An eBook on Student Suicide for Schools: Early Detection, Intervention & Postvention (EDIP)

Educational Psychology Service Section
Special Education Division
Education Bureau

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Foreword

In 1997, the then Education Department published a **Resource Package on Student Suicide** for distribution to all schools.

In 2005, we integrated and converted two important sections of the Resource Package, namely 'Crisis Intervention' and 'Crisis Management Team', into an **eBook on School Crisis Management.** The content of the eBook on School Crisis Management was enriched and updated as the **Handbook on School Crisis Management: Intervention and Psychological Support in the Aftermath of Crises** in 2016.

We consider it worthwhile to update and enrich the other sections of the Resource Package and convert them into an e-version and hence have produced this **eBook on Student Suicide for Schools: Early Detection, Intervention and Postvention** (**EDIP)**.

The content of EDIP covers:

(i). Prevention – focusing on awareness of facts and early detection
(ii). Intervention – focusing on tiered support strategies; and
(iii). Postvention – focusing on re-entry and aftermath support for survivors.

EDIP also provides various resource materials as Appendices. Schools could reproduce, extract or improvise the tables, checklists, activities contained therein for teaching, counselling and risk assessment purposes.

We hope that EDIP could contribute to increasing awareness and mobilizing concerted efforts from school personnel on suicide early detection and intervention work. When our students become confused and lost in meeting life challenges, they need a helping hand from us all. Dr Benedetto Saraceno, ex-Director of Mental Health, World Health Organization (WHO) in 2004 has this to remind us,

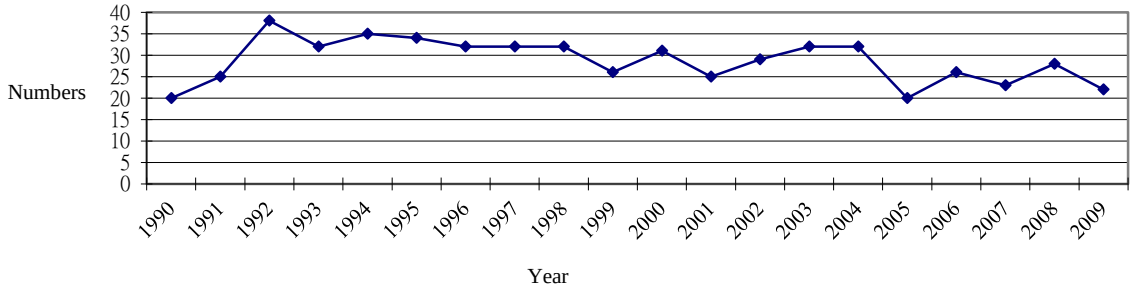
'We need committed people,
we need good will people,
we need grass roots people, ….

This is a task for all of us,
each one with their possibilities and capabilities,
but all together …..'

Chapter 1 Understanding Student Suicide

Statistics on Youth Suicide in Hong Kong

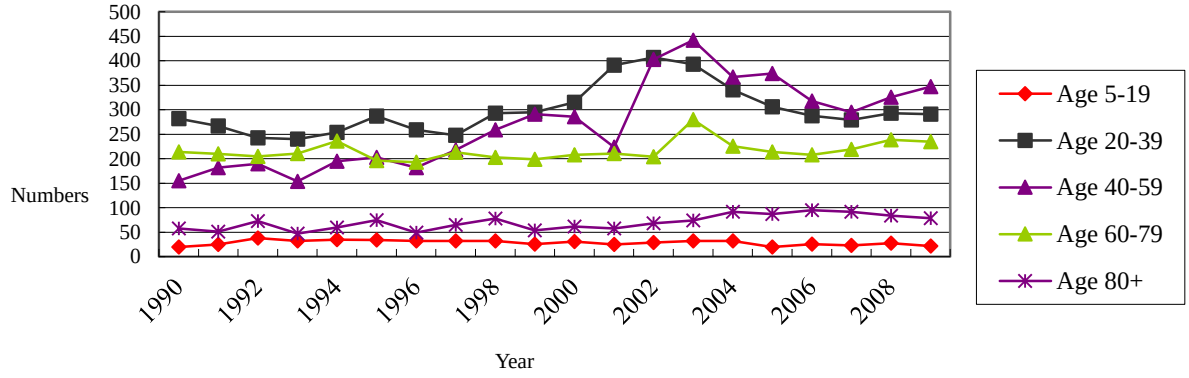
Figure 1 Number of Youth Suicide Deaths (age 5-19) (1990-2009)



Source: Demographic Statistics Section, Census and Statistics Department

- From 1990 to 1992, there was a sharp increase in the number of youth suicide deaths from 20 to 38.
- From 1993 to 2004, the number of youth suicide deaths remained steady at a total number of 25 to 35 each year.
- The number of suicide deaths dropped from 32 in 2004 to 20 in 2005.
- Since then, the number of youth suicide deaths has been around 20-30 each year.

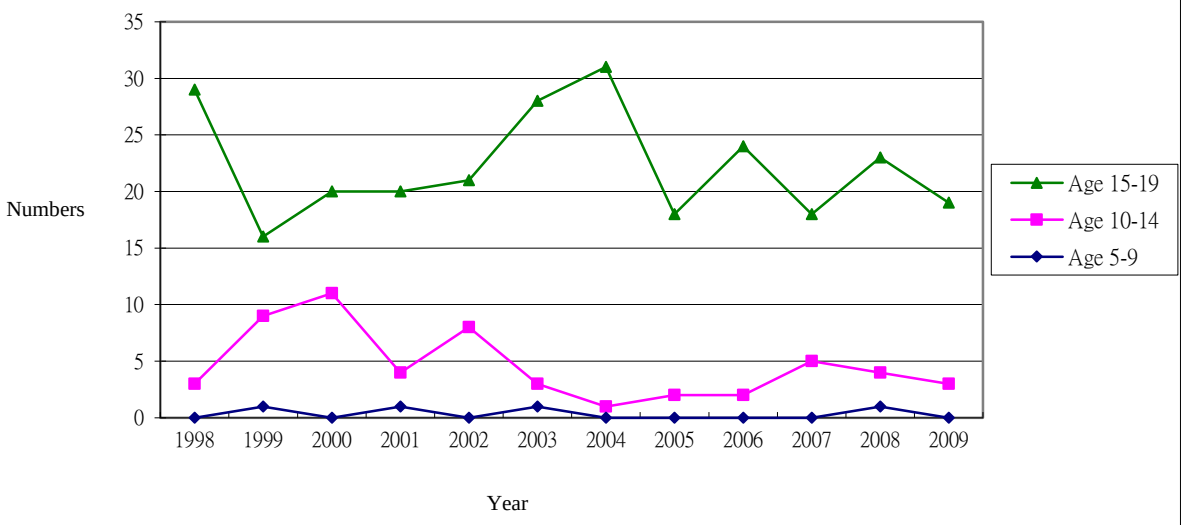
Figure 2 Number of Suicide Deaths by Age (1990-2009)



Source: Demographic Statistics Section, Census and Statistics Department

- Compared with other age groups, suicide death is least prevalent in the 5-19 age group.

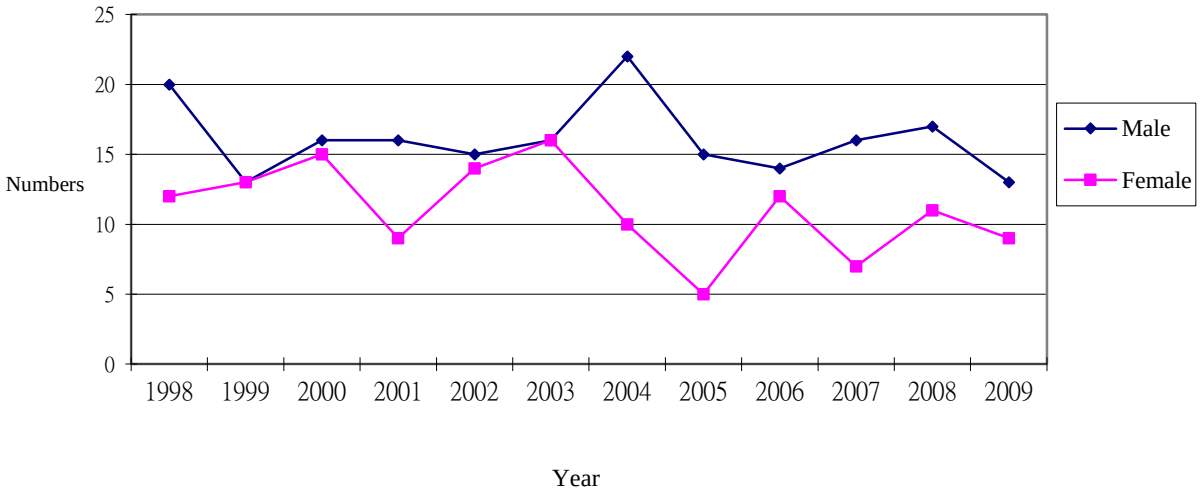
Figure 3 Number of Youth Suicide Deaths by Age (1998-2009)



Source: Demographic Statistics Section, Census and Statistics Department

- The number of suicide deaths in the 15-19 age group is consistently higher than the younger age groups.

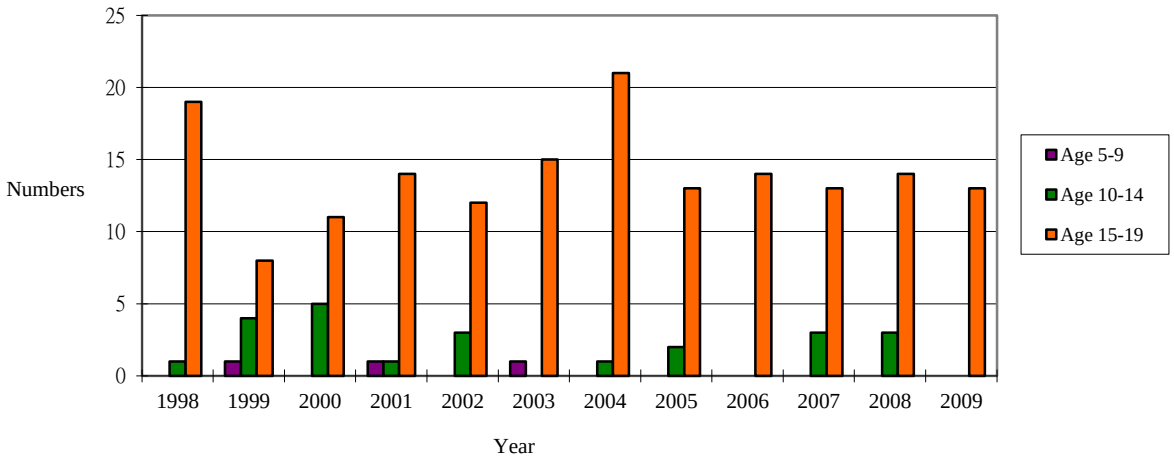
Figure 4 Number of Youth Suicide Deaths by Gender aged 5-19 (1998-2009)



Source: Demographic Statistics Section, Census and Statistics Department

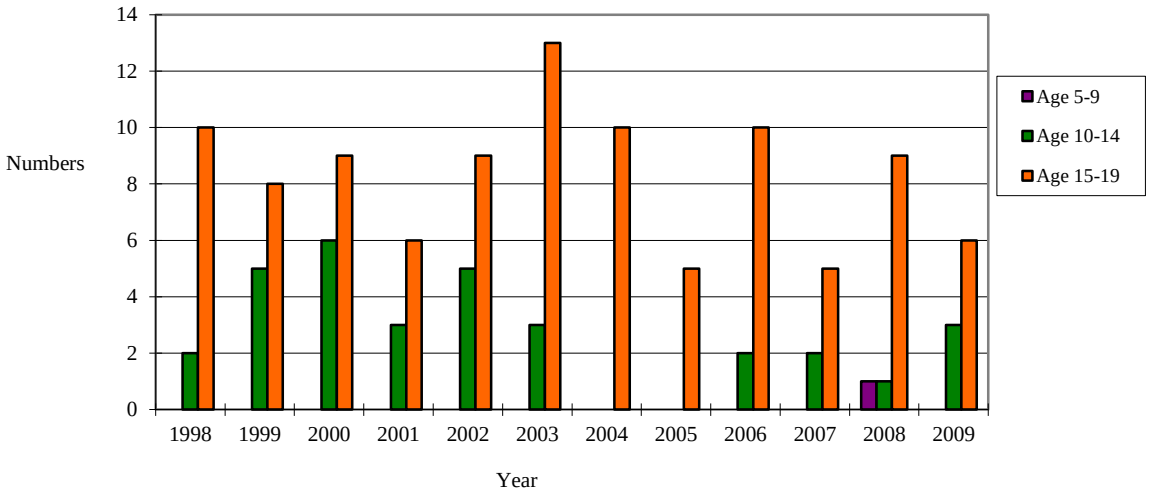
- Youth suicide is more prevalent in males.

Figure 5 Youth Suicide Deaths of Males by Age (1998-2009)



Source: Demographic Statistics Section, Census and Statistics Department

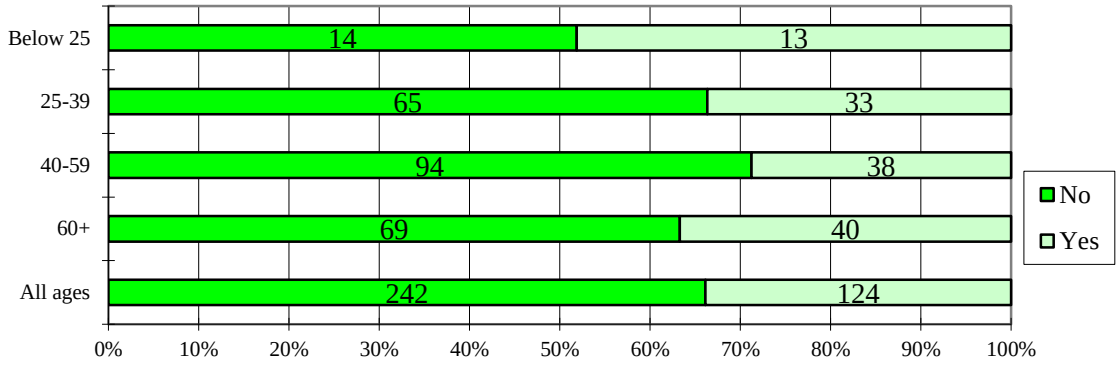
Figure 6 Youth Suicide Deaths of Females by Age (1998-2009)



Source: Demographic Statistics Section, Census and Statistics Department

- For both males and females, the number of youth suicide deaths is highest in the 15-19 age group.

