

Understanding and Supporting Students with Mental Illness

Teacher's Resource Handbook

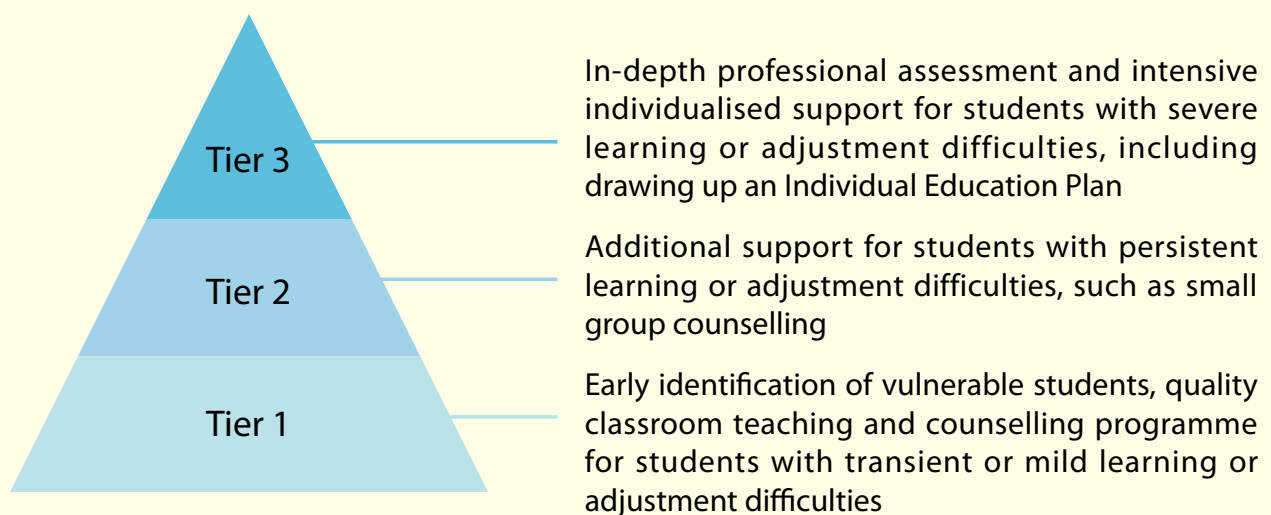


Co-edited by
Education Bureau

“Child and Adolescent Mental Health Community Support Project” and “Early Assessment Service for Young People with Early Psychosis Programme”, Hospital Authority

There are many types of mental illness, each of which has different symptoms and shows problems in different aspects including mental condition, thinking, social interaction, emotion and behaviour. Students with mental illness need treatment by healthcare professionals. They are usually diagnosed by psychiatrists, and followed up by clinical psychologists, psychiatric nurses or medical social workers. Schools play a complementary role in coping with the advice on treatment and rehabilitation given by the healthcare professionals and provide support to the students at schools according to their needs. Schools should adopt a “whole school approach” in cultivating a caring and friendly learning environment, strengthening students’ mental health and resilience, and promoting mental health education, including correct knowledge, attitude and behaviour, among all teachers and students so as to reduce the stigma associated with help-seeking. Meanwhile, schools can also help identify students in need and support students with mental illness in their adjustment to school life, and ensure they can receive timely and appropriate mental health support services.

We encourage schools to adopt a tiered support model to promote students’ mental health and support students with mental health needs in three tiers:



In general, if teachers suspect that any of their students have mental health problems and are in need of professional assessment or consultation services, they may approach professionals in their schools, such as school social workers, who will communicate with the students and their parents, and if necessary, refer the students to professional support services. This handbook introduces the basic knowledge, teaching principles, and management strategies for various mental illnesses in children and adolescents. It aims at increasing teachers’ understanding and concerns for students with mental illness so as to early identify students in need, provide appropriate support and guidance for facilitating their course of recovery. In addition, the Education Bureau has included a guideline entitled “How Schools can Help Students with Mental Health Problems” in the School Administration Guide and has produced the “Operation Guide on The Whole School Approach to Integrated Education” for the reference of the schools. Teachers can refer to the aforementioned information in formulating appropriate support measures and strategies for helping students with mental illness.

Content

Preface

Chapter 1 Understanding Mental Illness

1.1	Myths and Facts about Mental Illness	1
1.2	Definition of Mental Illness	2
1.3	Causes of Mental Illness	2
1.4	Types of Mental Illness in Childhood and Adolescence	2

Chapter 2 General Principles and Strategies for Supporting Students with Mental Illness

2.1	Early Identification of Students with Mental Health Problems	3
2.2	Difficulties Encountered by Students with Mental Illness in Their Adjustment to School Life	4
2.3	Formulation of Appropriate and Effective Support Strategies	5
2.4	School Leave and Resumption Arrangements	9
2.5	Principles for Communicating and Interacting with Students with Mental Illness	10
2.6	Crisis Management	12

Chapter 3 Depression - Standing by Students with Depression

3.1	What is Depression?	14
3.2	Causes of Depression	16
3.3	Treatment for Depression	16
3.3.1	Psychotherapy	
3.3.2	Medication	
3.3.3	Combined Treatment	
3.4	Strategies to Help Students with Depression at School	18
3.4.1	How does Depression Affect Students' School Performance?	
3.4.2	Strategies to Support Students with Depression at School and Points to Note	

Chapter 4 Anxiety Disorders - Standing by Students with Anxiety Disorders

4.1	What are Anxiety Disorders?	20
4.2	Common Types of Anxiety Disorders in Childhood and Adolescence	21
4.3	Causes of Anxiety Disorders	22

4.4	Treatment for Anxiety Disorders	23
4.4.1	Psychotherapy	
4.4.2	Medication	
4.4.3	Combined Treatment	
4.5	Strategies to Help Students with Anxiety Disorders at School	25
4.5.1	How do Anxiety Disorders Affect Students' School Performance?	
4.5.2	Strategies to Support Students with Anxiety Disorders at School and Points to Note	

Chapter 5 Psychosis - Standing by Students with Psychosis

5.1	What is Psychosis?	28
5.2	Causes of Psychosis	29
5.3	Treatment for Psychosis	30
5.3.1	Medication	
5.3.2	Psychotherapy	
5.3.3	Combined Treatment	
5.4	Strategies to Help Students with Psychosis at School	31
5.4.1	How does Psychosis Affect Students' School Performance?	
5.4.2	Strategies to Support Students with Psychosis at School and Points to Note	

Concluding Remarks

Appendices and References

Appendices

Appendix I	: Examples of Supporting Strategies for Students with Mental Illness	38
Appendix II	: Student Needs Assessment upon School Resumption	41
Appendix III	: Depression	43
Appendix IV	: Anxiety Disorders	44
Appendix V	: Psychosis	45
Appendix VI	: Related Resources and Services	47

References		49
------------	--	----

Chapter 1 Understanding Mental Illness

1.1 Myths and Facts about Mental Illness

- **A person showing extreme mood swings may have a mental illness?**

Under most circumstances, stress reactions such as irritability, defiance, crying easily and mood swings are common in people dealing with difficult situations, e.g. death of friends/relatives, preparing for examinations and adapting to a new environment. Most people will be stabilised when the crisis is over. However, students with persistent reactions that affect their daily life (e.g. work, study, social and self-care ability) would need to seek counselling or advice from other professionals.

- **Is there no way to prevent mental illness?**

A healthy lifestyle and the use of effective emotion coping strategies may reduce the risk of the onset of certain types of mental illnesses (e.g. depressive disorders and anxiety disorders), but there is no absolute way to prevent mental illness due to the complexity of its causes. Nevertheless, before the onset of a mental illness, there are usually signs such as persistent depressed mood, poor appetite, chronic insomnia, decline in self-care and making of reckless or impracticable decisions. By noticing early symptoms and providing appropriate intervention at an early stage, deterioration of the illnesses can be prevented. The impact of the illnesses can be reduced and the chances of recovery can be increased.

- **People never recover from mental illness?**

Most people with mental illness can have their conditions stabilised, recover gradually and resume normal lives by noticing early symptoms and receiving timely medication as well as psychotherapy. However, the pace of recovery varies and some symptoms will subside within a short period of time. Some symptoms may persist for a period of time and repeated episodes may be experienced, leading to a prolonged treatment and recovery period. With appropriate treatment, most symptoms of people with mental illness will subside gradually. The support they need would vary at different stages.

- **Is there nothing ordinary people can do to help people with mental illness?**

People with mental illness need treatment from healthcare professionals for recovery. Nevertheless, during the treatment and rehabilitation period, apart from their own effort, the caring, support, understanding and acceptance from their families, teachers and friends can facilitate their recovery. As there are many different types of mental illness and their symptoms and treatments are different, their impact on the daily lives of those who suffer from mental illness differ. By enhancing our understanding and knowledge of mental illnesses, we can better support and accept people who are affected by them.



1.2 Definition of Mental Illness



- **What is mental health?**

According to the definition given by the World Health Organization (WHO), mental health is an integral part of health that closely related to physical health and behaviour. Therefore, mental health is more than the absence of mental illness. People with good mental health can cope with general changes in life and adversities, realise their own abilities, and work productively to gain a sense of fulfillment and satisfaction.

