

A web-based mental health programme for adolescents with parental involvement

1. Background

1.1 Youth mental health and mental illness

Review studies have consistently shown that the prevalence of youth mental illnesses has been increasing and the onset of developing mental illnesses has been decreasing (Waddell, Hua, Garland, Peters, & McEwan, 2007). For instance, it has been found that life time prevalence rate for major depressive disorder in adolescents is between 15 to 20% (Nardi, 2007). Mental ill health of young people is associated with poor academic performance, social dysfunction, high-risk sexual behaviour, teen pregnancy, and substance abuse, and self-mutilating behaviour (Grant et al., 2006; Portzky & van Heeringen, 2006; Ruini, Belaise, Brombin, Caffo, & Fava, 2006; Zachrisson, Rodje, & Mykletun, 2006).

While genetic and biological factors may contribute to a person's experience of mental health and mental illness, we also understand that there are other factors that contribute to mental health. Risk factors are those factors that are present before the onset of an illness and that increase the risk of developing a physical or mental illness. Protective factors decrease the risk of developing an illness by moderating the effects of the risk factors.

The field of health promotion and prevention has identified many strategies to maximize the mental health and well being of individuals by weakening the impact of the risk factors and strengthening the impact of the protective factors. According to the World Health Organization, enhancing the knowledge of mental health and mental illness of adolescents and help them to develop the coping skills and strategies that enhance and promote positive mental health are two of the most effective ways to combat the adolescent mental health problems. It is also found that the knowledge, awareness, and understanding of mental health also contribute positively to outcomes in that individuals are more likely to seek necessary support and treatment.

1.2 Familial Risk Factors of Adolescent Depression

Adolescent mental ill health is a multi-factorial problem, and some familial risk factors have been identified. Adolescents are known to have close ties to their families of origin in their developmental stage. The literature indicates that a broad array of parent and family factors is associated with youth risk for mental illness, ranging from parental pathology to parental cognitive style to family emotional climate to parents' ignorance of youth mental health issues (Sander & McCarty, 2005). As a result, many programmes/interventions involve parents and families in enhancing youth mental health and prevention of youth mental illnesses (Spence & Shortt, 2007).

1.3 Importance of Parents' Involvements

Protective factors reduce the likelihood of suicidal behaviours by enhancing one's resilience. Parent-adolescent bonding and communication were suggested as one of the protective factors by many different studies (Blum et. al., 2003, Borowsky et. al., 2000, Toumbourou & Gregg, 2002). Thus, by involving parents in the intervention programs, the mental health of the adolescents can be enhanced in a number of ways.

Firstly, parents who are taught with skills to manage their emotions and solve problems will be more capable in coping with the daily adversities and hence reducing the symptoms of depression. It prevents transmission of depression from parents to adolescents and promotes positive interpretative styles of parents which can be served as a model for adolescents (Gillham et. al., 2006). Secondly, communications between parents and adolescents can be facilitated by more effective parenting skills. Communications positively associate

with perceived support and care as well as parents' understandings of the adolescents. All of them help contribute to the positive changes of adolescents' behaviours.

1.4 Using the Internet as a means of teaching and engaging with the students and their parents

Over the past two decades, major advances have been made in psychosocial interventions designed to address childhood and adolescent mental illness. Traditional pathways of information dissemination have been mostly limited in school settings because of the easy accessibility to children and adolescents and their parents.

However, with the emergency and advancement of the internet in the past few years, many more psychosocial interventions for youth have been disseminated through the Internet. The ease of adoption of the Internet after the school setting was quite dramatic – because of its multimedia capabilities, far-reaching ability, and timeless accessibility, there is evidence to show that web-based mental health programmes can be as efficacious as school-based programmes, if not better.

1.5 The Cognitive-Behavioural Approach

Cognitive Behavioural Therapy (CBT), has its root from the bio-psycho-social model of mental illness, has been repeatedly shown effective in treating both adolescents and adults with mental illnesses. It compasses various cognitive restructuring strategies, such as identifying and challenging automatic negative thoughts, and social problem-solving skills, such as perspective taking, goal-setting, and decision-making. Some CBT programs also used behavioral and educational interventions (Nardi, 2007; Neil & Christensen, 2007; Possel, Horn, Groen, & Hautzinger, 2004; Spence, Sheffield, & Donovan, 2005).

2. Readiness and strength of the applicant

The 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. 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 programme.

