



Youth Mental Health in Hong Kong:

Latest findings from the Hong Kong Youth Epidemiological Study of Mental Health (HK-YES) 2019–2022

Executive Summary

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EXECUTIVE SUMMARY

Background

Mental disorders are among the most impactful health conditions that emerge during the youth period and could result in enduring consequences if untreated. 75% of mental disorders in adult life emerge before the age of 25. Globally, mental disorders such as depression and psychosis are among the leading causes of disability. Yet, help-seeking is often disproportionately limited in young people. At the same time, both local and overseas studies have suggested a trend of deteriorating mental health in youth populations over the past decade, even before the COVID-19 pandemic. In addition, with the increasing number of large-scale population-level changes in recent years – and the emergence of the machine learning and artificial intelligence era, further aggravation of mental disorders in future years among young people is expected. There is thus an urgent need for different sectors of society to address the mental health needs of young people in a targeted and strategic manner. In this context, the research team has conducted the first household-based epidemiological study of youth mental health from 2019 to 2022 – the Hong Kong Youth Epidemiological Study of Mental Health (HK-YES), with the hope to understand in greater depth the prevalence of mental disorders in the youth population, the rate of (non-)help-seeking, and their associated risk and protective factors.

Key aims of the HK-YES included the following:

1. To estimate the prevalence of mental disorders among young people aged 15–24 years in Hong Kong, covering conditions such as major depressive episode (MDE), generalised anxiety disorder (GAD), recurrent panic attacks and panic disorder, bipolar disorder (including mania and hypomania), and psychotic disorders;
2. To identify potential risk and protective factors associated with mental disorders;
3. To examine the impact of mental disorders on functioning and quality of life;
4. To examine the rate of help-seeking and treatment, and their associated factors among young people with mental disorders, and
5. To examine the potential changes in the prevalence of mental disorders in the youth population amid different waves of COVID-19 in Hong Kong.

Study Design and Methods

The HK-YES adopted a stratified cluster sampling of young people aged between 15 and 24 years who are residing in Hong Kong. Invitations were sent to addresses estimated with a resident within this age range. The addresses were obtained from the Census and Statistics Department of the HKSAR and stratified by geographical regions and type of quarters (i.e., public or private housing). Consenting participants

were interviewed using the standardised interviewer-rated clinical assessments (CIDI-SC) for estimating the prevalence of common psychiatric conditions, such as MDE, GAD, panic disorders, bipolar disorders, as well as suicidal ideation and related behaviours. Prevalence data were collected from 3,340 participants. Associated factors such as personality traits, psychological factors, lifestyle, family relationships, and exposure to personal and population-level stressors were also assessed (completed in 3030 participants). Submodules of the study evaluated (i) the prevalence of at-risk mental state (ARMS) and psychotic disorders through more in-depth assessments, (ii) the rates of mental disorders among young people who dropped out of schools, and (iii) help-seeking behaviours among young people with mental disorders.

Key Results

The weighted prevalence of having a probable mental disorder (i.e., 12-month MDE, GAD, panic disorder, bipolar disorder, or psychotic disorder) in the Hong Kong youth population was 16.6% (CI = 15.3–17.8). Across the conditions, major depressive episode (MDE) was the most prevalent (12-month prevalence: 13.7%, CI = 12.5–14.8). The 12-month prevalence of probable bipolar disorder is also noteworthy (2.3%, CI = 1.8–2.9). In addition, the prevalence of probable psychotic disorder was 0.6% (CI = 0.3–0.8), while the prevalence of ARMS and recent psychotic-like experiences was 2.1% (CI = 1.6–2.6) and 10.0% (CI = 8.9–11.2), respectively. Aside from the aforementioned psychiatric conditions, the weighted 12-month prevalence of suicidal ideation, plan, and attempt was 19.4% (CI = 18.1–20.8), 5.0% (CI = 4.3–5.8), and 1.5% (CI=1.1–1.9), respectively. Developmental disorders, such as attention deficit hyperactivity disorder, and personality disorders showed significant comorbidity with 12-month MDE.