- **What is mental illness?**

Mental illnesses are health conditions. People with mental illness may display symptoms involving abnormal cognition, thinking, emotion, perception, behaviour or physical functioning. It will affect a person's various aspects of life including learning/work and social performance. According to WHO (2005), around 20% of the children and adolescents in the world exhibit signs of mental illness. 4 to 6% among them are in need of a clinical treatment.



1.3 Causes of Mental Illness

Mental illness is a health condition with manifold causes, including biological, psychological and social factors. Biological factors include heredity, chronic illness, brain infection or trauma, influence of alcohol or drugs and thyroid dysfunction. Psychological factors include a sensitive personality, biased ways of perceiving oneself and his world around, and poor problem-solving skills. Social factors include family conflict, poor parenting, bullying by peers and high self-expectation. Risk factors¹ and protective factors² vary in each person with mental illness, and therefore, the various factors aforementioned should be considered when devising treatment plan and supporting strategies for each of them.

1.4 Types of Mental Illness in Childhood and Adolescence

There are different types of mental illness in children and adolescents including anxiety disorders, depressive disorders and obsessive compulsive disorder. Among them there are more severe types such as psychotic disorders and bipolar affective disorder. Their symptoms are more persistent and generate wider impact.



¹ Risk factors refer to any aspect of an individual, either biological or environmental, that may increase possibility that an individual will suffer from mental illness.

² Protective factors refer to factors that may serve a protection, promote resilience, and reduce possibility that an individual will suffer from mental illness.

Chapter 2

Chapter 2 General Principles and Strategies for Supporting Students with Mental Illness

Students with mental illness need treatment by healthcare professionals. They are usually diagnosed by psychiatrists, and followed up by clinical psychologists, psychiatric nurses or medical social workers. Schools play a complementary role in coping with the advice on treatment and rehabilitation given by the healthcare professionals and assisting students with mental illness to adapt to school life according to their needs. Recovering from mental illness can be achieved through appropriate treatment. The school's cooperation and support is very important.



2.1 Early Identification of Students with Mental Health Problems

Schools should aim at “Early identification and intervention” in helping students with mental health problems. To early identify students with mental health problems, schools need to keep close communication with the parents and encourage them to provide information on the health condition of the students so as to intervene and provide support as early as possible. At the same time, teachers should observe the daily performance of the students and pay attention to the following signs:

- declining grades which are not commensurate with the students’ usual performance
- frequent or long term absenteeism
- inability to focus on school work and routine tasks
- emotional and/or behavioural problems over a sustained period of time
- fatigue and tiredness over a period of time
- irritability, emotional ups and downs
- withdrawal from relationships
- social isolation

Since each student may have individual differences in the presentations of their symptoms, teachers need to grasp the daily behaviours and characteristics of the student in order to be more aware of the student's change. If teachers suspect that any of their students have mental health problems and are in need of professional assessment or consultation services, they can refer those students to appropriate professional support services.

2.2 Difficulties Encountered by Students with Mental Illness in Their Adjustment to School Life

(1) Mental Conditions

Due to their health conditions or side effects of the medication, some students may easily feel fatigue, sleepy, have blurred vision, feel dizzy, become tardy, get agitated, etc., which may affect their performances in school, such as:

- being reluctant to get up to go to school or being late to school frequently
- calling in sick frequently because they need to attend follow-up consultations or due to physical discomfort
- unable to finish homework or hand in homework on time
- having difficulties in focusing on classroom learning or activities
- being emotionally unstable



(2) Communication and Social Relationships

Some of the students with mental illness may exhibit certain symptoms such as being sluggish, silent and highly sensitive to the reactions of others. These changes may affect their communication and interaction with peers or school personnel. At the same time, some students who fail to understand the conditions of the students with mental illness may have misunderstandings about the latter's behaviours and attitude. For instance, some students may:

- make fun of students with mental illness because they do not understand the sideeffects brought about by the medication, such as fatigue and sleepiness;
- consider that students with mental illness hinder the learning progress of others in lessons and dislike them;
- distance themselves from students with mental illness because of the symptoms they exhibit, such as being too sensitive and sluggish;
- avoid contact with students with mental illness for fearing of irritating them.

Students with mental illness may feel anxious or emotionally depressed, which as a result, further hinder their communication and the building of social relationships with others.

(3) Cognitive Functioning

The cognitive functioning of some of the students with mental illness might be affected by their symptoms or side effects of their medication, including processing speed, attention, working memory, planning and organisation, verbal fluency, verbal learning/memory and visual memory, which hinder their learning progress.

2.3 Formulation of Appropriate and Effective Support Strategies

Each mental illness has different symptoms. They vary from minor and temporary to severe and chronic. With requests and written consent made by parents, the school can provide assistance and make appropriate arrangements for the students on taking the prescribed medication. If the students have difficulties in school adjustment due to their health condition which may affect their recovery, schools should consider providing support and accommodation arrangements with tolerance and patience, and to help the students reduce their sources of stress, rebuild confidence as well as to enhance their coping skills in order to help them overcome their transient difficulties. In addition, schools can adopt appropriate and effective support strategies in the following three areas:



(1) Help the students rebuild school life with structures and routines

Maintaining a routine school life can help students with mental illness rebuild healthy and regular lifestyle as well as their pace of life. Their positive experiences at school are also conducive to their progress of recovery. Schools need to set clear and reasonable expectations. At the early stage of recovery, schools may reduce stress on those students as far as possible, but may also adjust the requirements gradually according to their progress of recovery and school adjustment. Schools can consider the ability of the students before the onset of illness as well as their current functioning to provide appropriate accommodations to facilitate their school resumption. If the situation allows, discussing arrangements with the students may be considered so as to increase their participation and sense of involvement. The following are some examples of the accommodations on the school daily routines for the reference of the schools.

School and Class Attendance

- make flexible arrangements on the students' routines (for example, flexible school hours/special timetable)
- allow flexibility in handling issues related to punctuality and attendance
- provide a safe and quiet place where the students can take breaks and would less likely be stimulated if they are very tense and overwhelmed
- arrange school staff to accompany the students to leave the classroom and go to the resting area when needed

Classroom management

- arrange preferential seating at classrooms and special rooms (e.g. assign appropriate buddy to sit next to the student)
- be clear and direct about the flow and activities of the lesson so that the students know what to expect
- allow the students to participate in classroom activities according to their abilities and conditions and avoid overloading those students
- give frequent positive feedback and encouragements

Classroom routines and self-management

- assist the students in recording the daily homework arrangement
- assist the students in using folders to file and organise notes
- assist the students in using a work schedule or calendar to mark the deadlines for homework or dates for attending activities
- assist the students in using sticky notes to jot down things to do/prepare, and stick it at a noticeable place, e.g. desktop, handbook, etc.
- remind the students during the transition of lessons to prepare the textbooks for the next lesson; before school ends, remind the students to pack up and check the books and notes that need to be brought back home

Recess and lunch arrangements

- pay attention to whether the students need additional care, and arrange a resting place for them if needed
- if the students' health condition allows, arrange them to work with teachers and other students to accomplish simple class duties (e.g. assist in organising books, designing bulletin boards, etc.) to let them gain a sense of their competence and self-worth and gradually integrate them into school life

Extra-curricular activities (ECA)

- arrange appropriate ECA to enhance the students' self-confidence and sense of competence

(2) Help the students integrate into getting along and communicating with teachers with teachers

Students with mental illness need acceptance and support (including that from teachers and peers) in the rehabilitation process. Schools can create a caring and friendly learning environment for the students to feel safe and being cared for so as to help them integrate into school life as soon as possible.

Teachers can reach out to the students to express their concern and build trusting relationships so that the students will be more willing to seek help when needed. However, there should not be high-profile expression of care and concern. Being overprotective or excessively accommodating should also be avoided. In their daily interaction and communication with the students, teachers should use a simple and direct tone, listen and give encouragement, appreciate and recognise the former's progress, or leave encouraging notes to them to make them feel being cared for. Please refer to Chapter 2 (section 2.4) of this handbook for the principles for teachers to communicate with these students.

Teachers can also pair up the students with self-confident and helpful peers so as to provide learning or emotional support in class. Teachers can also encourage mutual support and acceptance among peers so as to help students with mental illness build social circles.

Teachers should also observe interactions among students and offer help and guidance on corresponding appropriate skills and attitude when needed.


Chapter 2

(3) Engaging the students in learning activities

The cognitive functioning of students with mental illness might be affected by their health condition or the side effects of the medication. Hence their learning ability may regress during recovery. Students with mental illness may encounter the following difficulties in learning:

Processing speed	requiring longer time to process information, leading to a lower efficiency
Attention	having difficulties in paying attention in class or finishing assignments and in concentrating for a long time
Working memory	having difficulties in retrieving or retaining information in memory, remembering instructions or following complex instructions
Planning and Organisation	having difficulties in meeting learning requirement systematically, for example, difficulties in organising notes and personal belongings, planning on completing assignments and scheduling revision time, etc.
Verbal fluency	having difficulties in expressing and communicating verbally, retrieving and processing verbal information, or verbally expressing views with clarity
Verbal learning/memory	having difficulties in organising and retaining verbally-transmitted information
Visual memory	having weaker memory for written and graphic information, and easily forgetting newly received visual information

Teachers need to accept and accommodate for the students' cognitive difficulties associated with the condition of their illness. They can adjust their teaching strategies to facilitate the students' class participation and provide accommodations according to the students' needs. The following are some examples to adjust teaching and learning strategies and provide homework/examination accommodations for reference of the schools.

