

EDITORIAL*

THE PATHWAYS OF CHILDHOOD

The pathways from childhood to adulthood are multiple, tortuous and often fraught with problems. It is a period of life characterized by continuous development and changes. There are different developmental tasks and needs for different age groups. To realize the full potential of children and to bring them up to become normal adults, parents and teachers need to understand and fulfill these developmental tasks and needs. Parents need to provide a stable and loving home and to devote time and efforts to their children. In addition, an enabling environment providing well designed and co-ordinated educational, social, physical, artistic and recreational opportunities are also essential. If the child is like a seed then a loving home is like good soil and an enabling environment is like sufficient sunshine and rain; it is the combination of good soil, sufficient sunshine and rain that will ensure that the seed will grow healthily and bear fruit.

Research in Hong Kong has shown that there is gross misunderstanding among parents and teachers about the needs of children. Educational achievements are often regarded as most important. Children's emotional, physical, social and recreational needs are often grossly underestimated. Many children are living a very unbalanced life. While most children spend a great deal of their time on homework, their leisure hours are often engaged in unstimulating activities.

Hong Kong does provide a range of services for children and families. However, many of these services are either insufficient in quantity, inadequate in quality or fragmented in co-ordination. Take education as an example, it is a fair statement to say that Hong Kong basically provides an average education for the average child. Many children with learning disorders are not given any help at all. Even when some assistance is available, the input is still insufficient. On the opposite end, very little has been done to help intellectually gifted children to realize their potential. Between these two extreme ends on the continuum of normal intelligence are many children who are talented in specific areas. Again very little has been done to discover and develop these talents.

Many children are less fortunate. They may be born with physical and intellectual handicaps. Some may suffer from neuro-developmental disorders such as developmental language and speech disorders, hyperkinetic disorders and childhood autism. More-over, based on many well designed child psychiatric epidemiological studies done in many

different parts of the world (Branderburg et al., 1990; Gould, Wunsch-Hitzig & Dohrenwend, 1980; Offord et al., 1987; Rutter, 1989), including several studies done in Hong Kong (Luk et al., 1991; Shek, 1988; Wong & Lau, 1992), it is estimated that at least 10% of Hong Kong children are suffering from significant behavioural disorders, most usually the results of longstanding abnormal psychosocial environments. Translated into actual numbers, there are about 150,000 cases, based on the estimation that there are 1.5 million children and adolescents in Hong Kong. These children and their families require psychiatric intervention, remedial education, training and rehabilitation. But how much has Hong Kong done for these unfortunate children? Not a lot. Assuming that the expressed demand for child psychiatric service is only 5%, that still gives a figure of 75,000 children and adolescents as requiring child psychiatric service. But there are only a few child psychiatric units in Hong Kong. Take the school as another example, the existing school social work provision is one school social worker per 2,000 secondary school students. The average secondary school in Hong Kong accommodates 1,000 students. Thus one school social worker is shared by two schools. In some areas, because of shortage of staff, one school social worker has to look after three schools. According to the prevalence of 10%, there are about 100 psychiatrically disturbed students per school. It should be clear enough that the school social work provision should be improved to one school social worker per 1,000 students or there should be one worker per school. Another good example is the provision for autistic children and adults. The prevalence based on clinical cases is about 8 per 10,000. However, service provision for autistic preschool and school children of subnormal intelligence is still based on the prevalence of 4 per 10,000. The provision for autistic adults and for autistic children with normal intelligence is even more deficient.

I believe that the future direction for mental health services for children should be both preventive and therapeutic, aiming not only at children with special needs but also at normal children and involving both children and adults. Four major categories of services should be provided:

(A) Services for Normal Children

The services will include: (i) **screening and assessment programmes** to ascertain children's strengths and weaknesses and needs; (ii) **remedial programmes** for children with learning problems; (iii) **enrichment pro-**

gram-mes for ordinary children to help develop social skills, artistic, sport and other extra-curricular interests; and (iv) **enhancement programmes** for intellectually gifted children and for children with specific strengths.

(B) Services for Children with Special Needs

The services should include: (i) **comprehensive diagnostic services** for children with different kinds of psychiatric and neuro-developmental disorders; (ii) **psychiatric treatment programmes** for psychiatrically disturbed children and their families, including family psychotherapy, individual and group psychotherapy, behaviour therapy and pharmacotherapy; (iii) **rehabilitation programmes** for children with neuro-developmental disorders.

(C) Preventive Programmes

The services should include: (i) **screening programmes** aimed at early detection of problems; (ii) **early intervention programmes** for milder cases; and (iii) **preventive educational programmes** for parents and children.

(D) Professional Training Programmes

The training programmes should cater for a wide range of professions and aimed at theories and skills in the following important areas: (i) **psychiatric intervention** such as family therapy, individual psychotherapy, play therapy and behaviour therapy (ii) **rehabilitation** of children with special needs; (iii) **helping children to maximize their potential**; and (iv) designing and running **preventive programmes** for children and families.

However, these goals are much easier said than can be achieved. The limitation in material and financial resources is only one of the important factors. The hindrance from deeply ingrained value and belief systems are equally important. For example, family life educational programmes in general are rather poorly received by parents in Hong Kong. This is because the majority of parents believe such programmes are unnecessary for them. Another factor is

the lack of solidarity among professionals. Professional and organizational barriers will have to be broken down to enable a genuine united front to be established.

How can Hong Kong do better for its children? This is still a question and a challenge open to all.

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* Modified from an original proposal to establish a comprehensive service centre for children and families.