Project Details (Revised) Project No.: 2012/0048

Project Title: KidMatters, a web and school-based approach to mental health promotion and wellbeing of children in primary school (兒童心理健康多元學習課程)

Name of Organization: The Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong

Collaborating Organization: Committee on Home-School Co-operation

Introduction:

There is growing concern in our society as increasing number of children are having difficulty managing the challenges of development. According to Erikson's psychosocial theory (Erikson, 1982), "industry vs. inferiority" is a stage while children ages 6 to 11 extend beyond the home to the school and become more aware of themselves as individuals. During this stage, children will have to discover and master important social and academic skills, and develop feelings of competence and pride in their own abilities. This is a period when the child starts evaluating him- or herself with one another and learns to cooperate with peers (Shaffer & Kipp, 2007). In this stage, adults such as parents and teachers start to respond to children's acquisition of skills by making more new demands. If sufficiently industrious, children will successfully develop a sense of assurance and confidence. However, Erikson (Shaffer & Kipp, 2007) viewed this stage as danger for children to develop inferiority and inadequacy if they fail to achieve the necessary skills, such as academic, athletic, and social abilities. Some studies have also shown that problematic peer relations in middle-childhood, such as peer bullying, are associated with heightened risk for negative outcomes, school dropout, and psychological and internalizing problems in late childhood and early adolescence including depressed mood and loneliness (Deater-Deckard, 2001; Lopez & DuBois, 2005; Pederson, Vitaro, Baker & Borge, 2007; Webster-Stratton & Reid, 2004). In view of the problems children are facing in middle childhood, it is pertinent to strengthen their problem-solving and social skills at an earlier age in order to cope with their future challenges in life. Studies showed that interpersonal cognitive problem-solving skills were effective in reducing negative behaviors and increasing positive and prosocial behaviors in children, even at the age of 4 (Shure, 2001a; 2001b).

In modernized cities like Hong Kong, the beginning of formal schooling marks the transition to middle childhood (Berk, 2007). In Hong Kong, the parental and societal emphasis on academic achievement has placed significant pressure on children. Many parents now regard academic achievement as the most important indicator of success and tend to overlook other aspects of psychological development. The pressures of life today has made children grow up too soon and too stressful, so-called the phenomenon of the "hurried child". Therefore, it is to believe that nowadays children have a lot of pressures to cope with and chronic hurrying can be a tremendous source of stress for them. As a result to these high expectations of academic achievement and parental control, children can become more vulnerable to the emergency and development of internalizing (anxiety and depression), externalizing (oppositional and antisocial behavior) and other mental health difficulties. Internalizing problems such as anxiety and depression are the most common psychological disorders in school-aged children and adolescents. In Hong Kong, the current prevalence of anxiety disorders is 6.9% (Leung et al., 2008). However, the actual rate of prevalence may be even higher with many children remaining unidentified. According to the study from The Boys' & Girls' Clubs Association of Hong Kong, 4.2 of children are in the borderline clinical range for anxiety disorder and depression but have not yet received any proper assessment and treatment (The Boys' & Girls' Clubs Association of Hong Kong, 2009).

The effects of anxiety disorders on children are substantial. Physiological symptoms, school refusal, low self-esteem and confidence, lower academic achievement and reduced social interactions are the major effects (Khalid-Khan, 2011). If left undiagnosed and untreated, children with anxiety disorders are often unremitting in adulthood and associated with other illnesses and comorbidity, such as depression (Cartwright-Hatton et al., 2004). Given the considerable prevalence rate of childhood anxiety disorders and the adverse effects associated with it, promotion and prevention programs implemented in school setting seem to be one of the most ideal strategies (Kihalid-Khan, 2011; and Rones & Hoagwood, 2000). Nowadays schools are viewed not only as ideal settings for developing education, but also for facilitating human and social development. Therefore, KidMatters will implement a web and school-based strategy aims to improve the social and emotional health and wellbeing of children and reduce the symptoms of anxiety disorders and depression. A promotion model moves beyond simply trying to decrease risk factors or problem behaviors, but intends to strengthen and enhance positive behaviors and coping skills. Social and

emotional skills are viewed as important factors for maintaining positive relationship with parents and peers, coping better with life stress, and doing better academically (Caprara et al., 2000; and Malecki & Elliott, 2002). It is to believe that as individuals become more socially and emotionally competent, their psychological wellbeing improves and thus able to better withstand the factors that lead to emotional and behavioral maladjustment (Cowen, 1994).

