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Gatekeeper Training Programmes for Mental Health in Hong Kong: A Systematic Review of Initiatives, Evidence, and Future Directions

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Abstract

Training Gatekeepers is a major component of mental health promotion and suicide prevention efforts around the world, training laypersons to identify, respond to and refer to people with mental health crises. In Hong Kong, where adolescent mental health problems have increased significantly in recent years, gatekeeper training programs have been systematically implemented in educational, community and workplace settings. The article reviews the gatekeeper training initiatives for mental health in Hong Kong comprehensively in terms of theory, program design, implementation strategies and evidence base. The review also covers the Education Bureau's Peer Power – Student Gatekeeper Training Program, S.H.I.E.L.D.S. (Suicide Help Intervention through Education and Leadership Development for Students) program, QPR (Question, Persuade, Refer) Gatekeeper Training, parent gatekeeper workshops, and emerging community-based programs like the "Emotional Health Pioneer" international gatekeeper training. This article discusses some of the strengths and drawbacks of current Hong Kong programs, such as the difficulty of maintaining skills over the long term, the need for rigorous measurement of outcomes and the importance of cultural adaptation, using available evaluation data and international research on the effectiveness of gatekeeper training. The article concludes with suggestions for strengthening gatekeeper training as a sustainable component of Hong Kong's evolving mental health infrastructure, emphasising the significance of embedding it within stepped-care models, developing better evaluation frameworks, and extending its reach to underserved populations.

Keywords: gatekeeper training, Hong Kong, mental health, peer power, suicide prevention.

I. Introduction

The global burden of mental health disorders has never been as high as it is today, with the World Health Organization (2025) estimating that almost one in seven people globally live with a mental disorder and that over 720,000 deaths by suicide happen each year. Suicide now ranks as the third leading cause of death for youth aged 15 to 29, and that's a disturbing trend. Adolescence, which involves important biopsychosocial changes, is a key period of vulnerability with the peak of the onset of mental disorders at about 14.5 years of age, and nearly half of all onsets occurring before age 18. In Hong Kong, these global trends are played out with urgency. The suicide rate of children under 15 years old and youths aged between 15 and 24 years old in 2021 were 1.4 and 10.3 per 100,000 population respectively. A territory-wide mental health survey conducted from 2019 to 2022 found that 16.6% of the youth had mental disorders. According to the latest data from the Mental Health Association of Hong Kong's "Territory-wide Depression Index Survey 2025", the depression and anxiety indices have reached a record high, with 43.5% of Generation Z (18 to 24 years old) experiencing moderate to severe symptoms of depression.

These epidemiologic results highlight an urgent public health need for effective, scalable interventions to identify and support those at risk before crises emerge. One of the most used strategies to address this challenge is gatekeeper training. Gatekeepers are people who through training learn the knowledge, skills, and confidence to recognise the warning signs of a mental health crisis (Lui et al., 2024), respond appropriately, and refer people to professional help. The premise behind this is that most people in distress will have some contact with family members, friends, teachers or colleagues before they seek professional help; equipping natural helpers with some basic intervention skills can go a long way to close the treatment gap and prevent bad outcomes.

Gatekeeper training has garnered significant policy traction in Hong Kong over the last decade. The Education Bureau (2025) has been systematically expanding gatekeeper training for teachers, parents and students while non-governmental organisations and professional bodies have introduced programs that are internationally recognised such as QPR (Question, Persuade, Refer) and locally developed initiatives tailored to the Hong Kong context. This commitment was further reinforced in the 2025 Policy Address (Hong Kong Government, 2025) which announced the extension of the Three-tier School-based Emergency Mechanism to upper primary students, provision of mental health support training to District Services and Community Care Team members and promotion of mental health first aid training for school personnel.

The policy momentum has been set but the evidence-base for gatekeeper training in Hong Kong remains fragmented (Yip et al., 2023). Individual programs have been evaluated but there has been no systematic synthesis of the range, quality and outcomes of gatekeeper training initiatives across the territory. This article aims to fill this gap by systematically reviewing the gatekeeper training programs for mental health in Hong Kong. The review is organised as follows: Section II describes the theoretical and conceptual framework underpinning gatekeeper training. Section III reviews the major gatekeeper training programs implemented in Hong Kong. Section IV reviews the evidence on program effectiveness. Section V discusses challenges, limitations and future directions. Section VI provides conclusions and policy recommendations.