Learning activities	Supporting strategies and accommodations
1. Learning activities in class	
(a) Lecturing and Explaining 	<ul style="list-style-type: none"> • apply diverse teaching and learning techniques (e.g. demonstration, discussions) and interactive lesson activities to facilitate the students' learning via practical experience • provide class learning materials in advance, such as giving the students the key learning points of the textbook chapters • prepare notes for the students to reduce the need for copying as well as to decrease the demand on the students' memory, attention and organisation • prepare teaching materials/worksheets, such as use of graphic organisers and essay writing framework, to help the students with organising information • allow short breaks during lessons

	<ul style="list-style-type: none"> • teach the students organisation and mnemonic skills (e.g. use of mind maps, tables) • give simple and short instructions, repeat the instructions or use oral or visual prompts when needed • provide teaching accommodation, such as adjusting the difficulty level of the content and the order of teaching sequence • allow the use of additional learning tools in the classroom, such as recorders and timers
(b) Classwork	<ul style="list-style-type: none"> • facilitate task initiation by giving demonstrations or guidance • break tasks into smaller units • provide additional hints, such as prompting the students to make reference to particular book chapters/sections, and providing mathematical equations or examples • remind the students to manage their time properly and allow the use of a timer if needed • print single-sided notes and worksheets so that the students can refer to their notes and work on the worksheets simultaneously
(c) Questioning	<ul style="list-style-type: none"> • use True-False or open-ended questions according to the ability of the students • notify the students in advance before asking them questions to allow ample processing time • allow non-verbal responses such as nodding/shaking head or writing/pointing out the answer on the blackboard • give the students sufficient time, instructions or options to help them respond
(d) Group discussion	<ul style="list-style-type: none"> • group the students with suitable classmates for discussion • facilitate the students' participation in group discussion based on their abilities and conditions
(e) Writing assignments	<ul style="list-style-type: none"> • provide the students with writing outlines or frameworks, assist them in constructing ideas for different paragraphs and provide vocabulary as prompts • reduce the number of word required in accordance with the ability of the students
(2) Homework arrangement	<ul style="list-style-type: none"> • provide homework accommodations, such as reducing the amount of homework or copying tasks, adjusting difficulty level, extending the deadline, or allowing flexible due date, to minimise the corresponding stress on the students • allow diverse formats of responding, such as oral presentation in lieu of written report
(3) Examination arrangement	<ul style="list-style-type: none"> • provide special examination arrangement based on the students' needs and professional advice, such as invigilators for reminding the students to focus on responding, special examination rooms, and special seating arrangements, etc.



2.4 School Leave and Resumption Arrangements

Some students with mental illness have to stay in the hospital or rest at home due to the illness and take school leave. During this period, they are prone to lose the momentum for daily living due to a lack of engagement. Therefore, schools can provide support during the leave period, so that the students feel being cared for. After consulting healthcare professionals, if the students' conditions are considered stable, schools should encourage them to resume school. The school can provide an environment conducive to their recovery, so that the students get social support, and maintain a regular school life.

(1) Support during school leave

Teachers may offer timely care and support during school leave, e.g. to maintain close contact with the students by phone calls or home visits in collaboration with social workers. Teachers may encourage the students to develop a stable and healthy lifestyle, do more things that they enjoy and guide them to share their feelings.

In addition, teachers may encourage classmates who are closer to the students to keep contact with the latter to express their concern (e.g. writing care cards) and establish a peer support network.

(2) Preparation before school resumption

Based on the students' progress and individual situations, schools, professionals, students with mental illness and their parents may jointly set a suitable time for school resumption. Factors to be considered may include:

- The students' conditions of illness (including the advice given by healthcare professionals on the students' conditions and side effects of medication)
- The students' psychological state (including their confidence in coping with academic requirements and dealing with the symptoms)
- Support from schools/family (including provision of accommodations in school according to the students' needs and the cooperation and support which can be given by parents)

Before school resumption, teachers may inform the students in advance of the schools' latest situation and provide them with a fixed and predictable daily schedule and timetable to help the students prepare for school resumption. To help students with mental illness deal with the various reactions of other students, teachers may, on one hand, prepare other students psychologically and teach them to respect other people's privacy before the school resumption. On the other hand, teachers need to discuss with the students with mental illness on how to respond to other classmates' care, concern and condolences so as to increase their sense of security. For instance, they can say "Thank you for asking. I was not feeling well before and I am feeling much better now."

(3) Assistance after school resumption

After school resumption, it is better for the students to keep a regular school life. Schools may arrange suitable scenarios for the students to re-connect with classmates and teachers and to build up a normal social life. If the recovering students are affected by their health conditions or side effects of medication, schools should flexibly adjust the daily routine and activities according to the former's needs and adjust the requirements gradually in accordance with the students' adjustment.

Schools may refer to the considerations below in making flexible arrangements for the students' daily routine and activities:

Lesson/activity time



- When will the students feel particularly tired after taking medication?
- Which lessons are more difficult for the students? Which lessons are they more interested in?
- Do the students need a progressive adjustment on normal school hour? (e.g. To allow the students to attend half-day sessions initially. After the transition period, they can gradually attend whole-day sessions. Alternatively, the students can first attend classes in which they are more confident. After the transition period, they can then attend other classes.)
- Schools may encourage the students to participate in some special events (e.g. sports day, school picnics). To decide on the need for providing corresponding flexible arrangements, schools need to consider factors including the students' health condition, mental state, their own preference and that of their parents, etc. In case it is decided that the students will join the activity, schools need to consider beforehand whether coordination with parties is needed and the students will need additional support on that day.

Break time



- Is it difficult for the students to focus in class such that a break needs to be arranged?
- Do the students need to go to a quiet and safe place to manage their emotions when they suddenly feel nervous and disturbed?
- Do the students need extra care (e.g. to arrange special activities or resting area) during recess or lunch hour?

Arrangements in classrooms



- Do the students need a quieter seat to reduce unnecessary disturbance?
- Do the students need to sit near teachers to facilitate the latter's provision of support?
- Do the students need to sit near particular students to let them feel more secured or receive assistance more conveniently?

After resumption of school, schools may provide appropriate support and accommodations according to the students' progress, needs and preference. For accommodation and support strategies, please refer to Section 2.3.4 of Chapter 2.

2.5 Principles for Communicating and Interacting with Students with Mental Illness

When communicating with students with mental illness, teachers should focus on showing concern and understanding. Criticism and query against the students should be avoided. Teachers may make reference to the following communication principles:

(1) Maintaining a non-judgmental attitude

Teachers should try to understand and accept that the students' difficulties and feelings caused by their illness. In the course of conversation, making the students feel being queried or criticised should be avoided. It is also better not to argue with them.

(2) Acceptance

When talking to the students with mental illness, even if teachers may not be able to agree with or fully understand the experience of students, they should still try to understand the students' symptoms and mentality and that the latter's behaviours (for example, being more passive in learning, and having mood swings) may be affected by their health condition. Teachers may express their acceptance and support through verbal and non-verbal communication (e.g. voice, facial expression, eye contact, body postures, etc.).

While communicating with the students, other than noticing the wording in giving responses, teachers should also pay attention to their own non-verbal expressions. Good non-verbal communication skills include:

- Sitting next to the students or keeping a distance that is comfortable for them
- Maintaining a natural and open posture and avoiding crossing arms
- Maintaining natural eye contact. Do not stare at the students or avoid eye contact

(3) Listen carefully and reflect feelings

Some of the verbal expressions of students with mental illness are affected by their health condition and they may fail to express themselves fluently and clearly. When listening to the students' sharing, teachers should remain patient and avoid interrupting their speech. Besides, teachers may reflect the students' feelings based on what they have shared so as to make sure their ideas are correctly understood while at the same time make them feel accepted.

Examples:

1. "You forgot to prepare cooking ingredients and therefore could not join the home economics class with your classmates. You seem disappointed."
2. "You spent a lot of time practicing so you are happy that you get good results in the sports day."

(4) Empathy

When talking with students with mental illness, teachers should remain objective while trying to understand the students' feelings and views from their perspective. For example, "If I were you, I might also find it difficult and feel helpless."

(5) Encourage the students to seek assistance

If teachers notice from daily observation that some students need further help and follow up, they can encourage the students to meet with personnel (e.g. counsellors, school social workers). Through meeting with the students, school social workers or guidance personnel can assess the students' mental state, make appropriate referrals as needed and discuss the support measures with the school.

Apart from the above basic principles, teachers may refer to Point (2) in Section 5.4.2 of Chapter 5 when the students talk about their auditory hallucinations or delusions.

2.6 Crisis Management

Under the influence of their health condition, students with mental illness may harm themselves or others. Despite its rare occurrence, schools have to address the issue immediately to ensure the safety of teachers and students at school, and seek emergency support services if it happens.

2.6.1 Managing the Unstable Condition of the Students during Onset of Illness

If a student with mental illness show unstable emotional state or even unusual conditions like delusion, hallucination, disorganised speech, self-talks, awkward behaviours, or thoughts disconnected with reality, people around should remain calm, try to stabilise the students' mood, and carefully analyse the situation at that time. The school should contact the parents as soon as possible and recommend the students to be hospitalised for evaluation and treatment. If a student has been assigned a healthcare team case manager for follow-up, the manager should be contacted as soon as possible and consulted for professional advice and support. If the student exhibits behaviour that may harm himself or other people, or needs immediate support, the school should take appropriate action immediately, including seeking assistance from the police to safeguard the safety of the student and other people. For details, please refer to Chapter 3 (3.4.2 and 3.7.1) of the School Administration Guide.