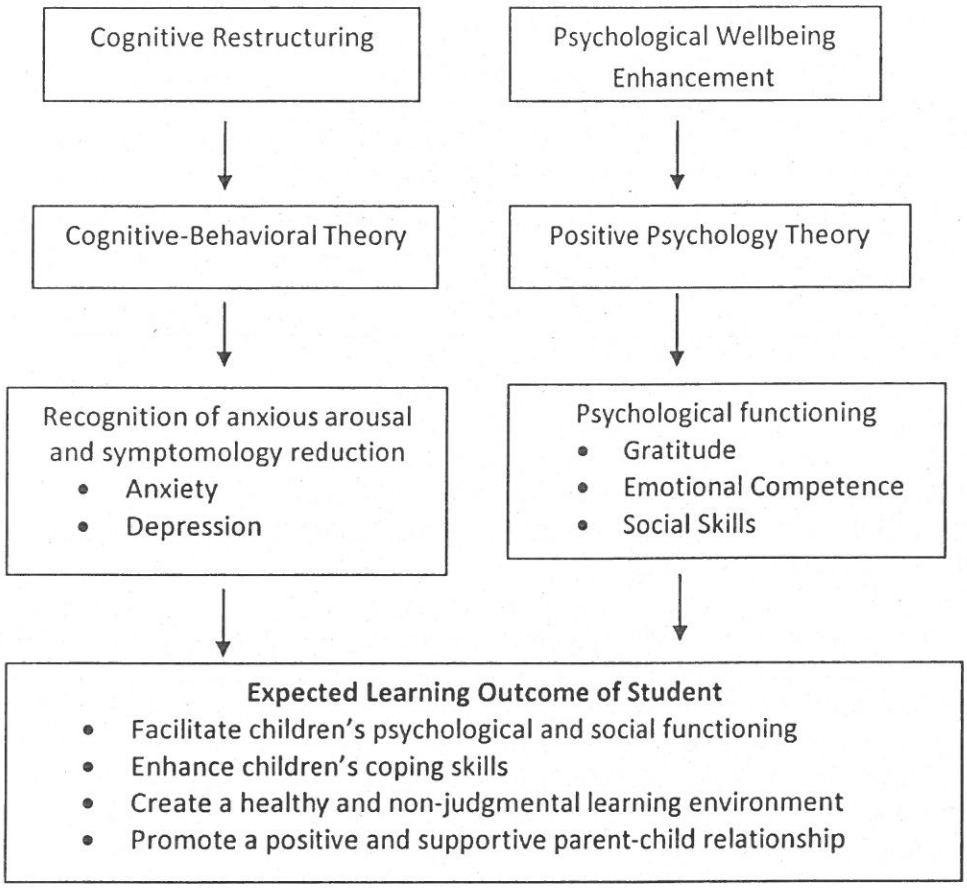
School-based & web-based Mental Health Intervention under the Public Health Approach