Figure 7 Number and proportion of suicide deceased by age and whether there was evidence of communicating suicidal intent with others

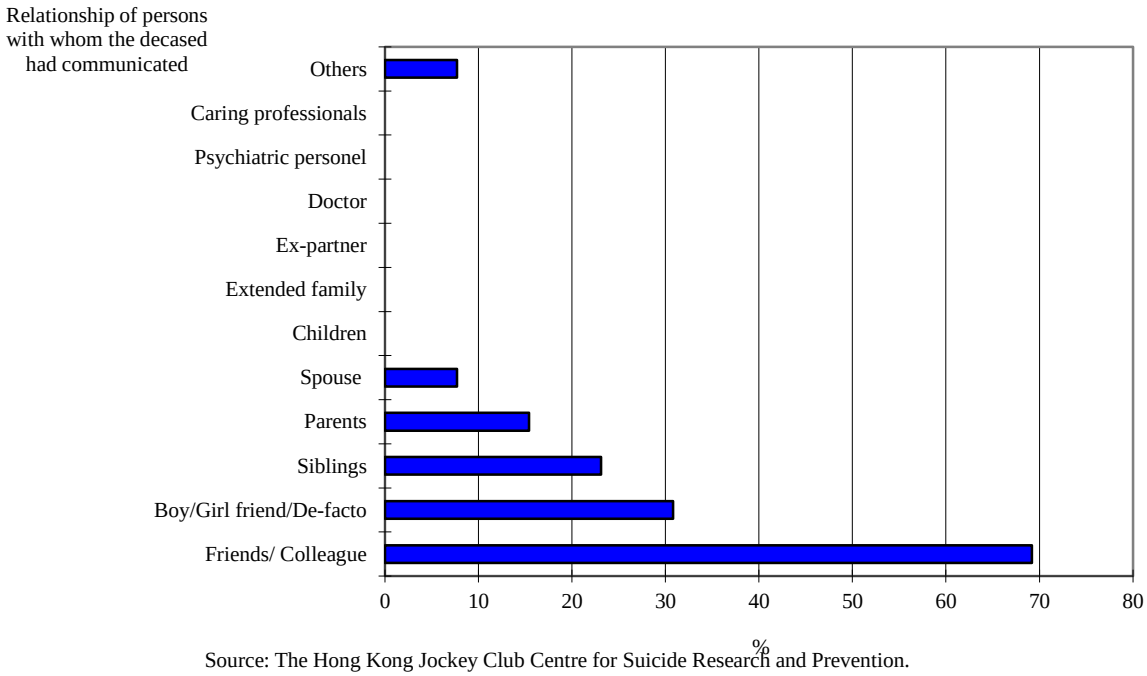


Source: The Hong Kong Jockey Club Centre for Suicide Research and Prevention.

The University of Hong Kong (2005).

- Among all age groups, the below 25 age group has the highest proportion (13 out of 27, almost 50%) of communicating their suicidal intent with others.

Figure 8 Relationship of person with whom the youth (age below 25) had communicated before death

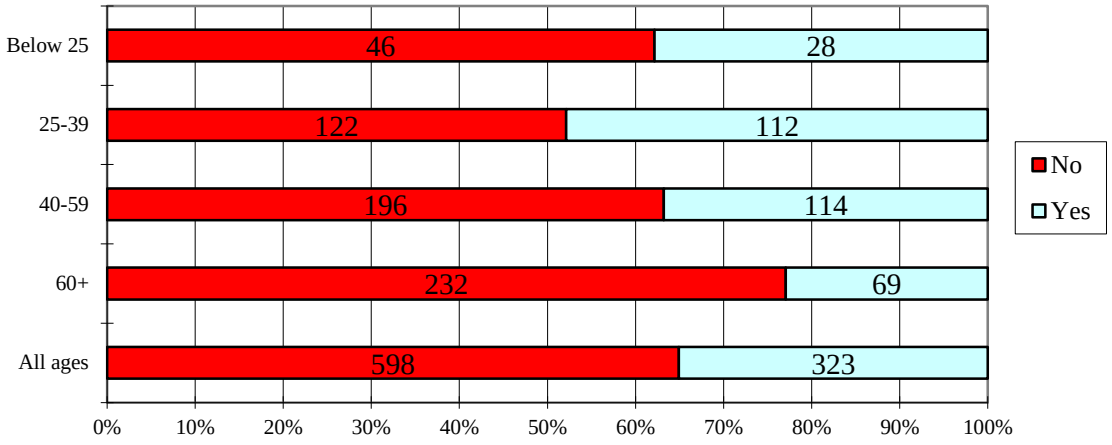


Source: The Hong Kong Jockey Club Centre for Suicide Research and Prevention.

The University of Hong Kong.

- Friends/colleagues is the group most commonly chosen by youth to communicate suicide intent prior to their deaths.

Figure 9 Number and proportion of suicide deceased by age and whether they had a history of psychiatric illness



Source: The Hong Kong Jockey Club Centre for Suicide Research and Prevention.

The University of Hong Kong.

- For the below 25 age group, 39% of the youth deceased has suffered from a certain kind(s) of psychiatric illness.

Categories of Suicidal Behaviours

Suicidal behaviours appear on a continuum, with intensity moving from risky behaviour to a suicide death.

Suicidal Ideation	Any self-reported thoughts or fantasies about engaging in suicide-related behaviour.
Suicidal Threat	Any interpersonal action, verbal or non-verbal, indicating a self-destructive desire, but stopping short of a directly self-harmful act.
Suicidal Gesture	A potentially self-injurious behaviour or act symbolic of suicide, but not a serious threat to life. The act may accidentally result in death, injuries or no injuries.
Suicide Attempt	A non-fatal outcome for which there is evidence (either explicit or implicit) that the person believed at some level that the act would cause death. Attempted suicides include acts by persons whose determination to die is thwarted because they are discovered and resuscitated effectively, or the chosen method was not lethal.
Suicide Death / Completed Suicide	Someone takes his or her own life with conscious intent by lethal means for example, jump from height, injury, poisoning.

Adapted from Coleman & O'Halloran (2004)

Below are some terms used to describe certain suicidal behaviours:

Suicide Pact	Joint suicides of two or more individuals (close friends, lovers, etc.) which are the result of an agreed upon plan to complete a self-destructive act together or separately but closely timed.
Contagion or 'Copy-Cat' Suicide	A process by which exposure to suicide or suicidal behaviour of one or more persons influences others to attempt or commit suicide. Community education is vitally important to reduce this risk.
Murder-Suicide	This is an event in which one individual murders one or more people and then takes his/her life by suicide.

Adapted from Coleman & O'Halloran (2004)

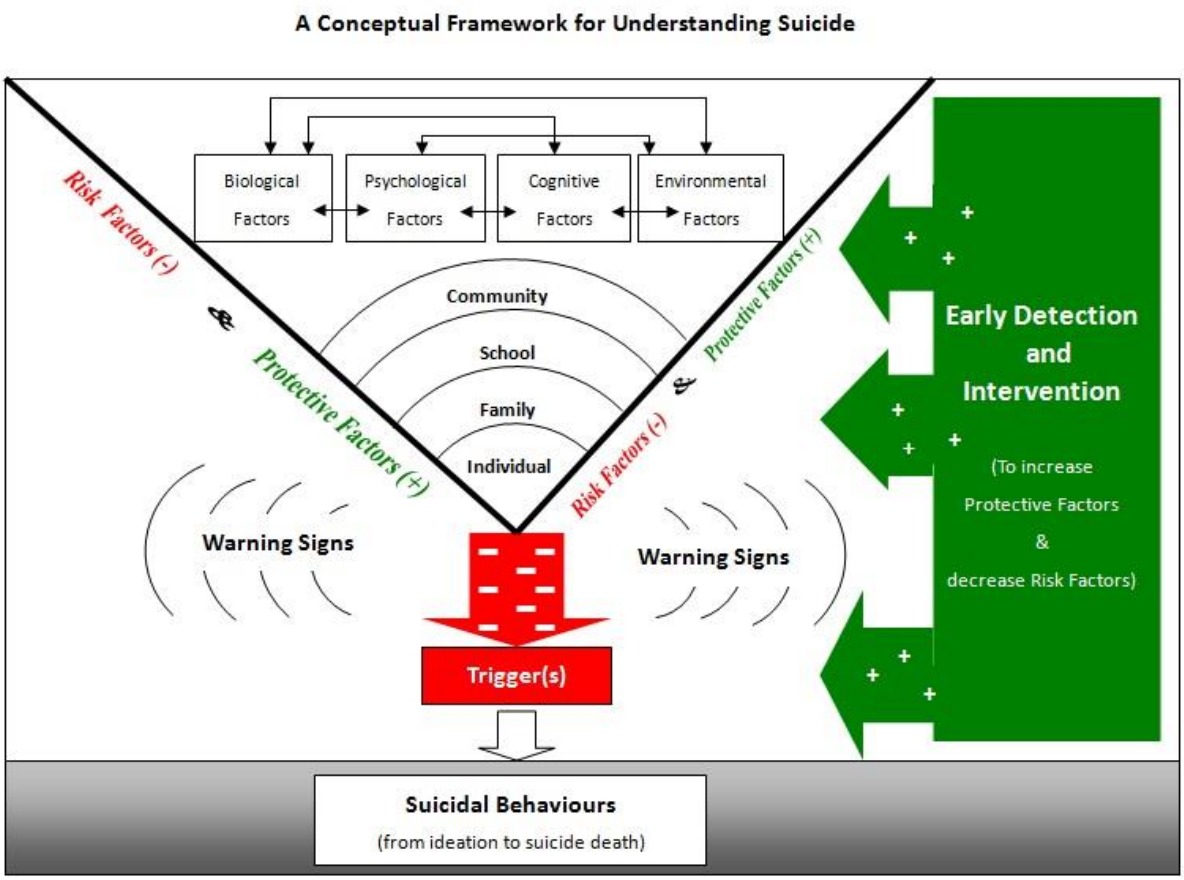
A Conceptual Framework for Understanding Suicide

Suicide is a complex behaviour with no single cause but results from a complicated interaction of **biological, psychological, cognitive and environmental factors.**

Researchers and practitioners refer those conditions that may increase a person's risk of attempting or completing a suicide as '**risk factors**' and those that protect a person, promote resilience and reduce the potential for suicidal behaviours as '**protective factors**'. From a developmental perspective, youth in particular, face different challenges at different ages. More details can be found in Appendix 1.

Suicidal behaviours, ranging from suicidal ideation to suicide death, are often **triggered** by certain very stressful life events (e.g. loss or death of friend, disciplinary crisis, negative anticipated outcomes/humiliation, etc.) and an unbearable state of mind (e.g. hopelessness, helplessness, shame, etc.).

Suicide usually happens with **warning signs**. For suicide prevention, we should aim at **early detection and intervention** so that warning signs can be timely identified, risk factors at individual, family and environmental levels mitigated and protective factors effectively enhanced. Our conceptual framework is given below.



Risk Factors

These are found by researchers and practitioners to be associated with suicidal behaviours. They can be broadly grouped into four categories: biological, psychological, cognitive and environmental risk factors. The examples below, though not all inclusive, are found in suicide literature. More details on risk factors can be found in Appendix 1.

Biological risk factors

- Mental illness
- Depression/anxiety
- Genetic factors
- Puberty
- Hormonal changes
- Physical illness and chronic pain

Psychological risk factors

- Low self esteem
- Feelings of hopelessness/powerlessness/helplessness
- Feelings of inferiority
- Loss (or perceived loss) of identity
- Confusion/conflict about sexual identity
- Poor impulse control
- High levels of stress; pressure to succeed e.g. disappointment with school academic results and failure in studies, high stress about examination and tests
- Fear of humiliation

Cognitive risk factors

- Rigidity of thoughts
- Over-generalization
- Egocentrism
- Immature views of death e.g. see death as an act of revenge, a test of immortality, a means to end pain and a romantic act
- Fascination with death, violence, satanism
- Idealistic thinking, extreme perfectionism
- Lack coping skills to manage decision making, conflict, anger, problem solving, etc.

Environmental risk factors (family-related)

- Family history of suicide (especially a parent)
- Depressed, suicidal parents
- Changes in family structure through death, divorce, re-marriage, etc.
- Low socio-economic status and educational level, loss of employment
- Lack of strong bonding/attachment within the family, withdrawal of support
- Unrealistic parental expectations
- Violent, destructive parent-child interactions
- Inconsistent, unpredictable parental behaviour
- Physical, emotional or sexual abuse

Environmental risk factors (in general)

- Bullying and victimization
- Drug or alcohol abuse
- Exposure to suicide of a peer
- Social isolation/alienation or turmoil
- Poor peer relationships
- Loss of significant relationships e.g. separation from girl or boy friends, death of a loved one
- Frequent mobility
- Anniversary of someone else's suicide
- Access to lethal means
- Disciplinary problems
- Unwanted pregnancy or abortion

Protective Factors

They are positive conditions that promote resilience. Although such protective factors 'do not negate the risk of suicide, they can counterbalance the extreme stress of life events.' (WHO, 2006). Below are examples of protective factors found in suicide literature:

- Strong sense of self-worth
- Strong sense of personal control
- Positive attitude and life value
- Religious, cultural and ethnic beliefs
- Effective coping skills e.g. problem-solving, conflict resolution, social skills, anger control, communication, etc.
- Good impulse control
- Supportive significant others (e.g. best friends, parents)

- Positive family environment and healthy family relationships
- A satisfying social life (e.g. constructive use of leisure time)
- Community involvement e.g. opportunity to participate and contribute to school/community activities
- Safe and supportive environment (e.g. difficult access to lethal means)
- Access to mental health care, medical compliance
- Pets

Warning Signs

Research has demonstrated that in over 80% of completed suicide, a warning sign or signs were given. The following is a list of warning signs grouped under seven categories:

<u>Unexpected reduction of academic performance</u>

- Drop in grades and academic performance
- Apathy in class
- Failure to complete assignments
- Inability to concentrate on school work and routine tasks
- Increased absences or truancy
- Increased aggression, frequent trouble-making in school

<u>Expression of ideas and themes about death and suicide</u>

- Written essays, conversation and artwork contains ideation about death/suicide
  - Direct statements indicating a wish to die or escape or a final departure
    ‘I wish I were dead.’
    ‘I am going to kill myself.’
    ‘I am going to end it all.’
  - Indirect or subtle statements indicating feelings of hopelessness and helplessness
    ‘I am so tired of it all.’
    ‘You will be better off without me.’
    ‘What’s the point of living?’
    ‘Who cares if I’m dead.’
    ‘Very soon you won’t have to worry about me.’
    ‘I should never have been born.’
- Exploring various lethal means such as sleeping pills, hanging, charcoal burning, etc. from different sources, e.g. peers, the internet, etc.
- Making plans and/or final arrangements e.g. giving away prized possessions, putting affairs in order

Change in mood and marked emotional instability

- Anger at self, increased irritability, moodiness, aggressiveness
- Pervasive sadness, sudden tearfulness
- Overwhelming guilt, shame
- Increased hopelessness, helplessness and worthlessness

Significant stress events

- Grief about a significant loss e.g. death of friend/family member, breakup with boy/girl friends, suicide of a peer, anniversary of someone else's suicide, etc.
- Situational stress e.g. unwanted pregnancy, trouble with the law/disciplinary crisis, severe family disruption, physical/sexual abuse, etc.

