%

Valid Sample : 1,685

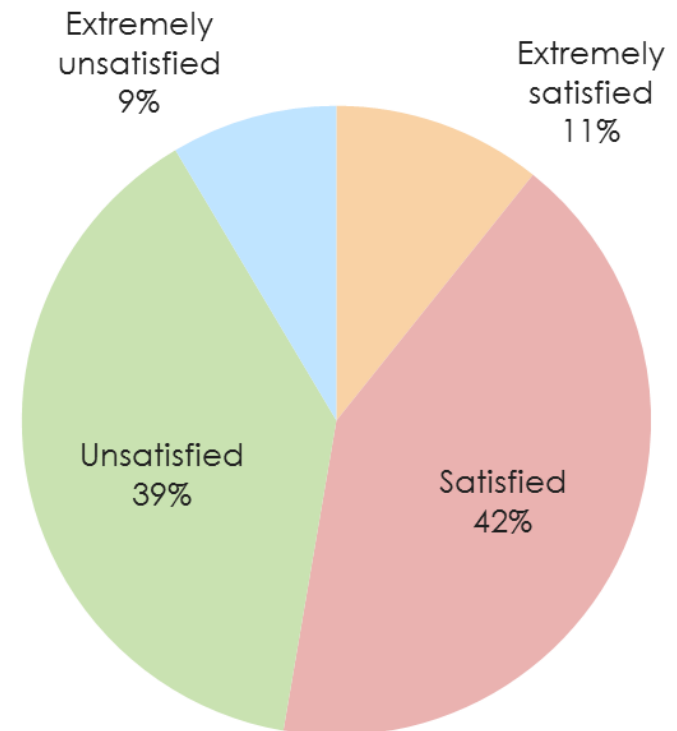
78% of secondary school students think they are healthy

48% are not satisfied with their body shape and weight

How would you rate your health status ?



Are you satisfied with your body shape and weight?

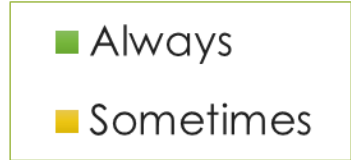
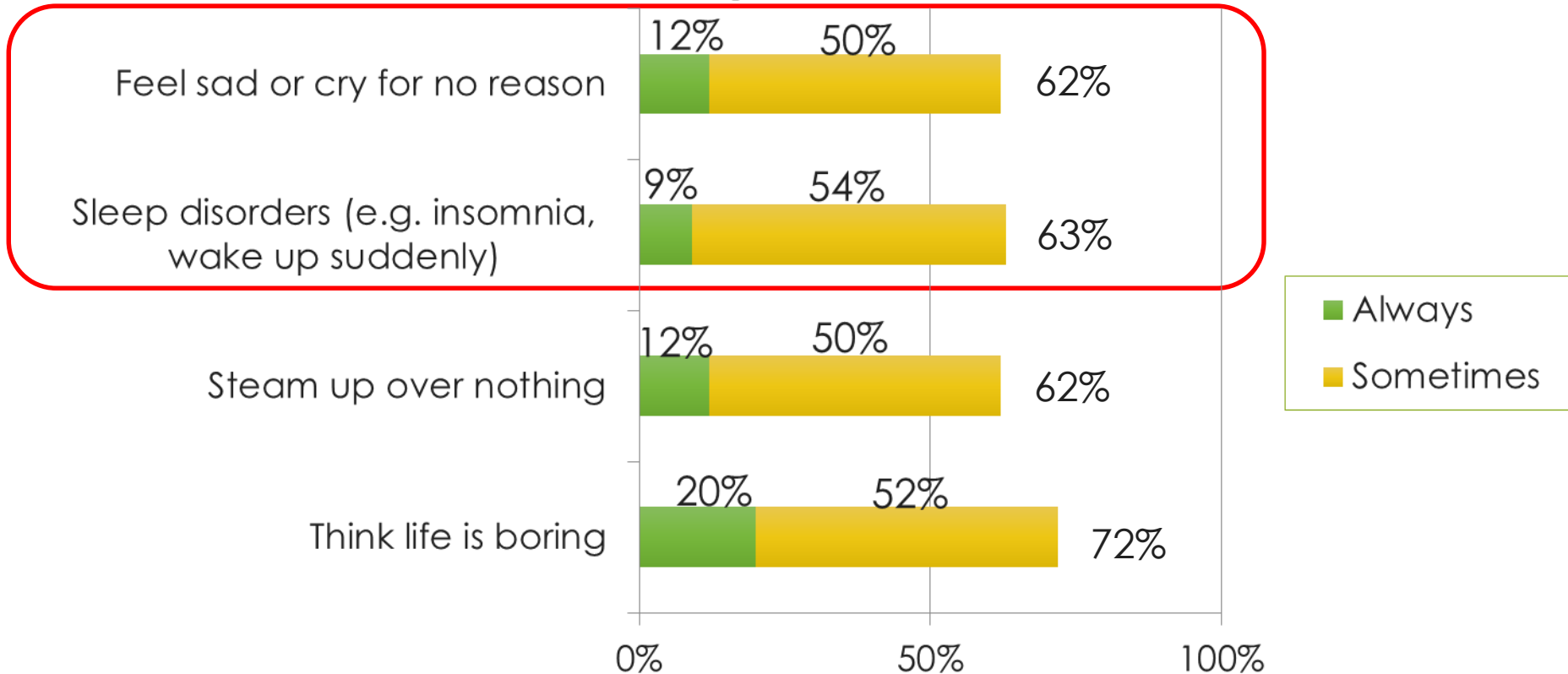