2.1 Supported by multi-disciplinary professionals

CSRP 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 programme, training, publication and e-learning portal. Our research team consists of multi-disciplinary professionals, including clinical psychologist, psychiatrist, 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.

2.2 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.

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.

2.3 Proven track records in development of educational programme

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 Meritorious Website".

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

In 2006-08, with the support from Quality Education Fund, the Centre has designed and implemented a school-based mental health enhancement programme, *Little Prince is Depressed* for about 1,000 junior secondary school students from 4 schools. A study about the efficacy of this pilot programme showed that there was significant improvement in help-seeking attitude of students who have joined the programme, which was important for those with emotional distress. Apart from benefiting the students, the Centre has trained school teachers to be the instructors of this programme so that sustainability of the skills was assured. This well-received programme has expanded its scale to at least 10 more schools in 2009-11. Well-trained teaching consultants with relevant background have used multi-media teaching materials to facilitate the learning of students and positive feedbacks from partner schools were received. Research findings of the efficacy of the programme will be shared for future development of similar evidence-based curriculum.

2.4 Project team

Our project team consists of the following personnel:

Principle Investigator:

Director, Centre for Suicide Research and Prevention (CSRP), HKU, Professor, Department of Social Work and Social Administrations, HKU

Co-Investigators:

Committee on Home-School Co-operation (CHSC)

Project Director, CSRP

Clinical Psychologist, CSRP

Research Assistant Professor, Journalism and Media Studies Centre & Honorary Fellow of CSRP, HKU

Research Assistant, CSRP

Consultants:

Head of Department of Social Work & Social Administration, HKU

Assistant Professor, Faculty of Business, HKU

Associate Professor, Department of Psychology, HKU

3.1 The rationale

There is a paucity of comprehensive web-based programs on youth mental health both locally and internationally that educate both the adolescents and their parents concomitantly. Moreover, these studies may not have been evaluated or tested using rigorous research methodology; and thus, the efficacies of these programmes are unknown. Thus, we propose the following web-based programs to be implemented in Hong Kong.

3.2 Goal & Objective

The major goal is to develop an e-learning curriculum to enhance the mental wellbeing of the adolescents and strengthen mutual communication among school and family stakeholders

- (i) To enhance protective factors of adolescent mental health by involving their parents to enhance parents' knowledge of youth mental health issues, developmental issues, and greater efficacy in handling their children with mental health and/or suicidal problems; and
- (ii) To assess the efficacy of the proposed e-learning programme by adopting a rigorous outcome measurement methodology that will compare the mental health of two groups of adolescents over three measuring time points within a two-year period:
 - (a) students who participated in the e-learning programme without the involvement of their parents; and
 - (b) students who participated in the proposed programme with the involvement of their parents. This evaluation will help us to find out an effective web-based model in enhancing youth mental health and mental problems.
- (iii) To adopt home-school co-operative approach to enhance effective mutual communication by adopting an interactive methodology through the Internet and will work out the developmental trend / index for self-awareness as well as social perception on mental health for school and family stakeholders.

3.3 The program's details

3.3.1 Participants

Our centre and the Committee on Home-School Co-operation will invite at least 20 - 30 secondary schools to be the partner schools of this pilot program. We expect about 4,000 – 6,000 students studying Secondary 1 to 2 and 2,000 – 3,000 parents to participate in the web-based programmes.

Principals and teachers will be invited to attend briefing sessions / seminars about youth mental health issues and the websites will be introduced. Principals and teachers joined the pilot scheme will be invited to share their experience on regional basis to disseminate message of their sustainable development to the public. Parent representatives of Federations of Parent-Teacher Associations in 18 districts will also be invited to participate in the sharing sessions to enrich their awareness of mental health in youth and families.

3.3.2 The Program

1. Web-based program for students

The program is based on the Cognitive Behavioural Model. The program consists of 12 modules that will include the following topics:

- Introduce the format and the basic conceptual framework of the curriculum to the students;
- About mental health, mental well-being, mental ill-health, and mental disorders;
- Stigmatization of people with mental illnesses;
- Stress as a contributing factor of mental ill-health;

- Stresses during the developmental stage;
- Understanding the relationship between stress coping and physical and mental disorders;
- Encourage the use of professional psychological services and introduce community services for adolescents;
- Goal-directed thinking;
- Self esteem and how to build it up;
- Distinguish between positive and negative ways of thinking;
- Cognitive restructuring;
- Sympathy and empathy - understanding feelings of other people;
- Communication skills - levelling, active listening, and validating;
- Anger management;
- The role of internet on mental (ill)health;
- Internet addiction: Is it a real thing?
- Drug use, addiction, and mental ill-health; and
- Cyber-bullying and ways of preventing ourselves to be victims

Multi-media materials will be used, e.g. videos, music, animations, short quizzes, and games. A user's guide will be developed and can be downloaded from the website upon their registration.

