

# Paradigm Shift in Adolescent Health Service Delivery

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## Abstract

In view of the rapid changing cultural, technological, ecological, social, economic and political context, the adolescent health services are undergoing a gradual paradigm shift in Hong Kong. Wholistic health care services are advocated and delivered by several hospitals, clinics and non-government organizations. Several hospitals have attempted to form integrated intersectoral teams for adolescent health care. For ten years, longitudinal research has been conducted to develop tools for the identification of adolescents with potential risks for mental or behavioral disorders, and learning difficulties; so that preventive and therapeutic services can be delivered as early as possible. Health care professionals have reached out into the communities, to meet the needs of adolescents who may not take the initiative to seek professional help. The counseling profession has gradually shifted from a predominantly individual approach to a systems approach. Since wholistic health is a way of life, health careers are learning to tackle the cultural milieu of the adolescents, and attempts have been made to help adolescents to think global and act local.

## Key words

Intersectoral collaboration; Prevention; Wholistic health

## Impact of the Rapid Changing Context

As a front-line youth worker for thirty years in Hong Kong, I have noticed that the rapidly changing context has forced us to rethink the approach, form, and content of youth services. I shall be speaking about youth in the Hong Kong context, and I hope it will find some implications to other countries around the world.

### Cultural Context

Our research has confirmed that the cultural identity of the young people is closely associated with their value orientation, cultural heritage, life style, and even their resilience in times of stress (Breakthrough, unpublished report).

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After 150 years of British rule, Hong Kong culture was definitely coloured by the West; and at the same time, our youth are exposed to global influence, especially Japan and Korea.

For years, the local pop culture dominates the thinking and life style of young people, led by local pop singers, movie stars, kung-fu cartoonists, popular soap operas, and widely circulated newspapers and magazines.

After China reclaimed the sovereignty of Hong Kong in 1997, we are learning to re-connect with the Chinese culture at a deeper level, starting with learning to speak in Mandarin.

Furthermore, the youth culture of Hong Kong youth is observably "post-modern": it is a generation that listen with their eyes, and think with their emotions (Ravi Zacharias, personal communication).

With this complex history of multi-cultural exposure, it is not surprising that over half of the youth population are confused when asked about their cultural identity. It is extremely challenging for youth workers to walk along side with the young people in their search for their cultural identity.

### **Technological Context**

The phenomenal advance of information technology has changed the way young people communicate, learn, relate and seek entertainment. It has brought along a "power shift": information is no longer power, information is free. The key is information on information – insight!

Youth workers are learning how to reintegrate their services, fully utilising the powerful information technology. It changes our presentations, the way we connect and counsel young people, and the way we manage and deliver our programs. When we discover more and more young people addicted to the internet – ICQ or on-line games; we have to find new ways to overcome this new form of "alienation".

The 21st century has been called the "Biotech Century",<sup>1</sup> genetic engineering has found new cures for diseases, and creates tremendous impact on the length and quality of life. Stem-cell research may usher in the first cloned-man – What then is life? Who is my mother? Who is my father? We might need to redefine life, relations, and values; and struggle to protect the dignity of being human.

### **Ecological Context**

The new challenge we face is the sustainability of our planet, in view of the alarming air and water pollution, the impact of global warming, the holes in the ozone layer, the on-going destruction of our forests, the unethical use of poisonous chemicals, and the irresponsible consumption of energy.

Our new generation can no longer take life for granted, they need to develop a green life style.

### **Social Context**

Research conducted by the Hong Kong Council of Social Services has repeatedly alerted us of the rapid decline in social cohesion. The most alarming trend is the disintegration of the family, which we used to treasure so much. Violence in the family and even in campuses becomes a new concern.

The rebuilding of interpersonal relationships, starting with the family; the maintenance of social cohesion, and the issue of social inclusion become our immediate concern.

### **Economic Context**

Hong Kong people's depression is related to the economic crises we faced over the past few years. This has called for further polarisation of "the haves and the have-nots". The rapid change in the structure of the labour market, with all the factories moved north to China mainland, has

aggravated the unemployment problem.

We have to discover new ways to meaningfully engage the "non-engaged youth", who are not in schools, and who could find no jobs. Many of them have become "night-drifters", and we are finding new ways to re-connect these young people. We have discovered that economic inclusion and social inclusion are closely interwoven.

### **Political Context**

Hong Kong young people used to be politically indifferent, with obvious traits of "acquired passivity" and "learned pessimism".<sup>2</sup>

The half-million people march on 1st July, 2003 was remarkable; it seems to show signs that young people are gaining a sense of political awareness. They may shift from being outsiders, and become participants. I believe that any society should respect and create space for the contribution of youth voice and action in the socio-political arena.

As a youth worker, and an advisor to the government on youth policies, I firmly believe that young people are the leaders of the 21st century. We need to conduct more research, and gain new understanding of youth in this rapidly changing context. These need to be a paradigm shift in the way we relate to young people and the way we deliver youth services.

## **Paradigm Shift in Adolescent Health Service Delivery**

### **Physical Sickness ↔ Wholistic Health**

In recent years "wholistic" has become a key word for many sectors: "wholistic" education, integrated and "wholistic" service, "wholistic" development for leaders in the business sector, and "wholistic" health care.