In the past 6 months,

62% felt sad or cried for no reason

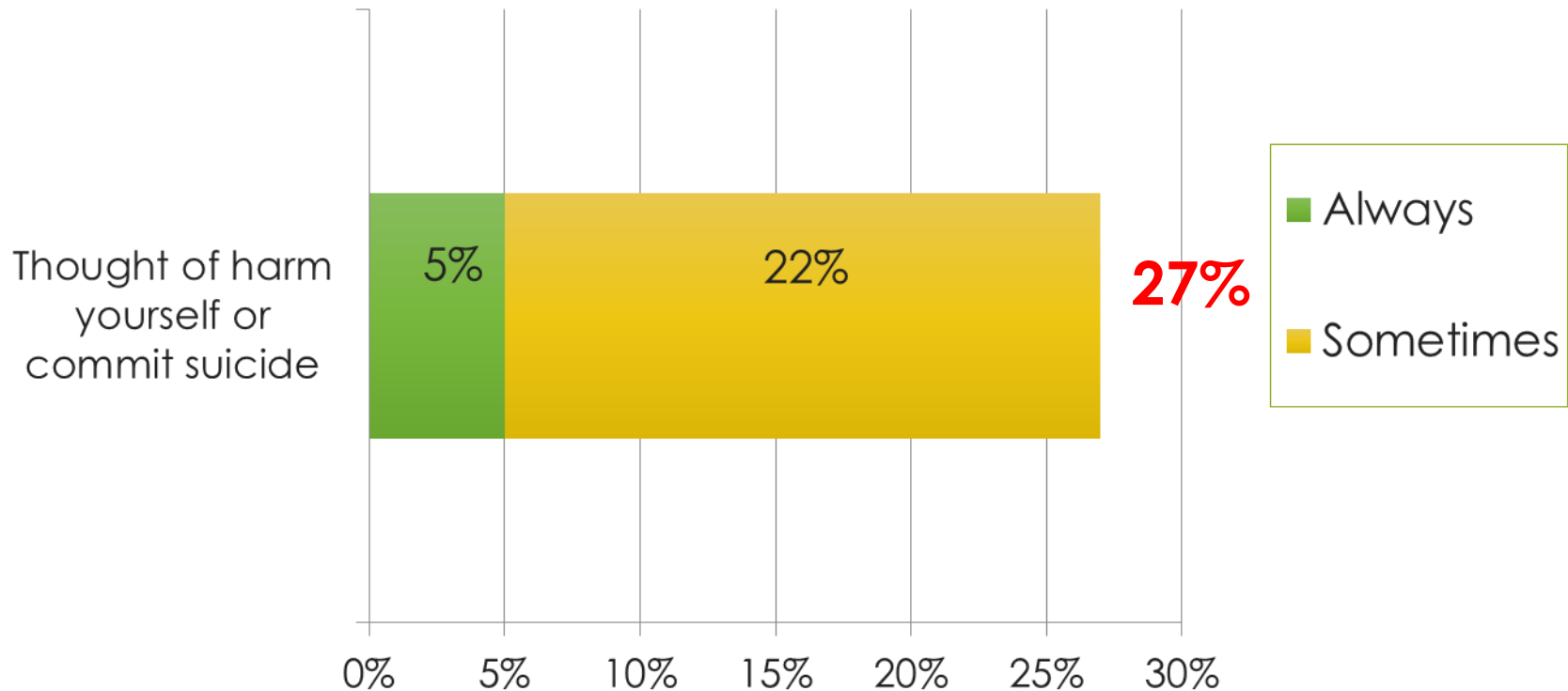
63% encountered sleeping disorders

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



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

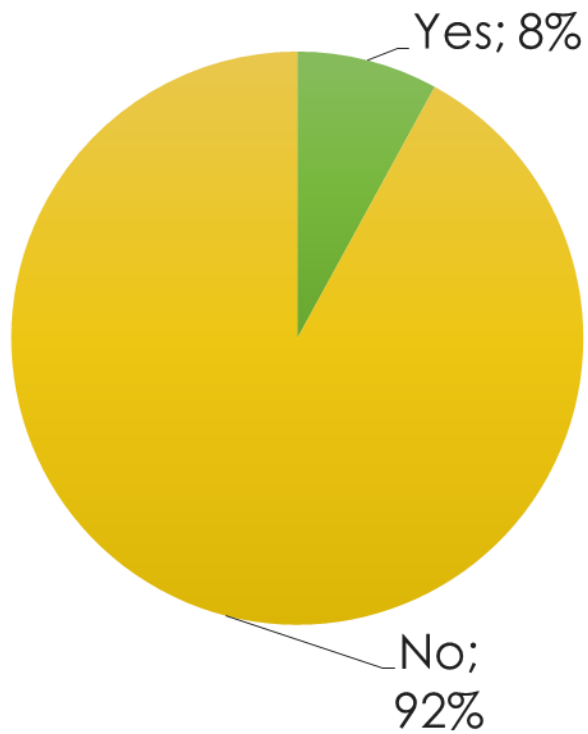


8% had been **cyber bullied** in the past year,

- **40%** of them felt depressed and

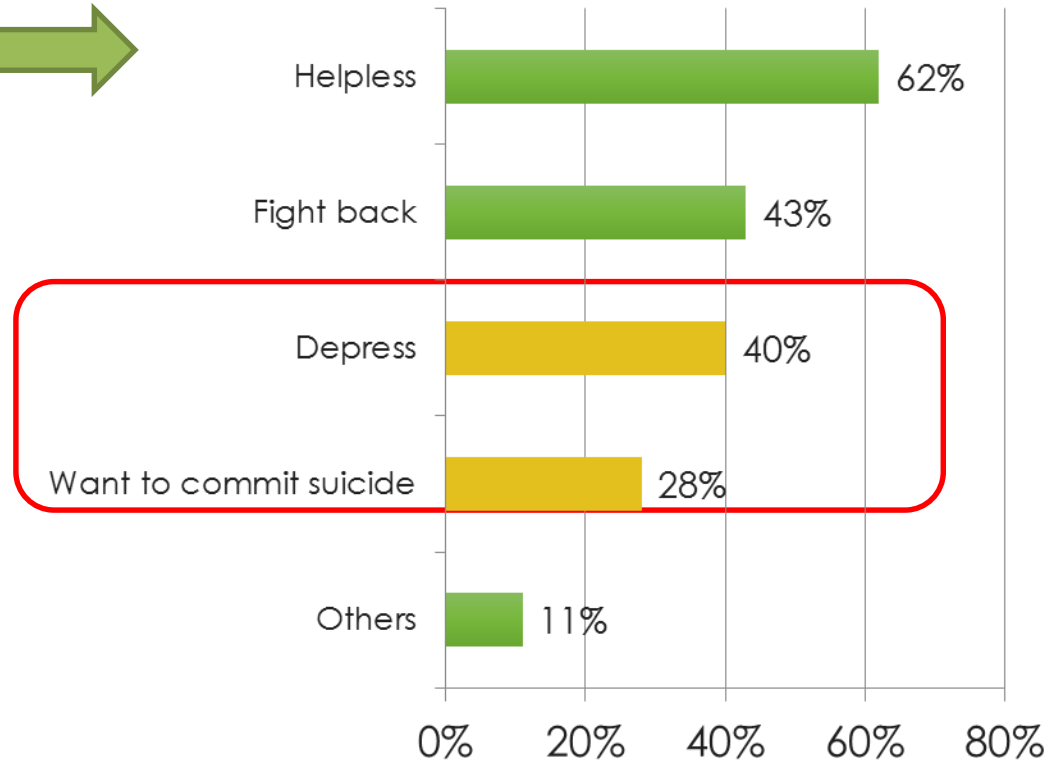
- **18%** wanted to commit suicide

Have you been cyber bullied in the past year?