II. Theoretical and Conceptual Framework

A. The Gatekeeper Model

The gatekeeper model of suicide prevention originated in community mental health and has been widely adopted across diverse settings, including schools, workplaces, military institutions, and community organisations. The model is predicated on the recognition that professional mental health services alone cannot adequately address population-level mental health needs; a distributed network of trained laypersons can substantially expand the reach of early intervention.

The core functions of gatekeeper training typically encompass three domains (Hawgood et al., 2021): (1) knowledge – understanding mental health conditions, risk factors, and warning signs; (2) skills – developing competencies in communication, crisis intervention, and referral; and (3) attitudes – reducing stigma, increasing self-efficacy, and fostering willingness to intervene. The widely adopted QPR model (Levkovich et al., 2025), for instance, distributes these functions into three actionable steps: Question (recognise and ask about suicidal thoughts), Persuade (encourage the person to seek help), and Refer (connect the person to appropriate resources). Similarly, the Samaritans Hong Kong online gatekeeper training teaches the "Identify, Respond, Refer" framework.

B. Theoretical Underpinnings

Gatekeeper training draws on multiple theoretical traditions. Social cognitive theory (Irie, 2021) provides a foundation for understanding how training enhances self-efficacy (the belief in one's ability to execute specific behaviours) which in turn predicts actual intervention behaviour. The Theory of Planned Behaviour (Hagger & Hamilton, 2024) has been applied to understand how attitudes, subjective norms, and perceived behavioural control influence gatekeepers' intentions to intervene. The Help-Seeking Model further elucidates how gatekeepers can facilitate the help-seeking process by reducing barriers and providing social support.

The developmental progression of comprehension skills, as articulated in Bloom's revised taxonomy and the Structure of the Observed Learning Outcome (SOLO) (Adeniji et al., 2022) taxonomy, offers a useful lens for understanding the step-like nature of gatekeeper competence. Just as reading comprehension progresses from literal to inferential to critical understanding, gatekeeper competence develops from basic knowledge acquisition through applied skills to confident, autonomous intervention. This progression underscores the importance of multi-session, experiential training models that move beyond didactic instruction.

C. Mechanisms of Change

Research on gatekeeper training effectiveness has identified several mechanisms through which training produces positive outcomes. First, knowledge enhancement enables gatekeepers to recognise warning signs that might otherwise go unnoticed. Second, self-efficacy improvement increases gatekeepers' confidence in their ability to intervene effectively. Third, attitude change reduces stigma and normalises help-seeking (Shahwan et al., 2020). Fourth, skill development provides practical competencies in communication, risk assessment, and referral. Finally, social network effects extend the reach of training as trained gatekeepers influence their social circles.

However, systematic reviews have consistently identified a critical limitation: while gatekeeper training demonstrates moderate immediate effects on knowledge and self-efficacy, these effects tend to diminish over time. This decay highlights the need for booster sessions, refresher training, and integration with ongoing mental health promotion efforts.

III. Gatekeeper Training Programmes in Hong Kong

Hong Kong has developed a diverse ecosystem of gatekeeper training initiatives spanning educational, community, and workplace settings. These programmes can be categorised into four main types: student-focused programmes, teacher and school personnel training, parent gatekeeper training, and community-based initiatives.

A. Student Gatekeeper Training Programmes

(a) Peer Power – Student Gatekeeper Training Programme

The Peer Power – Student Gatekeeper Training Programme, launched by the Education Bureau (2025) in the 2019/20 school year, represents the most extensive student gatekeeper initiative in Hong Kong. The programme trains secondary school students nominated by teachers to become "Peer Leaders" through a series of school-based and joint-school training activities. The training employs interactive methodologies including teamwork, experiential learning, artwork, role play, group discussion, and problem-solving tasks. Through these activities, students learn methods to maintain mental well-being, acquire knowledge about common mental illnesses, and develop practical skills to care for peers in distress. A distinctive feature of the programme is its emphasis on seeking help from reliable adults, reinforcing the importance of professional referral.