Several associated risk factors for 12-month MDE were identified and can be conceptualised in four key risk domains: (i) family and space (e.g., poor family relationship, lack of private space); (ii) personal mentality (e.g., neuroticism personality, lower resilience and self-esteem, higher loneliness and hopelessness, negative future outlook); (iii) digital lifestyle (e.g., poor sleep quality, smartphone overuse, cyberbullying, irregular breakfast, impulsivity); and (iv) stress and coping (e.g., event-based and depressive rumination, personal and population-level stressors, smoking, perceived and academic stress).

Importantly, 12-month MDE was significantly associated not only with poorer functioning (including social and occupational functioning, lost and reduced days of productivity), being not in education, employment, or training (NEET), poorer physical and mental health-related quality of life and well-being, but also elevated rates of suicidal ideation, plan, and attempt.

Despite these implications, only 17.7% of those with any probable mental disorder were receiving any psychiatric or psychological services, with only 8.2% receiving other services for mental health needs (e.g., from social workers, occupational therapists). Nearly three-fourths (74.1%) were not receiving any form of service.

Lastly, changes in the prevalence of MDE were seen in the periods since social unrest in June 2019 and across the multiple waves of COVID-19, from 12.4% (January 2020–July 2020) to 16.4% (July 2020–November 2020); this was followed by gradual declines in the subsequent periods (15.3% during November 2020–March 2021 and 11.8% during March–December 2021). Nevertheless, it is clear that the prevalence of MDE in the HK-YES sample across all periods remained considerably high.

Conclusions and Implications

The HK-YES provided representative and comprehensive data on key psychiatric conditions in the Hong Kong youth population. We found that nearly one in six young people experience any form of probable mental disorder – a rate that is markedly higher than those previously reported in other Asian youth populations. Major depression remains among the most prevalent psychiatric condition.

The data also suggested that large-scale environmental factors can interact with intrinsic and personal-level factors to increase mental disorders in young people. While gradual declines in the 12-month prevalence of MDE were observed in the months following the third wave of COVID-19 (from November 2020), how the youth population will respond to any future changes in the local and global context remains to be further investigated.

Overall, youth mental health should be considered one of the top priorities for healthcare services in Hong Kong. The large treatment gap means that many young people suffer from undetected and untreated mental disorders with potentially long-lasting consequences. Further developments in youth mental health promotion and interventions should adopt a more youth-friendly, multidisciplinary, and evidence-based approach, with young people being involved in the entire service design process. The study provided potential screening and intervention targets for future intervention programmes. Continued longitudinal follow-up, as well as ongoing epidemiological studies of youth mental health, would be crucial to further examine the trajectory and long-term outcomes associated with psychiatric symptoms and disorders and to confirm the predictive validity and direction of causality of the risk factors identified in this study.

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INVESTIGATORS AND RESEARCH TEAM

Investigators of the HK-YES is comprised of an experienced and diverse team of local and international researchers, including principal investigator (PI), Prof. Eric Chen, Chair Professor of the Department of Psychiatry, the University of Hong Kong [HKU], as well as 13 other co-investigators, including Dr. Christy Hui (Department of Psychiatry, HKU), Dr. Sherry Chan (Department of Psychiatry, HKU), Prof. Pak Sham (Department of Psychiatry, HKU), Prof. Linda Lam (Department of Psychiatry, the Chinese University of Hong Kong), Dr. WC Chang (Department of Psychiatry, HKU), Dr. Edwin Lee (Department of Psychiatry, HKU), Prof. Peter Jones (Department of Psychiatry, University of Cambridge), Prof. Craig Morgan (Institute of Psychiatry, Psychology, and Neuroscience, King's College London), Prof. Patrick McGorry (Centre for Youth Mental Health, University of Melbourne), Prof. Sarah McGhee (School of Public Health, HKU), Prof. Jim van Os (Department of Psychiatry and Psychology, Maastricht University Medical Centre, Maastricht), Prof. TH Lam (School of Public Health, HKU), and Dr. David McDaid (Department of Health Policy, London School of Economics and Political Science).

