

Healthy School Environment to Tackle Youth Mental Health Crisis

Dear Editor,

The recent outcry of suicide among students in Hong Kong with more than 20 incidents of students committing suicide in less than half a year since September 2015 has led to response of Education Bureau setting up a committee to study the reasons and make recommendations on appropriate preventive measures. During the Summit "Child Health and the Environment" speakers of the symposium on 'Nurturing Environment for Children' have highlighted the importance of boarder interpretation of environment including social, school and family environment highlighting the significance of healthy school environment for students to enjoy school life.¹ There is already evidence locally and globally that the way the school is led and managed, the experiences students participate in shaping policies, how teachers treat students and how school engages local community and parents, build many protective factors for health and reduces health risk behaviours.^{2,3}

The Centre for Health Education and Health Promotion,

The Chinese University of Hong Kong (CHEP) launched the first territory-wide "Healthy Schools Award (HSA) Scheme" in 2001 modelled on the WHO Health Promoting School (HPS) framework covering six key areas (healthy school policies, physical and social environments, community link, action competencies on healthy living and school health care and promotion services) which is designed to assist schools in addressing health issues strategically. Students attending schools reaching the HPS standard with HSA were found to have better life satisfaction and emotional status, and reported better health and academic performance.³ The Quality Education Fund commissioned CHEP to establish the Thematic Network of HPS aiming to sustain the HPS movement in 2010.

CHEP has already established a system of creating a school profile for individual school based on the six key areas of HPS as mentioned with on-site inspection by a dedicated team and a system of surveillance of student health.⁴ Table 1 captures the improvement of certain components of different key areas among the 100 schools in the network at baseline (BA) and the performance of schools with HSA later on (QA).

Figure 1 shows the pattern of emotional health of students over years among 1,204 primary four (P4) and 678 secondary

Table 1 Changes in some elements of the Six Key Areas of Health Promoting School

	BA	QA	Difference
School's Social Environment			
School involves students in policy making	18.3% (Pri)	63.6% (Pri)	↑45.3% (Pri)
Establishment of an inclusive environment of value and mutual respect	51.0%	92.1%	↑41.1%
Healthy School Policies			
Prevention of Dependent or Indulgent Behaviour (since 2013/14)	25.0%	96.0%	↑71.0%
An Active School (since 2013/14)	29.2%	100.0%	↑70.8%
Action Competencies for Healthy Living			
School actively organises health education and health-promoting activities for the community	54.8% (Pri) 43.9% (Sec)	100% (Pri) 93.8% (Sec)	↑45.2% (Pri) ↑49.9% (Sec)
Health Content Areas in Action Competencies for Healthy Living (Secondary School)			
Prevention and Management of Disease	25.6	80.0	↑54.4
Smoking, Alcoholism, Drug Use and Abuse	46.2	73.3	↑27.1
Consumer Health	30.8	80.0	↑49.2
School's Physical Environment			
Provision of a suitable physical environment to enhance learning	53.0%	92.1%	↑39.1%
Provision of a safe environment	19.0%	52.6%	↑33.6%
Community Links			
School encourages parents' active participation in review of Healthy School Policies	36.0%	94.7%	↑58.7%
School encourages community members or groups to participate in review of Healthy School Policies	26.0%	81.6%	↑55.6%
School Health Care and Promotion Service (Secondary School)			
School encourages students to have health screening at least once a year	42.5%	81.3%	↑38.8%

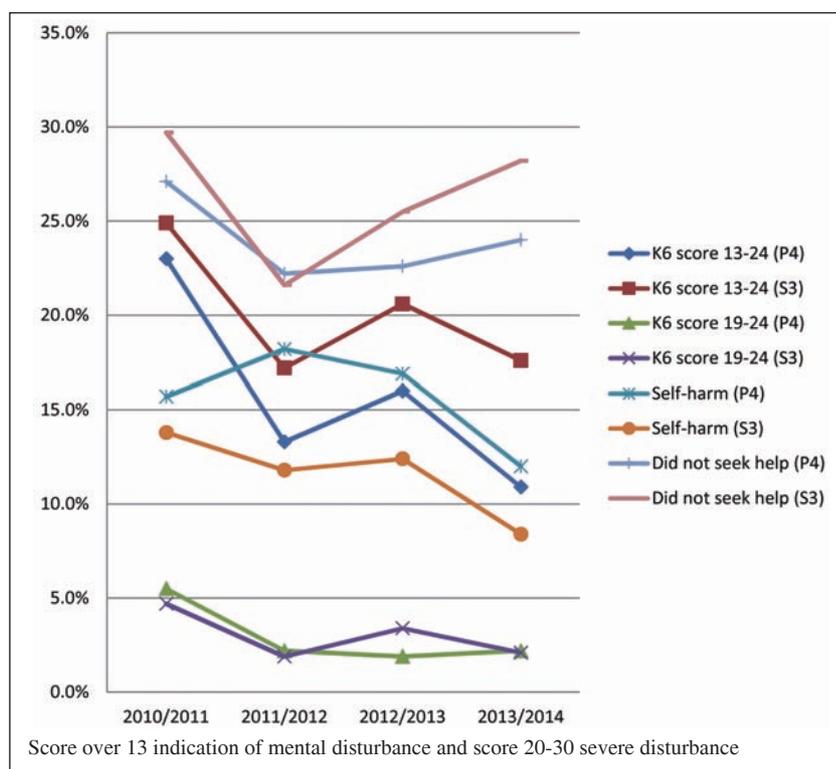


Figure 1 Pattern of emotional health of students in Health Promoting Schools.

three (S3) students of 17 primary schools and 5 secondary schools when they first joined the network in 2010. P4 and S3 students were chosen to examine the changes for the cumulative impact of HPS at this mid-point of schooling. K6 scale is being used to assess emotional disturbance.⁵ Proportion of students with scores above 13 dropped from 23% to 10% among primary students and from 24.9% to 17.6% among secondary schools. The self-harm behaviours also dropped. However in terms of seeking help when they felt sad or hopeless does not show any increase and remains low, 27.1% to 24% among primary students and from 29.7% to 28.2% among secondary students.

Model of HPS has the potential to enhance the school management conducive for health and soothing students' emotion. Schools would consider using the HPS framework as preventive measure for mental health problems particularly motivating students to seek help with emotional disturbance.

There is no conflict of interest.

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