Withdrawal from relationships

- Loss of interests in surroundings, friends, hobbies or activities previously enjoyed
- Drop out of sports and clubs
- Isolation

Physical symptoms with emotional cause

- Increased physical complaints such as headache, stomachaches, fatigue, body aches
- Change in sleep or eating patterns, nightmares, eating disturbances
- Neglecting personal hygiene/physical appearance
- Disorientation, frequent accidents

High risk behaviours

- New involvement in high risk activities
- Increased use of drugs or alcohol
- Repeated self-injuries behaviours

Myths & Facts about Suicide

There are numerous myths about suicidal behaviours. Such myths should be dispelled. A correct understanding of facts about suicide is important to ensure prompt and appropriate recognition and support for those in need.

Myth 1	People who talk about suicide seldom mean it and they just want attention.
Fact 1	Talking about suicide can be a cry for help and a late warning sign towards suicide attempt. We must take every precaution when people talk about suicidal ideation, intent or plan. All talk of suicide should be taken seriously.
Myth 2	People who have attempted suicide once seldom make a second attempt.
Fact 2	In fact, suicide attempts are a critical predictor of suicide.
Myth 3	Talking about suicide or asking a person directly if he or she is thinking about suicide, will put the idea in his or her mind or cause a person to kill himself/herself.
Fact 3	Talking about suicide does not cause suicidal behaviour. Most people thinking about suicide want very much to talk about how they are feeling. Validation of the person's emotional state can bring relief and is a first step to intervention.
Myth 4	When a person shows signs of marked and sudden improvement after a suicide attempt, they are out of danger.
Fact 4	The three months following a suicide attempt are critical. Sudden improvement could be an indication that the person has made a firm decision to kill himself/herself as a solution to end all pain. With this decision comes relief, an increase in energy and an apparent improvement in his/her mental state.

Myth 5	Most suicides occur without previous recognizable warnings.
Fact 5	Over 80% of completed suicides show a warning sign or signs. Many suicidal persons give some verbal or behavioural messages about their suicidal intention.
Myth 6	Suicide is always hereditary.
Fact 6	Not every suicide is linked to heredity but there is no 'suicide' gene. Family history of suicide, however, is an important risk factor for suicidal behaviour. Members of family share the same emotional environment and the completed suicide of one family member may well give family members a message that suicide is an option for solving problems.
Myth 7	Children do not commit suicide since they do not understand the finality of death and are cognitively incapable of engaging in a suicidal act.
Fact 7	Although rare, children do commit suicide and any gesture, at any age, should be taken seriously. They may have a distorted perception of their actual life situation and what solutions are appropriate for them to take. They may perceive suicide as a means to make people feel sorry, to show how much they love someone, to escape from a stressful situation, etc.

Chapter 2 Early Detection

'Mental Health Promoting' Schools

School is the environment where youngsters spend most of their time. By providing a safe and healthy environment where mental health is promoted, school can contribute greatly to the prevention of student suicide.

'There is no health without mental health' (WHO). Mental health is 'a state of emotional and social well-being that enables people to undertake productive activities, experience meaningful interpersonal relationships, adapt to change and cope with adversities.' (WHO, 1999). Promotion of mental health for all students can enhance their ability to cope and feel positive about people and events in life, increase resilience and reduce the incident of suicidal behaviour. In the multi-level 'Health Promoting Schools Framework' advocated by WHO (2000), promotion of mental health is the basis of suicide prevention.

For promotion of mental health for all students in school, establishing related policies, mechanism and practices is required. Details of related whole-school programmes and strategies can be found in the Package on Prevention of Student Suicide 2010 (EDB) (http://www.edb.gov.hk/en/teacher/student-guidance-discipline-services/gd-resources/index.html).

A Three-tier Support Model

In line with the multi-level 'Health Promoting Schools Framework' advocated by WHO (2000), we recommend schools to adopt a Three-tier Support Model to detect and support students who are at risk of emotional distress and possibly at risk of suicidal behaviour.

Tier 1 targets at the early detection of students who are vulnerable and requiring additional support through teaching, guidance and support activities mainly from teachers. Tier 2 targets at a smaller group of at-risk students referred to school guidance personnel (SGP) for risk assessment and 'add-on' support services, such as individual counseling and group work. Tier 3 focuses on the high-risk cases requiring in-depth assessment and intensive individualized support from specialized helping professionals.

The Three-tier Model comprises two components: (A) early detection and assessment and (B) intervention. The diagram below illustrates the strategies, together with the key personnel involved, for early detection and assessment whereas intervention strategies are given in Chapter 3.

Three-tier Support Model: (A) Early Detection and Assessment

Early detection is an important gatekeeper in preventing suicide.

All Teachers – Early Detection

Goals
- To obtain a comprehensive understanding of students' background
- To provide information for planning teaching, guidance and support, e.g. design appropriate teaching materials to enhance coping skills, mobilize peer support and solicit family support for vulnerable students, etc.

Useful Strategies and Tools
- Review student data/record (Appendix 2), with reference to possible 'risk' and 'protective' factors (see Chapter 1)
- Obtain medical/mental health history (Appendices 3 & 4)
- Observe messages in students' weekly journal/composition (Appendix 2)
- Conduct student survey (an example in Appendix 5)
- Conduct APASO (http://www.edb.gov.hk/en/sch-admin/sch-quality-assurance/performance-indicators/apaso2/index.html)
- Meet parents on Parent Days, conduct home visits, etc.

Making Referral
- Refer students who do not respond to Tier 1 support or considered as at-risk to the school guidance personnel

School Guidance Personnel – Risk Assessment
(guidance teacher/student guidance personnel/school social worker)

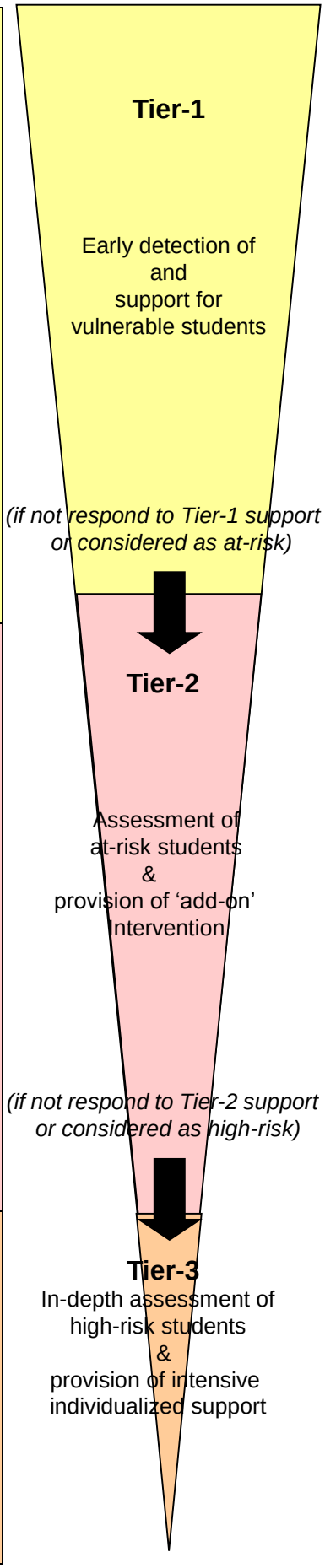
Goals
- To determine the validity of concerns and the severity of suicide risk
- To provide focus when planning 'add-on' intervention

Useful Strategies and Tools
- Look out for suicide warning signs (see Chapter 1)
- Conduct suicide risk assessment with reference to the following materials (Appendices 6 & 7) and websites (http://www.ha.org.hk/kch & http://wecare.csrp.hku.hk/assessment)
- Make reference to Suicide Risk Questions (Appendix 8)
- Make reference to Guidelines for Conducting Student Assessment Interview (Appendix 9)
- Assess family-related risk factors (see Chapter 1)

Making Referral
- Refer student who do not respond to Tier 2 support or considered as high risk to specialized helping professionals e.g. psychologist, psychiatrist, family social worker, etc.

Specialized Helping Professionals – In-depth Assessment
(educational/clinical psychologist, child psychiatrist, family social worker, etc.)

Goals
- To provide diagnosis and in-depth assessment
- To steer focus of intensive individualized support



Important Reminder

If doubts exist about the appropriate courses of action to take

for any student deemed to be at risk of suicide,

advice/consultation with mental health professionals

should be sought promptly.

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Chapter 3 Intervention

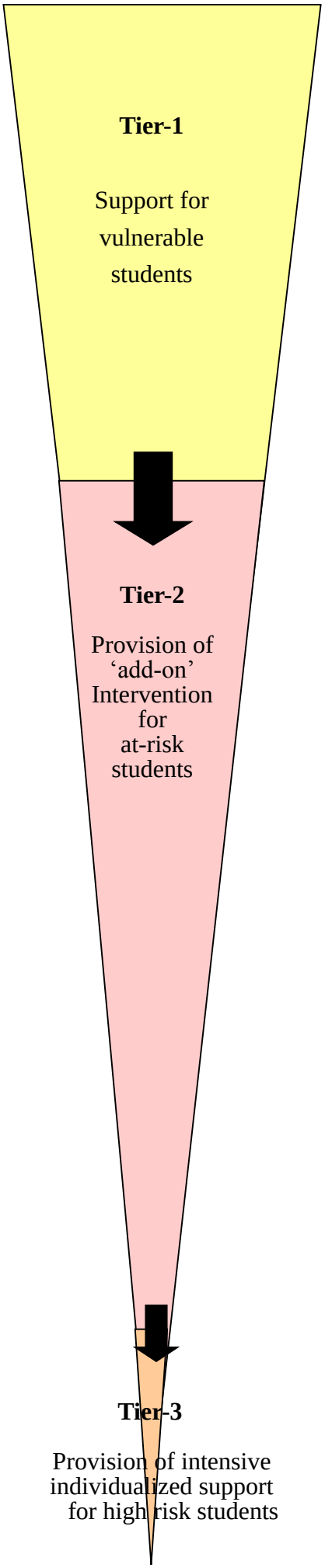
Suicide is a highly complex behaviour. Reducing risk factors and enhancing protective factors can help mitigate suicidal behaviours. It is difficult, if not impossible, to change one's biological and environmental risk factors. Working on protective factors that reside within the individual constitutes an important part of effective intervention.

Cognition Theory and Suicidal Behaviour

People who are suicidal often display rigid, dichotomous thinking about themselves and others, have poor problem-solving skills and view suicide as the only desirable solution to his/her problems (Weishaar & Beck, 1990). Their maladaptive cognition or faulty beliefs such as 'Everyone must love me', 'I have to be the best in everything', is often accompanied by negative affects such as strong feelings of hopelessness, helplessness, worthlessness as well as a perceived inability to take control and tolerate distress (Rudd, Joiner & Raj ab, 2001). Cognition, affective, motivational, physiological and behavioural schemas are all interconnected (Beck, 1996).

Cognition theory believes that how we think and interpret life events determines our emotional and behavioural responses to these events. Cognitive restructuring is an important intervention strategy that can help an individual to dispel dysfunctional or negative thoughts, cultivate positive and flexible thinking, release emotional distress and regain control over his/her own life. To effect cognitive change, individual session and/or small group training could be used, depending on the need of the students.

Three-tier Support Model: (B) Tiered Intervention



All Teachers – Teaching, Guidance & Support

Goal

- To enhance protective factors of vulnerable students

Useful Strategies and Tools

- Strengthen teacher-student relationship with those who are vulnerable, show care and concerns, listen to problems, offer guidance and support
- Teach/enhance positive thinking and coping skills during class periods, Personal, Social & Humanities Education lessons, with reference to weaker areas of vulnerable students (http:/www.edb.gov.hk/en/teacher/student-guidance-discipline-services/gd-resources/index.html)
- Nominate to participate in life-education programmes, e.g. UAP, P.A.T.H.S., Adventure Based Education, etc.
- Strengthen peer support e.g. circle of friends; equip peers with effective strategies (http://www.edb.gov.hk/en/teacher/student-guidance-discipline-services/gd-resources/index.html)
- Maintain frequent contact with family e.g. caring phone calls; enhance home-school collaboration

School Guidance Personnel – Add-on Intervention (guidance teacher/student guidance personnel/school social worker)

Goals

- To provide 'add-on' intervention for at-risk students to reduce suicide risk
- To mobilize support from parties concerned to enhance protective factors

Useful Strategies and Tools

- Develop a **management plan** that is appropriate to the assessed degree of risk, including immediate intervention, consultation, making referral and follow-up (Appendices 10 & 11). Refer to the following websites for reference (http://www.ha.org.hk/kch & http://wecare.csrp.hku.hk/school/).
- Provide **individual counseling.** with reference to:
  - Motives for Youth Suicide (Appendix 12)
  - A Problem Solving Model (Appendix 13)
  - Responding to Warning Signs (Appendix 14)
  - Responding to Expression of Immediate Suicidal Behaviour (Appendix 15)
  - Dos and Don'ts in Handling Crisis (Appendix 16)
  - No Suicide Contract (Appendix 17)
  - Handling Cognitive Distortion & Negative Thoughts (Appendix 18)
- Provide **individual/small group training on special areas,** such as:
  - Self-Esteem Building (Appendix 19)
  - Enhancing Cognitive Flexibility (Appendices 20 & 21)
  - Strengthening Problem-Solving Skills (Appendices 22, 23 & 24)
  - Developing Coping Skills e.g. stress management, relaxation skills, conflict resolution, etc. (Appendix 25).
- Provide **consultation and support to parents,** with reference to:
  - Parents' Reactions and Needs (Appendix 26)
  - Advice for Parents in Managing Crisis (Appendix 27)
- **Seek consultation** from specialized helping professionals
- **Seek community resources** according to needs (http://www.edb.gov.hk/en/student-parents/crisis-management/helpline-community-resources/index.html)

Specialized Helping Professionals – Intensive individualized support (educational/clinical psychologist, child psychiatrist, family social worker, etc.)

Goals

- To provide intensive individualized support, including medication
- To provide multi-disciplinary support

In a Three-tier Support Model, school can utilize different levels of support strategies according to the suicide risk level. In Tier-1, the main goal is to enhance the protective factors of the vulnerable students by strengthening various social support systems i.e. teacher-student relationship, peer relationship and family relationship. Life-education and classroom guidance programmes can also help to equip students with problem solving skills to cope with everyday challenges.

In Tier-2, 'add-on' intervention is required to support those at risk students. Immediate individual counseling and group training are necessary to help the students to get through the crisis. As low self-esteem, feelings of hopelessness and rigidity of thoughts are the common risk factors of youth suicide, intervention should focus at building self-esteem, strengthening problem-solving skills and enhancing cognitive flexibility. From many research on effective programmes in preventing youth suicide, training in problem-solving, thinking and coping skills have shown to be effective in preventing suicide (Gould, Breenberg, Velting & Shaffer, 2003). As the parent is vital in supporting the youth at risk, we need to empower them by addressing their needs and offering advice on crisis management.

In Tier-3, the high risk students required intensive individualized support by various specialized professionals e.g. educational/clinical psychologist, child psychiatrist and family social worker, etc.