The public health approach has been widely applied to mental health intervention. It efforts could be classified into three general approaches, namely the *universal approach* (i.e. acting on a targeted population regardless of the risk of mental disorders), the *selective approach* (i.e. acting on a targeted subgroups at a particular mental disorders risk), and the *indicated approach* (i.e. acting on targeted individuals who are at very high risk of mental disorders) (US Department of Health and Human Services, 2001). According to study (Offord et al., 1998), selective and indicated programs require a much closer one-to-one screening and contact, so the procedure itself may be costly and have higher potential of labeling and stigmatization effects. Instead, universal program involves all children in a setting so it has the benefit of reduced labeling and stigmatization. The nature of universal approach in the public health approach should be more like a community-based mental health program in which the program focus on enhancing or maintaining the mental wellbeing of the participants by ensuring that the content covered in the program can lead them to healthy development. From this, the elements of both mental health prevention (i.e. preventive constructs) and mental health enhancement (i.e. wellness constructs) should be systematically included in the universal mental health program. According to the Rose Theorem, reducing a small risk to a large population is more effective than reducing a high risk in a small population (Rose, 1992).

In this proposed project, KidMatters, uses a school-based universal preventive approach, is designed for all students regardless of their symptoms. Because of the severe stigma on mental illness and poor outreaching behavior in the Chinese culture, it is particularly important to be promoting mental health and preventing and treating mental disorders in the early stage. This program adopts cognitive-behavioral intervention and positive psychology as the main conceptual models to help children strengthen their social abilities, problem-solving skills and enhance emotional health so as to reduce the risk of later problem outcomes (Webster-Stratton & Reid, 2004). The overall goals are teach children to recognize signs of anxious arousal and reduce the symptoms of anxiety and depression in children, to facilitate psychological and social functioning and coping skills, and to create a healthy, nurturing and non-judgmental learning environment. According to studies (QEF 2005/0010 and QEF 2007/0340), school-based mental-health enhancement program adopted a cognitive behavioral approach was successful in developing positive attitudes and help-seeking attitudes towards mental health-related issues in adolescents. Results (Wong et al, 2012) showed that the "Little Prince is Depressed" program aimed to enhance adolescents' (age 14 to 16) skills in goal-setting, cognitive restructuring, communication, and problem-solving were able to enhance resilience and self-esteem of the students in general. Other studies on cognitive-behavioral intervention also suggested a promising result in the treatment of anxiety disorders and depression in children and adolescents (Calear & Christensen, 2010; Compton et al., 2004; Griffiths et al. 2004; Lock & Barrett, 2003; and Neil & Christensen, 2009) and reduction of stigmatization associated with mental health difficulties (Shochet et al., 2001).

It is clear that to reduce levels of mental disorders, promotion and interventions need to begin earlier. Ideally, mental health promotion and preventive interventions should be provided prior to the development of symptomology. "Mental Health is not simply the absence of mental disorder or illness, but also include a positive state of mental wellbeing" (World Health Organization, 2004). As a mental health promotion and prevention model, we also adopt positive psychology interventions in this project aim to facilitate children's psychological and social functioning. For example, strategies as expressing gratitude and being sociable and empathic have been shown to enhance psychological wellbeing (Lyubomirsky, Dickerhoof, Boehm & Sheldon, 2011; Sin & Lyubomirsky, 2009; and Webster-stratton & Reid, 2004).

Integration of cognitive-behavioral and positive psychology model in the web and school-based program:



On the other hand, internet has also become an important platform for schoolchildren to express themselves, communicate with others and obtain various kinds of information. The growth of internet has enormous potential for facilitating the development of mental health literacy in the community and providing mental health program accessible to many who cannot access proper treatment. According to study (Griffiths & Christensen, 2007), web-based programs have showed positive outcomes on reduction of depressive symptoms and improvement of mental health literacy. In this proposed project; therefore, a web-based mental health program with parental involvement from an ongoing project (QEF 2009/0204) with classroom teaching sessions based on cognitive behavioral model is presented as an exemplary program.

