

Part C Project Details: Title: Children's Harmonious, Innovative, Loving Development Project (CHILD)
Goals and Objectives 2006/0394 (Revised)

This project is a partnership project with The M.A.S.T (Management of Adversity and Stress for Teachers) which acts as a pilot project to develop a comprehensive and holistic framework for teachers to help young school children to enhance their social and emotional development by building up positive self-esteem. Upon the successful pilot testing of this project, it is aimed that all schools in other areas of Hong Kong can replicate this project into helping all children in Hong Kong to grow healthily. Part of the process of this project aims to help parents to understand and help their children, such that it will also empower parents to understand and realise their own potential. One of the objectives for this project is to teach teachers to recognise and identify early signs of disturbances so that help may be given before tragedy strikes. The fact that community resources will be mobilised and early recognition and treatment will help to cut the cost of the government's health expenses.

Needs Assessment and Applicant's Capability.

Background and Significance

Students' mental health

Emotional and behavioural problems are quite common in the young population. A cross-cultural epidemiology study estimated that in any one year, there are 12 to 51% of children who may be considered to have a disorder (Bird, 1996). A study on Hong Kong children, aged 36 to 48 months, estimated that the prevalence rate of mild, moderate and severe behaviour disorders are at 17.9%, 4.6% and 0.8% respectively (Luk, Leung, Bacon-Shone, et al., 1991). In 2002, the Family Health Service of the Department of Health conducted a community survey on parenting practices. The survey indicated that 10.5% of children could be classified as being in the clinical range for conduct problems. Youth risk behaviour surveys conducted by Lee et al in 1999, 2003 have shown that the prevalence of anti-social behaviours such as fighting at schools was around 15%. (Lee et al, 2004, Lee et al, 2005). Children with emotional and behavioural problems might be less well-liked and rejected by their peers and teachers. Antisocial, hyperactive behaviours, emotional problems and poor social skills were found to make a child more vulnerable to bullies (Johnson, Thompson, Wilkinson, et al., 2002). With peer rejection and learning difficulties, aggressive behaviours may be escalated while interest and positive engagement in school may be reduced (Dodge, Pettit, Bates, 1994; Ladd, Price, Hart, 1990).

Most children with aggressive and antisocial behaviours were found to show a persistent pattern of oppositional behaviours, attentional difficulties, aggressive and anti-social problems into middle primary school (Loeber, Green, Keenan et al., 1995), adolescence and adulthood (Olweus, 1979). Other studies also showed that antisocial behaviour at age 13 was predicted by externalizing behaviours at age 3 and behavioural problems at age 5. Early anti-social problem also has a strong association with later psychopathology (Robins 1991; Caspi, Moffitt, Newman, et al., 1996). Despite the high prevalence rates, it is estimated that only 10-20% of children with psychosocial and mental health problems are seen by specialists (Cox, 1993; Offord, 1987). Under the condition of high demand and limited resources, it is important to utilize the available resources effectively. This will include attempting to prevent the problems from arising and to intervene as early as possible once the problems have emerged.

Interaction of family and school environment on Children's mental health

Children with emotional and behavioural problems can sometimes be overwhelming for parents. Most parents use harsh and inconsistent disciplinary methods in response to the problem behaviours. These methods may result in a vicious cycle that further increases the problem behaviours and creating a stressful environment at home (Patterson, 1982). Parent-child interaction is considered as one of the factors influencing the development of antisocial behaviours. Coercive parent-child interactions, combined with inadequate parental support, contribute to delays or distortions in the child's development of cognitive skills and adaptive emotion regulation capabilities, as well as aggressive social-cognitive and behavioural tendencies (Cook, Greenberg, Kusche, et al., 1994; Dodge, Pettit, Bates, 1986; Lochman, Dodge, 1994). This type of interaction may result in children relying on aversive behaviors to get what they want. The aversive behaviours are often exacerbated when children enter elementary school. The process of escalating risk can extend from elementary school years into adolescence where deviant peer

group influences and dysfunctional personal identity development contribute to serious and persistent antisocial behaviour (The Conduct Problems Prevention Research Group, 2002).