Upon completion of training, Peer Leaders organise school-based mental health promotional activities, disseminating mental health messages and fostering supportive school cultures. As of the 2021/22 school year, more than 500 students from 26 secondary schools had been trained as Peer Leaders, with 450 students completing training in that year alone. The programme has since expanded, with over 2,000 ambassadors trained across 110 schools over three years.

The programme's objectives encompass three domains: enhancing teachers' and students' knowledge of mental health problems; building a friendly and supportive school climate that encourages mutual support; and promoting positive coping and help-seeking cultures. The roles of Peer Leaders include enhancing mental health knowledge and positive thinking patterns among the school community, encouraging peers to seek help from adults, disseminating mental health promotion messages, and strengthening positive attitudes and behaviours.

(b) S.H.I.E.L.D.S. Programme

The Suicide Help Intervention through Education and Leadership Development for Students (S.H.I.E.L.D.S.) programme (Lui et al., 2026), developed by researchers at the University of Hong Kong, represents a more intensive, research-driven approach to student gatekeeper training. The programme aims to strengthen peer support for students in distress or crisis by empowering selected students to become proactive gatekeepers and lay leaders in mental health promotion and suicide prevention (Lui et al.,2023) in their school communities.

S.H.I.E.L.D.S. combines two core components: education (through mental health and suicide prevention training) and leadership development (through the design and implementation of student-led projects) that encourage help-seeking behaviours and promote mental wellbeing. Student leaders receive expert training in recognising and responding to peers in distress, while school staff receive training on youth mental health issues and how to support student facilitators.

The programme was implemented over two rounds during the 2021-22 and 2022-23 school years, involving nine cohorts from eight secondary schools. A total of 89 student leaders (mean age 15.2) underwent training, supported by 33 staff advisors, while 423 general students participated in student-led project activities.

(c) I-CAN Programme

The "I Can Assist, No Problems" (I-CAN) programme represents a more recent initiative developed for university students, using the Theory of Planned Behaviour as a conceptual framework. The programme aims to enhance university students' self-efficacy as gatekeepers of their peers' suicidal behaviour, addressing the specific needs of the tertiary education population.

B. Teacher and School Personnel Training

The Education Bureau has provided systematic gatekeeper training for teachers and school personnel through multiple channels. A 60-hour thematic course on gatekeeper training is offered annually, alongside the "Professional Development Programme for Mental Health", which includes three-day elementary training for teachers at large and five-day in-depth training for designated teachers. Schools are encouraged to promote mental health first aid training for school personnel. The 2025 Policy Address (Hong Kong Government, 2025) further announced the introduction of a "Special Commendation Level" to recognise schools and organisations that arrange mental health-related training for a specified number of staff.

C. Parent Gatekeeper Training

Recognising the critical role of parents in supporting children's mental health, the Education Bureau (2026) has established a comprehensive parent gatekeeper training programme. The "Online Workshop on Parent Gatekeeper Training" aims to boost parents' awareness and understanding of mental health and enhance their ability to identify and support children with mental health problems. Training objectives include enhancing parents' knowledge of mental health and awareness of their own mental well-being; developing skills in early identification of children with mental health problems; empowering parents to respond to and support affected children; and increasing knowledge of available resources.

The programme offers workshops for parents of junior secondary students (S.1 to S.3) and has previously conducted workshops for upper primary parents. Thematic online workshops address specific topics including strengthening children's adaptability and cognitive resilience, helping children cope with stress, and understanding skills for caring for children with mental health needs. Parents are encouraged to act as "important gatekeepers" for their children, providing care, support, and early recognition of mental health needs.

D. Community-Based Gatekeeper Training

Beyond the school setting, gatekeeper training has expanded into community and workplace contexts. The Hong Kong Association of Emotional Health (2024) launched the "Emotional Health Pioneer" international gatekeeper professional training programme, which has trained over 800 "Emotional Health Pioneers" since 2024, including schoolteachers, social workers, counsellors, and youth workers. The programme has been extended internationally, in collaboration with Stanford University.