Importance of Parents' Involvement

Parents seem to play an important role in the development of childhood anxiety. Parental anxiety has been viewed as one of the risk factors for childhood anxiety disorders through mechanism of heritability and modeling and reinforcing of anxious behaviors (Barrett et al, 1996; McClure, Brennan, Hammen, & Le Brocque, 2000; and Thapar et al, 1995). Recent studies have shown that integration of parental involvement in the treatment of anxiety disorders can serve as protective factors against developing anxiety symptoms, help children overcome clinically anxiety, and improve treatment effectiveness of interventions for mental health disorders, such as emotional and behavioral problems (Barrett, Dadds, & Rapee, 1996; Clarke, 1992; and Page, Poertner, & Lindbloom, 1995). Increasing parental involvement may also provide an opportunity to directly address parenting behaviors and emotions that contribute the child's anxiety symptoms. In addition, a positive family relationship and communication are suggested to be one of the protective factors in adolescents, such as the reduction of substance use and self-harm behaviors (Toumbourou & Gregg, 2002 and Yip et al., 2004). Effective parenting skills can further facilitate and foster positive communication and relationships between parents and children. Thus, KidMatters will actively engage parent as recipient in this program so that they can be equipped particular skills which assists them dealing with children's developmental issues and acquisition of learned skills such as problem-solving and social skills. By engaging parent in

the mental health promotion program, we believe that the mental health of children can also be enhanced and further promote a mutual supportive networking and environment amongst parents.

The Proposed Program

The rationale

Epidemiological data suggests that mental health problems become more common among schoolchildren. Anxiety is the most common psychological disorders reported by children and adolescents (Leung et al., 2008 and Tomb & Hunter, 2004). Anxiety disorders are likely to cause significant impairment in children's daily lives, such as school refusal, poor social skills, lower academic performance and low self-esteem (Khalid-Khan, 2011) and are often comorbid with other mental disorders and generally chronic in nature if left unrecognized and untreated (McLoone, Hudson, & Rapee, 2006). The pressures of day-to-day life on children are considerable. Therefore, it is of great importance that frontline social workers, teachers and parents involved in the emotional growth, social skills, and wellbeing of children and be equipped to recognize anxiety symptoms and provide adequate intervention in cases of need. It is also pertinent to strengthen children cognitive restructuring and problem-solving skills at an earlier age in order to cope with their future challenges in life. In addition, being able to solve their daily life problems, children are able to develop a sense of achievement and enhance self-efficacy and coping skills, which are essential factors for mental wellbeing. Therefore, it is strongly suggested to implement a universal prevention and promotion program to all children in primary school.

(1) Goals & Objectives:

The major goal is to develop a web and school-based mental health prevention and promotion program to help children strengthen their social abilities, problem-solving skills and enhance emotional health. The overall goals are to reduce the symptoms of anxiety and depression in children, to facilitate psychological functioning and coping skills, and to create a healthy and supportive learning environment.

Primary Outcome Indicators

(i) To assess the efficacy and effectiveness of the program by using a rigorous outcome measurement methodology that compares the mental health of children over two measuring time points. For the children:
   a. Recognition and reduction of anxiety and depression symptoms
   b. Enhance children's interpersonal relationships with parents and peers (e.g., showing more social interests)
   c. Improve emotional competence and problem-solving skills
   d. Cultivation of protective and developmental factors to enhance harmonious relationship in families, districts and community

(ii) For parents:
   a. Increase parents' knowledge of children mental health and developmental issues
   b. Identify children's stressful circumstances to lighten the at-risk factors
   c. Enhance mutual communications between parent-child dyad
   d. Build up parents' network and strengthen mutual support

(iii) For teachers:
   a. Increase the project sustainability: encourage teachers who sit in classroom teaching to implement the web and school-based program
   b. Strengthen effective communication in a calm and peaceful manner to take forward to home-school cooperation

Secondary Outcome Indicators

(i) Reduction of stigmatization and labeling towards mental health disorders
(ii) Enhancement of mental wellbeing of children (e.g. I have been feeling loved and useful)
(iii) Reduce peer bullying and violence in school
(iv) Help alleviate parents' own anxious behaviors
(v) Create a positive, caring and supportive school climate for children, parents and teachers

(vi) Enrich the strong sense of connectedness to parents, families, schools and community for further development of children's social competence

KidMatters is a holistic framework comprises two components:
Web and school-based learning:

- It is a universal positive mental health promotion and prevention program designed for students from primary 4 to 5 as well as their parents. It consists of 5 e-learning modules with parental involvement and 6-session school-based teaching based on cognitive behavioral model and positive psychology, each session lasts for an hour.