Valid Sample : 1,685

What's your response? (Multiple selections)



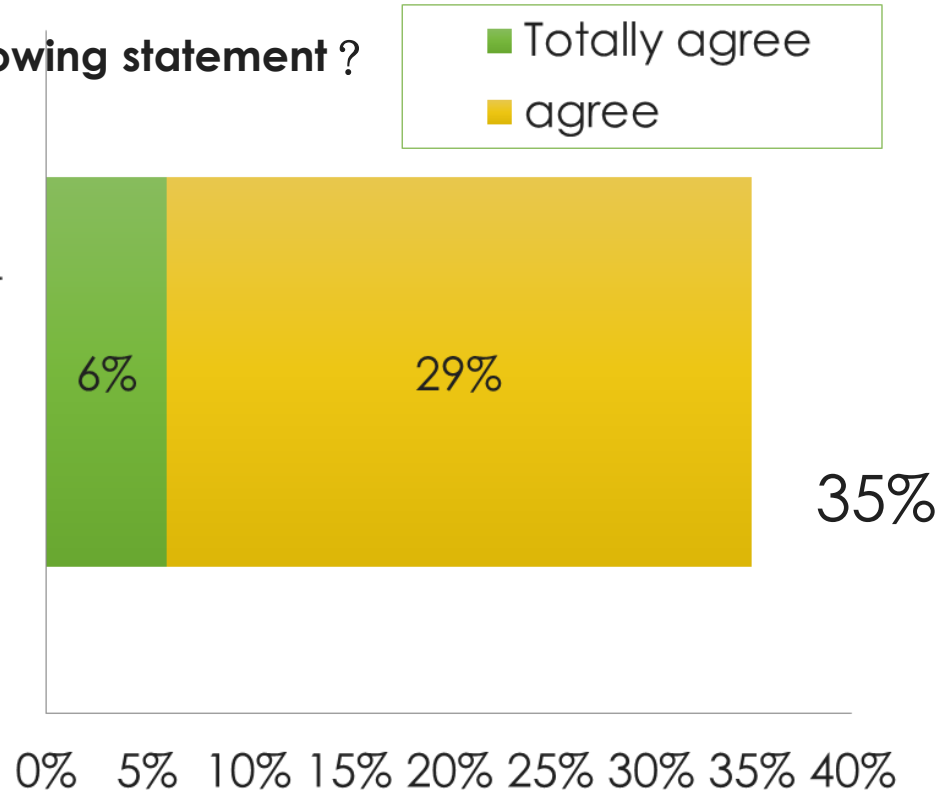
Valid Sample: 141

Health Literacy 健康素養

35% think that they are not kids anymore, they could search information in the web for self treatment when feeling sick

Do you agree/ disagree with the following statement ?

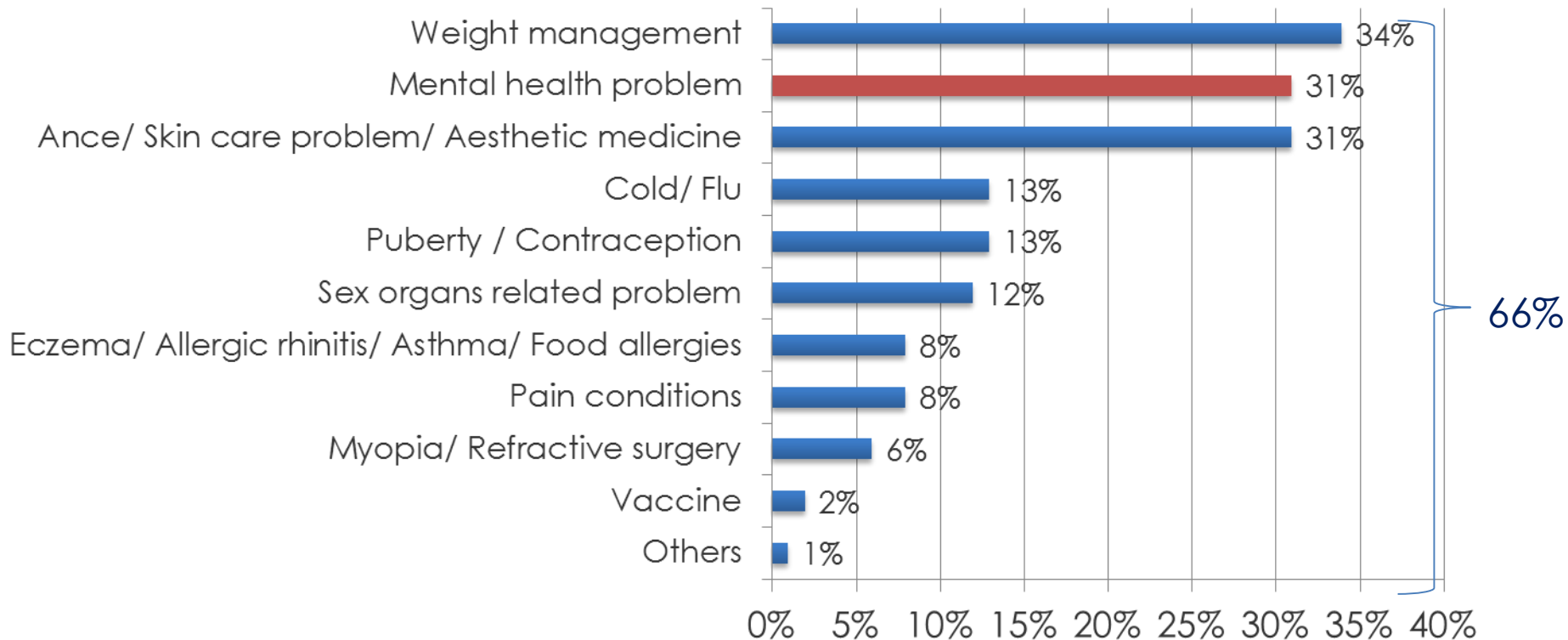
Secondary school students are not kids anymore, we should search information by ourselves when we are sick for self treatment



66% prefer to handle health issues by searching information from internet instead of seeking medical help

Top 3: 1) Weight management, 2) mental health problems and 3) acne/skin care problems