Based on the findings from previous research, programs for prevention and early intervention of childhood emotional and behavioural problems, should promote individual competencies and protective contextual supports. These supports could be provided by the community, the school and children's families.

Review of evidence for effective intervention

A number of studies have reported the effectiveness of psychological treatments for stress and depression in primary care, such as interpersonal psychotherapy (Schulberg, Coulehan, Block, et al., 1996), problem-solving (Mynors-Wallis et al., 1995), cognitive behaviour therapy (Scott, Freeman, 1992) and mindfulness (Grossman, Niemann, Schmidt, et al., 2004). Stress management program comprising of lessons with combined physical and psychological training, either individual or in a group can be effective (Timmermann et al., 1998). Problems solving skills and other behavioural techniques can be provided as simple self-help materials which can constitute as part of psychosocial support in community setting. It has been shown as a feasible and effective primary therapeutic approach for management of anxiety and depression in community (Mynors-Wallis, Gath, Lloyd-Thomas, et al., 1995). Problem-solving skills are also not difficult to teach and have been shown to be effective when administered by family physicians (FP) and practice nurses (Goldberg, 1999). Problem solving therapy can be easily learnt and confidentially used by FP and suitable for anxiety and depression (Pierce, 2007). Other forms of psychological treatments can be delivered by trained counselors or clinical psychologists. Recent evidence based on meta-analysis have shown that anti-depressant do have significant advantages over inactive placebos and the effect is not only evident in depressive episodes but also in depression accompanying physical disease (Hazell, O'Connell, Heathcote, 1995).

About 70-80% of children who receive mental health services receive them in school and for many children, schools provide their only form of mental health treatment (Burns, Costello, Angold, et al., 1995). The empirically supported treatments for childhood behavioural problems that are effective in school settings include classroom-based contingency managements for children with a diagnosis of Attentional Deficit/ Hyperactivity Disorder (Pelham, Wheeler, Chronis, 1998), and children with other conduct problems (Brestan, Eyberg, 1998). The 'good-behaviour game', a classroom-based behaviour-management strategy for first-grade students, has demonstrated long-terms benefits in reducing disruptive behaviours in middle school (Kellam, Rebok, Ialongo, 1994). The Conduct Problems Prevention Research (CPPRG) is a prevention program, involving school teachers, parents and children, that has been shown to have a positive effect on children's behaviours and their social cognitive skills. The program addressed six areas of risk and protective factors of conduct disorders; parenting, child social problem-solving and emotional coping skills, peer relations, classroom atmosphere and curriculum, academic achievement, and home-school relations (CPPRG, 2002a; CPPRG, 2002b). Similarly, a group intervention on teaching social problem-solving skills to elementary school children with elevated depressive symptoms was found to reduce reported depression, even one year after the intervention (Gillham, Reivich, Jaycox, et al., 1995). Behavioural consultation provided to teachers, on accommodating difficult students, has been found to reduce the number of special-education referrals and placements and to reduce teachers' reports of students' behavioural problems (Fuchs, Fuchs, Bahr, 1990).

Within the community setting, children with a regular Family Physician (FP) are found to have significantly more good health and hygiene behaviours, and lower scores on the 'anxious/depressed' and 'somatic complaints' domains on the Child Behaviour Checklist (Lee, Wong, Fung et al., 2007). Cullen (1976) examined the effect of General Practitioners working in a preventive capacity with parents, by using a dozen of 20-30 minutes non-directive pre-school interviews over a period of 5 years. This study and the following up study presented some evidence that a relatively low-intensity intervention might impact on behaviour and psychopathology up to 30 years later (Cullen & Cullen, 1996).

Primary prevention

Healthy school management can be implemented to provide positive feedbacks for students, demonstrate supportive and caring leadership. Thus, creating a caring atmosphere at school from the management level. Setting up school-based policies and guidelines for cultivating a harmonious social environment would be a major component for primary prevention. A safe and supportive social environment provides many good role models for students and has opportunities for them to learn and enhance pro-social behaviour and friendship skills, emotional understanding and self-control skills, communication and conflict resolution skills, and problem-solving skills. Study by Lee et al (2006) has shown that students from schools which had comprehensively embraced the Health Promoting School (HPS) concept as indicated by the 'Hong Kong Healthy School Award', were better, in certain social behaviours and emotional well being than students from schools that only partially followed the HPS concept.