The Samaritans Hong Kong (2026) offers a free one-hour online suicide prevention gatekeeper training course, specifically designed for educators, parents, and students. The course teaches the

"Identify, Respond, Refer" framework, covering recognition of emotional changes and suicide warning signs, active listening techniques, and safe referral to professional support.

The QPR Gatekeeper Training for Suicide Prevention, a globally recognised certified programme developed by the QPR Institute, is offered by the Wellness and Counselling Centre of the Chinese University of Hong Kong (2026). The two-hour training equips participants with skills to question individuals who may be struggling, persuade them to seek help, refer them to appropriate support services, recognise warning signs of suicide, and understand common causes of suicidal behaviour. Upon completion, participants become certified QPR Gatekeepers. The Hong Kong Federation of Youth Groups also offers QPR Crisis Gatekeeper Training Certificate Courses.

Additionally, the government has committed to providing mental health support training for District Services and Community Care Team members to assist in early referral of persons in need, and the Health Bureau (2024) has provided mental health first aid training for Care Team members across 18 districts.

IV. Evidence on Programme Effectiveness

A. International Evidence

Systematic reviews and meta-analyses have established the effectiveness of gatekeeper training in enhancing knowledge and self-efficacy for suicide prevention (Liu et al., 2025), with moderate effect sizes. A meta-analysis of randomised controlled trials reported that gatekeepers showed increased suicide knowledge (SMD = 0.72, 95% CI), with online interventions showing significant improvement in self-efficacy (SMD = 1.02). However, these positive effects tend to decrease over time, highlighting the need for sustained reinforcement.

Evidence supports the immediate effects of gatekeeper training but also reveals a concerning lack of long-term follow-up assessments that could capture behavioural change. Preliminary data indicate that gatekeeper training has a positive impact on participants' confidence and attitudes, with sustained effects observed during three months of post-training. However, the field lacks high-quality studies examining whether improved knowledge and self-efficacy translate into actual intervention behaviour and reduced suicide rates.

B. Evidence from Hong Kong Programmes

(a) Peer Power Programme

Preliminary findings from the Gatekeeper–Peer Power Programme have demonstrated significant improvements in community connectedness among participants. Students reported increased use of adaptive emotion regulation strategies, with improvements varying by programme mode—Mode 1 (two 2-hour sessions plus a one-day camp) showed improvements in Awareness, while Mode 2 (four 2-hour sessions) showed improvements in Sensations and Acceptance. Improvements in well-being were also observed, including future orientation, confidence, life satisfaction, and positive affect. Notably, improvements were predominantly found in male participants rather than female participants. Qualitative feedback highlighted students' appreciation for and interest in emotion regulation strategies and peer counselling skills.

(b) S.H.I.E.L.D.S. Programme

The S.H.I.E.L.D.S. programme has been evaluated using mixed methods of approach. Quantitative analyses demonstrated that there were no significant changes in both student leaders' and general students' knowledge of and attitudes towards mental health. However, qualitative feedback revealed that leaders felt their mental health-related knowledge and ability to help their peers improve. This was supported by staff advisors, who also developed a greater appreciation for the role of students' input in co-creating school-based mental health promotion initiatives. Generally, students similarly appreciated the peer-led nature of project activities.

Prior to beginning their training, student leaders reported concerns about their self-efficacy in providing mental health support. Afterwards, students' knowledge on mental health- and suicide-

related topics did improve, as evidenced by higher scores on knowledge quizzes. They also self-reported higher ratings on their ability to identify and respond to peers in crisis, and lower self-stigma towards help-seeking behaviours. School staff reported improved knowledge of youth mental health issues and mental health promotion initiatives in schools. Surveys with general students showed increased willingness to seek help with a wide range of problems after participating in student-led activities. The overall conclusion was that S.H.I.E.L.D.S. has the potential to be an effective school-based intervention for mental health promotion and suicide prevention.

Qualitative interviews conducted after programme rounds revealed that interviewees across all three participant groups described the mental health culture within their schools prior to participation and how the programme aligned with their school's needs. They discussed the growth experienced by student leaders, including improvements in mental health-related knowledge and ability to help peers. Schools that believed they would have a higher level of success in integrating the programme were those with pre-existing activities that could be complemented or better supported by S.H.I.E.L.D.S.. The overall conclusion was that the programme achieved its aims and could prove to be an effective school-based intervention.