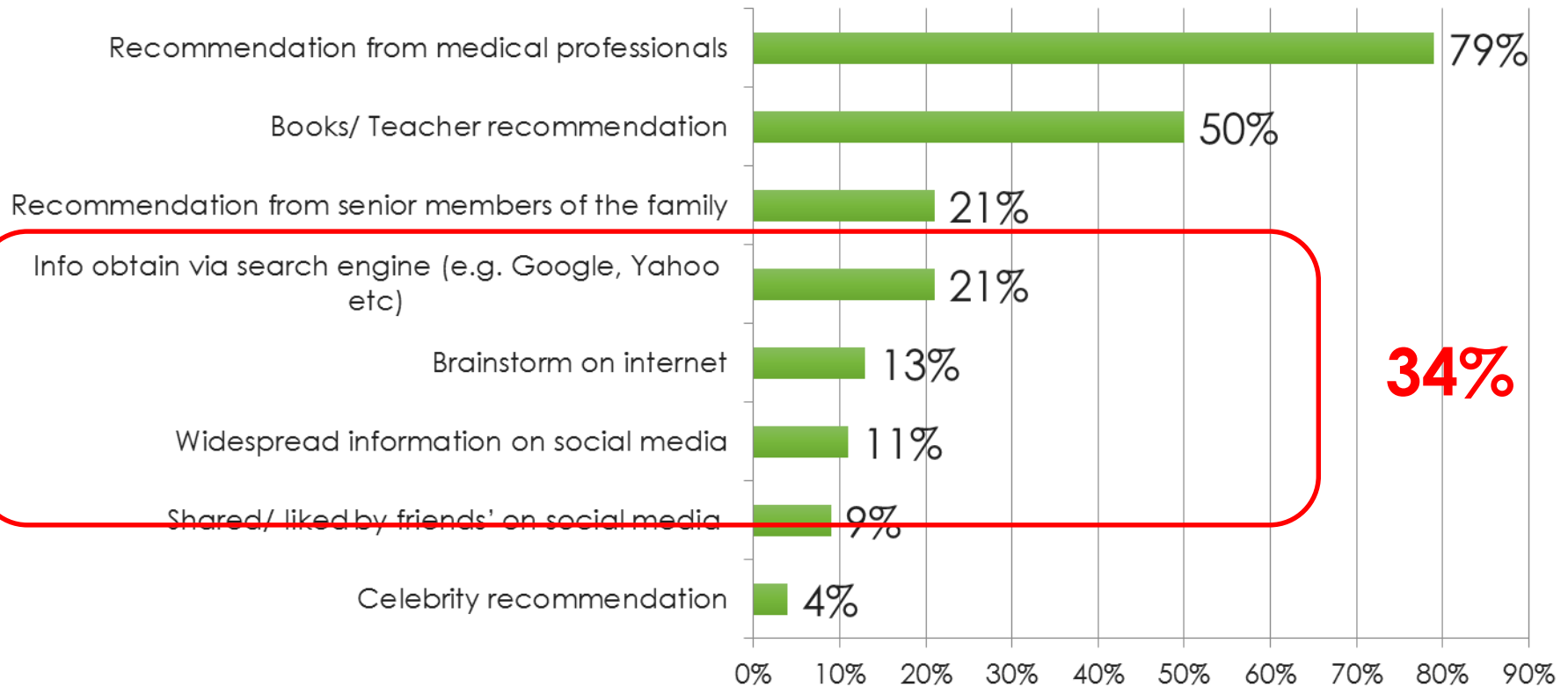
Which of the health issues below you prefer to search information from internet and handle it by yourself instead of seeking medical help?



79% think that recommendation from medical professionals are reliable

34% think that online information is reliable

With regard to health information, which source(s) of information is/are reliable? (Multiple selections)



Valid Sample : 1,685

40% consider that even without doctor's prescription, they can still try other remedies

38% consider their friends' experiences are more reliable than doctors' recommendations

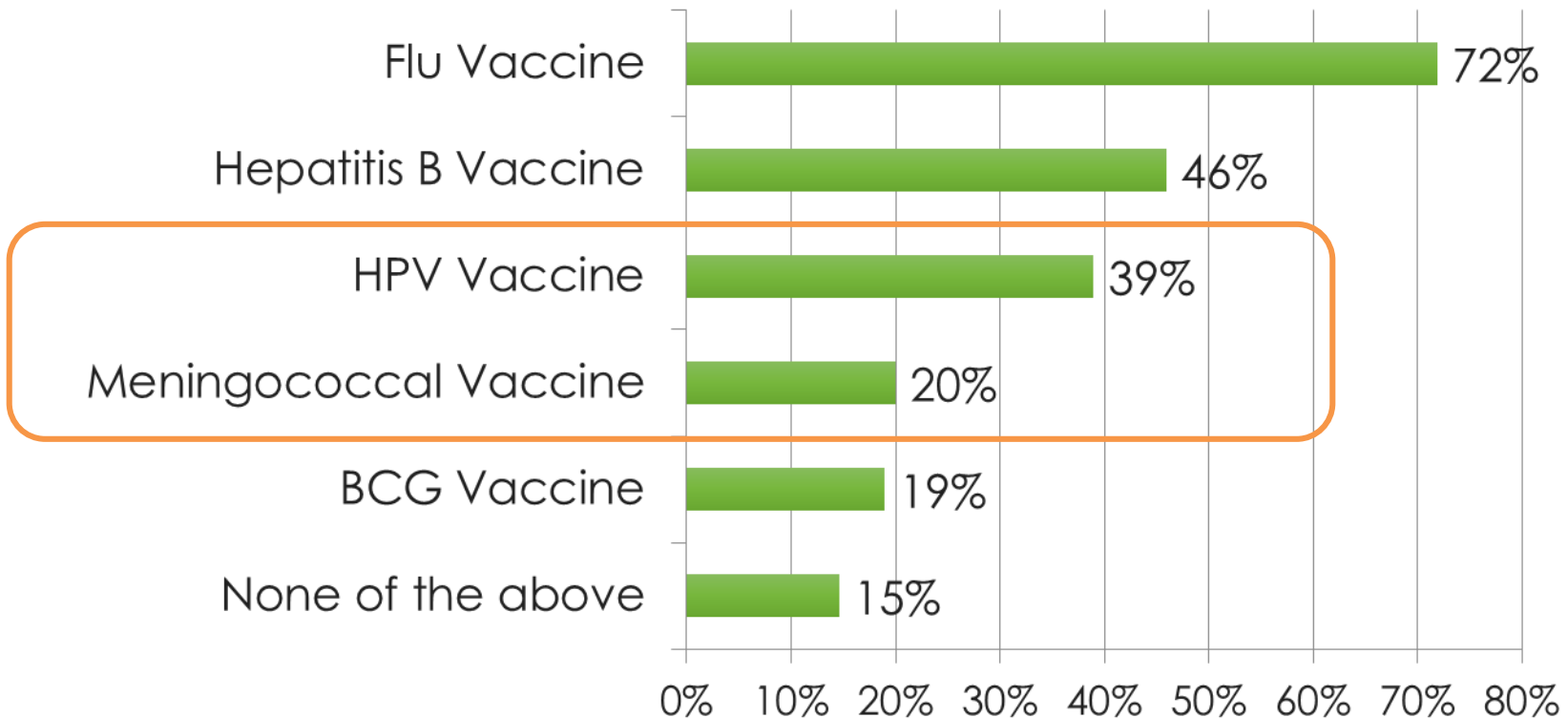
Do you agree/ disagree with the following statements?