Enhancing the effectiveness of parents and other significant adult figures such as teachers could prevent children with mild behavioural problems progressing to more serious disorders. Skilled parents and teachers would convey warmth and provide appropriate discipline during process of socialisation with children (McClowry et al, 2005). Parenting skills training would help to resolve child behavioural problems (Briesmeister and Schaefer, 1998). Programme to enhance teachers in management of behavioural problems in classroom and interpersonal relationship between teachers and students would influence children's adjustment (Pianta, 1999).

For primary prevention, there will be programmes which aim to provide parents and teachers with a framework to appreciate and support the individual differences of children, and teaching them child management strategies that would help to reduce behavioural problems of children. Teachers and parents can act as partners to share information about the children. Both parties can work together to find out if there is any problem at an early stage and have a better understanding of the children's problem. Increasing parents' awareness about mental health of children and giving both parents and teachers information about how to seek help would reduce the workload and stress of the teachers.

Children should also learn how to enhance their empathy skills, facilitate their appreciation of the uniqueness of family members, friends, and teachers, and employ problem solving skills during encounter daily problems. Teachers can be trained so problem-solving skills, communication and self management skills can be taught by teachers during the form teacher period. Children can learn a few techniques that they can apply frequently to help them regulating their emotions when needed.

Secondary prevention

If mental health problems can be identified at an early stage, the problems are usually less severe and they could be managed by counselling, problem-solving therapy and other short-term therapy or techniques.

Teachers will be provided with checklist and trained to identify children with problems and refer for early intervention if necessary. Children found to have problems can be referred to a well co-ordinated system of community based services involving the family physicians (FPs) and other primary mental health professionals. This is particularly needed not only for easy accessibility but also to avoid stigmatization if mental problems would be managed in the community. School teachers or school social workers who had received appropriate training would also participate. It is important to make the school health services more user friendly and accessible, and also avoid stigmatisation to overcome the barriers for students utilizing the services (Lee, 2007)

Tertiary Prevention

Children with established mental health problems will be managed by mental health services and this project will not cover this level of prevention.

Delivery of Services

Targeted population

As this is a pilot project, it will start with the Shatin District. This project aims to serve all primary schools (47 schools) within this district.

Primary prevention

The schools may perform a school's self evaluation, based on the existing tool of the 'Hong Kong Healthy Schools Award Scheme', developed by the Centre for Health Education and Health Promotion of the Chinese University of Hong Kong (CHEP), for school management to analyze which aspects of the school would need to be strengthened for creating a supportive environment. Staff from the CHEP will assist schools in setting up and implementing school-based policies for cultivating harmonious social environment. Schools can also seek advice from CHEP on how to integrate the components of building a healthy social environment into the school curriculum.

Based on previous research findings, appropriate workshops would be designed for teachers to enhance children's problems solving skills and strategies in coping with challenges and stress. The workshop will be conducted by health professionals, including Physiotherapist, Clinical Psychologist, Social Worker or Family Physician. Teachers will also be trained with skills in communication and rapport building with students. (See Appendix for details of workshops to be planned) Information kit will be developed to provide teacher with information on how to identify and help children with emotional and behavioural problems. The experience gained from wide range would lead to development of self-help manuals for the teachers in building their resilience capacity. The self-help manuals would also include practical tips for the schools to create a supportive environment and healthy management culture.

Information leaflets will be developed by health professionals and given out to parents for increasing their awareness for children's mental health.

Students identified by teachers and parents as high-risk, will be screened by using the SDQ. A team of mental health professional staff will serve as consultants for teachers regarding students' mental health and interpretation for the SDQ. Students at risk or with mild problems will receive appropriate individual or group intervention programs conducted by Clinical Psychologist or Social Worker (with nominal charges). Their parents will be advised to join if possible. If students' scores are at abnormal range, students will be referred for tertiary prevention.

Parents who have children with deviant behaviours will be given group parenting management training workshops conducted by Clinical Psychologist or Social Worker. These parents will then be asked to form a network to support themselves as well as other parents.