II. The parent corner

Besides the above materials, some parenting skills to handle adolescents' developmental and emotional issues will be included in the website, for example:

- Identification of negative interpretative styles and promoting more positive perspectives within the family;
- Provision of information on normal adolescent development;
- Introduction of common mental disorders among adolescent;
- Strategies for promoting adolescent self-esteem;
- Provision of strategies to promote family harmony by practicing skills on conflict resolutions, and introducing effective communication skills with children;
- Ways of helping your children in preventing cyber-bullying, drug abuse, internet addiction;
- Love hurts – talking to your children about love, sex, and breakups;
- Introduction of existing social and professional services for adolescents in Hong Kong;

3.3.3 Procedures

All students and parents will be assessed at three time points, pre-intervention (0), post-intervention (3rd month), and follow-up (6th month). Pre-intervention assessment will be measured when they register to the website, complete all modules of the website which last for 3 months, and 6 months after the programme. Both pre- and post-intervention assessment will comprise the same measures and procedures, and there will be no differences in assessment conditions for the intervention groups versus controls. Participants in the comparison cohort will be assessed at the same intervals, planned to coincide with those on the intervention cohort.

3.3.4 Implementation Plan with Time-line

Preparation and awareness talks (6 months)

- Personnel recruitment
- Writing up curriculum materials and design activities by a team that includes a clinical psychologist with knowledge on CBT, mental health education, and e-therapy, counselors and social workers with the experiences of teaching mental health programmes for students and parents, multimedia professionals, copywriters, musician, etc.
- Researchers to develop the measurements
- Students and parents recruitment
- Talks and focus groups (about an hour) on youth mental health issue will be conducted at schools by psychologists and counselors.

Implementation and assessment (15 months)

- One Project Officer (with a qualification of at least a master degree graduate on psychology/counseling/social work practice and two-years of research experience) and a doctoral level Clinical Psychologist with research experience will monitor and maintain the websites to ensure the clinical, ethical, and legal issues that may arise. These staff will also conduct seminars for schools; One Research Assistant will provide support on data collection and evaluation
- Seminars (about an hour) on youth mental health issue will be conducted at schools to educate principals and teachers (or students). These seminars will be conducted by psychologists and counselors.
- The 12-module student e-learning programme without parental involvement will be rolled out first and then the student e-learning programme with parental involvement
- Reinforcement scheme will be implemented to encourage continuous participation of students and parents
- Sharing sessions will be arranged for students and parents who had completed the e-learning programmes.

Data analysis and reporting (3 months)

- Data input and analysis
- Final report writing
- Focus groups may be conducted with the participants to modify the websites for future use by the overall general population.

Table of implementation

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Time	Work plan	Evaluation
Preparation (6 months)		
Oct 2010	<ul style="list-style-type: none"> - Personnel orientation and training - Conduct focus groups and talks at school - Curriculum design - Prepare for tendering procedures 	
Nov 2010	<ul style="list-style-type: none"> - Conduct focus groups and talks at school - Curriculum design - Call for tender proposals 	
Dec 2010	<ul style="list-style-type: none"> - Conduct talks at school - Select and confirm tender proposal - Website layout design and audio-visual materials production 	
Jan 2011	<ul style="list-style-type: none"> - Conduct talks at school - Website layout design and audio-visual materials production - System development 	
Feb 2011	<ul style="list-style-type: none"> - Website layout design and audio-visual materials production - System development and trial run of system - Recruitment of participants through schools 	
March 2011	<ul style="list-style-type: none"> - Trial run of system and modification - Recruitment of participants through schools 	
Implementation (15 months)		
April – May 2011	<ul style="list-style-type: none"> - Pilot test 	
June 2011	<ul style="list-style-type: none"> - Pilot test evaluation - Modification of content, if necessary 	
July – Nov 2011	<ul style="list-style-type: none"> - Implementation (student version) - Student e-learning programme <i>without</i> parents involvement 	<ul style="list-style-type: none"> - 1st assessment (student version) - 2nd assessment (student version)
Dec 2011 – Apr 2012	<ul style="list-style-type: none"> - Implementation (student plus parents version) - Student e-learning programme <i>with</i> parents involvement 	<ul style="list-style-type: none"> - 1st assessment (student plus parents version) - 2nd assessment (student plus parents version) - 3rd assessment (student version)
May – June 2012	<ul style="list-style-type: none"> - Sharing sessions for students and parents - Conduct focus groups to evaluate the programme 	<ul style="list-style-type: none"> - 3rd assessment (student plus parents version)
Data analysis and reporting (3 months)		
July – Sept 2012	<ul style="list-style-type: none"> - Data input, analysis and final report writing 	