Important Reminder

In case of a suicide crisis, the school should promptly activate its crisis management team (CMT) to take necessary action as described in the

Handbook on School Crisis Management: Intervention and Psychological Support in the Aftermath of Crises

(http://www.edb.gov.hk/attachment/en/student-parents/crisis-management/about-crisis-management/crisise.pdf)

Chapter 4 Postvention

Postvention is a series of planned activities for survivors after a suicide to help them cope with the aftermath of a suicide.

In the school context, the term '**survivor**' refers to a post-suicidal student who survives a suicide attempt, with or without injury. The same term can also refer to the friends and family of a student who died by suicide. It is important for schools to have a plan in place to deal with the aftermath of a suicide for both groups of survivors.

Re-entry Support for Post-Suicidal Student

Postvention plan for post-suicidal students who have been temporarily withdrawn from school after a suicide attempt should cover three phases: 'before reintegration into school', 'on the return' and 'follow-up'.

Before re-integration into school

- Goals
  - ✧ To enlist support from people concerned to facilitate re-integration into school life
  - ✧ To prevent the development of a strained relationship among students, parents and school personnel (administrators, teachers, guidance personnel) arising from feelings of guilt, shame, anger or anxiety in association with the suicide attempt
- Strategies
  - ✧ Designate a liaison person (e.g. student guidance personnel) to be the case manager to serve as a link with the parents and be responsible for coordinating the implementation of the re-entry plan as well as monitoring progress
  - ✧ Invite school personnel directly involved in supporting the student and specialized helping professionals concerned to discuss various arrangement, jointly work out a re-entry plan and agree on the steps and personnel responsible. Please see Appendix 29 for the suggested functions and goals of different personnel at school.
  - ✧ Schedule a meeting with parents and the student to discuss and agree on re-entry arrangement at an appropriate time e.g. speak to the student about how he/she wants to share information with peers and the type of support that will be most helpful
  - ✧ Solicit empathy and support from school personnel, remind them not to adopt a blaming frame but be accepting, sensitive and encouraging
  - ✧ Take care of school personnel who may have feelings of guilt, shame, anger or

anxiety in association with the suicide attempt of the student. Encourage mutual support among school personnel

- ✧ Prepare classmates for the return of the student. Make use of class teacher periods, Personal, Social and Humanities Education lessons, individual or group sessions to:
  - discuss feelings, clarify misconceptions
  - enhance positive thinking and coping skills e.g. suicide is not a good choice
  - encourage mutual support and help seeking behaviour
  - advise appropriate expression of care and acceptance e.g. send cards and letters, visit hospital or home with permission from the parent, etc.
  - teach and alert to bear in mind the Dos and Don'ts in interacting with the post-suicidal student. Please see the Dos and Don'ts in Appendix 30.
  - reassure help is available and remind to discuss worries and concerns with an appropriate school personnel
- ✧ Observe confidentiality. Discussion of the student among other staff should be strictly on a 'need-to-know' basis. Discussion in the classroom should not be on the suicidal individual but on building helping skills and support from classmates

<u>On the return of the post-suicidal student</u>

- Goals
  - ✧ To facilitate eventual autonomy and functional independence of the post-suicidal student
  - ✧ To encourage mutual support among students
- Strategies
  - ✧ Bear in mind the Dos and Don'ts while interacting with the student. Please see Appendix 30 for details.
  - ✧ Make appropriate arrangement for the post-suicidal student:
    - Maintain, if possible, regular and normal school functions. A stable, predictable daily routine and schedule tend to 'normalize' the student's daily life. Make minor or flexible alterations to the everyday flow of school activities if necessary, e.g. modify schedule and adjust demands to relieve stress; allow assignments to be adjusted and extended
    - Vary the pace in daily activities and demands matched to the needs of the student
    - Gradually step up the demands as the student makes better adjustment. Allowing the student to progressively experience with normal stresses in a normal environment offers the best opportunities for successful coping
    - Arrange a school personnel who has good rapport with the student to be accessible to offer emotional support to him/her. A trustworthy, accepting and consistent relationship can contribute to recovery
    - Designate a school personnel to teach and enhance the student's coping skills

and to strengthen his/her self-concept

- Schedule follow-up sessions for the student and/or the family with the school guidance personnel

✧ Report promptly to the appropriate school personnel if the student's risk level appears to be rising again. Please see Appendix 31 for appropriate response in such cases

✧ Provide a social-support network and promote a safe and healthy school environment where mental health is advocated for all students and help seeking behaviour is encouraged e.g. set up circle of friends, place students in various support groups

Follow-Up

- Be aware of anniversary dates and special events e.g. birthday. Postvention efforts may need to be reintroduced during these times to address re-awakened distress
- Schedule formalized six-month and/or one-year follow-up meetings with staff to monitor progress of re-integration, review concerns of school personnel and long term suicide prevention work

Support for the Peers of a Student Died by Suicide

As suicide is self-inflicted, survivors (e.g. friends, classmates) often experience intense and mixed feelings trying to make meaning of the loss. Examples on possible overwhelming feelings can be found in Appendix 31. Their responses may start initially with denial, numbness and anger to more complex emotions of guilt, blame, shame, fear, grief. Feelings of rejection and/or abandonment are often reported.

It is critical for the survivors to be able to talk about what has happened until it becomes real and until they come to some resignation and peace of mind. Debriefing and counselling, in small group and individually, are ways to help survivors to cope. Enlisting social and family support is also important. School personnel could refer to Appendices 32 and 33 for the Dos and Don'ts in supporting survivors in grief, including students and staff.

Our Handbook on School Crisis Management: Intervention and Psychological Support in the Aftermath of Crises also provides the following information to help schools to plan support for survivors:

- Reminders for Teachers
- Announcement to Students (Sample)
- Brief Class Meeting/ Special Class Period
- Recommended Teacher Responses to Students' Reactions towards a Crisis Event
- Brief Class Meeting/ Special Class Period : Teachers' Feedback Form

- Group Counselling for Students

Prevention of Imitative Behaviour of Vulnerable Survivors

Schools should pay special attention to those vulnerable students. They may not necessarily be a friend of the deceased but due to their own circumstances, the suicide incident may trigger their imitative behaviour. Please refer to Appendix 34 for Variables to Consider when Assessing Risk of a Peer for Imitative Behaviour.

To reduce imitative acts after a suicide, the following should be observed:

- Don't glorify, dramatize or romantize the suicide act
- Separate positive contributions of the deceased from his/her suicide act
- Avoid explicit details of the method and the reasons of the suicide. Focus instead on coping skills for survivors
- Encourage help seeking behaviours, ensure the availability of support
- Cultivate a safe and healthy school environment where mental health is promoted
- Maintain close contact with families and enlist their support

'The aftermath of a suicide
can be one of the most stressful and painful experiences
any school will experience.
It is also possible for the school to resolve the crisis in a manner which leaves it stronger, more resilient and more caring.
This does not mean that the feelings will ever totally go away.
It does mean that individuals, organizations and even whole communities can learn and grow from the experience.'

Association of Suicidology (1992)

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Appendix 1

Life-cycle Commonalities and Age-group-specific Aspects of the Suicide Trajectory for Childhood and Adolescence

Age Group	Biological Risk Factors	Psychological Risk Factors	Cognitive Risk Factors	Environmental Risk Factors	Warning Signs	Triggering Events
Life-cycle commonalties	- Depression - Genetic factors - Maleness	- Depression - Low self-esteem - Helplessness - Hopelessness	- Rigidity of thought - Selective abstraction - Overgeneralization - Inexact labeling	- Negative family experiences (e.g. family dysfunction, affectionless or over-protective parenting, harsh corporal punishment, parent-child attachment difficulties) - Negative life events - Presence of firearms	- Verbal threats - Previous suicide attempts	- 'Final straw' life event (e.g. death or loss of a loved one or significant person)
Childhood (5-14 years old)	- Impulsivity	- Feelings of inferiority - Expendable child syndrome	- Immature views of death - Concrete operational thinking	- Abuse and neglect - Inflexible family structure - Unclear family member roles - Parent conflict - Parental unemployment	- Truancy Poor school performance (academic crisis or school failures) - Anxiety - Sleep disturbance - Aggression - Low frustration tolerance - Impulsiveness	- Minor life events (e.g. getting into trouble with authorities, bullying/ victimization, disappointment or rejection, trauma exposure)
Adolescence (15-24 years old)	- Puberty - Hormonal changes	- Identity crisis - Fluctuating mood states	- Formal operational thinking - Idealistic thinking - Increased egocentrism - Imaginary audience - Illusion of invulnerability	- Parent conflict -Anomic family - Drug or alcohol abuse - Social isolation - Poor peer relationships - Population characteristics	- Change in habits - Self-mutilation - Truancy - Poor school performance - Preparation for death	- Failure experiences - Problems with peers, parents, siblings, or opposite sex - Suicides by peers or famous people

Stillion, McDowell, and May (1989)

Appendix 2

Reviewing Student Data/Record

Teachers can make use of the following materials to help identify student(s) who may need counselling or guidance:

Student Data (Record)

Most schools require students to fill in Student Record Cards and update them regularly. These records contain valuable information about the student and his/her family. Teachers can have a better understanding of their students if they study the information carefully.

The information usually tells you whether the student's family is intact or not; whether the parents are alive or deceased; the parents' occupation and the family composition. Teachers can make use of such information to understand the needs of their students as well as to identify those who require extra guidance and support.

Weekly Journal/Composition

A lot can be learnt from students' weekly journal or composition in which they may reveal their feelings on daily events/people around them. Teachers can make good use of this exercise to pick out those who may have been disturbed by certain incidents or expressed emotions towards certain issues. Help can be offered accordingly, through encouraging remarks, invitation to talk with the students, or if needed, making referral to the school social worker.

Obtaining Medical/Mental Health History

(Extracted from School Administration Guide, Chapter 3)

3.5 Health matters

3.5.1 Healthy learning environment

1. To ensure students can receive an all round education, it is important to cultivate a sense of physical and mental health awareness among them so that they have the necessary knowledge, attitudes and skills for maintaining good health.

2. Schools should provide students with integrated and positive experiences and structures that promote and protect their health, through strengthening those factors which produce a healthy setting for growth, development and learning. Hence, schools should work in collaboration with parents, students and relevant parties to develop policies, practices and structures towards this goal.

3. Under the Smoking (Public Health) (Amendment) Ordinance 2006, schools have been designated as no smoking areas. For details, please refer to EDBC002/2007 "Smoking Ban in Schools".

3.5.2 Points to note

1. Schools should keep students' health records properly

a. Schools should issue a circular letter annually to parents to solicit their co-operation in reporting the medical history of their children. However, this should be on a voluntary basis and parental choice should be respected. A sample record form is at Appendix 2.

b. Schools should keep students' health records for reference. Schools must ensure that such information is for internal reference only and should not be divulged to other parties without the consent of the parents concerned. Schools should observe the Personal Data (Privacy) Ordinance in handling the concerned records

2. Schools should follow doctors' advice to arrange appropriate amount of physical exertion for students with health problems

a. If students suffer from cardiovascular diseases, respiratory diseases, epilepsy, anaemia, diabetes mellitus, etc., schools should advise their parents/ guardians to submit a medical certificate issued by an attending physician stating the appropriate level of

physical exertion suitable for their children. Schools should make suitable arrangements for the above-mentioned students and follow doctors' advice to arrange appropriate amount of physical exertion for them, especially during PE lessons, extra-curricular activities, etc.

b. Schools should be watchful for the health conditions of their students, in particular those with a known history of diseases. When conducting school activities, teachers responsible should ask unwell students to take a rest, check their conditions and medical history, and inform their parents/ guardians when necessary. In case of serious illnesses, schools should send the students to hospital for treatment and contact their parents/ guardians at once.

c. If the Air Quality Health Index (AQHI) reaches a level of "High" or "Very high" (AQHI band 7 or 8-10) at the district where the activities are conducted, schools should arrange for all students to reduce or reduce to the minimum outdoor physical exertion, and the time of staying outdoors, especially in areas with heavy traffic. If the AQHI reaches a level of "Serious" (AQHI band 10+) at the district where the activities are conducted, schools should arrange for all students to avoid physical exertion and staying outdoors, especially in areas with heavy traffic. For details, schools should refer to the EDB website, EDB's Letter to Schools on "Air Quality Health Index" dated 18 December 2013, "Dos & Don'ts for Arranging Physical Activities During the Health Risk Category at High, Very High and Serious Levels" (Applicable to Primary and Secondary Schools), AQHI Frequently Asked Questions and the AQHI's website of the Environmental Protection Department, http://www.aqhi.gov.hk/en.html .

3. Schools should take proper care of students with mental problems

a. Students diagnosed with mental illnesses need treatment from the medical professionals. Usually, these students will be followed up by psychiatrists, clinical psychologists or medical social workers. With parental consent and having regard to the students' conditions and needs, schools should arrange the school social worker or guidance personnel to provide them with necessary support. Upon parents' request and with their written consent, schools could make appropriate assistance/ arrangement to facilitate the students in taking medication as prescribed by the doctor. Schools could also seek professional advice and support from educational psychologists to provide students with counselling, assist teachers and parents to handle students' emotions, social integration and learning problems, etc. Should there be a need to arrange multi-disciplinary case conferences on the students, educational psychologists and the school personnel should jointly discuss with the medical professionals, such as psychiatrists appropriate support strategies. The Early Assessment Service for Young People (E.A.S.Y.) Programme under the Hospital Authority has established seven district E.A.S.Y. centres in Hong

Kong. These centres provide one-stop service including assessment, seminar / workshop and ongoing treatment services. Schools could contact the relevant district service centres to seek their expert advice and support when needed. The contact number of seven E.A.S.Y Centres have been uploaded onto the EDB website for schools' reference.

b. For information on various mental illnesses, please refer to the "Mental Health Education" website of the Hospital Authority, "Integrated Community Centre for Mental Wellness" website of the Social Welfare Department and "Disability and Education Series" website of the Equal Opportunities Commission. For rendering support to these students, schools can also refer to EDB's guideline entitled "How Schools can Help Students with Mental Health Problems", accessible from the EDB website.

Source: http://www.edb.gov.hk/en/sch-admin/regulations/sch-admin-guide/index.html

Appendix 4

Medical History of Student (Sample)

Download

(Extracted from School Administration Guide, Chapter 3, Appendix 2)

(for the completion of parent/guardian on voluntary basis)

Medical History of Student

(Restricted – The information provided will only be used for the purpose of the student's health reference)

Name of Student: _____ Sex: _____ Class: _____ Class No.: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Emergency Telephone Number: 1._____ 2._____

1. If the student has ever had the medical condition(s) below, please put a '✓' in the appropriate box (es) and give details.