(c) Challenges in Evidence Base

Despite these promising findings, the evidence base for Hong Kong gatekeeper training programmes has several limitations. First, many evaluations rely on self-report measures rather than objective assessments of knowledge and skills. Second, sample sizes, while adequate for preliminary findings, may not provide sufficient statistical power for detecting smaller effects. Third, the absence of control groups in many evaluations limits the ability to attribute improvements specifically to the training. Fourth, long-term follow-up data are limited, making it difficult to assess skill retention and sustained behavioural change. Fifth, the focus on student populations means that less is known about the effectiveness of gatekeeper training for parents, teachers, and community members in the Hong Kong context.

V. Challenges, Limitations, and Future Directions

A. Key Challenges

Skill retention and decay -- The international evidence that gatekeeper training effects diminish over time is likely applicable to Hong Kong programmes. Without systematic booster sessions and refresher training, the knowledge and skills acquired through initial training may not be maintained. This is particularly concerning given that training programmes such as Peer Power involve limited contact hours.

Integration with existing systems -- The effectiveness of gatekeeper training depends on the availability and accessibility of referral pathways. If trained gatekeepers cannot easily connect individuals to professional services, the "Refer" component of training becomes redundant. The integration of gatekeeper training with Hong Kong's stepped-care mental health system, including the Three-tier School-based Emergency Mechanism and District Health Centres, requires ongoing attention.

Cultural adaptation -- While internationally recognised programmes such as QPR have been adapted for the Hong Kong context, cultural factors may affect their acceptability and effectiveness. Stigma around mental health remains a significant barrier to help-seeking in Hong Kong, and gatekeeper training must actively address cultural attitudes towards mental illness. The emphasis on programmes such as Peer Power on seeking help from "reliable adults" reflects an attempt to navigate cultural norms around authority and help-seeking.

Reach and accessibility -- Despite significant expansion, gatekeeper training has not reached all schools and communities. As of 2021/22, only 26 secondary schools participated in Peer Power, though this has since expanded to 110 schools. Disparities in access may exist between schools with different resources and between urban and rural areas. Similarly, parent gatekeeper training, while valuable, may not reach parents who are most in need of support.

Evaluation capacity -- The limited evidence base for Hong Kong gatekeeper training programmes reflects broader challenges in evaluation capacity. Rigorous evaluation requires resources, expertise, and commitment that may not always be available to implementing organisations. The reliance on self-report measures and the absence of control groups in many evaluations limit the conclusions that can be drawn.

B. Gaps in Literature

Several gaps in the literature on Hong Kong gatekeeper training warrant attention:

(a) Limited long-term follow-up -- Most evaluations have assessed immediate post-training outcomes; few have examined whether effects are sustained over months or years. This is a critical gap given the known decay of training effects.

(b) Absence of behavioural outcomes -- Few studies have examined whether trained gatekeepers intervene when they encounter someone in distress, or whether such interventions lead to positive outcomes for those in need.

(c) Lack of comparative effectiveness research -- No studies have compared the effectiveness of different training models (e.g., QPR vs. Peer Power vs. S.H.I.E.L.D.S.) to identify which approaches are most effective for different populations and settings.

(d) Limited focus on underserved populations -- Most programmes focus on students, with less attention to gatekeeper training for parents, teachers, community members, and workplace settings.

(e) Absence of cost-effectiveness analysis -- No studies have examined whether gatekeeper training represents a cost-effective investment in mental health promotion.

C. Future Directions

(a) Strengthening evaluation frameworks -- Future evaluations should incorporate rigorous designs, including randomised controlled trials where feasible, and should include objective measures of knowledge and skills alongside self-report measures. Long-term follow-up assessments are essential to determine whether training effects are sustained.

(b) Developing booster and refresher training -- Given the decay of training effects over time, programmes should incorporate systematic booster sessions and refresher training to reinforce knowledge and skills. This could include online refresher modules, peer supervision groups, and annual re-certification requirements.