3.3.5 Measures

Measures about students and parents' knowledge towards mental health / illness and the relationship between physical health and mental health; attitudes about mental health / illness, professional psychological service utilization, emotional and mental health problems in youth; application of problem solving skills, coping skills, parent-adolescent relationship/communication, parents' self-efficacy and confidence in ability to address mental health issues in youth and families will be administered to students and parents. Examples of measures are Child-behaviour checklist (parent version), Family Functioning Measures: The FACES III Scales, Parent-Adolescent Communication, Knowledge of Childhood Depression and Anxiety, Attitudes about Seeking Professional Psychological Help and Attitudes about Emotional and Mental Health Problems in Youth, Treatment Seeking, Self-efficacy and Confidence in Ability to Address Mental Health Issues in Children.

3.3.6 Analysis

Analysis of covariance (ANCOVA) will be the primarily analytic used to test the differences between the two groups: (1) Students who joined the web-based curriculum without the involvement of their parents; and (2) Students who join the website with the involvement of their parents. They will be measured at three measuring time-points during the study period.

3.4 Budget

Expenses	Details	Cost (HK\$)
Staff Cost	1) Project Officer - At the rank of Senior Research Assistant or above - Preferably with a Master's degree in psychology, counseling, or social work and experience in educational or psychological research - Duties: He/She will plan, execute and monitor the whole project and provide support to Clinical Psychologist - HK\$24,580 x 24 months (Oct 10 to Sept 12) + HK\$24,000 (MPF)	613,920
	2) Part-time Senior Social Worker/Clinical Psychologist - Registered Social Worker/Clinical Psychologist - Estimated man-hours: 1,000 (Oct 10 to Sept 12) - Duties: He/She will design the student and parent websites, provide briefing, training and debriefing for staff involved, and to observe, assess and evaluate process and outcome; - Hourly rate is not more than HK\$700 (plus 5% MPF)	700,000

Expenses	Details	Cost (HK\$)
	3) Research Assistant I - Preferably with psychology or education background - Duties: He/She will organize focus groups, scale validation, system testing, data collection, data analysis and report writing - HK\$16,000 x 24 months (Oct 10 to Sept 12) + HK\$19,200 (MPF)	403,200
	4) Technician - Preferably with a Bachelor degree in computer science and at least 4-5 working experience - Duties: He/She will monitor the operations and logistics of the websites and provide maintenance and technical support - HK\$13,000 x 18 months (between Oct 10 and Sept 12) + HK\$11,700 (MPF)	245,700
	Staff Cost Sub-total	1,962,820
Service	Website development, module layout, multimedia production, server maintenance etc.	785,500
Equipments	Computer hardware (including 1 desktop computer and 1 notebook computer)	14,500
General Expenses	Such as office supplies*, transportation and transportation allowance for service users**, conferences***, printing (publications)****, incentives for service users***** etc.	145,000
Contingency		28,380
	Total:	2,936,200
Remark: * included but not limited to photocopy, printer toner, stationery, sundries, postage, computer software etc. ** included but not limited to transportation for to and from partner schools and function venues, transportation allowance for services users to attend focus groups etc. *** conferences/discussion forums/sharing sessions will be organized. Cost items include rate for venue and equipments, registration forms, posters, refreshment, handouts and souvenirs etc. **** included but not limited to research reports, pamphlets, souvenirs etc. ***** included but not limited to souvenirs to encourage continuous participation of service users.		

Justifications for Staff Recruitment and Service Procurement

1) Project Officer

Project Officer is responsible for planning, execution, and monitoring the whole project and will participate in the coordination of data management, and provide supports to the senior social worker/clinical psychologist. An experienced and registered social worker or counsellor is required to act as a bridge between school social workers and the project team to handle unforeseeable issues being raised when the parents and students participate in the program. He/she is required to have at least a Master's degree in Social Work or Psychology or Counseling, 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 rank of Assistant Social Work Officer, HKSAR government MPS.