		Age detected	Details of Disease	Recommended treatment (if applicable)
□	G6PD deficiency			
□	Bronchial asthma			
□	Epilepsy			
□	Fits due to fever			
□	Kidney disease			
□	Heart disease			
□	Diabetes mellitus			
□	Hearing defect			
□	Haemophilia			
□	Anaemia			
□	Other blood disease			
□	Allergy to drugs			
□	Allergy to vaccines			
□	Allergy to food			
□	Other allergies (Please specify:_____)			
□	Tuberculosis			
□	Minor operation			
□	Major operation			
□	Mental problems (e.g. psychosis, depression, anxiety disorder, obsessive compulsive disorder, etc.)			
□	Others			

2. If the student is considered not suitable for participation in PE lessons or any other type of school activities, please specify and submit a medical certificate for school's reference.

_____

3. Other supplementary information:

_____

_____ _____ _____

(Signature of Parent/Guardian) (Name of Parent/Guardian) Date

Collection of Personal Data

Purpose of Collection:

Personal data collected from your child is only and for handling matters relating to his/her health and safety. Though the provision of such data is done entirely on a voluntary basis, insufficiency of information may make the school unable to have a clear picture of your child's medical history. We may not be able to provide proper assistance to him/her in case of accident.

Access to Personal Data

According to Personal Data (Privacy) Ordinance, you have the right to access and correct the data supplied. Please contact the school if necessary.

My Status At Home

Please circle the answer that best suits your case in each statement.

Please note: '5' denotes 'always correct'
'4' denotes 'mostly correct'
'3' denotes 'sometimes correct'
'2' denotes 'rarely correct'
'1' denotes 'never correct'

My father/mother:

		Father					Mother				
1.	is fair in giving praise and punishment.	1	2	3	4	5	1	2	3	4	5
2.	understands my needs.	1	2	3	4	5	1	2	3	4	5
3.	can make me work with him/her.	1	2	3	4	5	1	2	3	4	5
4.	keeps me company.	1	2	3	4	5	1	2	3	4	5
5.	is the one I feel good around all the time.	1	2	3	4	5	1	2	3	4	5
6.	takes an interest in my activities.	1	2	3	4	5	1	2	3	4	5
7.	cares about my difficulties/problems.	1	2	3	4	5	1	2	3	4	5
8.	is proud of me.	1	2	3	4	5	1	2	3	4	5
9.	gives me considerable freedom.	1	2	3	4	5	1	2	3	4	5
10.	is a role model to me.	1	2	3	4	5	1	2	3	4	5
11.	is willing to spend time explaining things to me.	1	2	3	4	5	1	2	3	4	5
12.	shows interest in my ideas and opinions.	1	2	3	4	5	1	2	3	4	5
13.	helps me out of difficulties.	1	2	3	4	5	1	2	3	4	5
14.	gives me as much support as possible if what I do is right.	1	2	3	4	5	1	2	3	4	5
15.	helps me be true to myself.	1	2	3	4	5	1	2	3	4	5

Assessment of the Internet Habit of Youngsters and Suicide Risk

Part 1: Understand Internet Habit of Youngsters

To help understand your child's/student's internet habit and its impact so as to arrange appropriate guidance strategies and support services.

(A) Internet Habit	**Suggested Questions**
Years of Internet Experience	1. How long has your child/student been using the internet? _____
Duration	2. On average, how many hours does your child/student spend on using the internet every day? _____
Venue	3. Where does your child/student usually use the internet? (Please circle the appropriate answer) (a). at home (b). at school (c). others: (e.g. mobile phone, coffee shop, etc.)_____
Internet Preference	4. What mode of internet use is most preferred by your child/student? (Please circle the appropriate answer) (a). online messenger (e.g. e-mail, chat room, etc.) (b). interactive on-line games (c). others: (e.g. sex, gambling websites, etc.)_____

(B) Impact of Internet Habit	**Suggested Questions**	**Degree of impact (Insert '√' in the appropriate box)**		
		Not Accurate	Accurate	Very Accurate
Emotion Control	1. When gets interrupted or stopped while using the Internet, your child/student will exhibit extreme emotion.			
	2. When life is without the Internet, your child/student becomes very agitated, moody, lonely and depressed.			
	3. When offline, your child/student feels depressed. This disappears immediately once he/she is back online.			
	4. Your child/student still gets pre-occupied with the Internet when he/she is offline.			
	5. When your child/student feels emotionally disturbed, he/she needs to rely on the Internet to calm down.			
Social Competence	6. Your child/student spends far more time on the Internet than going out with friends.			
	7. Using the Internet is the only way your child/student adopts to make friends.			
Self Control	8. Your child/student will not let go any opportunity to use the Internet.			
	9. No matter under what circumstances, your child/student cannot cut down the amount of online time.			
	10. When you ask your child/student to get offline, he/she can never stop promptly.			
Learning /Work Performance	11. Using the Internet makes your child/student: (a). Lose all interests towards studies/work (b). Perform extremely badly at studies /work (e.g. messy homework, poor achievement) (c). Non productive in studies/work (e.g. late or no submission of homework)			

Daily Routine	12. Using the Internet makes your child/student: (a). Stay up late every night and hard to fall asleep (b). Always late for school and doze off during lessons (c). Withdraw completely from any extra-curricular or family activities (e.g. picnic, outings, going to restaurant, etc.)			

Part 2: Recommended Support Measures

If many of the descriptions in (B) of Part 1 above are marked with 'accurate' or 'very accurate', please be on the alert of your child/student's internet habit and consider the following guidance strategies and support services.

Parents and Teachers might consider the following

- Spend more time and talk with your child/student, actively listen to him/her, try to understand the reasons behind his/her using the Internet
- Evaluate with your child/student regularly his/her use of the Internet, let him/her understand the advantages and disadvantages of using the Internet and analyze the positive and negative impact on him/her
- Teach your child/student how to differentiate accurate and inappropriate messages, select website content prudently
- Set up an Internet communication platform with your child/student to enhance communication and relationship
- Develop your child's/student's interests and strengths, arrange a wide variety of activities to expand his/her exposure and social network so that he/she would not be addicted to the Internet due to insufficiency in activities and social life
- Show concern not only in your child's/student's academic performance but also in his/her emotions, feelings and thoughts so that he/she would not rely on the Internet to soothe his/her negative emotions
- Maintain close and regular home-school communication

Parents might also consider the following	**School might also consider the following**
● Set up appropriate daily routine and online time schedule with your child ● Spend more time with your child for quality family interaction so as to improve understanding and connection among family members ● Liaise with the school guidance personnel for appropriate assistance	● Identify students showing signs of internet addiction and refer to guidance personnel or the school social worker for follow up ● Enhance preventive measures: - Help students acquire information on internet addiction through classroom discussion or activities so that they can develop proper habit and attitude of using the Internet - Let parents, teachers, school social workers and guidance personnel work jointly on effective preventive and guidance strategies through talks, seminars or forums

Part 3: Suicide Risk Assessment

If, in addition to many of the descriptions in (B) of Part 1 above being marked with 'accurate' or 'very accurate', your child/student also exhibits the following signs of unusual emotion and behaviors, please refer to the website of Centre for Suicide Research and Prevention, The University of Hong Kong (http://wecare.csrp.hku.hk/assessment/) for further assessment.

- direct or indirect statements (verbal or written) about suicide and death
- statements (verbal or written) indicating desperation
- prior suicide attempts, self-injury behaviour
- giving away prized possessions
- sudden changes in personality
- extreme moodiness (especially depression and sadness)
- sudden change in sleeping habits or eating patterns, etc.

This 'Internet Habit of Youngsters' Checklist is adapted from Dr Kimberly Young (1995). 'Internet Addiction Test.'

Appendix 7

Stress in Adolescents

In a project to study the kinds of stressful life events adolescents experience and their degree of impact, Nina Rogan and Maria Hussey of the University Cincinnati School of Nursing developed a Life Change Events Scale for Adolescents in 1977. The followings are stressful events in rank order of their severity of impact for your reference. You can also add in items you feel are important to make it more comprehensive.

Rank	Life Change Events	Life Change Units*
1	Death of father	98
2	Death of mother	98
3	Death of brother/sister	95
4	Death of close friend	94
5	Flunking a grade	87
6	Parents divorced/separated	86
7	Arrested by police	85
8	Failing a subject	82
9	Family member drinking	80
10	Losing a favorite pet	80
11	Wrecking a car	79
12	Quitting school	79
13	Parent/relative very sick	77
14	Parent losing job	77
15	Close girlfriend pregnant	74
16	Break-up with boy/girlfriend	74
17	Losing a job	72
18	Into drugs/alcohol	63
19	Badly hurt/sick	62
20	Trouble with teacher/principal	61
21	Getting grounded	57
22	Brother getting someone pregnant	57
23	Hassling with parents	57
24	Not selected for an activity	55
25	Sister getting pregnant	54
26	Problems with acne	51
27	Problems with dating	51
28	Starting new school	50
29	Problems with size (short, tall, heavy)	49
30	Moving to new home	47
31	Menstruation (females only)	45
32	Change in physical appearance (braces, glasses)	45
33	Hassling with brother/sister	42
34	Someone new moving into family	40
35	Mother getting pregnant	34
36	Starting a new job	31
37	Making new friends	27
38	Brother/sister getting married	25

Appendix 8

Suicide Risk Questions

What To Assess	Suggested Questions
1. Suicidal plan-seriousness and reversibility	● Have you thought about killing/hurting yourself? ● What will you do to take your own life? ● How easily available are the means? When will you do this? ● How much do you want to die? ● Is there anyone or anything to stop you? ● Have you thought of asking for help?
2. Previous attempts-seriousness and reversibility	● Have you tried to take your own life before? ● When was this? How long ago? ● How did you do this? Did you plan this? If so, was it a detailed plan? ● What sort of preparations did you make to carry out this plan? ● Why did you want to take your own life in the past?
3. Stress	● What has been happening in your life recently? ● Explore reasons for choosing suicide. ● What has made you feel so awful? ● What are the pressures on you at this moment? ● What was the 'last straw' for you? Why do you want to take your own life?
4. Symptoms – coping behaviour	● Do you think about other things than killing/hurting yourself? ● How easy is to stop thinking about killing/hurting yourself? ● How are you feeling at the moment? ● How long have you been feeling this way? ● What do you think might help change how you are feeling? ● What have you done in the past to help yourself cope with problem?
5. Resources	● Who are the important people in your life? ● How available to you are they? ● How much can (do) they help you? Would you be willing to let them help you? ● Who would like to have with you now? ● Who would you like to save you?
6. Communication Aspects degree of suicidal planning-motivation and intent	● How long have you been thinking about taking your own life for? ● How often do you think about this? ● How long do these feelings last? ● How strong is this feeling? Who else have you talked to about killing/hurting yourself?
7. Lifestyle	● Is there anyone special in your life, and if not, has there been any recently? ● How would you describe yourself to someone? ● Describe what school has been like for you recently ● Describe what your home life has been like for you recently ● Are you taking drugs? ● Are you taking alcohol?

Adapted from Coggan (1996)

Guidelines for Conducting Student Assessment Interview

Reminders:	The assessment interview is only to be carried out by school guidance personnel who have received counselling training and have knowledge and skills in handling the emotional response of students.

The student assessment interview is based on the identification of risk factors and protective factors. The school guidance personnel needs to attend to his/her intuition as well as objective responses when determining if, and the degree to which, a person is at risk of suicide. It is usually most appropriate to inquire about current suicidal ideas in the context of a series of questions, rather than abruptly and directly asking about suicide.

Care should also be taken to focus on the positive reasons why the student should not carry through with a suicide plan. In this way the immediate intervention begins within the assessment process and this can lead to a strong positive relationship developing between the student and the school guidance personnel.

1. Family
   a. Can you describe your family? What do you like about your family? What would you like to improve in your family?
   b. How would you describe your relationship with your mother, father, siblings and other members of your family?
   c. Whom do you feel closest to within your family?
   d. What are your responsibilities in the family?
   e. What kind of discipline is used in your family?
   f. Whom do you share secrets with?
   g. How are emotions (e.g. anger, sadness) expressed in your family?
   h. Did your family experience any recent stress (e.g. death, accident, suicide)?
   i. Is there any history of chronic illness or mental illness in your family?

2. Support systems
   a. Do you have close friends? Who are they and do you keep regular contacts with each other?
   b. Whom would you go to when you want to talk with someone?
   c. Do you know who the school social worker is and do you know how to reach him/her when you need help?

3. Self
   a. What do you like/dislike about yourself?
   b. How do your parents feel you are doing in such area?
   c. How do your parents view you? What are their expectations of you?
   d. How would your friends describe you?
   e. What do you do when you feel frustrated, upset or sad?
   f. What has been the most stressful event in your life?
   g. How do you cope with stress in general?
   h. What was the most traumatic experience in your past (e.g. any physical or sexual abuse)?
   i. What kind of loss and gain did you get from this experience?

Appendix 10

Principles for Development of Management Plan

When managing a person at risk of suicide, we should consider the following:

- Information on the current mental state, medication, triggers of suicide act, degree of further risk

- Need for 24 hour supervision and support

- Ongoing access to professional assessment by a multi-disciplinary team, with specific appointments for review, specialist mental health follow-up

- The ability to respond to changes in the state of the person. We should be aware that rules can be used as a resource to set boundaries for the person and the police may be called in emergencies

- The safety of the person's physical environment

- The availability of others living in the home to offer support, given that they may also be under considerable stress

Adapted from Ministry of Education, New Zealand (1997)

A Management Plan for Supporting Suicidal Students

Main Actions	Major supportive work
Immediate Intervention	☐ Consult with the principal who then informs the appropriate staff ☐ Take a team approach to ensure the safety of the student while at school ☐ Principal to inform the parents/caregivers as appropriate and discuss strategies appropriate to the level of risk. ☐ Establish an appropriate regime to monitor the student at risk ☐ Arrange for the student to get access to the appropriate level of counseling/treatment
Consultation	☐ Guidance Personnel to consult with health professional to discuss the actions required. ☐ Guidance Personnel to consult with supervisor as necessary. ☐ Check if other services involved and coordinate.
Referral	☐ Recommend to the family appropriate agencies or other resources, and assist them in accessing the services.
Follow-up	☐ Check outcome of any referral with the health professional and family. ☐ Monitor risk and behaviors within the school environment and take action as appropriate. ☐ Ensure all staff involved with the student report all incidents which cause concern (risk factors: unexpected reduction in academic performance, ideas and themes of depression, death and suicide, changes in mood, grief, withdrawal, physical symptoms, high risk behaviors).