Deliverable products

Deliverable products

It is estimated that about 28,200 students and their families plus 235 teachers from a total of 47 schools will be benefited from this project. (Based on an estimation of approximately 5 participating teachers and 600 students from each school)

For Students

About 5% of students (1,125) will receive group interventions conducted by trained school teachers/social workers, with support from CHEP Clinical Psychologist and Social Worker. Students receiving group intervention will be given handouts so that they can continue to practice the skills learnt after they have completed the intervention. It is also estimated that 600 students will require intensive counselling and a nominal charge will go towards enhancing skills of FPs to provide these services.

For parents

Information leaflets will be developed for parents so as to increase their awareness for children's mental health. The information leaflets will be distributed to all the students' parents.

Parents who have received parent management training could form network at school to support and share parenting skills with other parents. Estimated number of parents receiving parent management training

would be 235 (5 participants from each school) and parent sharing parenting skills through the network will be 2350 (about 50 parents from each school).

For teachers

Training workshops on providing intervention groups for children with mild emotional and behavioural problems will be organized for teachers and school social workers (about 5 participants from each school, a total of 235 participants). Training materials will be provided for teachers. Training to identify children with emotional problems will also be provided to help teachers to refer children in need as soon as possible.

For Schools

The participating schools will benefit from teachers who had received training to create a harmonious and caring school environment through management and integration into curriculum. These schools can serve as role models for schools in other districts in future, and thus, building a better social environment for teachers to work in and for students to learn from.

For Family Physicians (FP)

Seventy-five doctors will be identified through the existing network of FPs, associated with the Family Medicine Division, CUHK for teaching undergraduate medical students and/or graduates of CUHK postgraduate diploma programmes in Family Medicine. They will be trained with basic skills in counselling and also skills in offering basic management of psychosocial problems. They will also receive training in techniques on how to work with schools and children.

The FPs trained by this project would be able to utilize their trained skills for the general public who visit their clinic. Therefore, the number of people who can benefit from this project is uncountable in long-term.

The Family Medicine Division, CUHK will also identify through their existing network of non-government organizations (NGOs) the potential primary mental health care professionals who would work together with local network of doctors in managing teachers with mental health problems.

Implementation Plan with Time-line

First year: training for teachers to recognise children in need. Workshops and training for teachers and parents to cope with and help children with mild emotional problems. Training, baseline assessment using the self-evaluation tool for schools to become a harmonious school.

Second year and third year: Completion of training materials and self-help manuals, based on feedback from training workshops. Intervention would start on referral from teachers and/or parents. Two information seminars will be delivered to teaching staff and parents in the Shatin District in the second and third year of the project. Workshops for parents to help cope with children with behavioural problems will be conducted. Evaluation will be based on the changes in the children's behaviour as reported by teachers and parents. These evaluations will take the form of focus group interviews and not individual changes on the account of confidentiality. Two seminars inviting experts will be conducted to share the progress and results of the project. An integrated primary mental health care team involving different disciplines and different sectors will be developed at the end of third year for the district.

For Deliverables:

Group interventions for children with mild emotional and behavioural problems and individual counselling for those in need. Workshops for parents and teachers to identify and help children with emotional problems.

Establish the framework of primary care mental health professional team to help the schools in handling emotional problems at different levels