2) Part-time Senior Social Worker/Clinical Psychologist

Part-time Senior Social Worker/Clinical Psychologist is required to design the student website and parent website, provide briefing, training and debriefing for staff involved, develop the User's guides, handling difficult enquiries by students and parents, and to observe, assess and evaluate process and outcome. He/she is required to have at least 5-7 years of clinical, research, or professional experience in relevant discipline and is responsible for professional training, curriculum planning; community education; supervision and administrative functions as appropriate.

3) Research Assistant

He/she will assist in organizing focus groups, measurement scale validation, system testing, data collection, statistical analysis and report writing. Monthly salary is based on the suggested rate for the position of Research Assistant I, provided by the Research Service, The University of Hong Kong (document provided upon request).

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.

Contribution from the Centre for Suicide Research and Prevention

The Principle Investigator and the multidisciplinary research team will provide their expertise and advices to the research design, curriculum design and the implementation. A member from the project team, who reports directly to the PI, will be assigned to oversee the progress of the programme and to supervise all the project staffs.

4. Project Impact

4.1 Evaluation Parameters and Method

The evaluation consists of quantitative data collected. It aims at measuring the efficacy of the programme in promoting mental health, resilience, problem solving and coping skills and whether it can be effectively implemented in school-based setting.

- Knowledge and attitude towards mental illness / health, depression symptoms, problem solving skills, coping skills and irrational belief
- Qualitative measures (individual and group interviews) - Process evaluation, dairy/feedback/ reflection from students, parents, and involved school personnel will be collected from focus groups and/or individual interviews

4.2 How the Project Would Benefit the Education Sector as a Whole

This programme not only introduces the concept of adolescent mental health to students, parents, and schools, at the same time utilizes the power of the Internet to match with the contemporary teaching-and-learning model. In longer term, this kind of web-based intervention can be adopted and modified for other issues, such as health, financial, social etc that can reach more students and working parents who do not have the capacity to participate in school-based programmes.

4.3 Sustainability of the Outcomes of the Project

Once the websites have been developed, they can be maintained and updated at very low human and financial costs. Evaluation results can be used as reference for the further improvement of programme of this kind.

4.4 Dissemination / Publicity Methods

The research findings will be disseminated through a number of channels, for example, press briefing, teacher workshop and academic paper. The final report will be posted on the QEF and CSRP website for free download.

5. Conclusion

The support from the QEF will be a strategic investment for improving the mental well being of the teachers, students and parents in Hong Kong. We shall expect the product will be able to contribute to the continuous improvement in the quality of education in Hong Kong and other Chinese societies. It would have significant and long lasting impact on the school community.

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Asset Usage Plan (Project no. 2009/0204)

Category (in alphabetical order)	Item Description /	No. of Units	Total Cost	Proposed Plan for Deployment (Note)
audio and video equipment				
book & VCD				
computer hardware	Desktop computer	1	HK\$6,000	Retained at Centre for Suicide Research and Prevention for usage
	Notebook computer	1	HK\$8,500	
computer software				
musical instrument				
office equipment				
office furniture				
sports equipment				
Others	Website	1	HK\$785,500	Open for public access

Note: for use by school / organization / in other projects (please provide details of the department / centre to which the asset will be deployed and the planned usage of the asset in activities upon project completion).

Report Submission Schedule

遞交報告時間表

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

本人/本校/本機構承諾準時按以下日期遞交合規格的報告：

Project Management 計劃管理		Financial Management 財政管理	
Type of Report and covering period 報告類別及涵蓋時間	Report due day 報告到期日	Type of Report and covering period 報告類別及涵蓋時間	Report due day 報告到期日
Progress Report 計劃進度報告 1/10/2010 - 31/3/2011	30/4/2011	Interim Financial Report 中期財政報告 1/10/2010 - 31/3/2011	30/4/2011
Progress Report 計劃進度報告 1/4/2011 - 30/9/2011	31/10/2011	Interim Financial Report 中期財政報告 1/4/2011 - 30/9/2011	31/10/2011
Progress Report 計劃進度報告 1/10/2011 - 31/3/2012	30/4/2012	Interim Financial Report 中期財政報告 1/10/2011 - 31/3/2012	30/4/2012
Final Report 計劃總結報告 1/10/2010 - 30/9/2012	31/12/2012	Final Financial Report 財政總結報告 1/4/2012 - 30/9/2012	31/12/2012