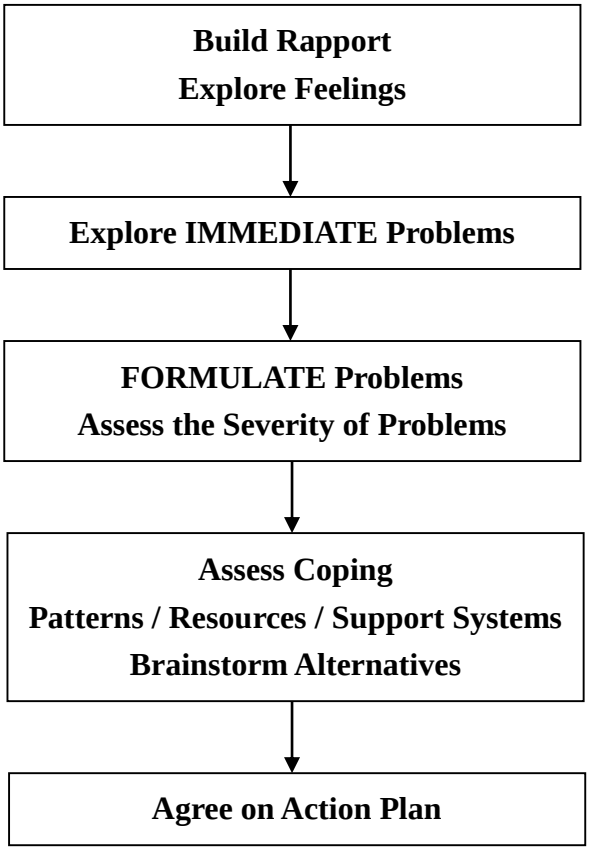
Adapted from Ministry of Education, New Zealand (1997)

Motives for Youth Suicide

- To seek help
- To escape from an impossible situation
- To get relief from a terrible state of mind
- To try to influence some particular person
- To show how much they loved someone
- To make things easier for others
- To make people sorry
- To frighten someone or to get their own way
- To make people understand how desperate they were feeling
- To find out whether they are really loved
- To do something in an unbearable situation
- Loss of control
- Desire to die

Adapted from: Shamoo and Patros (1990)

Individual Counselling: A Problem Solving Model



1. Build Rapport Explore Feelings

- **Express concern and offer emotional support**
  'I notice you seem really unhappy lately…'
  'Is something bothering you?'
  'You sure don't seem yourself lately…'
  'It seems that things have been rough lately…'
  'It helps to talk things over with someone…'
  'I am here because I care about you.'
- **Be aware of typical feelings such as:**
  fear, anxiety, anger, ambivalence, helplessness, shame, guilt, loneliness, diminished self-esteem, etc.

2. Explore IMMEDIATE Problems

- **Identify crisis-inducing situations**
  'Let's talk about what's going on with you.'
  'I would like to know what is troubling you.'
  'Would you like to talk about what has been troubling you?'
  'I would like to listen.'
- **Restate the problem in your understand his/her problems**
  'So as I understand it, what troubles you is…'
  'So the difficult situation you want to get away from is…'
  'That really makes you down on yourself…'
  'I know it is painful for you…'
  'How does talking about this make you feel?'

3. FORMULATE Problems, Assess the Severity of Problems

- **Make a comprehensive statement of the student's problems with which he/she agrees.** (The statement should attempt to structure, order and summarize comprehensively the elements involved in the student's problems)
- **Assess the severity of the problems**
  'Have you ever felt this bad before? If so, since when?'
  'How often have you been feeling so bad?'
  'How long would these thoughts last?'
  'When is the last time you have these thoughts?'
- **If you believe the student is not coping well and may be in danger, ask more direct questions:**
  'Have you ever felt that there is no hope in life?'
  'Have you ever wanted to die?'
  'Do you have a plan?'
  'How would you do it?'
  'Do you have the means?'
  'Have you tried it before?'
  'When would you do this?'
  'Where would you do this?'
  'You sound unsure about these plans. What are some of the reasons that have kept you from acting on them so far?'
  'Has anyone in your family ever talked about or attempted or completed suicide?'
  'Have any of your friends ever talked about or attempted or completed suicide?'

4. ASSESS Coping Patterns / Resources / Support Systems Brainstorm Alternatives

- **Explore the student's support systems and means to resolve problems**
- **Brainstorm alternative solutions**

  'What have you done to overcome your feelings before?'

  'What other ways have you tried to deal with the situation?'

  'Do you have any way out of this?'

  'Do you have anyone you can trust and turn to for support?'

  'Whom did you turn to for help?'

  'Have you shared these feelings with anyone else? Was it helpful?'

  'Do you believe that anyone can help?'

  'Are you seeing a social worker or counsellor?'

  'What help can make it easier for you to cope with your current thoughts/plan?'

5. AGREE on Action Plan

- **Engage the student in the action plan**
- **Stay with the student until the crisis is over**
- **Make concrete demands on the student:**
  - remove means to commit suicide (when such means are available)
  - request 'No-suicide Contract' from the student (Appendix 17)
- **Consult school head/school counselor for actions**
- **Involve parents/guardian in the action plan**
- **Give 24-hour emergency phone numbers**
- **Introduce community resources**
- **Arrange referrals**
- **Establish follow-up contact**

  'I understand how you feel right now but you can get help.'

  'There is hope and help available.'

  'I would like you to agree to call me if you feel bad again.'

  'Promise not to act on your feelings but to ask for help.'

  'Suicide is the end; it is the last thing that you will do. So what do you have to lose by trying an alternative?'

Appendix 14

Responding to Warning Signs

- **Review** your evidence: what is happening, what is the person doing that causes your concern?
  'John, I understand (or, other people have noticed) that since you didn't get class promotion, you haven't been going out with your friends and you haven't been eating much….'

- **Inquire** about feelings or state what you have seen or heard:
  'It would be normal to be upset about the promotion, it seems as if you have been taking it pretty hard, is that right?'

- If you get denial, **persist**:
  'Well, you really have been down (or acting differently) again, that's understandable, but I wonder (or I'm concerned about) how bad this has been for you….'

- Use the '**sometimes'** approach:
  '*John, sometimes when people feel as bad as you do they have thoughts of harming or killing themselves.'*

- **Ask directly**:
  'Have you had thoughts of harming or killing yourself?'
  'Are you thinking about suicide?'

- **Offer help**:
  'I'd like to try to help you come up with ways of handling this without hurting yourself.'

- If you get **denial** an do not feel convinced, let them know:
  'John, you say you haven't thought about killing yourself, but I'm still concerned.'

Do remember that all persons who are at risk for suicide need help.
It is always better to over-react (in terms of taking action)
than to fail to take action.
It is better to have someone angry with you or embarrassed than dead.

Adapted from Coleman and O'Halloran (2004)

Appendix 15

Responding to Expression of Immediate Suicidal Behaviour

- **Stay calm**: look at them directly and speak in a calm but clear and concerned tone.

- **Do not leave the person alone**, even to go to the bathroom. Let them know that you are not going anywhere.

- **Buy time**: encourage the student to talk and let him/her know you are hearing him/her. It almost doesn't matter what you talk about, because the more the two of you talk, the harder it is for them to maintain the energy necessary to take action.

- **Acknowledge** what you are hearing and convey that you are taking it seriously. Acknowledgement always precedes alternatives, directives:
  'I'm hearing that this feels hopeless to you and I'm thinking that there may be a way to deal with this that we haven't thought yet.'
  'I can see that you are very upset. I need you to put the cutter down so that we can talk.'

- **Listen** to what the person is saying and let him/her know that you are hearing him/her reflecting back what you are hearing.
  'It sounds like you are having some very rough times and you don't see any way to deal with this.'

- **Convey** that you hear that they see suicide as an only option and let them know that you believe that with help other possible options can be discovered.
  'I hear that you are thinking of (planning to) kill (or harm) yourself. Something must have gotten you very upset to reach this point. I'm concerned and I would like to help you find another way of handling this' or 'I want to help you get to someone who can help you.'

- **Ask for** any pills/weapons: **be directive** (ask that pills/weapons should be put out of reach or with someone else).
  'Let me take those pills for now.'

- **Note the time** any pills were taken so you can provide this information to the person(s) you may be handing off to.

Adapted from Coleman & O'Halloran (2004).

Appendix 16

Dos and Don'ts in Handling Crisis

Dos	Don'ts
● Do stay calm ● Do listen emphatically ● Do allow ventilation of emotion ● Do offer emotional support ● Do take the student's words seriously ● Do stay with the student until the crisis is over ● Do focus on the strengths of the student ● Do remove the means to commit suicide ● Do encourage help-seeking behaviours ● Do observe the limits of confidentiality ● Do involve parents and students in action planning ● Do establish a supportive network for yourselves	● Don't panic ● Don't ignore danger signs ● Don't underestimate suicidal intent ● Don't challenge or dare the student to do it ● Don't moralize ● Don't blame or impose guilt ● Don't argue whether suicide is right or wrong ● Don't make unrealistic promises ● Don't get involved with the student's confusion ● Don't promise to keep the attempt confidential

Appendix 17

Download

No-Suicide Contract

I, _____, promise not to harm myself or commit suicide for the time period from _____ to _____.

I will:

- Call 999 or 28960000 (The Samaritans) immediately if I feel that I could hurt myself. I will go to the nearest hospital or clinic if I feel strongly that I could hurt myself.

- Talk to the following persons (phone number):
  _____ ( )
  _____ ( )

- Remind myself that there are many solutions to tackle my problems and I can do the following to reduce my anxiety (e.g. play with pet, watch a movie):

  _____

  _____

  _____

- Remind myself that _____ (name a person) cares deeply for me and does not want me to harm myself.

Signature: _____ Date: _____
Parent/Guardian: _____ Date: _____
Witness: _____ Date: _____

Handling Cognitive Distortion & Negative Thoughts

Cognitive distortions are fallacious reasoning that lead to the development and maintenance of negative perception, assumption, emotion and judgment in coping with the environment. Cognitive distortions affect the behaviours and attitudes of the students.

To handle cognitive distortion and negative thoughts, school guidance personnel could help vulnerable students to practise the followings:

1. **Recognise** the automatic cognitive distortions and negative thoughts

2. **Test the validity** of your perceptions by asking yourself the objective evidence and positive aspects in interpretation

   e.g. 'What evidence backs up this thought?'

   'Are there any other ways that I could look at this situation/problem?'

   'Is thinking this way helping me to feel good or to achieve my goals?'

3. **Change the way of perceiving the problems** into positive and encouraging statement

   e.g. 'What if I don't pass the exam?' into '*How can I prepare for the exam?'*

   'I'll never get this done.' into '*I've been on tight deadlines before and I usually manage to get the job done.'*

   'I can't do this.' into '*This is an opportunity to learn something new.'*

   'I don't have the energy to exercise.' into '*I can start slowly by going for a short walk.'*

Managing Seven Types of Cognitive Distortion

1. All-or-None Thinking/ Black-and-White Thinking

The tendency to view all experiences as fitting into one of two categories (e.g. positive or negative; good or bad) or into absolute terms (like 'every', 'never', and 'there is no alternative') without the ability to place oneself, others, and experiences along a continuum.

Examples

- 'Nicole did not talk to me today. She will not treat me as friend anymore.'
- John recently applied for a scholarship in his school. The scholarship went to another student. John wants this scholarship badly and now feels that he will never be chosen. He feels that he is a total failure in his learning.

Coping Strategies

- Practise the positive self-talk by eliminating the absolute vocabulary terms
- Place oneself, others, and experiences along a continuum for a more accurate description of the situation

e.g. John recently applied for a scholarship in his school. The scholarship went to another student. John wants this scholarship badly and now feels that he will never be chosen. He feels that he is a total failure in his learning.

Change to:
'I wanted the scholarship a lot. This is disappointing to me but it doesn't mean I'm not a good student. Other opportunities will be available in the future. I'll keep working on my skills so that I'll be ready for them when opportunities come. This one setback does not mean I'm over. Overall, I have excelled in my work.'

2. Mental Filter (Tunnel Vision)

The tendency to focus almost exclusively on certain, usually negative or upsetting, aspects of an event while ignore other positive aspects.

Examples

- Mary is having a bad day. When she went home, a boy stepped on her feet. She grumbles to herself that there is nothing but rude and insensitive people in her place. Later, a kind gentleman let her go into the lift first. She continues on her way still angry at how rude all the people in Hong Kong are.
- Mother asked Max to share his school experience today. He said, 'Ms Lee scolded me for my poor grade in the quiz. Johnny did not let me read his comics. Tommy refused to join our basketball game.'

Coping Strategies

- Actively look for the positive aspect in lives/silver lining in every cloud
- Choose to include the positive aspects in focus.

e.g. Mary is having a bad day. When she went home, a boy stepped on her feet. She grumbles to herself that there is nothing but rude and insensitive people in her place. Later, a kind gentleman let her go into the lift first. She continues on her way still angry at how rude all the people in Hong Kong.

Change to:
Mary is having a bad day. When she went home, a boy stepped on her feet. However, she still noticed that a kind gentleman she met in the lift turned her whole day around.

3. Catastrophizing/Negative Predictions

The tendency to believe and focus on the worst possible outcomes will or did occur. The pessimistic and negative predictions about the future result in increased despair and hopelessness.

Examples

- *'I failed several times in the math tests. I better not try because I might fail and that would be awful.'*

Coping Strategies

- Recognize some bad things aren't disasters but inconveniences or mistakes

Look for the positive aspects and focus on the positive possible outcomes will or could occur

e.g. 'I failed several times in the math tests. I better not try because I might fail and that would be awful.'

Change to:
'I failed several times in the math tests. I learnt the mistakes from failure. I could be successful in the test if I make efforts this time.'

4. Jumping to Conclusions

The process of drawing conclusion (usually negative) in the absence of specific evidence or convincing facts that support.

Examples

- *David is waiting for his friend at the restaurant. She's now 20 minutes late. He laments to himself that he must have done something wrong and now she has stood him up. In fact, his friend is stuck in traffic.*

Coping Strategies

- Recognize the worst conclusion or negative prediction is related to our insecurities or fears
- Look for the specific evidence or convincing facts to form conclusion
- Give others the benefit of the doubt.

e.g. David is waiting for his friend at the restaurant. She's now 20 minutes late. He laments to himself that he must have done something wrong and now she has stood him up. In fact, his friend is stuck in traffic.

Change to:
David is waiting for his friend at the restaurant. She's now 20 minutes late. David could brainstorm different possible reasons (more than 3), such as traffic jam, occupied by job, forgot belongings, etc. He could make phone call to his friend to show his concerns.

5. Emotional Reasoning

The tendency to evaluate of situation based on own feeling/emotional state instead of the reality.

Examples

- *'I feel my classmates dislike me. It must be true.'*
  Maggie looks at her unfinished assignments and feels overwhelmed by the prospect of completion. She feels that it's hopeless to even try to do.

Coping Strategies

- Identify the goals in reality with evidence
- Break down the task/situation into smaller ones
- Prioritize what is most important to do/handle
- Do the first task on the list

e.g. Maggie looks at her unfinished assignments and feels overwhelmed by the prospect of completion. She feels that it's hopeless to even try to do.

Change to:
Maggie looks at her unfinished assignments and listed out the tasks and steps for completion. She selects the priority of the task to complete. Start small and break out the feeling of helpless.

6. Should Statements

Patterns of thought which imply the way things 'should' or 'ought' to be rather than the actual situation the person is faced with, or having rigid rules which the person believes will 'always apply' no matter what the circumstances are.

Examples

- *'I shouldn't have made so many mistakes.' He ends up feeling resentful.*
- *'I treat Jack as my best friend. He should do the same in return. He ought to treat me better than other friends.'*

Coping Strategies

- Recognize the possible constraints in real circumstances and contexts (such as ability, resources)
- Replace the words 'should' and 'must' to 'may' and 'could be' in thoughts

- Concentrate on what you can change and what you can do
- If things can't change, try to accept it as part of life and go on

e.g. 'I treat Jack as my best friend. He should do the same in return. He ought to treat me better than other friends.'