2.6.2 Suicide Risk Management

If teachers notice that a student has suicidal ideation or shows signs of attempting suicide, they must not take it lightly; rather, they should patiently listen to what the student confides. At the same time, teachers should explain to the student the importance of disclosing his suicidal thoughts to people concerned in a respectful and caring manner and maintain close liaison with parents and school social workers. If the student has already had the support of a healthcare team, the healthcare professionals should be contacted for advice and assistance.

In identifying and supporting students who are at risk of suicide, teachers may refer to "A Resource Handbook for Schools: Detecting, Supporting and Making Referral for Students with Suicidal Behaviour" (2017). The resource handbook covers suicidal warning and signs, knowledge and skills in handling students with suicidal behaviour, including practical tips for responding to students' suicidal behaviour. This handbook can be downloaded from the following link: http://www.edb.gov.hk/attachment/en/student-parents/crisis-management/about-crisis-management/Resource_Handbook_for_Schools_en.pdf

2.6.3 Managing the Risk of Harming Others

(1) Risk assessment



Aggressive behaviour is not common among students with mental illness. Even if they have hallucinations or delusions, it does not mean that they will use aggression. Once their conditions are under control, the risk of their harming others will be greatly reduced. Hence, teachers should not over-worry about the situation. If it is necessary to assess the risk of students using aggression, teachers should pay attention to the following behavioural signs. More signs imply greater need for attention to avoid further stimulating the students' emotions:

- Being emotionally aroused and fidgety
- Using threatening language and expressions
- Shouting and screaming loudly
- Waving their fists or both hands
- Hitting and throwing things

(2) Management strategies



If a student with mental illness is noted to have intention or actions to hurt others, the following management principles can be considered:

- Gather collaborated efforts under a team-approach;
- Contact and seek help from the student's healthcare team or a suitable school personnel who knows the student well;
- Apply de-escalation skills to calm down the student and other people concerned; and
- Provide follow-ups and counselling to the affected teachers and students to reduce their misunderstandings of the student with mental illness when the crisis is over

(3) De-escalation skills



Applying verbal and non-verbal communication skills in a suitable way can prevent the student's emotions from escalating to a level that he may be hurting himself or others. Teachers should take note of the following when de-escalating the student's emotions:

Dos

- Stay calm;
- Look at the student at eye level while talking to him;
- Speak in softer tone, suitable volume and speed;
- Listen carefully to the student, and express willingness to work with him to solve the problem together;
- Give direct instructions to the student, such as "Do not do this", "Stand there and talk to me", "I am listening";
- If the student displays behaviour of hurting others, evacuate other students, and contact social workers or other teachers for support.

Don'ts

- Talk in a criticising tone and trigger emotions of the student;
- Be irritable and argue with the student;
- Try to snatch his weapon(s) from his hands;
- Provide the student with mobile phone to avoid letting the student communicate with people who may trigger and escalate his emotions.

Chapter 3 Depression

- Standing by Students with Depression

3.1 What is Depression?

Depression (also known as Depressive Disorders) is a mental disorder in which the core symptoms include chronic low mood, melancholy or agitation. The daily lives, including academic attainment, interpersonal relationships or social activities of people with depression are affected because they lose interests or motivation in most of the things. Those people who have more serious conditions may have symptoms like delusion or hallucination. Some common symptoms of depression are listed in the table below.

Emotional	Physiological	Cognitive	Behavioural
<ul style="list-style-type: none"> • Depressed mood • Feeling of blah • Agitation 	<ul style="list-style-type: none"> • Low energy or fatigue • Restlessness • Insomnia or hypersomnia • Poor appetite or overeating, unstable weight • Somatic complaints, e.g. pain 	<ul style="list-style-type: none"> • Reduced concentration • Difficulty in making decision • Negative view of self, world and future • Loss of self-confidence and tendency to have guilt feelings • Feeling of hopelessness • Feeling of helplessness • Feeling loss of control • Suicidal thoughts 	<ul style="list-style-type: none"> • Psychomotor agitation or retardation • Social withdrawal • Unwilling to participate in usual activities • Decline in self-care or personal appearance • Lack of learning motivation (e.g. failing to hand in assignments, decreased school performance)

Cognitions, behaviours and emotions are closely related. People with depression tend to be negative on cognitive, behavioural and emotional aspects. The interplay among them may result in a vicious cycle that perpetuates the negative emotions.

People with depression are in low mood most of the time, and are easily overwhelmed by daily hassles. It is rather difficult for them to maintain a realistic perception. They are more likely to attend to, notice and remember negative events and even only the details of them. It may be hard for them to feel the care and attention of other people, and they tend to ignore others' recognitions or compliments towards them. As time goes by, there is a greater likelihood for them to develop negative perception biases such as "Nobody likes me", "I can never do well", etc. Also, prolonged depressed mood could affect a person's appetite, sleep patterns and health.



How to identify a student suspected of depression?

Everyone has sad moments, such as when one is being condemned, having quarrels with others or performing unsatisfactorily. It is adaptive and normal to have feelings of sadness in response to such situations. In particular, secondary students who are entering puberty are more prone to have mood fluctuations.

Students exhibiting some of the signs may not necessarily be suffering from depression. However, when students show an obvious decline of motivation and seem very agitated, irritable or sad for more than two weeks, teachers should initiate to talk to the students to understand more about their condition. By doing so, teachers can see whether the students have been in a low mood, losing interest in things for a long period of time that has affected his everyday life, social functioning or academic performance. These could be the early signs of depression. Timely referral for professional support services should be made as appropriate.

How to distinguish between “depressed mood” and different types of “depression”?

There are moments when one feel sad. The unpleasant emotional responses enable us to reflect, and motivate us to find ways to solve problems or to improve interpersonal relationships. “Depressed mood” is a negative yet normal emotional reaction that everyone would have experienced. No matter how painful it is to an individual, it will fade away over time or will be relieved upon finding effective means to alleviate or to solve the problems.

Major Depressive Disorder - People with major depressive disorder persistently have depressed mood (may present as agitation in children and adolescents) and a loss of interest in everything. It will affect one’s feelings, thoughts and behaviours, and lead to various emotional and physiological problems. People with major depressive disorder tend to have negative views about themselves, the world and the future. They also have difficulties participating in daily activities or even perceive life as meaningless and unworthy of living.

Persistent Depressive Disorder/Dysthymia - The symptoms of these disorders are fewer than those of major depressive disorder, but the duration of symptoms is longer, usually lasting for at least 2 years or more (at least 1 year or more for children and adolescents). It may affect one’s daily functioning, interpersonal relationship, school attainments and work performance.



3.2 Causes of Depression

The causes of depression are complex, most of the time, they are a result of the interplay among biological, psychological and social factors.

(1) Biological factors

- Changes in the brain: Depression is related to the abnormal brain structure or function. Studies indicated that certain neurotransmitters, such as serotonin and norepinephrine, are known to be associated with emotional control. Imbalance of these neurotransmitters may cause depression.
- Genetic inheritance: Depression is hereditary in some families. Studies indicated that people have higher possibility of developing depression if their close relatives have depression. Having more members in a family with depression will imply higher incidence rate and earlier onset of depression. One who has a biological parent with a history of severe depression will have eight times greater risk of developing depression than others. Nevertheless, people with no such family medical history may also develop depression.
- Physical illnesses: Certain diseases (e.g. heart disease, cancer, hormonal imbalance, hypothyroidism and Lupus erythematosus) and chronic pain (e.g. arthritis) may be associated with depression. In addition, prolonged absorption of toxic substance from chemicals such as drug and alcohol can also induce depression.

(2) Psychological factors

- Personality: Those who tend to be nervous, stubborn, sensitive to criticisms, having low self-esteem, pessimistic and easily overwhelmed by stress are more vulnerable to depression.
- Thinking pattern: Those who tend to be aware of their own negative emotions, or accustomed to think in a negative perspective are more vulnerable to depression.

(3) Social factors

- Trauma and stress: Those who have experienced traumatic events (e.g. being abused) are at a higher risk of developing depression. Moreover, stress arising from the loss of loved ones, interpersonal problems, financial difficulties or other changes in life may all induce stress and trigger depression.
- Social support: Those who lack support from family and friends and are often alone are prone to develop depression.

3.3 Treatment for Depression

3.3.1 Psychotherapy

Clinical studies showed that cognitive behavioural therapy and interpersonal psychotherapy are effective approaches in helping children and adolescents with mild to moderate depression. Cognitive behavioural therapy helps students with depression understand the interactions and influence between emotions, physiological responses, thoughts and behaviours. Through cognitive restructuring and behavioural experiments, students can learn to cope with and to manage their difficulties and problems, thereby get out of the spiral of depression. Interpersonal psychotherapy is one of the effective treatments for depression. It is based on the observation that depression occurs within an interpersonal context. The goal of the treatment is to decrease depressive symptoms by helping the students improve their interpersonal relationships and communication patterns.