Awareness programs for parents:

- Mental health promotion program for all students and their parents in school.

(2) Targets and Expected Number of Beneficiaries

Primary Schools in Hong Kong

All primary schools in Hong Kong are eligible to join this program in first-come-first-serve basis. The program will be conducted in 10 schools who consent to participate. With the assumption that there are about 10 teachers and 300 students in Primary 4 to 5 in each school, we estimate that there are about 3,000 students as well as their parents will be direct beneficiaries of this program. In addition, estimated 100 teachers will be given awareness workshops on childhood mental health disorders and mental health training.

KidMatters is a 15-month program and led by professional. In professional-led phrase, instructors are mental health professionals who are trained to teach mental health knowledge and skills. We also highly encourage teachers who sit in the classroom teaching to practice their learned skills and continue the developed training program on its own with other students.
All schools in Hong Kong will be direct beneficiaries from the research finding and teaching materials of the project.

(3) Deliverable products

Project implementation

- All primary schools in Hong Kong are invited to join this program
- For each consented school, all students from Primary 4 to 5 will be benefited from the web and school-based program:
  Mental Health Promotion Program with Parental Involvement (to be completed in 3 to 4 months' time according to each school's schedule)
  - Program introduction: Introduction of the KidMatters program (web- and school-based program) will be conducted in each participated school. A teacher or representative from each school has to sit in all classroom teaching so that he/she can learn the skills for later implementation
  - Web-based teaching: positive psychology and cognitive-behavioral approach are used in the e-learning modules aimed to facilitate children's psychological functioning and to address their dysfunctional emotions, behaviors and cognition through a systematic process, such as cognitive restructuring, identifying emotions, and problem solving
  - School-based teaching: 1-hour classroom session will be conducted after each e-learning module so that the learned skills can be enhanced and integrated. Group activities such as sharing, discussion, and role play will be used.
  - Group meetings for parents & Parent Awareness Talks: parents who have participated in the e-learning module will meet together for sharing and acquiring feedback regarding of the web-based program (follow the district boundaries).
  - Dissemination seminar: Teacher representatives, SGTs/social workers of all primary schools will be invited to attend our dissemination seminar.
  - Free access of all teaching materials: the e-learning materials will be uploaded to CSRP website for free access by all primary school students and their parents/teachers upon completion of pilot use in 10 participating primary schools.

Tentative E-learning and School-based teaching contents

Time (3-4 months)	web-based teaching	School-based Teaching
Month 1		Introduction of KidMatters to all student in Primary 4 to 5 Classroom teaching 1 – 2 **In-school Teacher Meeting** **Support for parents:** • Group meeting for parents • Parent Awareness Talk (follow the district boundaries e.g., Kowloon, New Territories East and West, Hong Kong Island)
Month 2	Module 1a: • Cognitive-behavioral model: Introduce a practical and easy way for understanding the importance of our thoughts to our emotions Module 1b: • ABC Theory: Teach student how to identify and address his/her own problematic thoughts and its feelings and consequences Module 2a: • Problem solving skills I Module 2b: • Problem solving skills II	Classroom teaching 3 – 4
Month 3 - 4	Module 3: • Gratitude Module 4a: • Emotional competence Module 4b: • Empathy Module 5a: • Social skills Module 5b: • Communication skills	Classroom teaching 5 – 6 **Support for parents:** • Group meeting for parents

- The evaluation consists of quantitative and qualitative pre/post-test in the intervention groups (N=10 schools). It aims at measuring the effectiveness of the program in promoting mental health, problem solving skills, emotional management, social skills and empathy and whether it can be effectively implemented in school-based setting.