Change to:
'I treat Jack as my best friend. He may do the same in return. Even he doesn't treat me better than other friends, we are still close friend.'

7. Personalization

Attribution of personal responsibility or causality for the events, situations, and reactions of others when there is no evidence supporting that conclusion.

Examples

- *Mary's sister is doing poorly in school. Mary feels that she must be a bad sister and it's all her fault for her sister not studying.*

Coping Strategies

- Recognize that different external and internal factors could contribute to the causality for the events, situations and reactions of others
- List the changeable internal factors and try to work on it
- Leave the unchangeable factors and look for the evidence supporting that conclusion

e.g. Mary's sister is doing poorly in school. Mary feels that she must be a bad sister and it's all her fault for her sister not studying.

Change to:
Mary's sister is doing poorly in school. She can do her best to guide her sister. But in the end, her sister is responsible for herself and controls her actions.

Adapted from Burns (1989) and Burns (1999)

Self-Esteem Building

Activity: Comfort Chair

Target: Primary and secondary students (in groups of 4-6)

Aims:
1. To help students learn how to praise and accept praise face-to-face.
2. To increase self-awareness.
3. To enhance self-confidence.

Activity Aid: A swivel chair

Procedures:
1. Ask the whole group to sit in a circle around the swivel chair (Comfort Chair).
2. Invite students to sit in the Comfort Chair one by one for 5 to 8 minutes each.
3. Invite other students one by one to tell the merits of the student sitting in the Comfort Chair, who has to listen attentively to the speaker face-to-face.
4. Go on until every student gets a chance to sit in the Comfort Chair.

Sum-Up: At the end of the activity, share feelings with students.

Enhancing Cognitive Flexibility (1)

Activity : A Wide Angle

Target: Junior secondary students

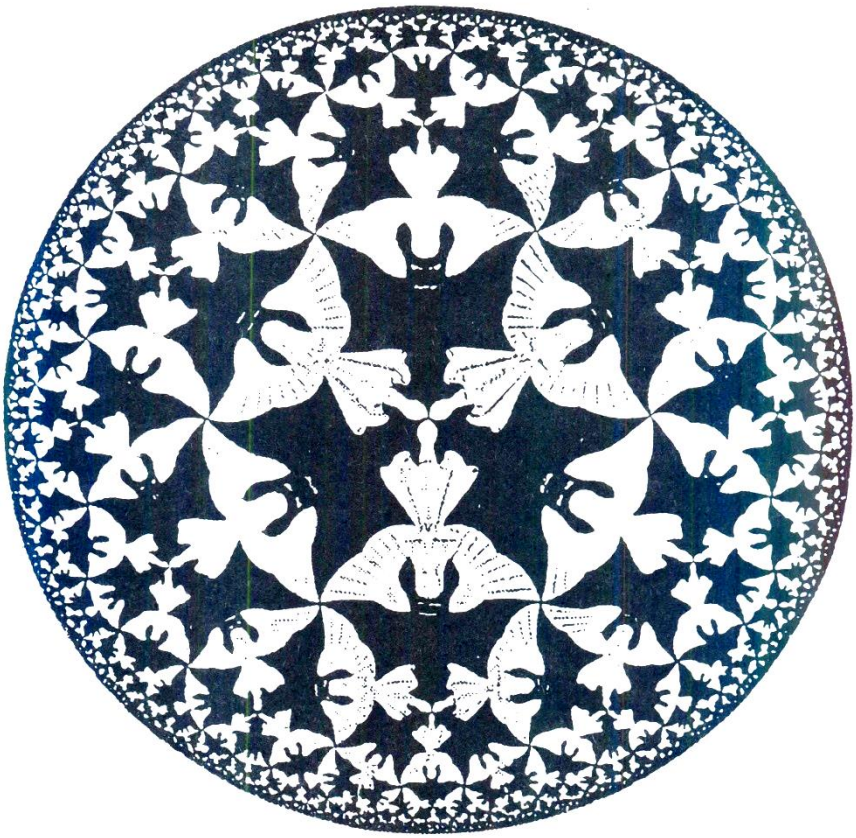
Aims:
1. To help students understand that the same thing can be viewed from different angles.
2. To guide students to view real life problems from different angles.
3. To encourage students to consult other people when facing difficulties.

Activity Aids: Three pictures

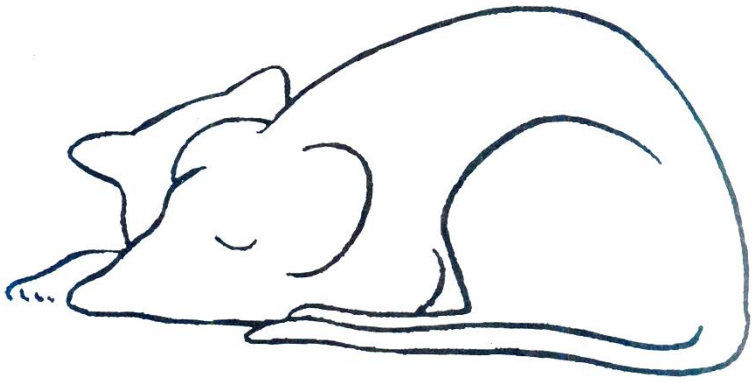
Procedures:
1. Show the pictures one by one to the students.
2. Ask students what they see in the pictures
   - Picture 1: angel/bat;
   - Picture 2: cat/mouse;
   - Picture 3: face/penguin
3. Make use of different everyday examples to lead the students to discuss how to perceive a situation/problem from different angles. For example, the positive aspect (a challenge, a learning experience) and the negative aspect (a difficulty, a failure) of the situation.
4. Sum up.

Sum-Up:
1. 'Class, in this activity, you have learnt that we can look at the same thing from different angles. This is also true in real-life situations because how we see often affects how we act (e.g. to hang on or to give up).'
2. 'In order to get a clearer and wider picture, we should talk to more people and consider their views.'
3. 'To think out of the box and look at things from a new angle is a crucial step to break through difficulties.'

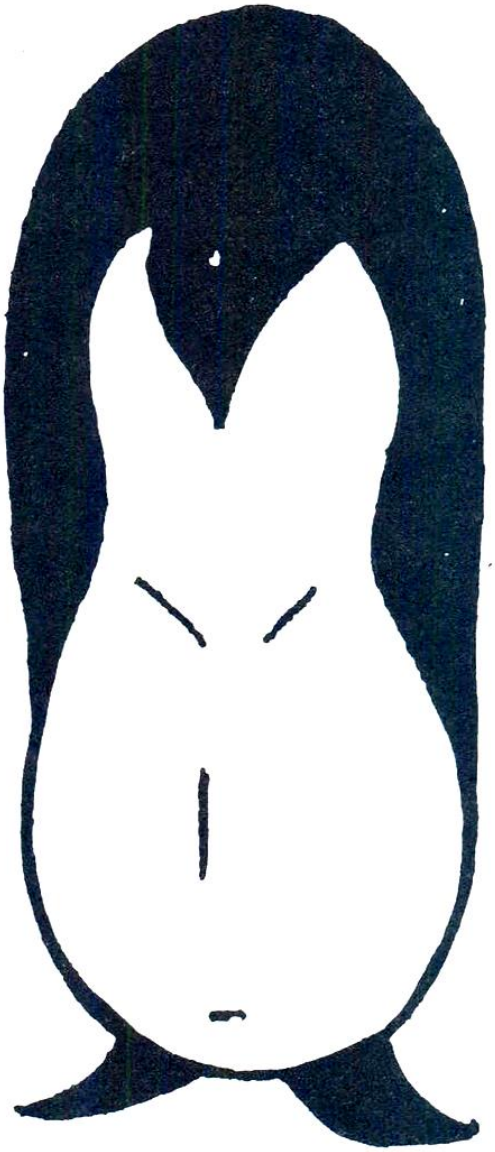
Picture 1:



Picture 2:



Picture 3:



Enhancing Cognitive Flexibility (2)

Download

Activity : Beliefs and Emotions

Target: Junior secondary students

Aims:
1. To help students realize that emotions stem from one's beliefs and thoughts.
2. To help students manage negative emotions in a positive manner by changing their preconceptions.

Activity Aids:
1. 'Worksheet – ABC Tips'
2. Reference: 'Handling Cognitive Distortion & Negative Thoughts' (Appendix 18)

Procedures:
1. Use the examples on the Worksheet – ABC Tips to introduce the connections between beliefs and emotions.
2. Ask students to fill in Q1 to Q3 of the 'Worksheet – ABC Tips'. Let them find out that with the same event, different beliefs can lead to different emotion responses.
3. During group discussion, lead students to redirect and manage negative emotions by thinking positively.
4. Ask students to fill in Q4-6 of the 'Worksheet – ABC Tips' to practise how to redirect negative belief to positive belief.
5. Ask students to fill in Q7-8 by writing down recent events that made them feel happy, angry, sad, frustrated or inferior, their thoughts at those moments, as well as their consequent emotions. Divide students into groups to discuss how to manage negative emotions by changing their thoughts.
6. Discuss with students cognitive distortions/unhealthy beliefs commonly among them and how these beliefs generate negative emotions. See also the reference 'Handling Cognitive Distortion & Negative Thoughts' (Appendix 18).

Sum-Up: 'Our emotions stem from our beliefs and thoughts. Negative beliefs and thoughts generate negative emotions. Therefore, we can learn to identify our negative beliefs and thoughts and replace them with positive ones so that positive emotions can then be generated.'

Worksheet – ABC Tips

Antecedent	**Belief**	→ **Consequent emotion**
(Example 1) My younger sister pushes me once.	i) She disturbs me deliberately. ii) She knows that I am feeling low. So she wants to give me some fun.	→ Unhappy → Happy
(Example 2) My classmate criticises me.	i) He picks on me. ii) He just wants to give me some advice.	→ Angry → Grateful
1. My friend refuses to help me.	i) He fails me. He does not treat me as his friend. ii) He has his own difficulties.	→ _____ → _____
2. My class teacher scolds me.	i) He has a bias against me. ii) He thinks highly of me and has expectations on me.	→ _____ → _____
3. I did badly in dictation.	i) No matter how hard I try, I am doomed to failure. ii) This is what I predicted because I did not work hard enough.	→ _____ → _____
4. My father vents his anger on me in front of others.	i) He always humiliates me in front of others. ii) _____	→ _____ → Worried about him
5. My teacher says that I write too slowly.	i) _____ ii) _____	→ Unhappy → Feel loved and cared for

6. My classmates laugh at me.	i) _____ ii) _____	➔ Feel rejected and miserable ➔ Feel easy
7.		➔ ➔
8.		➔ ➔

Strengthening Problem-solving Skills (1)

Download

Activity: Be Flexible

Target: Senior primary students and secondary students

Aims:
1. To get students to understand that problems/conflicts can be handled by a more diversified thinking.
2. To reduce rigidity in thinking and enhance students' flexibility in problem-solving.

Activity Aid: 'Worksheet – Be Flexible'

Procedures:
1. Use the example on the worksheet to introduce how to think from different perspectives and brainstorm possible solutions.
2. Hand out the worksheets for students to answer individually (or in groups of 3 to 4).
3. Invite students to share their suggestions.
4. Ask students to think of a problem/conflict situation that they are encountering and complete Q4. Give individual guidance whenever the students show difficulties.

Sum-Up: 'There is a solution to every problem. Be flexible and not rigid when faced with difficulties. Don't give up. Try to brainstorm alternate solutions and keep trying until success.'

Worksheet - Be Flexible

Rewrite the following statements by providing at least 3 conditions.

Example

changed to

I am an adolescent now. I must have a say. - - - - - - -

I am an adolescent now. I could have a say if:

- I have sufficient ability to discern right from wrong.
- there is no harm in my decision.
- I have already talked to and consulted people with relevant experience.

1. I must play computer games. - - - - -

   I could play computer games if:

   _____

   _____

   _____

   _____

2. I must be free to go out at night. - - - - -

   I could be free to go out at night if:

   _____

   _____

   _____

   _____

3. I must be free to have long chats on the phone. - - - - -

I could be free to have long chats on the phone if:

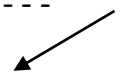
_____

_____

_____

_____

4. I must _____ - - - - -



I could _____ if:

_____

_____

_____

_____

Strengthening Problem-solving Skills (2)

Activity : From Hopeless to Hopeful

Target: Junior secondary students

Aims:

1. To encourage students to find solutions from different perspectives in hopeless situation/difficulty.
2. To enhance students' flexibility in problem-solving.
3. To get students understand that it is possible to 'turn the tide'.

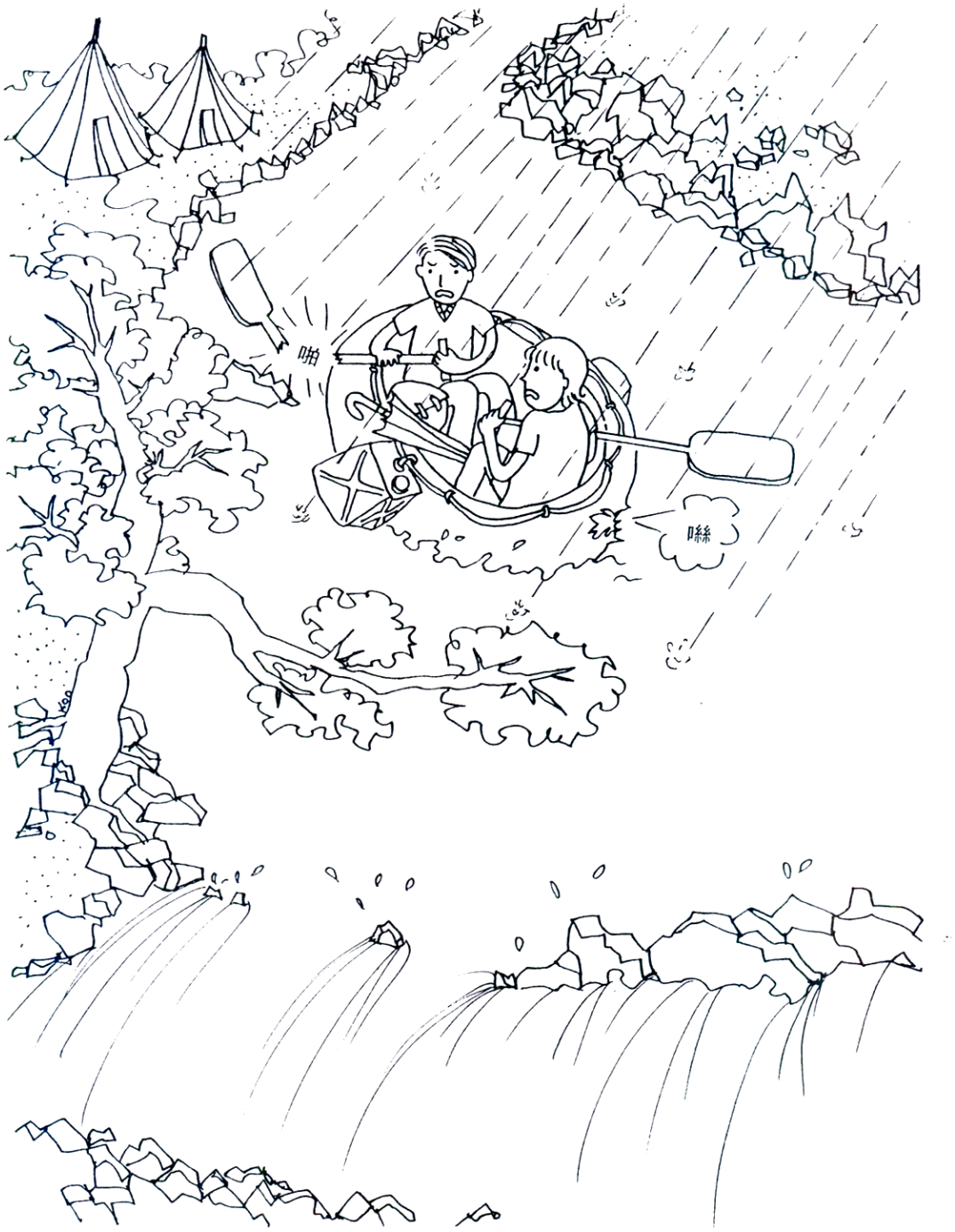
Activity Aid: 'Picture – A Water Adventure'

Procedures:

1. Hand out the 'Picture – A Water Adventure' to each student of the group. Ask them to study the scenario in the picture carefully and find as many ways as possible to help the two teenagers out of danger.
2. Ask each group to write down each way they can think of and discuss whether it works.
3. Ask each group to choose a representative to present their findings for other groups to comment.
4. Sum up.