Aside from the project's PI and co-PI, a team of researchers, clinicians, and research assistants also contributed to the project. They included Dr. Stephanie Wong (Research Officer), Dr. Corine Wong (Research Assistant Professor), Dr. Yi Nam Suen (Research Assistant Professor), Dr. Charlton Cheung (Research Officer), Prof. Michael Wong (Psychiatrist), and Dr. KT Chan (Psychiatrist), as well as a dedicated team of research assistants: Mr. Eric Tang, Mr. Charlie Ip, Ms. Winky Ho, Ms. Melody So, Ms. Terry Lau, Mr. Torres Chan, Ms. Alison Chau, Ms. Melody Wong, Ms. Charlotte Yau, Ms. Sonia Lo, Ms. Venus Ng, Mr. Alvah Lai, Ms. Kyra Chow, Ms. Olivia Choi, Ms. Samantha Tsang, Mr. Terrence Yu, Ms. Vivian Cheung, Ms. Candice Chan, Mr. Caleb Tai, Ms. Anna Yuen, Mr. Tommy Chung, Ms. Dorothy Chan, Ms. Yandy Li, Ms. Charlotte Chan, Mr. Wesley Tang, Mr. Jonathan Ma, Ms. Erin Lei, Mr. Ezmond Cheung, Mr. Bosco Kam, Mr. Matthew Chan, Ms. Crystal Ling, Ms. Cherry Lam, Ms. Andrea Huang, Ms. Gabbie Wong, Ms. Janet Lei, Ms. Yanni Ip, Ms. Ruby Lau, and Ms. Natalie Ching.



香港青年精神健康

香港青少年精神健康流行病學研究 (HK-YES)

2019–2022 調查報告

摘要

2023五月



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摘要

背景

精神疾病是其中一項於青年階段出現而對健康影響深遠的狀況。如得不到適當治療，精神疾病可能對青年會帶來深遠的影響。環顧全球，抑鬱症與思覺失調是引致青年失能的其中一個主要原因。但青年人因為精神健康問題而尋求協助的比率，卻寥寥可數。本地及海外的研究同時反映，在過去十年，甚至在新冠疫情前，青年人的精神健康已呈現惡化趨勢。此外，加上近年的各種大型社會轉變，以及「人工智慧時代」的來臨，青年人的精神健康在未來進一步惡化乃意料中事。有見及此，社會各界必須盡早針對性並有策略性地處理青年人的精神健康需要。在這背景之下，團隊在2019年至2022年間進行本地首次以流行病學方式進行「香港青少年精神健康流行病學研究」(HK-YES)，以更深入了解的精神病盛行率、求助不足率及精神危機的風險因素。

「HK-YES」的主要研究目的包括：

1. 評估15至24歲香港青年的精神疾病盛行率，其中包括抑鬱發作 (major depressive episode; MDE)、廣泛性焦慮症 (generalised anxiety disorder; GAD)、驚恐症 (panic disorder)、躁狂抑鬱症 (包括躁狂及輕度躁狂; bipolar disorder) 及思覺失調 (psychotic disorder)；
2. 辨識與精神疾病相關的風險與保護因素；
3. 檢視精神疾病對青年人的功能及生活質素的影響；
4. 檢視尋求協助和治療比率，以及相關因素；
5. 檢視在新冠疫情不同階段，香港青年人口的精神疾病盛行率的潛在轉變。