(4) Implementation schedule (15-month, November 2013 to January 2015)

Period	Work Plan
November 2013 – May 2014	**7-month Preparation** • Recruitment: professional consultant and research assistants and teacher consultants • E-learning modules and classroom teaching design • Group meeting for parents (for development) • Curriculum modification if any
June 2014 – August 2014	**School recruitment (N=10)** • Meeting with schools teachers/representatives • Briefing and training sessions for teacher consultants Report writing • Interim report writing
September 2014 – January 2015 (3 to 4 months to complete)	**Program Launch** • Program launch (N=10) • Group meeting for parents • Parent awareness talk **Teacher Trainings in participated schools** • Kidmatters program training (classroom teaching on 5 modules) • Teacher awareness training on identifying risky factors of childhood developmental difficulties **Data input and Analysis** • Evaluation of the program (post-test) • Final report writing **Dissemination Seminar**

Readiness and strength of the applicant

The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP) has committed to generate, disseminate, and apply knowledge and skills in suicide prevention through research, training and resource production. The Centre aims at developing effective preventive measures of suicide as well as building evidence-based indigenous working models through practitioner-researcher collaboration. It is the ultimate goal of the Centre to contribute to the formulation of social and health policies in dealing with the problem of suicide and enhancing the mental wellbeing of the population. Please visit our web site at http://csrp.hku.hk for further information. With our strengths, experience and passion, the Centre is fully equipped and well prepared to implement the proposed program.

Supported by multi-disciplinary professionals

The Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong is one of the well-established research institutions whose objective is to transfer the evidence-based research into practical knowledge from the university to the community through education program, training, publication and e-learning portal. Our research team consists of multi-disciplinary professionals, including psychiatrist, clinical psychologist, statistician, registered social worker, public health researcher and communication professional. We have the knowledge to understand and translate all the essential subject matters of mental health, personal development and stress management into the curriculum in the most effective manner.

Supported by the evidence-based research

A study on the prevalence of suicidality among secondary school students in Hong Kong was conducted in 2001, using a representative, territory-wide sample of 2,586 students. A range of factors, such as unhappy family life, were associated with increasing levels of suicidality. Use of illicit drugs, inhalants, and tobacco differentiated suicide attempters from ideators (Yip, et al., 2004).

In 2004, the Centre has conducted a large scale population survey to study the prevalence of suicidal behaviour and mental health problem among youth aged 15-19 in Hong Kong. Risk and protective factors associated with suicidality in local school setting have been identified: serious problems with family members in the past 12 months, stress over extra-curricular activities, had chronic illness or long-term pain, poor coping styles and responsibility to family as a reason for living (found to be a protective factor). All these results support and guide us to develop a curriculum for secondary school based on evidence-based research findings (Chan, et al., 2008) .

Proven track records in development of education program

In the past three years, our Centre has produced a series of high quality and evidence-based education materials, training manuals, audio-video teaching tools and e-learning websites to the general public and healthcare professional. We have developed a VCD kit on "I am worthy for being who I am – understanding adolescent depression". It has been circulated to all secondary schools in Hong Kong. Besides, we have developed a website on student suicide and a suicide prevention manual for school teacher. Our "Little Prince is Depressed" website has honoured the "Ten Healthy Websites 2004", the "Most Creative Website Award" and the Silver winner of the Asian Innovation Award, and the "2006-2011 Meritorious Website".

Our suicide prevention TV-series「活著就是希望」was ranked 8th in the Television Program Appreciation Index Survey in Hong Kong 2005 carried out by RTHK. Moreover, it ranked first among new program in that particular survey. Our solid experience and job references provide a concrete foundation for us to develop an effective mental health curriculum for secondary school students.