Chapter 3

3.3.2 Medication

Children and adolescents with severe depression have to undergo professional assessment and treatment by psychiatrists to alleviate emotional problems through taking proper dosage of antidepressants. There are many types of antidepressants. Taking into account various factors such as clinical condition, physical condition, drug response and family medical history, the psychiatrists will prescribe medicines which are most effective with minimum side effects. Generally speaking, antidepressants are safe, but attention should be paid to the occurrence of side effects and unstable condition (e.g. having suicidal thoughts or behaviours). Students with depression shall never stop taking medication or adjust dosage by themselves without consulting their psychiatrists, particularly when they have just started medication and their dosage is under adjustment. In general, it usually takes several weeks to show the effects after medication started. Antidepressants work by restoring the right balance of the neurotransmitters in the brain (e.g. serotonin and norepinephrine). The improvement in neurotransmission and formation of brain-derived neurotrophic factor can rectify cognitive dysfunction and regulate breathing. When the condition has been improved and stabilised, the psychiatrist will usually recommend maintaining the current effective dose for six to twelve months more to reduce the chance of relapse.

Some people may show side effects from taking antidepressants, e.g. indigestion, diarrhea, headaches, sweating at night and loss of appetite. Abrupt withdrawal from antidepressants may cause unstable emotion, indigestion, insomnia, dizziness or some flu-like symptoms (such as headaches, aches in muscles and joints, etc).



3.3.3 Combined Treatment

Since depression is often caused by the interplay among biological, psychological and social factors, a multi-dimensional approach to treatment would be most effective.

Clinical studies showed that it would be more effective in relieving depressed feelings of children and adolescents with depression if they undergo both medication and cognitive behavioural therapy or interpersonal psychotherapy.

When the students undergo these treatments, the results will be much more promising if they receive support and encouragement from their family, and have appropriate support and accommodation at school. For some students, their conditions will improve if their parents or family receive appropriate counselling and support services as well.



3.4 Strategies to Help Students with Depression at School

3.4.1 How does Depression Affect Students' School Performance?

Learning aspect



Affected by emotions and the side effects of medication, some students with depression find it hard to concentrate during lessons or learning activities. They also tend to doubt their own learning abilities, lack motivation, find it difficult to study persistently, which affects their academic performance. This may explain why students with depression usually are less likely to perform at their actual ability.

Behavioural aspect



Students with depression sometimes are lack of motivation, feel fatigue and have concentration problems due to the illness and display different behavioural problems, such as incomplete or late submission of homework, difficulty in getting out of bed and attending school, frequent late arrivals, or calling in sick frequently because they need to attend follow-up consultations or due to physical discomfort. In addition, some adolescents with depression might have mood fluctuations. They are relatively weak in expressing their emotions so they tend to ventilate their negative emotions by being agitated, rebellious or even displaying radical behaviours.

Social aspect



Students with depression lose interest in social activities or lack motivation to maintain friendships. Because of their irritable mood and lack of social skills, they might have conflict with other people or might even be excluded, which reinforces their helplessness and depressed mood. They might even further isolate themselves.

3.4.2 Strategies to Support Students with Depression at School and Points to Note

Schools should support students with depression in positive ways and avoid creating unnecessary pressure. They should aim at building a sense of accomplishment and confidence in students and preventing their emotional problems from getting worse at the same time.

(1) Avoid negative communication

Students who suffer from depression are often affected by their negative emotions and therefore under-perform and feel incompetent. Blaming or punishing them can neither improve the situation nor motivate them, but may make them even more emotionally unstable, helpless and depressed. School can provide additional help for them to cope with daily challenges.

(2) Adjust expectations

Some students with depression find it difficult to finish their learning tasks due to lack of motivation, fatigue, impaired memory and concentration etc. They do not perform poorly on purpose but are rather affected by their health condition or by medication. Providing appropriate academic accommodations can therefore prevent their conditions from getting worse and can even facilitate their recovery. Generally speaking, expectations on academic performance often need to be adjusted flexibly at the early stage of the onset of the illness. When the students' conditions improved, schools can gradually increase expectations according to their abilities and parents' feedback.

It should be noted that not every student with depression needs special arrangements. Schools must consider the students' needs, preferences and parents' feedback, otherwise such arrangements may make the students feel incompetent and undermine their self-confidence, and thus hinders recovery. Having reasonable expectations of some students with depression not only reduces stigma effects, but also enhances their motivation to change.

(3) Create opportunities to experience success

Encouraging the students to participate in activities that meet their interests and abilities, for example, taking up certain responsibilities or serving others can distract them from focusing on their negative emotions, enable them to unleash their potential in the activities and experience success. It can also boost their self-confidence and sense of competence.

The general principles and strategies for supporting students with mental illness are also applicable to supporting students with depression, please refer to Chapter 2 for details.

Chapter 4 Anxiety Disorders

- Standing by Students with Anxiety Disorders

4.1 What are Anxiety Disorders?

Anxiety is a normal reaction to challenges and dangers. It helps us become more alert and take appropriate actions accordingly. The primary characteristic of anxiety is worry - repeatedly thinking about the possibility of negative outcomes and potential threats. When we become excessively anxious, we may show physiological, cognitive and behavioural responses. Various signs of anxiety are stated below:

Emotional	Physiological	Cognitive	Behavioural
<ul style="list-style-type: none"> • Worry • Nervousness 	<ul style="list-style-type: none"> • Rapid heart rate • Rapid and shallow breathing • Muscle tension • Headaches • Stomachaches • Sleep problems 	<ul style="list-style-type: none"> • Concentration problems • Memory problems • Perfectionism 	<ul style="list-style-type: none"> • Restlessness • Irritability • Task avoidance • Fear for failure • Withdrawal • Overreaction to trivial matters

Cognitions, behaviours and emotions are closely related. People with anxiety disorders are likely to overestimate the level of danger, and underestimate their own abilities to cope with those situations. Due to their cognitive distortions, they tend to have negative appraisal of the events, and thus are prone to anxiety and fear. They may exhibit irritability, oversensitivity and avoidance behaviours. They may also show physiological signs, such as rapid heart rate and perspiration. The interplay among cognitions, behaviours, and emotions may create a vicious cycle that perpetuates the anxious emotions.



How to identify a student suspected of anxiety disorders?

Everyone experiences worry or anxiety from time to time. For example, anxiety is a normal emotional reaction when we give presentations, attend examinations and make new friends. Each person has different level of anxiety towards different people, incidents, objects and scenarios, but teachers should pay special attention to students with the following signs:

1. Persistent worries over a difficult or dangerous situation that has already ended. For example, a student persists to be extremely worried over a group presentation that he had already given a week ago.
2. Excessive worries that impair daily functioning, including academic and social aspects, for example, a student is anxious about a group presentation done a week ago but has continuous headaches and stomachaches, and his learning motivation and progress are affected.

Students exhibiting some of the above symptoms may not necessarily be suffering from anxiety disorder. However, anxiety that aggravates, persists for a period of time, and impairs the students' social functioning, health condition, or academic performance, can be a warning sign that the students may be suffering from anxiety disorders. These students need support from their families, friends, teachers and professionals.



4.2 Common Types of Anxiety Disorders in Childhood and Adolescence

The following are the types of anxiety disorders generally found in childhood and adolescence:

Generalised Anxiety Disorder:

People with generalised anxiety disorder have excessive and uncontrollable worries about daily situations and people. For instance, they might have excessive worries over academic results, relationships with peers and teachers, or family issues. They may even have high levels of worry about possible accidents and disasters. Usually, physiological symptoms like fatigue, headaches, stomachache come before other symptoms. They are like alarms going off in the body. Very often, one symptom appears after the others. People with generalized anxiety disorder sometimes overlook the root cause – emotional problems.

Social Anxiety Disorder/Social Phobia:

People with social anxiety disorder obviously and persistently feel anxious or frightened in one or many social situations (e.g. answering questions in class or giving presentations), they also have negative thoughts on themselves, others as well as social interactions. They always feel being under the spotlight in social situations. At the same time, they feel worried and are self-conscious whether their anxious symptoms would be noticed by the others, leading others to have a poor impression on them or even causing humiliation to themselves. In social situations, people with social anxiety disorder may remain silent to avoid attention. When facing others, they may easily blush or tremble. Gradually, they try to stay away from social situations.

Specific Phobias:

People with specific phobia have marked fear or anxiety that is out of proportion to the actual danger of specific objects or situations, such as animals, insects, height and darkness. They tend to avoid these objects and situations. The following are some of the common phobias:

- Animals (e.g. dogs, insects, snakes, rats)
- Natural environment (e.g. height, water, darkness)
- Situations (e.g. taking airplane, dental consultations, taking elevators)
- Blood-injection-injury (e.g. blood, vomit, injection)

Separation Anxiety Disorder:

Individuals with separation anxiety disorder show excessive fear or anxiety about separating from parents or caregivers, which is inappropriately excessive for their developmental stage. It is common to have separation anxiety among infants, but it warrants concern if a school-aged child still has severe separation anxiety. They worry about losing their parents, or about possible harm to them. They may therefore frequently refuse to go to school or make phone calls to their parents in order to feel secured.

4.3 Causes of Anxiety Disorders

Causes of anxiety disorders vary across people, but are often related to the interplay between biological, psychological and environmental factors.

(1) Biological Factors

- Hereditary: Evidence shows that genetics partly contributed to the development of anxiety disorders. Related family medical history increases the risk for one to develop anxiety disorders. In other words, it is hereditary in families. Children or adolescents who have parents or first-degree relatives with anxiety disorder have higher risk of developing anxiety disorder.
- Chemical imbalance in the brain: Anxiety disorders may be related to abnormal level of neurotransmitters.

