

**Hong Kong Journal of Paediatrics**

香港兒科醫學雜誌 (New Series)

An Official Publication of

Hong Kong College of Paediatricians &

Hong Kong Paediatric Society

c/o Hong Kong College of Paediatricians, Room 808,  
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Building, 99 Wong Chuk Hang Road, Aberdeen,  
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**Towards Healthy Adolescence:  
Intersectoral Collaboration**

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Adolescent medicine is one of the youngest subspecialties in Hong Kong. The first clinic (under the former Hospital Services Department) dedicated for the adolescent was established in 1989 in Pamela Youde Polyclinic (Lam Tin) by paediatricians of Queen Elizabeth Hospital. The service was an integral part of the paediatric department and since then similar clinics were gradually established in all the major Hospital Authority hospitals. Because of historical or geographical reasons, significant variations exist among these adolescent clinics in terms of case-mix, service arrangement, manpower provision, etc. However, young people attending these service centres would expect warm welcome by a team of dedicated professional staff in an adolescent friendly environment. Indeed, multidisciplinary holistic care is the hallmark of this new and innovative subspecialty. This intersectoral collaborative approach is appropriately reflected by the theme of the First Asia Pacific Regional Adolescent Health Congress, "*Towards Healthy Adolescence – Intersectoral Collaboration*". The Regional Congress was held in January 2004 in Hong Kong and it was the first of its kind that has attracted active participation of professionals across disciplines and sectors, local and overseas, and more impressively, the enthusiastic involvement of youngsters in the organisation of, presentation and attendance at the Congress. A number of presentations are published in this issue.

The six keynote articles presented in this issue of the Journal define what is being expected of a designated health service for adolescents. All authors were supportive of enhanced collaboration of professionals involved with adolescents. In his groundbreaking speech, Professor David Bennett argued that even though most adolescents were relatively healthy, their health problems often had major impact on the social and economic health of the communities and thus deserved proper attention. He rightly pointed out that these health problems were often preventable through programmes targeted at the specific risk or protective factors, many of which fell outside the domain of "health services." Collaborative strategies were thus necessary to build up a framework for improving the health of young people. Dr Philemon Choi Yuen Wan, with his thirty years' experience as a frontline worker and leader in youth service in Hong Kong, performed a thorough pathological analysis of the adolescent's psychosocial environment and concluded that the "connectedness" of young people of Hong Kong was disrupted because of the rapid changes in the macro-environment. The delivery of adolescent health service should be re-organised to cater for the changing needs of the young people.

Speaking as Regional Advisor on Nursing for the World Health Organization

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The editors like to acknowledge with gratitude the major contributions of the reviewers who have rendered their valuable service in reviewing the articles submitted to our Journal in 2004.

(WHO), Ms Kathleen Fritsch outlined the challenges faced by adolescents, especially those living in the Western Pacific Region (WPR), which put them onto the path of ill health. Groups of vulnerable adolescents were identified and the treatment strategies were presented. A regional adolescent health and development framework was developed to promote adolescent health and to reduce their mortality and morbidity. Establishment of Adolescent Friendly Health Services was given high priority to enhance access by young people. The WHO Headoffice supported integration of Adolescent Health and Development into the professional training curricula of doctors and nurses. The concept was promulgated to a number of countries in the WPR region and positive health outcomes for adolescents were demonstrated. Dr Winnie WY Tse's paper called to attention that amidst the truckloads of life stresses a youngster had to face as he/she entered adolescence, eating could be one stress. Some youngsters didn't simply overeat. They often had associated negative psychosocial experiences. Disordered eating has been on the rise and obesity could be included in the spectrum of disordered eating because of its high prevalence and strong correlations with body dissatisfaction and unhealthful eating behaviours. Dr Tse suggested an intersectoral collaborative approach in developing prevention strategies to curb this worrying global epidemic, obesity.

Mr Ng Ka Wing, a fifth year medical student, through his observation as a resilient adolescent patient with chronic debilitating medical conditions, illustrated vividly how adolescent health service should be oriented in order to bring out the best and everything of a youngster. Finally, in her presentation, Dr Natsag Udval shared with us the Mongolian experience in planning, developing and implementing national adolescent health services based on the youngsters' needs and through intelligent utilisation of technology. The success of the Mongolian programmes was to be congratulated and could serve as a road map for youth health service planners.