Examples of Inadequate Health Literacy Among Young People

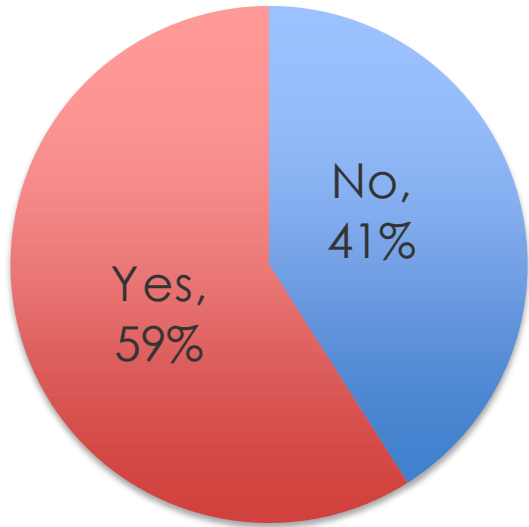
Less than 40% of secondary school students know that teenagers should receive HPV vaccine (39%) and meningococcal vaccine (20%) for their own protection

According to your knowledge, which vaccine(s) should teenagers vaccinate? (Multiple selections)



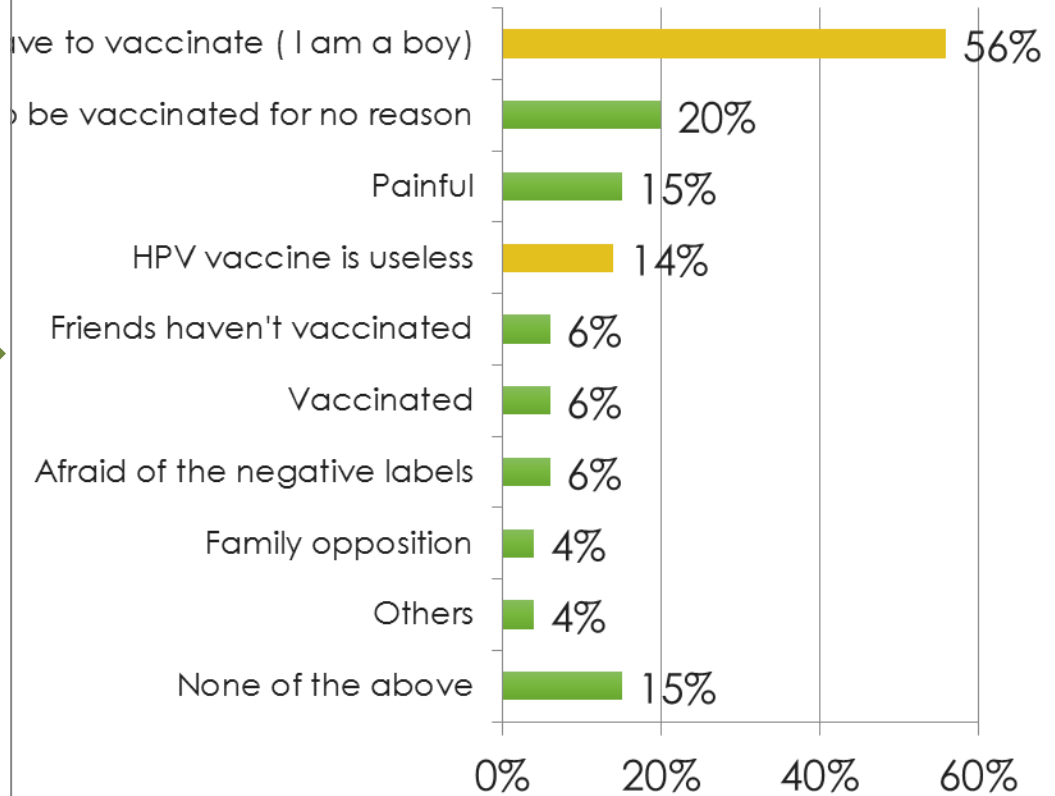
41% refuse to be vaccinated even if the government provides free HPV vaccine

If the government provides HPV vaccine, will you vaccinate it?



Valid Samples : 1,685

If not, why? (Multiple selections)



Valid Sample: 694

Reasons for not vaccinating HPV vaccine indicate **inadequate health literacy** in youngsters

- Many youngsters **do not understand the benefit** of vaccination
- Taking HPV vaccine as an example
 - **41% expressed refusal on HPV vaccination** even if the government provides it free
 - Reasons includes
 - *“Don’t want to be vaccinated for no reason”*
 - *“The vaccine is useless”*
 - *“Only for female while I am not”*
- This shows **health literacy among youngsters is inadequate**
=> miss the chance to protect their long-term health

Mental health problems, low health literacy and yet high prevalence of self-management of health issue among HK secondary school students may lead to disastrous consequences

- Almost **30%** of secondary school students have considered **harming themselves or committing suicide** in the past 6 months
- **65%** has **mental health concerns**
- Many considered **handling health issues by themselves by searching information from internet** instead of seeking medical help when sick
- Nearly **40%** consider **their friends' experiences are more reliable than doctors' recommendations**
 - Despite they perceive recommendation by medical professionals are trustworthy
 - Yet, count on on-line information and recommendations from friends over doctors
 - If they handle health issues inappropriately, result can be disastrous

DR. CHARLES E. IRWIN, JR.
DIRECTOR OF THE DIVISION OF ADOLESCENT &
YOUNG ADULT MEDICINE & DIRECTOR OF HEALTH
POLICY IN THE DEPARTMENT OF PEDIATRICS AT THE
UNIVERSITY OF CALIFORNIA,
SAN FRANCISCO (UCSF)
IRIS LITT VISITING PROFESSOR ON ADOLESCENT HEALTH
RESEARCH 2016

Comments made at the Press Conference
as a world expert on Adolescent Health

- Globally, **mental health disorders (especially depression)** are the number one cause of disease burden on adolescents.
- Increasing adolescents and young adults are gaining their information from web-based sources of information or through chat rooms that discuss a number of health issues.
- These new sources of gaining information on health and well-being provide both **opportunities and risks** for reaching young people.