(2) Psychological Factors

- **Trauma and stress:** Exposure to fearful or traumatic events (e.g. being abused, death of loved ones) in one's early history may increase his risk of having anxiety disorder. Stressful life events (e.g. handling interpersonal relationship, coping with academic demands, etc.) may trigger the onset of anxiety disorder or exacerbate the condition.
- **Temperament:** People who are afraid of making mistakes, who are sensitive and irritable are more likely to have anxiety disorder.
- **Cognitive styles:** Negative thinking styles and cognitive distortions, such as perfectionism, over expectation on academic performance or peer relationship, underestimation of one's ability to cope with anxiety, will increase the risk of having anxiety disorders.

(3) Social Factors

- **Parenting styles:** Children often notice parents' responses and emotions in daily lives. If parents always show signs of nervousness and uneasiness, children may learn the anxious responses from their parents. Besides, overprotection, overinvolved parenting, or frequent criticisms may restrain children's development of autonomy and capacity to exert control on one's behaviour, leading to their anxious pattern of response of problems. Inconsistent parenting behaviours or fluctuating parental expectations may deepen children's sense of helplessness and raise their anxiety level, as they may feel unable to predict others' responses accurately.
- **Developmental experiences:** Overprotective and over helping behaviours from adults in times of a child's fear may convey to the child a sense that he is unable to handle problems independently and reinforce his avoidance behaviours. When the child lacks experience in handling anxiety, he may misinterpret the stressful event and overestimate the severity of the problem. This may limit their development of confidence and skills in managing potential challenges. Therefore, overprotection from the people around may reinforce avoidance behaviours among children and adolescents.



4.4 Treatment for Anxiety Disorders

4.4.1 Psychotherapy

According to clinical studies, cognitive behavioural therapy is an effective treatment for children and adolescents with anxiety disorders. Cognitive behavioural therapy included psychoeducation about the interaction between a person's emotions, physiological reactions, thoughts and behaviours. The students are encouraged to think from multiple perspectives and undergo exposure exercises, which help them to handle challenges and relieve anxiety.



4.4.2 Medication

Children and adolescents with severe anxiety problems should receive psychiatric evaluation and treatment. Medication such as anxiolytics may be helpful in relieving their emotional distress. Anxiolytics and some of the antidepressants can alleviate symptoms of anxiety disorder effectively. They help to lower distress and improve quality of life (including school, social and work life). However, not all people with anxiety disorders need to take medication. Psychiatrists would formulate the treatment plan with considerations of their types of symptoms, severity, physical conditions, and comorbidities (i.e. presence of one or more additional disease). Depending on psychiatrists' advice, some medicine should be taken regularly over a period of time, while others should be taken on need basis.

Some people might experience side-effects after taking anxiolytic medications. "Anxiolytics" is only a collective term; possible side-effects might vary across medications. For example, benzodiazepines may cause drowsiness, lethargy, decreased alertness and slow response. Prolonged use of benzodiazepines may lead to drug dependence. Antidepressants can also relieve the symptoms of anxiety disorders; their side-effects are listed in Section 3.3.2 in Chapter 3.



4.4.3 Combined Treatment

Since anxiety disorders may be caused by a combination of biological, psychological and social factors, it would be most effective to adopt a multi-dimensional approach to treatment.

Clinical studies found that people with anxiety disorders receiving a combination of cognitive-behavioural therapy and medication demonstrated more prominent effects in relieving anxiety than those receiving cognitive behavioural therapy or medication alone.

Effectiveness of treatment would be enhanced when the parents and family members of the students understand the rationales behind the therapies and stand by the students in going through the challenges throughout the treatment process, while the school provides appropriate support and accommodation services. In some cases, the students could show greater improvement when their parents and family members receive appropriate counselling services and support services (e.g. on couple relationship and family relationship).

Chapter 4

4.5 Strategies to Help Students with Anxiety Disorders at School

4.5.1 How do Anxiety Disorders Affect Students' School Performance?

Learning aspect



Students with severe anxiety may have difficulties with memory, attention and organisation, which may affect their learning process and performance. Anxious students tend to be self-demanding and perfectionistic. When they encounter difficulties in their studies, they will have further worries about their performance, which further influence their concentration and performance. They are likely to engage in avoidance behaviours in fear of failure and embarrassment. In the classroom, they may be withdrawn and choose easy over difficult tasks. Anxious students may be perceived by teachers as lazy, unmotivated, or uninterested in school. In fact, majority of these students hope to perform well and participate in learning activities.

Social aspect



Excessively anxious students tend to find it difficult to participate in social activities, make new friends, build and maintain friendships, and integrate into social circles. Because of their lack of social skills and fear of rejection, they may avoid interacting with others. As their social withdrawal continues and deepens, it hinders them from gaining social support from others.

4.5.2 Strategies to Support Students with Anxiety Disorders at School and Points to Note

Schools should offer support to students with anxiety disorders gradually and progressively. They should not expect to eliminate the students' anxiety completely within a short period of time. Instead, schools should aim at preventing the problems from worsening and reducing the impact of anxiety on the students' academic performance and social life.

(1) Teaching and learning strategies in lessons

Anxious students often set overly ambitious goals on their own performance, but are doubtful of their own abilities at the same time, resulting in worries about having disastrous outcomes. Teachers should adjust their expectations according to the students' conditions and abilities. When the students are not performing to expectations, teachers should avoid criticising them. Besides, anxious students usually worry that they are unable to manage their work. Teachers could make accommodations in their learning tasks to enhance their confidence and reduce the impact of their anxiety. Some suggestions for the classroom support strategies include:

Giving praises – Accept that mistakes are a normal part of growing up and that no one is expected to do everything equally well. Even when the students are not performing to expectations, teachers can still praise them on their efforts, or on their positive behaviours and characteristics.

Breaking down the task – Breaking tasks into manageable parts can help the students to complete their work step by step.

Teaching coping strategies – Teach the students some simple strategies to cope with anxiety, for example, using note cards to remind themselves of practicing positive thoughts or self-talk to alleviate the impact of anxiety.

(2) Helping the students adapt to school life

Emotional aspect

Students with anxiety disorders may be aware that their worries are unreasonable. Teachers should be patient in listening to the students' sharing, and avoid being critical or judgmental in responding to their thoughts, behaviours and feelings. Teachers should also understand that they are not behaving badly on purpose, but simply because they are not yet able to manage their anxious feelings. Some strategies to support the students' emotions are as follow:

Making analysis – Observe and analyse the time, places, and situations in which the students show anxious feelings, behaviours and physiological reactions in order to understand their difficulties.

Avoiding criticisms – Avoid unintentionally saying things that deny the students' anxious feelings, such as "Don't worry. There's nothing to worry about!" or "You see, other people are not worried, so you shouldn't be worried too!"

Allowing time and space – Help the students process and understand their emotions. Give them time and space to regulate their emotions. For example, "I understand that the current situation worries and frightens you. Take some quiet time for yourself, take some deep breaths to calm down."

Self-reassurance – Anxious students often seek reassurance from others (for example, keep asking others if they have performed well). Do not give them reassurance too often, or they may become dependent on others' reassurance to cope with anxiety. If the students keep asking the same question, teachers may encourage the students to reassure themselves by asking them, "What do you think about your own performance?"

Relaxation – Explore activities that may help the students relax (e.g. helping with classroom chores or working at the library, etc.). Allow them to participate in these activities at appropriate times.

Behavioural aspect

Anxious students are likely to engage in a variety of avoidance behaviours to minimise exposure to threat. If teachers are not aware of the students' feelings and force them to face their fears, the students' anxiety may escalate. Meanwhile, overprotection may increase their avoidance and withdrawal behaviours. Therefore, teachers should encourage the students to face anxiety-inducing situations gradually and progressively. The followings are some principles for support for teachers' reference:

Boosting self-confidence – Arrange appropriate amount of practices or rehearsals before the students work on tasks that they are worried about so as to boost their' confidence and reduce uneasiness.

Setting goals – Set reasonable goals and expectations, and adjust the task difficulty accordingly. Teachers need not aim to eliminate the students' anxiety within a short period of time, but to reduce the students' anxiety gradually to a manageable level.

Chapter 4

Behavioural aspect



Making gradual exposure – Allow the students to have gradual exposure to fearful situations or objects. Praise them on their courage.

Managing with consistency – Be consistent in handling the students' anxiety issues. Inconsistency between teachers may increase their anxiety.

Refraining from avoidance behaviours – Do not allow the students to avoid all the situations that they are anxious about simply because they are frightened.

Encouraging students to face their problems – Do not help the students to complete all of their tasks. Provide them with appropriate support. (For example, if a student is afraid to answer questions in class, teachers can let him know what questions will be asked in advance, so that he can have ample time to prepare for it. Then, teachers can invite him to answer those questions in class and praise him.)

Problem solving skills training – Teach the students problem solving skills and develop their independence.

Social aspect



Peer support – Teachers can pair the students with confident and helpful peers in order to help them build social circles.

Social skills training – Provide appropriate social skills training for the students and assign practices in a gradual and progressive approach, so as to facilitate success and enhance their confidence gradually in establishing social relationships. For example, a student could observe the interaction in a social group first, and then practice interacting with others under the guidance of senior students with feedback and encouragement afterwards.