(c) Enhancing integration with stepped-care models -- Gatekeeper training should be explicitly linked to Hong Kong's evolving stepped-care mental health system, ensuring clear referral pathways and coordination with professional services. The Three-tier School-based Emergency Mechanism provides a natural framework for this integration.

(d) Expanding reach to underserved populations -- Efforts should be made to extend gatekeeper training to underserved populations, including parents, teachers in all school types, community organisations, and workplace settings. The expansion of the "Healthy Mind Pilot Programme" to additional District Health Centres provides an opportunity to embed gatekeeper training within community healthcare.

(e) Cultural adaptation and localization -- Programmes should continue to be adapted to the Hong Kong cultural context, addressing stigma, culturally specific risk factors, and culturally appropriate help-seeking pathways. Collaboration with community organisations and cultural experts can enhance cultural sensitivity.

(f) Leveraging technology -- Online and blended learning models, such as the Samaritans Hong Kong (2026) online course, can expand the reach of gatekeeper training while reducing costs. Technology can also support refresher training and provide just-in-time resources for trained gatekeepers.

(g) Addressing the mental health of gatekeepers -- The well-being of gatekeepers themselves requires attention. Training should include self-care components to prevent burnout and compassion fatigue.

The Richmond Fellowship of Hong Kong (2025) Gatekeeper Mental Health programme explicitly includes self-care as a component, and this should be standard across programmes.

VI. Conclusion and Policy Recommendations

Gatekeeper training has become an integral component of Hong Kong's mental health promotion and suicide prevention strategy. The Education Bureau's Peer Power – Student Gatekeeper Training Programme, the S.H.I.E.L.D.S. programme, QPR training, parent gatekeeper workshops, and emerging community-based initiatives collectively represent a significant investment in building community capacity to recognise and respond to mental health crises. Available evidence suggests that these programmes are achieving their immediate objectives of enhancing knowledge, skills, and self-efficacy, though questions remain about long-term effectiveness and behavioural outcomes.

The 2025 Policy Address has reinforced the government's commitment to mental health promotion, with measures including the expansion of the Three-tier School-based Mechanism, increased gatekeeper training for school personnel, and the establishment of the "Healthy Mind Pilot Programme" (Health Bureau, 2024). The development of a "Mental Health Stepped Care Model" provides an opportunity to embed gatekeeper training within a comprehensive, coordinated mental health system.

Policy recommendations are suggested as follows.

(a) Establish a territory-wide gatekeeper training framework -- The government should develop a coordinated framework for gatekeeper training that spans educational, community, and workplace settings, ensuring consistency in training content, quality standards, and certification.

(b) Mandate minimum training standards -- Training programmes should be required to meet minimum standards for content, duration, instructor qualifications, and evaluation.

(c) Invest in evaluation infrastructure -- Adequate resources should be allocated for rigorous evaluation of gatekeeper training programmes, including long-term follow-up assessments and cost-effectiveness analysis.

(d) Integrate gatekeeper training with stepped-care models -- Clear referral pathways should be established between trained gatekeepers and professional mental health services, ensuring that individuals identified as at-risks can access appropriate support.

(e) Expand reach to underserved populations -- Training should be extended to parents, teachers in all school types, community organisations, workplace settings, and underserved communities.

(f) Support booster and refresher training -- Programmes should incorporate systematic opportunities for skill reinforcement and updating.

(g) Address gatekeeper well-being -- Training should include self-care components to prevent burnout and compassion fatigue among gatekeepers.

(h) Promote cultural adaptation -- Programmes should be adapted to the Hong Kong cultural context, addressing stigma and culturally specific factors.

(i) Leverage technology for scale and sustainability -- Online and blended learning models should be expanded to increase reach and support refresher training.

(j) Establish a centralised resource hub -- A centralised platform should be developed to provide information, resources, and support for gatekeepers across all settings.

The mental health challenges facing Hong Kong are substantial and growing. Gatekeeper training, while not a panacea, represents a valuable strategy for building community capacity, reducing stigma, and ensuring that individuals in distress receive timely support. With continued investment, rigorous evaluation, and strategic integration with broader mental health reforms, gatekeeper training can contribute meaningfully to Hong Kong's goal of becoming a mentally healthy city.

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