研究設計及研究方法

「HK-YES」採用分層集群抽樣方式，向居於香港、年齡介乎15至24歲的青年人口抽樣。抽樣地址來自香港特區政府政府統計處，並根據區域及樓宇類別（公共住宅或私人住宅）進行集群抽樣。然後，我們向有上述年齡層成員居住的住址發出邀請信。接著，我們採用由訪談員評分的統一臨床評估方法(即複合性國際診斷訪談篩查量表 (CIDI-SC)) 向同意接受訪談的參加者安排面談。「HK-YES」針對常見的精神健康狀況的盛行率進行評估，其中包括抑鬱發作、廣泛性焦慮症、驚恐症、躁狂抑鬱症、自殺意念及相關行為。盛行率的數據來自3,340位完成訪談的受訪對象。此外，我們也就著研究對象的性格特徵、心理因素、生活模式、家庭關係、曝露於個人與人口層面的壓力源的情況進行評估，最終3,030位參加者完成研究計劃。同時，我們亦針對以下的範疇進行進一步的評估：(i) 思覺過敏 (ARMS) 及思覺失調的盛行率；(ii) 輟學青年的精神疾病盛行率；(iii) 受精神疾病影響的青年的求助行為。

主要研究結果

香港青年人口可能有精神疾病 (即12個月抑鬱發作、廣泛性焦慮症、驚恐症、躁狂抑鬱症或思覺失調) 的加權盛行率為16.6% (置信區間 = 15.3–17.8)。在上述精神健康狀況

中，抑鬱發作最為普遍(12個月抑鬱發作的盛行率為13.7%，置信區間 = 12.5–14.8)。至於可能有躁狂抑鬱症的12個月盛行率則為 2.3% (置信區間 = 1.8–2.9)，情況亦值得注意。而可能有思覺失調的盛行率為0.6% (置信區間 = 0.3–0.8)；至於思覺過敏與近來出現思覺失調類似經歷的盛行率，則分別為2.1% (置信區間 = 1.6–2.6) 及10.0% (置信區間 = 8.9–11.2)。除了上述精神健康狀況，出現自殺意念、自殺計劃或自殺企圖的12個月加權盛行率分別為19.4% (置信區間 = 18.1–20.8)、5.0% (置信區間 = 4.3–5.8)及1.5% (置信區間 = 1.1–1.9)。此外，本研究發現，發展障礙 (例如專注力不足/過度活躍症) 及人格障礙，與12個月抑鬱發作呈現顯著共病性。

其次，研究亦辨別出四個與12個月抑鬱發作相關的主要風險領域，包括 (i) 家庭空間 (例如家庭功能不佳、缺乏私人空間)、(ii) 個人心態 (例如神經質特質、韌力較低、自尊較低、孤獨感、絕望感、負面未來展望)、(iii) 數碼生活 (例如睡眠素質差、手機成癮、網絡欺凌、不定時早餐習慣、衝動性)，以及 (iv) 逆境轉化 (事件和抑鬱相關的反覆思考、個人及大型壓力事件、整體壓力知覺、學業壓力)。

重要的是，出現12個月抑鬱發作亦與過往一年出現的自殺意念、計劃及企圖比率、差劣的日常功能 (包括社交和職業功能、生產力的喪失或降低)、「尼特族」狀態 (NEET，即不在學、沒有就業和訓練)、較差的生活質素及幸福感息息相關。

然而，在出現精神疾病的青年中，現正接受精神科服務或心理服務的青年，比率亦只有17.7%，而正接受其他服務 (例如社工、職業治療等) 的亦只有 8.2%。74.1%受訪者表示，現在並沒有就他們的精神健康需要接受任何形式的服務。

隨著社會事件在2019年6月發生，其後更經歷了五波的新冠疫情爆發，抑鬱發作的盛行率在這期間亦出現變化：由2020年1月至2020年7月的12.4%，上升至2020年7月至2020年11月的16.4%；雖然其後出現下降趨勢 (由2020年11月至2021年3月的15.3%，下降至2021年3月至2021年12月的11.8%)，但抑鬱發作的盛行率在進行研究的各個階段，仍高於亞洲地區的同類研究估值。