CSRP has conducted training workshops for the school principals, counselors, teachers and school social workers since 2002, and has been invited to be guest speakers in medical health care professional training meetings. The Centre shared research findings and aroused community's concern to prevalence on people suicide ideation, mental health education, understanding depression and suicide as well as raising the public awareness on the contagious effects of suicide and the importance of how to beat depression.

International networking and collaboration

Our center has provided consultancy services to World Health Organization, Singapore, Taipei, Macau, South Korea, government. We are also working closely with University of Oxford, University of Rochester, Griffith University for suicide prevention.

Budget

Expenses	Details	Cost (HK$)
Staff Cost	**1)Senior Research Assistant (Project Coordinator)** • Preferably with experience in educational and psychological research Duties: • Organize focus group, scale validation, system testing; • Input statistical data and run tests on the data; • Assist in compilation of reports of the project; • Assist in curriculum development; • Plan, execute and monitor the whole project. HK$27,765 HK$18,750 (MPF) 15 months	435,225
	2) Full-time Teacher Consultant • Preferably with psychology, education and teaching experience • They are required to attend all meeting, training, briefing, and to prepare for the teaching sessions [HK$ 20,000 + 5% MPF] x 15 months	315,000
	3)Technician • Preferably with a Bachelor degree in computer science and at least 4-5 years of working experience in related field Duties: • Monitor the operations and logistics of the websites • Provide maintenance and technical support [HK$ 15,000 + 5% MPF] x 15 months	236,250
	Staff Cost Sub-total	**986,475**
Services	**1) Website development, module layout, multimedia production, server maintenance etc**	701,800
	2) Professional consultants (i.e. clinical psychologist/social worker/counselor/psychiatrist) / Part-time Teacher Consultant(s) *Professional consultants:* • Hong Kong degree, or equivalent, with a master degree in clinical psychology or related discipline; • Experienced in children counseling, conducting seminar and mental health related workshops Duties: • Help with the design of training materials (websites and classroom materials) for student and parent • Provide briefing and training for teacher involved and teacher consultant • Help prepare progress reports to the Quality Education Fund throughout the project period; • Evaluate the process and project outcome. *Part-time Teacher Consultant(s):* • Preferably with psychology, education and teaching experience • They are required to attend all meeting, training, briefing, and to prepare for the teaching sessions	714,000

	Estimated man-hours: 850 HK$800 x 850 hours + 5%MPF **3) Research Support** HK$55 x 300 hours + 5%MPF	17,325
	Services Sub-total	**1,433,125**
Equipment	Computer hardware (including 1 desktop computer and 2 notebook computer)	21,000
	Equipment Sub-total	**21,000**
General Expenses	• Office supplies (included but not limited to photocopy, stationery, sundries, postage, computer software etc.), • Transportation and travelling expenses (included but not limited to transportation for to and from partner schools and function venues etc.), • Conferences/Workshops (included but not limited to rate for venue and equipment etc.), • Printing and photocopying (included but not limited to research reports, pamphlets, souvenirs etc.), • Incentives for service users (included but not limited to prizes for participants to encourage participation and continuous participation etc.), • Miscellaneous items	109,800
	• University overhead charge	100,000
	• Audit fees	15,000
	General Expenses Sub-total	**224,800**
Contingency		50,300
	Contingency Sub-total	**50,300**
	Grand Total	**2,715,700**

Justifications for Staff Recruitment and Service Procurement

1) Project Coordinator

Project coordinator is responsible for planning, execution, and monitoring the whole project and will participate in the coordination of data management, statistical analysis and reporting/paper writing. He/she is required to have at least a good Bachelor's degree and preferably a Master's degree in Psychology or Social Science, record of academic paper publication; and at least two years' relevant working experience; strong communication, analytical, organization and project management skills; be able to work independently; team leader; strong written and spoken skills in Cantonese/English.

Monthly salary is based on the suggested rate for the position Senior Research Assistant, provided by the Research Service, The University of Hong Kong (document provided upon request).