While our College is actively engaged in subspecialty accreditation, Professor Charles Irwin's paper on the medical curricular development for adolescent medicine just came at the right time. Professor Irwin is one of the key paediatricians instrumental to the subspecialty accreditation of Adolescent Medicine in the United States. He has not only walked through with us the development of adolescent medicine through its inception to its present state and well illustrated the organisation of curricular development at different levels of paediatric training in the States, but also insightfully discussed the foreseeable challenges. While every region needs to tailor-make its own curriculum of training, Professor Irwin stressed the importance that young people want to be heard and to be engaged in educating our health professionals about their unique needs.

There are other excellent original articles too. Professor Daniel Shek presented his huge collection of local data on the adolescent developmental outcomes which were related to the family processes and parenting styles. Apart from demonstrating the positive relationship between the parent-child relationships with the adolescent developmental outcomes, he argued that the relationship was independent of economic status. His data showed that in the Chinese family, father had a stronger impact than mother and girls were more susceptible to family influences than boys.

Besides family, school was shown to play an important role in determining health behaviours. Professor Albert Lee, through the organisation of Health

Promoting Schools (HPS) and the Healthy School Award Scheme (HSAS), enabled the participating schools to create a conducive environment to improve both educational and health outcomes. His territory-wide surveillance on student health in 1999 clearly demonstrated the health care needs of the students which were further supported by a follow-up study in 2001. His experience in organising the HPS and HSAS illustrated that effective collaboration among the clinician, public health personnel and educator would promote positive youth development through exposure to increasing numbers of protective factors. On the other hand, school was also viewed as a potential source of stress for students. Dr Farideh Salili explored the influence of culture and context on students' motivational orientations, sense of well being, and academic performance by comparing high school students from Hong Kong and Canada. It was shown that Hong Kong students spent significantly more time studying, but they were more anxious, felt less competent, and received lower grades than their Canadian counterparts. The results also clearly indicated the influence of culture and context of learning on students' motivational orientation and sense of well-being. Dr Yip Kam Shing studied the influence of the subjective experiences of adolescent clients with depression on the expression, communication and coping with the depressive condition. Through the reconstruction of the subjective experiences, Dr Yip developed a model to manage adolescent clients with depression.

Youth work is often well known for its versatility. An adventure-based training programme was employed by Mr Wong Chun Chin, a police officer and dedicated youth worker, as an intervention tool to effectively engage the adolescent substance abusers and to help them develop a positive life perspective. The achievement of his Youth Carenet Adventure Resource Centre in the precedent four years was both remarkable and respectable. An example of multidisciplinary partnerships among professionals in education, social work, police, legal and medical fields,

the Carenet project illustrates that intersectoral collaboration in youth work is a possible solution.

As paediatricians we are all convinced that we should cater for the bio-psycho-social needs of our patients. This is particularly relevant in adolescent medicine. However, traditional child health workers preoccupied with the biology basis of diseases may not be comfortable with this "alternative" approach. Furthermore, research in this area is exceedingly difficult because the pathogenesis of many of the adolescent health problems are both complicated and multi-dimensional in nature. Not surprisingly, evidence based medicine is not prevailing in this field due to the limitation of available data. Health care workers in adolescent medicine often feel isolated, unsupported, marginalised and deprofessionalised.

Yet the articles presented in this issue of the Journal illustrated that clinicians would not be left alone to meet the challenges from our adolescents. These eminent international and local experts in different professions have highlighted the importance of adolescent health and they are keen to declare their interest. Even though most of the paediatric departments in the Hospital Authority have extended their names to include adolescents up to the age of 18, there is an urgent need for us paediatricians to redress our professional role, to re-examine our service provision for adolescents as well as our professional training programmes in order to maintain our interest and competency in serving this particular group of people. Indeed, our youngsters are not only the future but the very important present of our community. More clinical and epidemiological studies would be needed to uncover the health conditions and the health care needs of our younger generation(s).

WWY TSE AND CM YU  
Guest Editors