Sum-Up:

1. 'In this activity, we have learnt that there can be many ways to solve a problem. It is not difficult to find ways out of crises/difficulties if we do try.'
2. 'If you think that you are facing many difficulties ahead, don't give up. Remind yourself to think out of the box and explore ways or solutions from different angles. You can also discuss with your family, teachers, social workers, classmates and friends. Don't get yourself into a dead end and give yourself unnecessary trouble.'
3. 'There is a sunrise after every dark night. Be a little more patient and you will ride out the storm.'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Strengthening Problem-solving Skills (3)

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Activity: The Problem-solving Steps

Target: Secondary students

Aims:
1. To teach students how to handle a problem in a positive manner.
2. To encourage students to explore ways to solve problems.
3. To teach students the steps in problem-solving.

Activity Aids:
1. Teacher to select and prepare a relevant case/problem situation. For example,
   John likes playing on-line game, he has frequent quarrels with his mother recently due to homework completion problem and deterioration in academic performance. The final examination is approaching, John feels very upset and hopeless. He has thoughts of ending his life.
2. 'Worksheet – Problem-Solving Steps'

Procedures:
1. Introduce the case to the students.
2. Invite the students to discuss how they can help John to solve the problem.
3. Ask a group representative to give a brief presentation.
4. Distribute copies of the 'Worksheet – Problem-Solving Steps' and teach students how to solve the problem step by step.
5. Sum up

Sum-Up:
1. 'We should face difficulties in a positive manner. Suicide is an escape rather than a solution. It only passes the pain to others.'
2. 'Everyone makes mistakes. We should admit our mistakes. Actions speak louder than words. We should win the trust of others by right actions.'
3. 'In times of difficulty, stay clam to find the way out. Make an objective comparison of the good and bad sides to find the best solution.'

Follow-Up: Ask the student to think of their problems (e.g. your classmate asks you to let him copy your homework, you have no idea why you were hit by another classmate in the playground, your teacher picks on you etc.) and use the 'Worksheet – Problem-Solving Steps' to practise the skills they learnt.

Problem Solving Steps

1. My Problem

2. My Goal

3. People that can help

4. Possible Solutions

a) _____

_____

b) _____

_____

c) _____

_____

d) _____

_____

e) _____

_____

5. Evaluation of Each Solution

Pros: _____

Cons: _____

Pros: _____

Cons: _____

Pros: _____

Cons: _____

Pros: _____

Cons: _____

Pros: _____

Cons: _____

6. The Best Solution

7. Implementation Steps

8. Result

Appendix 25

Developing Coping Strategies

- **Talk to others**
  When we feel low and stressful, we may think that our problems can never be solved. In fact, we can talk to our friends, family, teachers, school social workers or whoever we think suitable, so that we can express our sad feelings, organise our thoughts and take a closer look at the situation for an early fix to the problems.

- **Understand the transient nature of low and stressful feelings**
  We all experience low and stressful times which, however, will soon be over. If we face our emotional problems with a positive attitude and learn from the experiences, we will be able to cope with similar situations more easily in future.

- **Analyse the causes of low and stressful feelings**
  We may not be able to tell why we feel low each time. We may feel low because of the breakdown of a relationship, poor performance in school, failure to get into the preferred school, etc. A single event cannot kill our hopes but a spate of unhappy events usually can. Find out the causes of such emotions first. Then prevent or respond to the problems in a positive manner. This will help us alleviate the negative emotions.

- **Take regular exercise**
  We should develop a habit of regular exercise for at least 20 minutes each time. Regular and suitable exercises like jogging, swimming and cycling can increase the oxygen supply to our brain, reduce mental fatigue and free the body of tension effectively.

- **Be self-assertive and optimistic**
  We can recall successful experiences to pluck up our spirit and rekindle our hope. Tell ourselves, 'Yes, I can!', 'Things will get better' or 'Sure win!'

- **Practise relaxing exercise**
  We can breathe slowly in rhythm. At the same time, we can stretch our body, relax our muscle, move into meditation and get our mind off the troubles for a short time. This will help us manage our stress and fight against sadness.

- **Take control of the situation**
  Being proactive is one of the effective ways to cope with low emotions. When we feel low, the most worrying sign is the loss of interest in everything, or the sense of hopelessness or worthlessness. If we have these thoughts, we must seek and accept help until we feel comfortable to take control of the situation again.

Parents' Reactions and Needs

When a student experiences a suicidal crisis, it is important to involve the family in crisis management because:

- **First**, the family is possibly in a state of acute personal shock and distress. And they don't know where they can seek help.
- **Second**, informed parents are probably the most valuable prevention resource available to the suicidal student.

Guidance personnel can refer to the following tips in understanding the emotional reactions of the parents, their needs and the ways to support them.

Common Parental Reactions to Hearing that their Child is Suicidal

- Acute personal shock and distress
- Paralysis caused by anxiety
- Confusion or denial
- Embarrassment
- Guilt
- Anger or belligerence

Parents May Need Support to:

- Overcome their emotional reactions
- Accept the seriousness of the situation
- Recognize their key role in helping their child
- Recognize the importance of finding (professional) help
- Understand the importance of removing firearms from their environment
- Identify personal coping mechanisms and support systems
- Understand their limits
- Establish some hope

Responding to Parents' need

- 'Just be there' (through the immediate crisis)
- Reflective listening - acknowledge the impact, the fear, the anger ...
- Avoid judging, blaming
- Provide information and referrals
- Emphasize safety; strongly recommend removing lethal means from the home and provide information on how to do that
- Support any and all acceptance of responsibility and efforts to help
- Model limit setting and self care

Things you can ask - or say - once the immediate crisis has passed:

- How can I help?
- How are you coping?
- Who can you talk to? How are you in touch with these people? Would it help if I called them for you? (sometimes just picking up the phone is more than they can do for themselves)
- 'I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone.'
- 'How have we (professionals) been helpful? What has not been helpful? What could we do better?'

Adapted from Coleman and O'Halloran (2004)

Advice for Parents in Managing Crisis

Here are some counseling tips for parents to deal with children showing signs of suicidal tendency or serious emotional disturbance. If the problems worsen or turn critical, parents should take immediate action such as calling the police, doctors, social workers or school authorities for help.

1. Listen
   - Listen to your children empathetically
   - Let them pour out their feelings
   - Do not think that offering a few pat answers would work

2. Talk
   - Be frank and direct
   - Do not lecture or criticise your children

3. Seek help
   - Seek professional counseling/assistance promptly
   - Do not try to handle the problem alone

4. Respond
   - 'I'm very much want to know what is upsetting/bothering you …'
   - 'Let's talk about it!'
   - 'Things may be difficult to solve, but I am always here to help.'
   - 'I will be terribly sorry if you hurt yourself, and I'm surely don't want you to die …'
   - 'Let's get help together!'

5. Be careful
   - Do not try to handle the problem alone
   - Do not promise to keep the secret for your children
   - Do not avoid touching on the topic of death
   - Do not leave your children, if seriously distressed, alone at home

How can you help your children?

1. Spend more time with your children as far as possible. For example, go shopping, have breakfast or lunch, watch sports games or movies together.

2. If anything unfortunate happens in the family (e.g. someone gets ill or dies), you should discuss it openly with your children and encourage them to get their feelings off their chest. Let them channel their sorrow, pain, anger, perplexity and confusion.

3. Share your childhood experience with your children. Tell them how you feel and what you think about parenting, schooling and dating, and how you handle problems.

4. Help your children build up self-esteem and self-confidence from a young age. Encourage them to bring their interests and talents into full play. Inspire them to believe in themselves and develop perseverance in them.

5. Spend more time listening to your children and try to understand what they think. Do not lecture or criticise them all the time.

6. Listen to your children's problems patiently. Guide them to various solutions. Help them acquire problem-solving skills.

7. Help your children assess the possible consequences of each action. For example:
   If _____, what would happen?
   What do you think about _____?

8. Suggest various feasible solutions for your children to handle problems. Let them make their own decision as far as possible.
   If you _____, what would happen?

Suggested Functions and Goals of Different Personnel at School

Position	Goals	Functions
Administration	Maintain and supervise active support system	Provide needed flexibility for staff and students, demonstrate active support of school involvement
Class teacher	Monitor student recovery, input information into school support network	Note academic performance, general behaviours and interaction with peers
Subject teachers	Supplement observation available in regular classroom situations	Provides opportunities for expression of feelings, emotions and creative expression
P.E. Teacher	Supplement observation available in other classroom situations	Provides opportunities for physical interaction with others, competitive/social activities, handling frustration, etc.
Library Staff	Provide information resources and temporary respite from group involvement	Acquire suitable materials relevant to the student's problem areas, provide a place for quiet individual work
School Guidance Personnel	Bridge to outside components, focused support to student, guide/ coordinate the rest of staff in providing support	Monitor the rest of the internal support network, keep supportive contact with student, maintain liaison with family and outside network

Adapted from Johnson and Maile (1987)

Dos and Don'ts in Interacting with a Post-suicidal Student

Don'ts	Dos
Don't try to be a rescuer.	Do be a friend and a supporter. Call for help when you notice the student is in distress again.
Don't work at 'cheering up'.	Do be willing to show your own good feelings at having the person back and be yourself.
Don't try to build a rational argument against right and wrong of suicide.	Do be willing to share experiences.
Don't feel like you have to 'do something to help'.	Do be willing to interact.
Don't try to find out 'Why?'	Do be an active listener.

Adapted from Hafen and Peterson (1983)

Appropriate Response When a Post-suicidal Student's Risk Level Appears to be Rising Again

- Always be willing and ready to listen
- Think in terms of the seriousness of stress and stress reactions
- Always take a troubled student's comments about suicide and suicide-related problems seriously
- Be prepared to ask directly about the level of risk: 'Are you considering suicide again?'
- Follow through with your concerns: don't be misled by apparent spontaneous recoveries from disturbing behaviours. If the problem had been serious enough to worry you once, it should be investigated again
- Be affirmative and supportive even in the face of high concern
- Take tangible and overt action
- Ask promptly for outside professional help. If the student is under treatment, notify his/her professional contact
- Involve broad support as quickly as possible, including the family and other significant others

Adapted from Hafen and Peterson (1983)

Be Aware of Possible Overwhelming Feelings of Survivors (Friends and Peers)

Shock	'Why' since sudden and unexpected
Stigma	Police investigation and media coverage can heighten stigma
Shame	'What do I tell people'
Blame	School, parent, teachers, peers
Disbelief	'How could things have been that bad?'
Guilt	'How did I contribute to this?' 'Could I have prevented it?'
Puzzlement/ Rejection/ Desertion	'How could he do this to me?'
Fear	'What about me?'
Anger	'Why?' 'What a stupid thing to do!' 'Why didn't he talk to me? He didn't have to do this.'

Dos and Don'ts in Supporting Survivors in Grief

Avoid:

- Giving a lot of advice
- Arguing over trivial matters
- Making moralistic statements about the behavior of the person who died
- Minimizing the loss
- Hiding or denying that the cause of death was suicide
- Discouraging or time-limiting the grieving process
- Assigning new responsibilities right away
- Making thoughtless, judgmental comments
- Imposing pressure to 'finish' or 'stop' grieving and 'get on with their life'

Do:

- Learn about the grief process
- Be absolutely genuine and truthful
- Demonstrate love and respect by being attentive
- Acknowledge the loss
- Encourage talking about feelings and about the deceased friend
- Follow the lead of the 'survivor' with patience and kindness
- Listen, no matter what!
- Allow crying - perhaps lots of crying
- Expect laughter - a sign of happy memories
- Tolerate silence
- Discourage blaming self or others for the suicide
- Be sensitive to difficult times: holidays, birthdays, anniversary dates
- Identify personal strengths
- Discuss or coach specific coping skills and interpersonal tactics for dealing with stigma and shame, anniversaries and other special events
- Manage self-destructive behaviors, e.g. dependency on drugs/alcohol, isolating , refusal of help for depression
- Help to identify supportive resources (e.g. counsellor, minister, priest, support group)
- Believe in healing and growth

Adapted from Coleman and O'Halloran (2004)

What to Do in the Grieving Process

1. Allow planned time for both students and staff to express feelings of grief.

   - Both teachers and students are the survivors of the suicide and will have intense emotional reactions that need to be addressed
   - Don't hide your emotions and act as if nothing had happened

2. Provide opportunities for students to share their feelings and anxieties under close adult guidance (preferably guidance teachers and school social worker).

3. Find out if the close friends or peers have any unfinished business with the deceased and help them to get it over.

   - Encourage them to talk the matters out with the people they trust
   - Work out with them suitable arrangement to resolve the matters, e.g. return the things they borrowed from the suicide friend to his/her family
   - Attending funeral/memorial service of their suicide friend is a symbolic way to say goodbye and signify the end of the grieving process

4. Teachers closely involved in working with the survivors should collaborate with the school social worker and guidance teachers.

Appendix 34

Variables to Consider when Assessing Risk of a Peer for Imitative Behaviour

The Peer:

- Has facilitated the suicide
- Fail to recognize the suicidal intent
- Believe he/she may have caused the suicide
- Has a relationship with the deceased
- Identifies with the deceased
- Has a history of prior suicidal behaviours
- Has a previous history of psychopathology
- Has suffered significant losses
- Lacks social support or resources

Adapted from Brock (2006)