結論及建議

「HK-YES」收集的全面數據具一定代表性，期望能加深社會對香港青年人口精神健康狀況的了解。我們發現，大約6個青年人中，便有1人曾經歷精神疾病，這比率明顯高於其他亞洲地區相關青年的研究。此外，我們發現抑鬱發作是香港青年人中最常見的精神健康問題。

大規模的環境因素與內在及個人層面的因素產生互動，可以增加青年人出現精神疾病的風險和比率。雖然隨著新冠疫情踏入第三波 (始於2020年11月)，抑鬱發作呈現逐漸下降趨勢；但青年人如何回應疫情後在香港以至全球出現的變化，仍有待進一步的研究確認。

當社會出現重大醫療空隙，很多受精神疾病影響的青年可能未被察覺，也沒有給予適當治療；這對青年人的生命帶來了深遠的影響。因此，青年精神健康需放在香港醫療

服務的首位。此外，向青年人推廣精神健康及提供介入渠道極為重要。社會宜採取友善、跨專業及實證為本的策略，並讓年青人參與服務設計的整個過程。本研究對如何推行介入計劃，提供了參考的篩選機制和介入目標。最後，我們建議針對青年精神健康議題，進行縱向的跟進研究或持續的流行病學研究，這有助釐清精神疾病的發展軌跡，以及進一步了解精神疾病對青年人帶來的長遠影響；此外，跟進和持續研究，亦有助釐清和確認本研究發現的風險因素的預測效度及因果方向。

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「HK-YES」的研究團隊包括具豐富研究經驗、來自不同背景的本地及國際研究員，其中包括首席研究員陳友凱教授（香港大學李嘉誠醫學院臨床醫學學院精神醫學系講座教授），以及其他13位合作研究員，他們分別是：許麗明博士(香港大學精神醫學系)、陳喆燁博士(香港大學精神醫學系)、沈伯松教授(香港大學精神醫學系)、林翠華教授(香港中文大學精神科學系)、張穎宗醫生(香港大學精神醫學系)、李浩銘醫生(香港大學精神醫學系)、Peter Jones教授(劍橋大學精神醫學系)、Craig Morgan教授(倫敦國王學院精神醫學、心理學及神經科學研究院)、Patrick McGorry教授(墨爾本大學青年精神健康中心)、Sarah McGhee教授(香港大學公共衛生學院)、Jim van Os教授(馬斯特里赫特的馬斯特里赫特大學醫學中心精神醫學及心理學系)、林大慶教授(香港大學公共衛生學院)及 David McDaid教授(倫敦政治經濟學院健康政策學系)。

除了首席研究員及合作研究員，其他研究員、臨床工作者及研究助理對這研究亦作出重大貢獻，其中包括：王名彥博士(研究主任)、黃秀雯博士(研究助理教授)、孫伊南博士(研究助理教授)、張朝敦博士(研究主任)、黃德興教授(精神科醫生)、陳啟泰醫生(精神科醫生)，以及一眾研究人員：Mr. Eric Tang、Mr. Charlie Ip、Ms. Winky Ho、Ms. Melody So、Ms. Terry Lau、Mr. Torres Chan、Ms. Alison Chau、Ms. Melody Wong、Ms. Charlotte Yau、Ms. Sonia Lo、Ms. Venus Ng、Mr. Alvah Lai、Ms. Kyra Chow、Ms. Olivia Choi、Ms. Samantha Tsang、Mr. Terrence Yu、Ms. Vivian Cheung、Ms. Candice Chan、Mr. Caleb Tai、Ms. Anna Yuen、Mr. Tommy Chung、Ms. Dorothy Chan、Ms. Yandy Li、Ms. Charlotte Chan、Mr. Wesley Tang、Mr. Jonathan Ma、Ms. Erin Lei、Mr. Ezmond Cheung、Mr. Bosco Kam、Mr. Matthew Chan、Ms. Crystal Ling、Ms. Cherry Lam、Ms. Andrea Huang、Ms. Gabbie Wong、Ms. Janet Lei、Ms. Yanni Ip、Ms. Ruby Lau 及 Ms. Natalie Ching。