2) Professional consultants: (i.e. clinical psychologist/social worker/counselor/psychiatrist)

Professional consultant is required to provide briefing, training and debriefing for teachers involved, and to observe, assess and evaluate process and outcome. He/she is required to have at least 3-5 years clinical, academic or professional experience in relevant discipline and is responsible for professional training, curriculum planning; community education; supervision and administrative function as appropriate.

3) Teacher consultant(s)

Monthly salary is based on the reference rate for degree holder of supply teacher. Preferably with psychology, education and teaching experience. Teacher consultants are required to attend all meeting, training, briefing, and to prepare for the teaching sessions.

4) Technician

He/she will develop the technical framework of the website which is expected to support daily and a large amount of usage by the target participants. He/she will monitor the operations and logistics of the website and provide basic maintenance support, and assisted in the implementations of all related technical matters. A position of this requires a bachelor degree holder in computer science with at least four-five years of working experience.

5) Website development, Module layout and Multimedia production

An open-bid will be conducted to invite companies with relevant experience to build the technical system of the website as well as to provide production service of musical execution, video clips, and animations.

Project Impact

Evaluation Parameter and Method

The Evaluation consists of quantitative and qualitative data collected from intervention groups. It aims at measuring the effectiveness of the program in promoting mental health, problem solving skills, emotional management, social skills and empathy and whether it can be effectively implemented in school-based setting.

- Quantitative measures may include the following (baseline and post-test)
    - Knowledge and attitude towards mental illness/health, problem solving skills, emotional competence, social skills, empathy, gratitude, and mental well-being; professional psychological service utilization; parent-child relationship/communication, parents' self-efficacy and confidence in ability to address mental health issues in children; children's reduction on symptoms of anxiety and depression

- Qualitative measures may include the following
    - Process evaluation, feedback and reflection from students, teachers, involved school personnel and parents and focus group and interviews

How the Project Would Benefit the Education Sector as a Whole

This program introduces the concept of positive mental health to students. By improving mental health, prevalence of problem behaviors will be reduced. They are more capable to handle stress from academic and extra-curricular activities, reduce irrational beliefs and impulsive behaviors as well as cope with difficulties positively. Their social and communication skills will also be improved. In long term, this kind of preventive interventions is a way to enhance the mental wellbeing among students.

Sustainability of the Outcomes of the Project

Once the program has been implemented, schools are able to administer the program themselves. It is possible to cater the needs of schools and teachers and provide support through training workshops and/or seminars. Evaluation results can be used as reference for the further improvement of program of this kind.

Dissemination/Publicity Methods

The research finding will be disseminated through a number of channels, for example, press briefing, teacher workshop and the academic publication. Teaching materials, powerpoint and the final report will be posted on the QEF and CSRP website for download.

Conclusion

The support from the QEF will be a strategic investment for improving the mental wellbeing of the teachers and students in Hong Kong. We shall expect the products of this program will be able to contribute to the continuous improvement in the quality of education in Hong Kong.

Report Submission Schedule

My organization commit(s) to submit proper reports in strict accordance with the following schedule:

Project Management		Financial Management	
Report Type and Covering Period	**Report due date**	**Report Type and Covering Period**	**Report due date**
Progress Report 1/11/2013 – 30/4/2014	31/5/2014	Interim Financial Report 1/11/2013 – 30/4/2014	31/5/2014
Progress Report 1/5/2014 – 31/10/2014	30/11/2014	Interim Financial Report 1/5/2014 – 31/10/2014	30/11/2014
Final Evaluation Report 1/11/2013 – 31/1/2015	30/4/2015	Final Financial Report 1/11/2014 – 31/1/2015	30/4/2015

Asset Usage Plan

Category	Item / Description	No. of Units	Total Cost	Proposed Plan for Deployment
computer hardware	Desktop computer	1	HK$6,000	Retain at Centre for Suicide Research & Prevention for usage
	Notebook computer	2	HK$15,000	
Others	Website	1	HK$701,800	Open access for all primary schools in Hong Kong

Reference

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