The general principles and strategies for supporting students with mental illness are also applicable to students with anxiety disorders. Please refer to Chapter 2 for details.

Chapter 5 Psychosis

- Standing by Students with Psychosis

5.1 What is Psychosis?

Psychosis (also known as Psychotic Disorders) is an early stage of abnormal mental condition. It is a kind of brain disease. The thoughts and feelings of people with psychosis are frequently out of touch with reality, having hallucinations and delusions. They are also emotionally unstable. If left untreated, psychosis may develop into more severe and persistent mental illness, such as schizophrenia, bipolar disorder.

Psychosis may affect individuals of any age, sex, ethnic, background and education level. Nevertheless, its onset is more prevalent among adolescents.

Positive Symptoms:

Hallucinations: Refers to the sensory perception experienced by the people with psychosis in absence of external stimuli. These people may see, hear, smell, or feel some non-existent sounds, objects or odours. To them, the hallucinations are real. Among different types of hallucinations, auditory hallucination is the most common form.

Delusions: Refers to the false beliefs that are unbelievable and out of touch with reality. For example, a person with psychosis may firmly believe that he is being persecuted, monitored, followed and controlled. Some individuals with psychosis may feel that their thoughts and privacy are being made public. Others may believe that they have supernatural powers.

Confused thinking: Refers to the condition that the people with psychosis talk incoherently and illogically, and is incomprehensible to other people. They may have trouble putting their thoughts into words in a cohesive and organised manner.

Negative Symptoms:

Lack of Motivation: When comparing to the past, people with psychosis apparently lose interest in work, studies and pleasure-seeking activities.

Deterioration of personal hygiene: When comparing to the past, people with psychosis apparently neglect their personal hygiene.

Deterioration of the ability to express emotions: People with psychosis have a blank, vacant and emotionless facial expression.

Poverty of speech: People with psychosis lack content of speech and may become silent.

Other symptoms:

Aside from positive and negative symptoms, people with psychosis also have a series of emotional, cognitive, behavioural and physiological problems, such as anxiety, irritability, fluctuating emotions, memory deterioration, talking to oneself and changes in appetite.

Chapter 5

How to identify a student suspected of psychosis?

Psychosis can be divided into three phases – prodromal, active and recovery/residual phases – individuals with psychosis at different stages will exhibit the following of symptoms at various degrees.

Emotional	Physiological	Cognitive	Behavioural
<ul style="list-style-type: none">• Anxiety• Feeling of blah• Sullen• Agitation• Apathetic	<ul style="list-style-type: none">• Change in sleeping pattern• Change in appetite• Fatigue• Sensitive to sound	<ul style="list-style-type: none">• Poor memory• Suspiciousness• Confused mind• Difficulties with concentration• Difficulties with verbal expression• Suicidal thoughts	<ul style="list-style-type: none">• Inappropriate laughter or crying• Deterioration of personal hygiene• Self-isolation• Loss of Motivation• Social Withdrawal• Talking to oneself• Deteriorated school and work performance

Through observing the symptoms and behaviours of students, schools may obtain a preliminary impression on whether a student is at risk of developing psychosis and decide if further assistance is needed. Nevertheless, the definite diagnosis of psychosis has to be made by a healthcare professional.

People with psychosis should receive timely treatment at the early onset of the illness to prevent the condition from deteriorating into a more severe mental illness, and thereby increasing their chance of recovery. Schools should encourage the students at risk of psychosis to seek consultation and treatment as early as possible once they are identified.

5.2 Causes of Psychosis

(1) Biological factors

- Drug abuse, brain diseases and injuries will increase the risk of psychosis.
- Brain chemicals and neurotransmitters - Psychosis is closely linked to dopamine, which is a chemical that plays a role in the transmission of signals in the brain. Studies show that when the dopamine system is overactive, various symptoms of psychosis will appear, such as hallucinations and delusions.
- Congenital or genetic causes - When a parent, brother or sister of a person has a history of psychosis, his risk of psychosis increases. An infant who develops abnormalities in the brain or suffers from malnutrition during pregnancy or lacks oxygen at birth will also have higher risk of developing psychosis.

(2) Psychological factors

- Severe stress and unhappy experiences, such as long term bullying and psychological trauma, may induce the development of psychosis. If a person with psychosis fails to handle the above-mentioned psychological status properly, the condition may persist and worsen.

5.3 Treatment for Psychosis

5.3.1 Medication

Medication plays the most important role in the treatment of psychosis and prevention of its relapse. It can effectively reduce the symptoms and ease anxiety and restlessness. The drugs used for treating psychosis aim to regulate dopamine levels in the brain to help the person straighten up one's thought and resume a normal life. Pharmacological treatments are mainly divided into two types: oral or depot injection medications.



In general, after taking medications for a certain period of time, the emotional problems, uneasy feelings and sleeping problems of a person with psychosis will be alleviated and improved. Typical symptoms of psychosis, such as hallucinations and delusion, will take several days or weeks before showing apparent improvement. About 80% of the people with psychosis who take medications continually will recover gradually. In order to achieve the best treatment outcome, people with psychosis should communicate and cooperate with family members, teachers, social workers and healthcare staff while receiving medication.

Studies show that even if the condition of a person with psychosis has been stabilised, the use of medication should be continued for an extended period of time to prevent the chances of relapse. When the condition of the person has been stabilised, psychiatrists will gradually adjust the dosage to the lowest effective levels to prevent relapse on the one hand and minimise the side effects of the medication on the other hand.

The side effects of medications can vary across people depending on the dosage, types and the person's physiology. Common side effects include fatigue and drowsiness, dizziness, gastrointestinal upset and weight gain. The above can be resolved though adjusting the dosage and types of medication. The person should not stop medications on his own.

5.3.2 Psychotherapy

Psychological intervention and psychosocial support services are indispensable in psychosis treatment. They can help the people with psychosis to handle the symptoms of the illness and the disturbances arising in the course of recovery, which can enhance their sense of mastery of the illness, reduce the difficulties associated with the illness, increase their quality of life and promote their confidence to return to school or work.



In psychotherapy, there is more empirical evidence to show the effectiveness of cognitive behavioural therapy and family intervention.

Cognitive behavioural therapy: The purpose of cognitive behavioural therapy is to use a series of cognitive restructuring techniques and behavioural experiment to enable a person to understand the interactive relationship between thoughts, feelings, and behaviours so as to understand one's experiences in a more objective and adaptive way (e.g. understanding that the teacher was staring at the student not because he could read the student's mind), to reduce negative emotions (e.g. anxiety), and use a more effective and healthy way to manage psychotic symptoms.

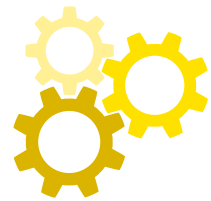
Chapter 5

Family intervention: Studies show that family environment and relationships are closely related to psychosis and its recovery. Overprotective or overly critical parenting styles will increase the risk of relapse. Therefore, family intervention aims to help the caretakers understand the causes and symptoms of psychosis, and teach them how to help their family member with the illness to handle the symptoms, as well as to enhance their stress management skills, so that the stress and burden brought to the family can be alleviated.

Aside from psychotherapy, various counselling and psychosocial support services, such as supportive counselling, social skills training or life coaching, are also very important in helping the people with psychosis to resume their normal life and abilities. Among these services, life coaching can help the people with psychosis understand their strengths and weaknesses so that decision on feasible ways of life can be made in different phases of recovery, helping them to fulfill their goals of life and strengthen their daily living capabilities so that they can return to school or work.

5.3.3 Combined Treatment

Although medication plays the most important role in treating psychosis, most of the people with the illness achieve better outcomes when they use a combination of pharmacological treatment and psychological treatment. They can have a higher quality of life, reduced impact of the symptoms and greater confidence to continue with the medication. Research shows that life stress poses a huge risk to triggering psychosis. By improving stress management skills and receiving continuous pharmacological treatment, the person will have a greater chance of recovery.



5.4 Strategies to Help Students with Psychosis at School

5.4.1 How does Psychosis Affect Students' School Performance?

Students with psychosis may have no knowledge of the illness or channels where they can seek help. They may not take the initiative to seek help from their family members or teachers. Schools should be aware if the students are affected by the condition and have a significant or unusual change in learning, behavioural and social performance.

Learning aspect:

The positive and negative symptoms displayed by students with psychosis will take hold of the cognitive function and consequently hinder their learning progress. Research shows that, people with psychosis are significantly weak in various cognitive functions, such as:

Cognitive Functions	Examples
• General cognitive ability	Difficult to think or act in a rational way as required by the lessons activities
• Attention	Difficult to pay attention in class for a long time and unable to ignore irrelevant information
• Working memory	Forget things they have just been taught easily
• Processing speed	Slower in reactions to simple task

• Planning and organisation	Difficult to plan activities, organise personal items, exercise self-control or respond flexibly to situations
• Visuospatial skills	Difficult to perceive, analyse and apply visual information
• Verbal fluency	Difficulties in verbal expression and communication, such as difficult to put ideas into words or organise the speech content
• Visual memory	Difficult to remember pictorial or visual information
• Verbal learning / memory	Difficult to remember verbal information

Some students are able to resume schooling upon medical treatment. As the duration of untreated psychosis (i.e. the time interval between the onset of illness and first appropriate treatment), health condition, drug compliance and progress of recovery vary from person to person, one's class performance and learning progress could possibly be affected to varying degrees. Therefore, the recovering students may not be able to meet their standards in learning prior to the onset of illness immediately.