Opportunities

- E.g. adolescents can recognize mental health disorders in their peers and recommend their peers to seek appropriate health care

Risks

- E.g. eating disorders websites to promote dieting & abnormal eating

- We need to **engage schools, community groups, health professionals, media, business sector and the government** to educate and support our young people to develop adequate health literacy and identify appropriate and useful health information
- Successful example: *Tobacco campaigns*
- We need to extend these activities beyond tobacco and provide similar approaches to both health promoting and damaging issues

How to identify mental health problems in youngsters?

Adolescent is a period of rapid behavioral, cognitive and brain development, teenagers are prone to emotional and behavioral challenges

- Teenagers during this period are struggling for physical, cognitive, psychological as well as self-esteem development
- Teenage behaviours are often affected by physical changes, peer relationships, high risk behaviours, environmental factors, and social trends

It is important to identify the underlying causes for their emotional and behavioural issues

How to evaluate internet information and resources?

Is the source credible?	Information in a journal or on the Web should have an identifiable source or an author. If the information is medical, credibility is generally enhanced if it is provided by a medical institution, an entity that brings together medically knowledgeable professionals, or a government health agency.
Accuracy of information	Try to determine whether the information is supported by evidence from scientific studies, other data or expert opinion.
Judge whether the information is mere personal experience or supported by a few cases	Analyze whether the information is based on evidence from a study, on expert opinion or is it merely the opinion of the writer, especially when obtaining information through instant messaging, internet forums, chat rooms and bulletins.
Is the information up-to-date?	Given that health information is constantly changing as new discoveries are made, it is important to make sure that the information is current.
Is there a conflict of interest?	Be aware of any commercial element or product related information that has been included in the health information. This may not fully reflect the real situation or there may be biased information. Analyze if the information is fair and objective.

Comments on Government's Actions for Youth Suicide

- **Committee on Prevention of Student Suicides**
 - Set up at the end of March 2016
 - Chaired by Professor Paul Yip, Director of the Centre for Suicide Research and Prevention at the University of Hong Kong
 - Members comprising schools, parents, youth and student representatives; professionals from the healthcare and social welfare sectors, and representatives of different government bureaus and departments
 - Only a psychiatrist and a clinical psychologist were involved
 - **No pediatricians or primary healthcare workers**
 - **Only reactive to recent suicidal cases but no long term strategic plans on adolescent health**

Suggestions from HKPS and HKPF

1. Build up Core Value in Life

- Encourage young people to identify personal interests and to develop one's own talents rather than focusing on materialistic enjoyment or academic achievements
- Life education for youngsters to review the value and goals in life

2. Training on resilience and positive youth development

- Workshops or games to train up resilience
- Training on problem solving skills and stress coping

3. Training on health literacy

- Advocate the concept on ***Preventive Health Care*** to have early identification and intervention of any health issues
- ***Empower young people*** to have self-identification and identification of peers who have mental health issues and refer them to seek professional help
- ***Teach the skills on searching for reliable and correct health information*** and applying the information for making health decisions

Suggestions from HKPS and HKPF

4. Establish multiple channels to listen to youth voices

- Channels at schools
- Channels at families
- Channels from peers
- Channels from communities
- Channels from professionals

5. Support parents to have effective communication with youth

- Workshop for parents and youth to train up communication skills and enhance understanding of each other

6. Use of media for dissemination of positive messages and life stories and for training on health information literacy

Youth Suicide is only the tip of an iceberg

There are many other emerging youth problems

■ **Poverty**

- Young people (15-24 yrs) in receipt of CSSA accounting for 5.4% of the population
- Youth living in low-income households increased from 16.1% in 2005 to 17.5% in 2011

■ **Youth unemployment**

- 2-5 times greater than overall population
- In 2013, unemployment rates for 15-19 year-olds (17.8%) and 20-24 year-olds (8.3%)

■ **Substance abuse**

- Duration of undetected substance abuse increases among youngsters
- Use of methylamphetamine (Ice) and cocaine has been rising in the recent few years

■ **Housing issue**

■ **Education issue**

Major Adolescent Health Issues in Hong Kong

- Social movements
- Youth suicides
- Substance abuse
- Social problems
 - Housing
 - Employment
 - National identity issues

Underlying Root Causes

- Pressure from study
- Lack of core values for existence
- Pressure of life and work
- Too much concern on materialistic enjoyment
- No spiritual target in life

Solutions

- Re-establishment of Core Value in Life for Youth
- Revamp the whole education system in Hong Kong
- Start Health School Nurse system at schools
- A child-friendly community for youth health
- A Child Health Policy for Hong Kong
- A Children's Commissioner for Hong Kong

A CHILD-CENTERED
COMPREHENSIVE CHILD
HEALTH POLICY IS
NEEDED

Reality of Children in Hong Kong

**Environmental
pollution**

**Be successful
from the
beginning**

**Pressure from
parents**

**Enormous
pressure
from school**

**No time for
playing and
sleeping**

Economic Perspective



An effective health policy should follow this framework

Study indicates that early intervention can save up to 75% of health costs that will be needed later in life