Budget

	Total for 3 years	Year 1	Year 2	Year 3
Description	Amount (HK\$)	2007-08	2008-09	2009-10
Staff Cost				
a. Clinical Psychologist \$35000 +1000 x1 yr 1		432,000		
a. Clinical Psychologist \$36750 +1000 x1 yr 2			453,000	
a. Clinical Psychologist \$38588 +1000 x1 yr 3	1,360,056			475,056
b. Social worker/counsellor \$17000 x 1.05 x1 yr 1		214,200		
b. Social worker/counsellor \$17800 x 1.05 x1 yr 2			224,280	
b. Social worker/counsellor \$18700 x 1.05 x1 yr 3	674,100			235,620
c. Research assistant \$12,000 x 1.05 x 1 yr 1		151,200		
c. Research assistant \$12,500 x 1.05 x 1 yr 2			157,500	
c. Research assistant \$13,000 x 1.05 x 1 yr 3	472,500			163,800
d. Clerk \$8,000 x 1.05 x 0.5	151,200	50,400	50,400	50,400
Subtotal	2,657,856	847,800	885,180	924,876
Equipment				
a. Self help manual for use of SDQ @ 3 per school \$500 x 150 copies	75,000	75,000		
b. Pamphlets for parents \$5.00 x 2500	12,500		12,500	
Subtotal	87,500	75,000	12,500	
Services				
a. Training workshops for teachers (Training materials + vcd x \$2500) + (Miscellaneous expenses x \$5000) x 10	75,000	37,500	37,500	
a. seminars for teachers x 2	240,000		120,000	120,000
a. workshops for parents (Training materials x \$500) + (Miscellaneous expenses x \$500) x 6	6,000	2,000	2,000	2,000
b. Consultancy services \$750/hr x 90	67,500	22,500	22,500	22,500
c. Children group sessions (Training materials x \$500) + (Miscellaneous expenses x \$2000) x 6	21,000		7,000	7,000
Subtotal	409,500	69,000	189,000	151,500
Works				
Subtotal				
General Expenses				
a. Printing and postage	57,344	20,000	20,000	17,344
b. Operation costs for the seminars, workshops and activities	30,000	10,000	10,000	10,000
c. Administration and management charges	200,000	70,000	70,000	60,000
d. Audit fee	10,000			10,000
Subtotal	297,344	100,000	100,000	97,344
Contingency	3,000	-	-	3,000
Subtotal	3,000			3,000
Grand Total	3,455,200	1,091,800	1,186,680	1,176,720

Staff Cost

Clinical Psychologist

Duties and Responsibilities

One clinical psychologist will be required to guide and support the development and conducting the workshops for parents and teachers. Another role which will be the main and important task would be to counsel children and their parents in need. The clinical psychologist is responsible for:

- assisting the development and consolidation of self-help manual;
- facilitate and conduct some workshops;
- help with the design of resource materials for parents and teachers;
- provide counselling services to the children and parents in need;
- support schools with enquiries and act as a resource person;
- organize training seminars and workshops for teachers, school social workers, parents and FPs throughout the project period;
- design instructional materials for training workshops throughout the project period;
- design mental health promotional materials for training seminars, workshops and activities throughout the project period;
- help prepare progress reports to the Quality Education Fund throughout the project period;

Entry Requirement

The applicants should have:

- Hong Kong degree, or equivalent, preferable with a higher degree in clinical psychology or related discipline;
- experience in counselling

Payment

Monthly salary will be HK\$35,000 plus \$1,000 MPF.

Social worker/counsellor

Duties and Responsibilities

One Full time social worker/counsellor is required to support the development and conducting the workshops for children, parents and teachers. Another role which will be the main and important task would be to counsel children and parents in need. It is anticipated that there will be about 600 children and their families in need of such services and each child requiring 6 sessions amounting to 3600 sessions altogether. This person will work closely with the clinical psychologist to provide counselling sessions to the families. Apart from individual counselling, workshops for children to develop problem solving skills will be required. This will serve the rest of the 5% of students (1125 students taking up about 40 workshops) The Social worker/counsellor is responsible for:

- assisting the design, development and production of resource materials for the parents and teachers.
- facilitate and conduct some workshops;
- provide counselling services to the children and parents in need;
- support schools with enquiries and act as a resource person;
- assist in organizing training seminars and workshops for children, teachers, school social workers, parents and FPs throughout the project period;
- design instructional materials for training seminars and workshops throughout the project period;
- design mental health promotional materials for training seminars, workshops and activities throughout the project period;
- work with Professional Consultant(s) to analysis data collected
- prepare progress reports to the Quality Education Fund throughout the project period.

Entry Requirement

The applicants should have:

- Hong Kong degree or equivalent, preferable with a higher degree in social work or related discipline;
- experience in counselling

Payment

Monthly salary will be HK\$17,000 with 5% MPF.

Research Assistants

Duties and Responsibilities

One research assistants are needed to:

- provide necessary support to the clinical psychologist and social worker/counsellor throughout the project period;
- assist in project management throughout the project period;
- assist in research design;
- assist in data collection (interviews and surveys) and data analysis throughout the project period;
- assist in resource materials design;
- provide logistic support to seminars, workshops, meetings and other activities
- assist in preparing instructional materials design throughout the project period;
- assist in mental health promotional materials design throughout the project period;
- assist in production of research report throughout the project period.