In the medical profession, health is no longer defined as "free of physical sickness", we are aiming at an integration of four dimensions of health: physical, psychological, social, and spiritual.<sup>3</sup> The Nethersole Hospital in Hong Kong has been advocating for this model of health service delivery for decades.

In the front-line, where we are confronted by a broad spectrum of adolescent health issues: depression, suicide, eating disorders, venereal diseases, drug addiction, and addiction to the internet; it is obvious that we must adopt the model of wholistic health care.

### **Single Discipline ↔ Intersectoral Collaboration**

When we attempt to deliver wholistic health care service,

intersectoral collaboration is the only solution. Several hospitals in Hong Kong have attempted to form integrated teams for adolescent health care: the teams are composed of paediatricians, adolescent psychiatrists, clinical psychologists, nurses, medical social workers and chaplains. Each discipline has its own specialised training and there is the need for common language to facilitate smooth collaboration. We need to create more platforms for dialogue between professionals from different disciplines; and this conference is an excellent example.

#### ***Therapeutic intervention ↔ Prevention***

We firmly believe that "prevention is better than cure". The key success factor for preventive services is the development of tools and mechanisms for early identification and early intervention.

In Hong Kong, we have attempted to develop tools for the identification of adolescents with potential risks for depression, suicide, conduct disorders, and learning difficulties; through the collaboration of researchers, adolescent psychiatrist, clinical psychologists, school principals, teachers, social workers, and government officials in several departments – education, health, and social welfare. After identifying the adolescents with potential risks, we offer programs to strengthen their resilience, and we attempt to reinforce their sense of belonging to their families, schools, and peers. Where necessary, we offer counseling and psychiatric services to the adolescents and their families.

After ten years of longitudinal research, refining of the screening tools, experimentation and evaluation of the intervention programs, plus intensive training of the service delivers; this approach for preventive services for adolescent have been adopted by the Hong Kong government and implemented at junior high schools and primary schools across the entire city (BT and CCTERM, unpublished report).

#### ***Centre Based ↔ Community Based***

Most adolescent services are centre based, hospital or clinic based; the utilisation of these services is dependent upon the motivation and initiation of the clients.

Adolescents are not the type of clients who are motivated to seek health care or counseling services. In recent years, adolescents around the world seem to have an attitude of "acquired passivity" and "learned pessimism".<sup>4</sup> They are even less motivated to seek any kind of professional help.

The trend is shifting towards outreach into the community, and delivers the various forms of services to

the adolescents in need. One successful attempt is the formation of mobile teams of social workers, who drive their vans and move into the communities across the city to reach the young "night-drifters". The Department of Health has also launched a successful adolescent health program, reaching the adolescents in their schools.

#### ***Individual Approach ↔ Systems Approach***

The Counselling profession has gradually shifted from a predominantly individual approach to a system approach and family is the most important system being tackled.

However, it is obvious that there are other systems that have tremendous impact on adolescents, including the schools, the media, and their peers.

We have conducted an in-depth study on the "juvenile gang" phenomenon after a criminal case where an adolescent was violently attacked by a group of adolescents, eventually killed, and the corpse was burned. We have discovered that this particular "juvenile gang" is composed of members from families with "absent fathers". These adolescents were also disconnected from their schools, cut off from their teachers and classmates, with frequent truancy and occasional bullying behaviours in schools. These teenagers seemed to find a sense of belonging to a youth centre, where they were volunteers. However, they were dominated by two strong "juvenile gang" leaders and the group was influenced periodically by triad society members. To a certain degree, their violent behaviour and the way they handled the corpse were influenced by similar plots in the popular magazines published for teens. It is obvious that, in dealing with the "juvenile gang" phenomenon, we need to tackle all the systems involved: family, school, peer, and media (CSYR, unpublished report).

In future, we need to adopt the systems approach in the delivery of adolescents health service – the adolescents do not develop in a vacuum, and very often they are the "identified patients" of the systems to which they belong.

#### ***Personal ↔ Cultural***

Hong Kong may be unique because of the complex history of multiple cultures, and most of the adolescents are confused with regard to their cultural identity. The lack of a distinctive cultural identity causes confusion in their value systems and ethical orientation; and it further affects their life style, and their resilience as they face the stress of life (Breakthrough, unpublished report).

In the "Understanding Adolescents Projects", we have attempted to strengthen the resilience of the individual

adolescents. Furthermore, we intend to strengthen the resilience of their families, and we are learning to build a resilient culture in the schools.

Wholistic health is a way of life, and we cannot neglect the impact of the cultural milieu.

### ***Local ↔ Global***

Finally, a brief word on the impact of "globalisation" on adolescents. After "9.11", we are convinced that the era of "the clash of civilisation" has arrived.<sup>5</sup> The next generation has to face the challenges of the "global village" in their everyday life.

If we want the adolescents to develop a healthy outlook and a healthy life style, we need to develop their "global literacy".<sup>6</sup> They need to "think global", and "act local".

We have attempted to organise exploration journeys to China, Cambodia, Vietnam, and these trips have changed the adolescents in a dramatic way: their perspective on health, their world view, and their outlook on life have been transformed.

Adolescents are not only recipients of health service; they can be contributors, and even become health careers. We look forward to future interaction between professionals from different sectors and the world, sharing their experiences and new discoveries in the delivery of wholistic health service for the adolescents.

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