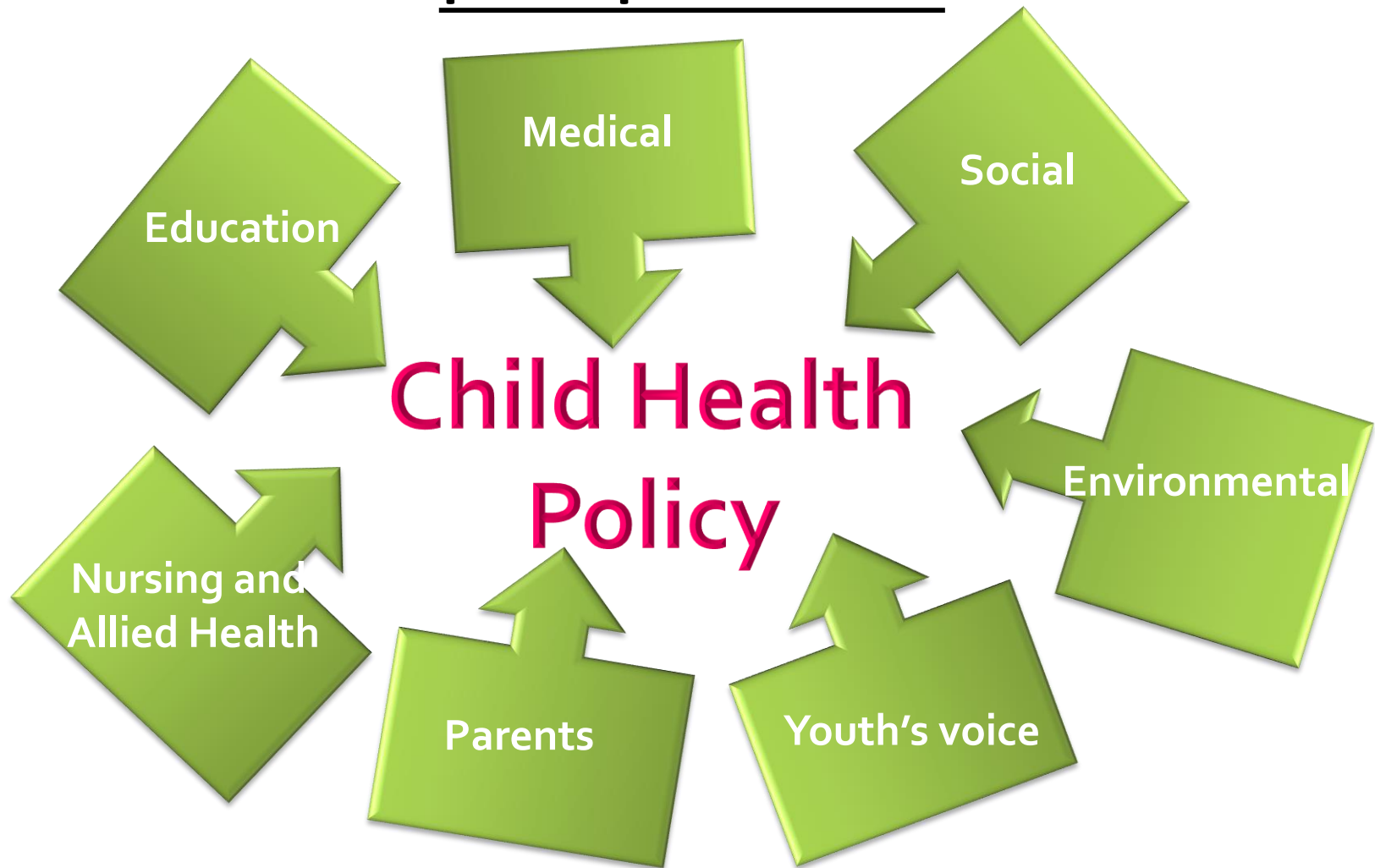
In the past 3 years (from 2012), the Hong Kong Pediatric Society and the Hong Kong Pediatric Foundation focus on

Child Health Policy

HKPS and HKPF gathered over hundreds of healthcare professionals, economists, 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

Policy priorities in different perspectives



A Proposal on
Child Health Policy for Hong Kong



We need a dedicated and comprehensive
Child Health Policy for our future



The Children's Commission

- *As advised by the United Nations Committee on the Rights of the Child*
- *To supervise, implement, assess and measure outcome deliverables of the Child Health Policy*
- *It should be chaired by a Children's Commission who will look after the welfare and advocacy issues of the children*
- *It should be above-bureau and should be financially independent of government bureaus*
- *The policy should be implemented across different government departments with appropriate resource allocation and holistic approach*
- *Together with the establishment of a Children's Commission to investigate, monitor and implement the policy*

Hong Kong Population Indicators

Indicator	Value	World Ranking
Median (Average) Age	43.22 years	7th
Life Expectancy (Male)	81.16 years	1st
Life Expectancy (Female)	87.23 years	2nd
Total Fertility Rate	1.214 children/woman	Lowest
Infant Mortality Rate	1.688 deaths/1,000 live births	Lowest
Under Five Mortality	2.432 deaths/thousand	Lowest

Health Statistics for Hong Kong **best in the world**

- Lowest Childhood Statistics
(Infant Mortality and Below-5 Mortality)
- Highest Literacy Rate
- Highest Longevity Rate
- Highest Gross Domestic Product

World Happiness Report 2016

- *Hong Kong only ranks the 75th happiest among 156 countries*
- *2013 – 64th in the world*

Something has to be done for our
children in Hong Kong
before it is too late!

Conclusions

- Children make up 20% of our population but represent 100% of our future!
- Integrated Child Health (Medical, Social, Education and others) is essential for their attainment of highest potential in life
- We need a Joint Powerful Voice for our Children
- A Child Health Policy and a Children's Commissioner are urgently in need for HK
- Goal for Child Health - “Healthy Youth for Healthy World!”

Visit our Website for more information
at hkpf.org.hk

Thank you for your attention!

Dr. Chok-wan CHAN

不一樣的學習體驗
不一樣的生命歷程

陳永生校長

國際基督教優質音樂中學暨小學



6/10/2016

不一樣的音樂教育

學習音樂的意義

音樂教育的重要性，
是在培育人類一顆美善的心靈

鈴木鎮一

不一樣的音樂教育

音樂對人的影響

- 音樂是上帝給人類最美的恩賜，它可使人完全離開愁煩的重擔，又可排除惡念和迷惑，又可振奮人心。
除神學外，音樂是最值得推動的

馬丁路德

不一樣的音樂教育
你也可以享受音樂

- Edvard Grieg - Morning Mood (Peer Gynt Suite No. 1, Op. 46)
- Händel Messiah - Hallelujah Chorus
- Jules Massenet - Meditation from Thais for Violin and Piano