Entry Requirement

The applicants should have:

- Hong Kong degree, or equivalent;
- proficiency in written and spoken Chinese and English;
- experience in mental health promotion/behavioural science/social science/health science related research project

Payment

Monthly salary will be HK\$12,000 with 5% MPF.

Executive Assistant

Duties and Responsibilities

One part time executive assistant will be employed to:

- provide necessary support to the professional staff to ensure the smooth operation of the project;
- provide logistic support such as filing, duplicating and arranging documents, receiving and dispatching mails, survey questionnaires, maintaining records of teachers requiring consultations, processing claims and reimbursement of expenses, etc;
- provide logistic support to seminars, workshops, meetings and other activities;
- answer telephone enquires from teachers and the general public about the project;
- procure equipment and resource materials;
- prepare simple correspondences and returns;
- assist in compilation of final report of the project.

Entry Requirement

The applicants should have:

- passes in 5 subjects in the HKCEE, including English Language (Syl B), Chinese and Mathematics, or equivalent;
- good command of spoken and written Chinese and English;
- experience in general office support;
- computer knowledge in word-processing, MS Excel and MS PowerPoint.

Payment

Monthly salary will be HK\$4,000 with 5% MPF.

Equipment

Printed resources

Training manual will be produced to provide guidelines for use of SDQ. It is aimed to provide each participating teacher with a copy of this guideline. It is estimated that about 300 training manuals will be produced in the second year of the project. Pamphlets for parents will also be produced for all parents who are not able to attend workshops.

Services

Training workshops and other activities

Two workshops to help schools to use the self-evaluation tool to become a harmonious school will be conducted in the first year.

Training workshops will be organized for parents and teachers from all Primary Schools and FPs in Shatin district. It is expected that 3 training workshops on the use of SDQ will be conducted in the first and second year for teachers. A series of workshops each lasting 6 hours will be conducted for parents to help them identify and cope with children's emotional and behavioural problems. Two workshops will be conducted in the second year and another 2 in the third year of the project.

The clinical psychologist and social workers/counsellor will conduct the training workshops. Experts specialising in child development will be recruited to help with the workshops.

The expenses of the training workshops included production cost of the training materials and the miscellaneous expenses for organizing the workshops and activities, including venue booking and stationary etc.

Consultancy services

Consultancy services will be sought from local and overseas experts who are Professor from tertiary institutions and whose expertise is in Mental Health. They will join the project team to conduct training workshops and provide professional advice on the development of self-assessment manual and guidelines for stress management throughout the project period. The estimation on the time spent for the services provided by the experts is as follows:

2008/09: Provide professional advice for the Project = 30 hours

2009/10: Provide professional advice for the Project + Conduct workshops = 30 hours

2010/11: Provide professional advice for the Project + Conduct workshops = 30 hours

General expenses

Space

HEP is a NGO and its office is housed in the Centre of Health Education and Health Promotion (CHEP) and thus many of the facilities have been provided by CHEP. Computing facilities and software for the project staff will be provided by CHEP.

Secure storage for confidential files will be provided by CHEP.

CHEP will provide office space, whilst HEP will absorb daily consumable products for the project staff which is HK\$100,000 per year.

Printing and postage

The cost on printing and postage of all correspondence, records, and handouts has been included in the general expenses.

Operation costs for the seminars, workshops and activities

Operational cost for the training workshops including transportation, campaign and exposition, refreshment, etc.

Administration and management charges

In order to keep the cost for insurance and rental to a minimum, staff for this project will be hired through the University. For the administration and management charges, the University required to build in about 6% of the overall budget sought to cover the running cost on financial services, general administrative services and contract administrative services, etc.

Audit fee

As the overall budget sought is over three million, the expenses for an external auditor's report have been incorporated in the proposal budget.

Project impact

Evaluation parameters and method.

