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Editorial

Improving the Health and Well-Being of Adolescents in Hong Kong



The supplement accompanying this issue of the *Journal of Adolescent Health* focuses on the health of young people growing up in Hong Kong. In his introduction to the supplement, Dr. Daniel Shek states, “It is our modest wish that through this Supplement, our understanding and further discussion on the nature of adolescent developmental issues in Hong Kong, regional and global contexts will be promoted which will further enrich our knowledge on how adolescent developmental problems can be minimized” [1]. From my perspective, Dr. Shek is proposing a call to action for policymakers and health care providers not only in Hong Kong but also throughout the world: Those of us in the Adolescent Health and Medicine community must use regional health and risk indicators within the context of adolescent development to improve positive health outcomes and minimize the negative health outcomes through positive youth development (PYD).

Shek has assembled an outstanding team of Hong Kong investigators to review the evidence on the critical issues that impact the health and development of young people in the region: smoking [2], substance use [3], Internet addiction [4], problem gambling [5], sexual behavior [6], suicide and self-harm [7], and bullying [8] and mental disorders [9]. All the articles tackle these issues through a shared framework, first exploring the prevalence and psychosocial correlates before outlining opportunities for prevention. The available prevalence data on these health and risk problems can be surprising to those of us in other regions, with relatively low rates of substance and tobacco use, mental health disorders, and sexual activity, but higher rates of bullying, Internet addiction, and gambling when compared with other high-income countries. Despite Hong Kong’s positioning, however, all the articles in this supplement relate concerns over trends indicating that these noncommunicable diseases (NCDs) have either gotten worse over time or are on the rise and dominating the Hong Kong landscape.

Shek’s introduction, “UNHAPPY Environment for Adolescent Development in Hong Kong,” calls out ecological risk factors that contribute to negative adolescent development in Hong Kong [1]. This editorial sets the stage for the supplement by describing some unique factors of the context and culture of growing up in Hong Kong. Shek frames his discussion with the acronym UNHAPPY, which stands for Unhealthy values, Neglect of adolescent holistic development, Hopelessness and dissatisfaction with life, Academic excellence orientation but negative views about schooling, Poverty and social disadvantage, Parenting problems, and Yawing family development (a Chinese term for the emergence of atypical, such as

nonintact, families). These factors provide the context and the guide for understanding the population-based data in the problem-specific articles. They may be helpful in exploring the risk factors that are unique to Hong Kong but may also have relevance in other cultures that are undergoing rapid socioeconomic, political, migratory, and geographic changes.

Dr. Shek also offers a commentary highlighting seven problems complicate the application of a PYD framework to Hong Kong’s challenges:

- lack of coordinated surveillance studies;
- absence of rigorous evaluation culture;
- cross-sectional studies outnumbering longitudinal studies;
- knowledge based primarily on Western theories and research;
- inadequate evidence-based adolescent prevention and PYD studies;
- underdeveloped capacity for PYD research;
- and gross disintegration of policies, theories, and research [10].

A second commentary, from Dr. Richard Catalano, builds on Shek’s comments, providing an outstanding review of the supplement’s articles and placing the findings in the context with PYD. Dr. Catalano not only highlights the importance of identifying the risks and opportunities for prevention but also further emphasizes the importance of implementation science. Prevention efforts can support the development of treatment programs by enabling better identification of critical health problems. A PYD model offers many opportunities for prevention science to improve the well-being of adolescents [11].

Dr. Catalano responds to Shek’s seven problems with four recommendations “utilizing the lessons of prevention, promotion, and implementation science.” These recommendations include: identification of risk and PYD constructs relevant for different problems and positive outcomes; periodic monitoring of risk, PYD constructs, and positive and negative outcomes; and conduct strong evaluations of preventive and promotive interventions—will allow Hong Kong to take full advantage of the research base for prevention, promotion, and implementation science [11].

Equally as important as the science that will drive the monitoring and improvement of behavioral health in Hong Kong is a planning and oversight body for prevention and treatment. In the supplement’s third commentary, Chan and Wong call for the establishment of an Independent Children’s Health Commission to protect the rights of young people. Such a commission would have at least 10 critical roles and responsibilities:

- the development of a holistic framework, infrastructure, and policies to facilitate implementation of action plans on child health;
- mechanisms to ensure the focus on children aged from 0 to 18 years;
- resources to direct development of child health and protection related to emerging issues;
- independence, with the ability to coordinate departments to work on child health;
- reporting directly to the Hong Kong's Chief Executive;
- the ability to monitor, investigate, and remediate child welfare cases;
- the capacity to conduct impact assessments of policies that affect young people;
- the development of outcomes measures and deliverables;
- encouraging and supporting local data and surveillance of children's health issues; and
- listening to the voices of young people and promoting those voices to professional groups and organizations work for young people and their families [12].

Chan and Wong's recommendations are not unique to Hong Kong but can also be used as a roadmap for other regions.

In fact, this entire supplement on the health status of young people in Hong Kong serves as a framework for similar efforts in other regions of the world, where investigators and policymakers are collecting data and charting a course for improving the health and well-being of their young people. The editors are pleased to bring this supplement to our global colleagues, and we encourage them to think about how a similar approach might be applied to other regions of the world.

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