不一樣的價值取向 每位孩子都是有價值的

神就照著自己的形像造人，
乃是照著他的形像造男造女。

創1:27

各樣美善的恩賜和各樣全備的賞賜都是從上
頭來的，是眾光之父那裡降下來的。

雅各書1:17

不一樣的價值取向

愛裡沒有懼怕

- 愛裡沒有懼怕，愛既完全，就把懼怕除去。

約翰一書4:18

不一樣的價值取向 讓孩子進入豐盛的生命

- 我來了，是要叫人得生命，並且得的更豐盛
約翰福音10:10

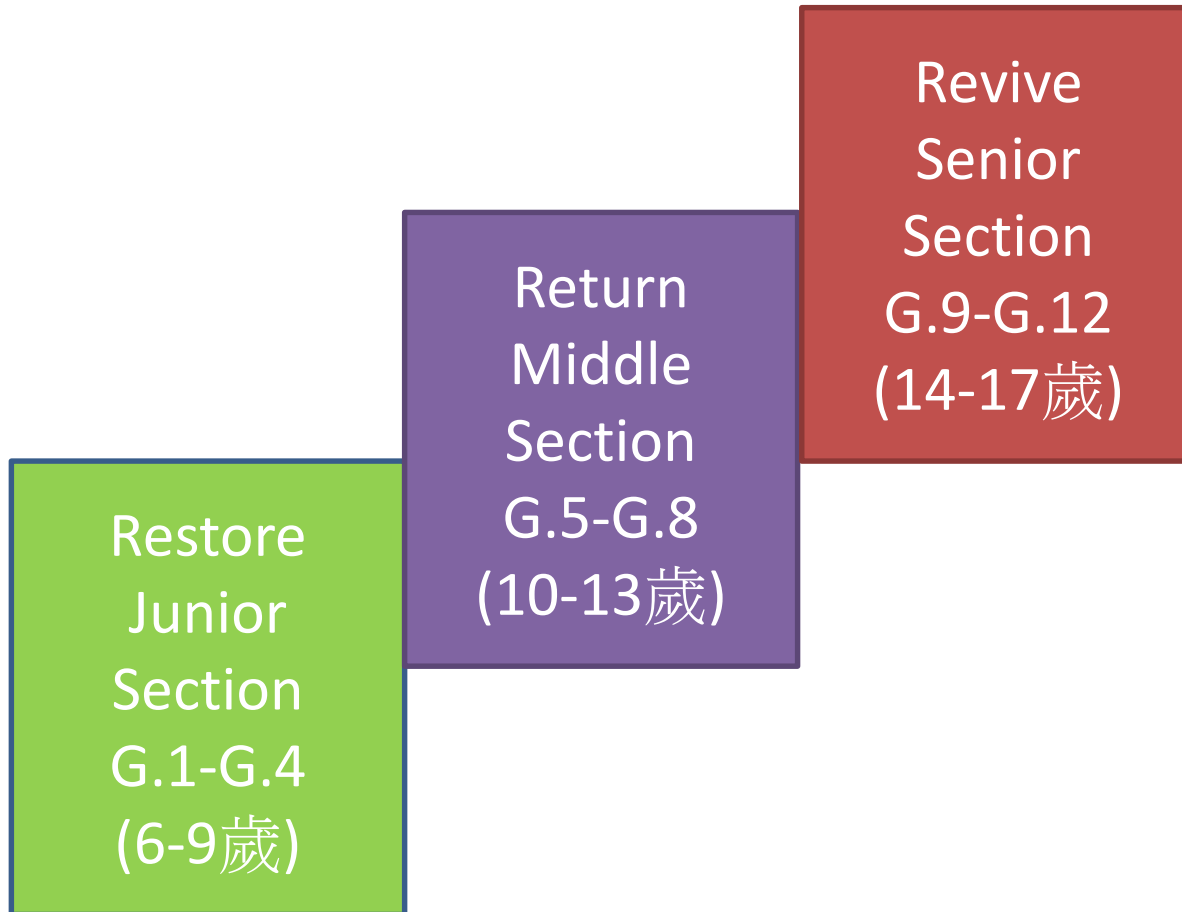
服務

- 本地社區
- 澳門
- 泰南

不一樣的學習體驗

學習階段的更新

學習階段的更新



不一樣的學習體驗
你也可以夢想成真

香港扶幼會則仁中心學校（小學部）

如何支援適應有困難學生

柴瑞恩 (訓輔主任 - 小學部)



自尊 • 自治 • 自立

		08-09	09-10	10-11	11-12	12-13	
自 尊	安全感	盡本份、 展所能、 建和諧		真英雄、 欺不容、 和諧校園樂融融 和諧約章 和諧校旗、班旗 Twemlow, BMSB	和平戰隊 和諧約章 和諧校旗、班旗 BMSB	彩 虹 計 劃	
	獨特感	盡本份	尋「寶」之旅	真英雄			
	聯繫感 (師生關係)	集體相 v1 集體相 v2 Puzzle 1, 2, 3	集體相	集體相	和平戰隊 並肩作戰 二人三足 併桌上課 集體相		大家落
	互勉計劃						
	能力感	盡本份、 展所能 計劃		真英雄 武林 盛會	大本型 完成任務		
	方向感	升級 與社工定行為目標	與社工定行為目標	英雄升級 與社工定行為目標	升官階 與社工定行為目標		
自 治	選擇	選擇權 / 爭取					
	減少獎罰	減少留堂班日數 取消說話篇	白表、紅表、後果				
	領導才能	風紀、班長、班委員、小士多、笑容哥哥、展所能 計劃					
	增加內在動機	提升集隊形象 閱兵片段 集隊片段					
自 立	個人	自我管理					
	學習	擁有終身學習的態度和能力 主動學習					

勁爆

真彩虹計劃

自尊 • 自治 • 自立

		08-09	09-10	10-11	11-12	12-13
自尊						
自治	選擇	選擇權／爭取				
自立						

自尊 • 自治 • 自立

自尊		08-09	09-10	10-11	11-12	12-13
	自治	選擇	選擇權／爭取			
減少獎罰		減少留堂班日數 取消說話篇	白表、紅表、後果			
自立						

自尊 • 自治 • 自立

		08-09	09-10	10-11	11-12	12-13
自尊						
自治	選擇	選擇權／爭取				
	減少獎罰	減少留堂班日數 取消說話篇	白表、紅表、後果			
	領導才能	風紀、班長、班委員、小士多、笑容哥哥、展所能計劃				
自立						

自尊 • 自治 • 自立

		08-09	09-10	10-11	11-12	12-13
自尊						
自治	選擇	選擇權 / 爭取				
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	增加內在動機	提升集隊形象 閱兵片段 集隊片段				
自立						

自尊 • 自治 • 自立

		08-09	09-10	10-11	11-12	12-13
自尊						彩虹計劃
自治						勁爆 真彩虹計劃
自立						

有用的人—陳國榮
路要自己走—秀蘭瑪雅

謝謝！

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