1. The training workshops, and resource materials will be evaluated for usefulness.
2. The changes in children's behaviour at baseline and at the end of the project will act as an indicator for the success of this project. Data from the SDQ pre and post project will provide information on the state of the children's level of behavioural changes. Changes from individual case seen by the counsellors will be reported as a group to maintain confidentiality of individual to confirm the success of the project.
3. Focus groups with parents and teachers for formative and summative evaluation. Evaluation from the usefulness of the workshops and the contents of the manual can be done through a survey method.

Implication of the project

The evaluation results of this project will help to develop a model of care for the emotional development and growth for young children. This model will empower children to face challenges in life and grow up to be responsible citizens of the future. On the other hand it enables better communication between children and parents and the school providing an all win situation all for the well being of our future generation. This model will also help other districts to develop a supporting team for managing children and families with emotional problems.

Feasibility of the project

The Health Education and Health Promotion Foundation (hereafter known as HEP) is a highly professional Non-Government Organization that would mobilize high calibre professionals in health, education and social service sectors to participate in training and professional advice on various aspects of resiliency. HEP is in close partnership with the Centre for Health Education and Health Promotion of the Chinese University of Hong Kong in research and development of comprehensive HPS approach particularly in project planning and evaluation, needs assessment, school health policy, community and parents involvement in schools, teachers' professional training and staff development, and harmonious school environment. HEP and Centre has also established a strong network of collaboration with schools, NGOs, professional bodies and academic institutions, and had substantial experience in organising a variety of academic and publicity activities and academic publication. The Centre can provide consultancy services to HEP for the project. HEP has been awarded by QEF for resiliency project during the period 2005-06 and also Health Care Promotion Fund for territory wide community health promotion project.

Sustainability of the outcomes of the project

This project will empower young children to develop problem solving skills. Through the training provided to the parents and teachers, early recognition of emotional disturbances can and will help young children to face up to problems before the problem get out of control. Under such circumstances, young children will be able to lead a happy and healthy life. Should the environment and unforeseen circumstances should occur and the need arises for intervention, community resources through FPs have been identified to provide counselling and treatment. In this way, extreme case resulting in suicide or self-harm will be reduced. In a way, this will help to relieve the burden of health care utilisation.

Dissemination / Promotion

Training for parents and teachers to identify and cope with children in need.

Establish the framework of primary care mental health professional team to help parents and schools in handling emotional problems at different levels

Public forums for teacher from other districts and also parents.

Presentation to primary school heads in Hong Kong via their respective associations

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Appendix

Teachers training workshops:

Three training workshops involving guiding teachers to the use of SDQ and recognising children's need for referral or for intervention will be provided in the first year of the project. The teachers' workshop is targeted at all teachers interested in using SDQ and as the numbers are too large to be contained, not more than 3 representatives from each school will be invited. The whole process will be video taped and it is hoped that participants can then share what they have learnt with the rest of their school staff. Each school will be given a video tape/vcd. These workshops aim to train up teachers to identify children with emotional or behavioural problems and appropriate actions to be taken.

A further three training workshops will be conducted for teachers representatives to enhance their communication skills and skills in coping with and handling school children's behavioural problems.

Two follow up workshops will be provided to teachers to obtain feedback on the use of SDQ and any problems or issues raised. Practical tips and sharing will be encouraged at these workshops.

In the last year of the project, 2 seminars will be conducted for all teachers in the Shatin district to disseminate the evaluation of any changes and also good practice sharing.

Two workshops will focus on school based approach in to early identification and management of students with common emotional and behavioural problems.

Parents' training

Two training workshops for parents to understand the risk factors and identify children who need help for referring.

Four workshops for parents will be conducted to provide parenting management skills. Social workers from all schools will be involved to enhance their skills and also to maintain and provide support to the parents of students from their schools.

Intervention:

Group intervention in the form of life skills training for children can be provided by the schools' own social worker or teachers under the guidance and with the help of the clinical psychologist.

Children identified with emotional behavioural problems can be referred by the school to the clinical psychologist or local family doctor depending on the wish of the child and his/her parents. These children will be seen away from school to reduce stigmatisation.

The clinical psychologist will assess and a series of counselling sessions will be provided at a nominal charge. Any child found to have severe emotional problems would be duly referred to the appropriate services.