Behaviour aspect:



Students with psychosis are usually more sensitive. They tend to feel more stressful than other students under the same situation. For those who are sensitive to sound, they may be in a state of agitation when they are placed too close to an amplifier or the corridor. The influence of their health condition or side-effects of the medication may bring about some emotions or behaviours that are incomprehensible to the others, affecting these students' school performance, such as:

- Becoming agitated, caring less about one's own appearance, and self-talking due to the symptoms;
- Lacking interests or motivation on learning and social engagement due to the negative symptoms;
- Getting tired easily, oversleep and slow mobility due to medication side-effects;
- Losing concentration easily, being forgetful to bring books or hand in assignments due to poor cognitive functioning;
- Being late for class, having unstable attendance or failing to complete the full day class due to ill-health or attending medical follow-up consultation.

Sometimes, the students' learning performance may differ from that before the onset of psychosis, and that will be easily mistaken by their teachers as lazy.

Social aspect:



Some students with psychosis who have been staying in hospitals, taking school leaves or taking rest at home due to their illness will become socially dissociated with their schools or the communities for a certain period of time. School resumption can help strengthening the social support for these students on their road to recovery. Schools can also provide an environment conducive to their rehabilitation. When planning support measures, schools should be aware of the difficulties and concerns related to communicating with others and building social relationships among the rehabilitating students. For example:

- They may be afraid of being rejected by their teachers and fellow schoolmates and thus feel anxious;
- They may feel inferior and socially withdrawn due to worry on the impact of stigma on their illness;
- They may be so afraid of being spotted on their residual symptoms (e.g. slow responses) or nervousness (e.g. sweating or shaky hands) that they tend to avoid social contacts;
- They may be viewed negatively by their peers due to misunderstanding of their condition.

5.4.2 Strategies to Support Students with Psychosis at School and Points to Note

When supporting students with psychosis, schools should establish a trusting relationship with the students, parents and healthcare teams so that every party may take part in the medical treatments and psychosocial support measures. Schools should also formulate strategies to help the students cope with hallucinations and delusions and adapt to the effects arising from the negative symptoms. At the same time, schools should set up a mechanism to monitor the progress of the students for early detection of relapse symptoms in order to provide timely intervention.

(1) Establishing a trusting relationship

At the early stage of the illness, the students' insight into the illness is generally weak. They believe that they are not sick or that their problems are purely caused by stress. They are relatively reluctant to go to hospitals for consultation. Also, their parents may not understand what psychosis is and believe that the abnormal behaviour of their children are caused by evil spirits or are just acts of rebelliousness in adolescence. Sometimes, both the students and parents may worry being labelled and are not willing to admit having the illness.

As far as the students are concerned, teachers should not urge them to admit that they have psychosis. Teachers should first take care of the personal needs of the students, such as pointing out the changes of the students' sleeping quality, social relationship and academic performance, in order to establish a trusting relationship. Teachers may further persuade the students to meet with the school social worker, who may make referral and take follow-up actions as appropriate after talking with the students and assessing their mental state.

As for the parents of the students with psychosis, teachers and school social workers may provide them with accurate information about psychosis such as the common symptoms or possible impacts on the students. Sometimes, explaining to the parents the negative consequences resulting from delayed treatment may not be effective in making them agree to receive treatment. On the contrary, teachers and school social workers may point out the positive results of early intervention (e.g. by improving mental health, the students may have the ability to pursue their personal goals) and to give them encouragement and faith, believing that collaboration can help the students recover so that the parents would be positively motivated.

(2) Coping with the students hallucinations and delusions

- **Strategies for the students to cope with hallucinations and delusions**

Schools may discuss with the healthcare teams in formulating strategies for helping students with psychosis to cope with hallucinations and delusions. For example, when a student needs to work quietly on his own, teachers may allow the student to wear a headphone to listen to some music in order to lessen the disturbances caused by auditory hallucination; pay attention to the situations that can easily trigger hallucinations or delusions or the source of stress (e.g. during recess or in crowded environments) and allow the student to take some rest in a quiet and safe place when needed for reducing the sensory stimulation from the external environment, or arrange the student to participate in some leisure activities with some trusting school staff or peers ; teach the student some relaxation skills to reduce the anxiety when hallucinations or delusions occur.

If the students are receiving psychotherapy such as cognitive behaviour therapy, schools may formulate plans by referring to the strategies recommended by the clinical psychologists so as to encourage the students to apply those strategies in school for enhancing their ability to differentiate between imaginations and realities.

- **Responding to the students' hallucinations and delusions**

When the students have hallucinations and delusions, they may tell teachers about them and ask for support and recognition. When this happens, teachers may respond to the students by adopting the following principles:

Never argue – These hallucinations and delusions are very real to the students. Therefore, teachers should not argue with them about the truthfulness of these irrational thoughts or experiences.

Never pretend – Never pretend to have the same hallucinations or delusions as the students and never mock at or agree with them.

Understand the students' feelings – Try to understand their negative feelings arising from the hallucinations or delusions, e.g. "If I were you who always felt being followed and monitored by others, I would feel very frightened and helpless too!"

Calm down the students' emotions – Try to pacify the students and make them feel safe, e.g. "Take it easy, we have appropriate safety measures in our school."

Guide the students back to reality – Ask appropriate questions to guide the students to recall or tell some situations in touch with reality, e.g. "I see that you were very nervous just then. Do you need to take some rest? Did you have your lunch? Are you hungry now?"

If a student suspects that he is being monitored, followed or persecuted by teachers, teachers should avoid arguing with the student or meet with him individually. Teachers should try to invite people whom the student trusts to accompany the student. With the consent of the student, teachers should tell the condition of the student to the teacher whom the student trusts and let that teacher take follow-up actions. Though having delusions will make it very difficult for the student to trust teachers, he still can feel the genuine care concern of others. Therefore, teachers should continue to care for the student and treat him as an ordinary student. Teachers should understand that being misunderstood is only a temporary situation. When the student's illness becomes in control, their relationship will probably improve.

Sometimes, students will have some bizarre behaviours due to their hallucinations or delusions, such as loss of temper without reasons, disrupting the class or saying things that are embarrassing to others in public. Teachers must understand that the students cannot control their symptoms at will. Thus, criticising or punishing the students with psychosis or feeling depressed on account of the students' symptoms cannot help the students improve their conditions. On the contrary, it will only destroy the teacher-student relationship and even deepen the students' negative view of themselves and consolidate their thoughts of being persecuted, leading them to become unwilling to go to school and receive treatments. If teachers wish to understand the emotions of the students behind their bizarre behaviours, they should use a mild tone and invite the students to a quiet, safe and private place to talk. They should understand the whole picture of the matter with an open mind so that the students can feel the genuine care of the teachers.

(3) Support for Social Adjustment

In general, students with psychosis are more socially withdrawn and thus lack social support. However, studies show that social support has tremendous effect on the recovery progress of students with the illness. Schools could arrange regular occasions for the students to socialise with their fellow schoolmates and teachers. Schools could also arrange suitable peers to care for the students so that the students may gain positive experiences of social support. Schools could cooperate with the healthcare teams in the directions for rehabilitation training and provide social skills trainings for the students to help them resume their social life in the course of their recovery. For those students who find it hard to establish a peer support network, encouraging and assisting them to take part in different personal leisure activities can also be an alternative means to facilitate their recovery.

(4) Providing Learning Support and Accommodation

Schools should work with professionals, parents and students with psychosis to discuss appropriate learning support and accommodation, such as study plans, homework arrangements and seating arrangements, to cater for the students' learning difficulties due to the illness. At the same time, school personnel should be patient and flexible in order to help the students reduce academic stress, such as adjusting the teaching methods according to the students' needs, so that the students can learn more effectively. Specific support strategies can be found in Section 2.3. of Chapter 2.

(5) Identification of the Relapse Symptoms of Students

Studies show that the relapse rate of people with psychosis in the first two years is nearly 50%. Thus, it is very common for them to relapse after their conditions have become stable. If schools find that students with psychosis show signs of relapse, they should communicate with the students' family members and healthcare staff as early as possible to seek appropriate assistance. In general, the symptoms of relapse are similar to those of the first episode of psychosis. If schools notice that the students behave abnormally such as looking dull, not caring about their appearances and being emotional after their conditions have become stable for quite some time, they should spend more time to learn the recent mental state of the students from the students, their families and healthcare staff. If there are relapses, corresponding support should be given after discussing with the parties.

The general principles and strategies for supporting students with mental illness are also applicable to students with psychosis. Please refer to Chapter 2 for details.

Concluding Remarks

In order to strengthen the care for the needs of students with mental illness in the learning, social, emotional and behavioural aspects, interdisciplinary collaboration among healthcare, educational and social service sectors is vital. Apart from the diagnosis and treatment by the healthcare professionals, schools, teachers, social workers and parents should maintain close contact so to provide various supports for these students, including needs assessment, formulation of support plans, as well as provision of support and accommodation. Through the collaboration of healthcare professions, schools and families, students will be able to overcome the difficulties which the mental illness brought about. They can get on the road to recovery, integrate into school life, as well as enjoy equal opportunities for participation and displaying their talents.

Appendices and References

Appendix I: Examples of Supporting Strategies for Students with Mental Illness

(1) Rebuilding school life with structures and routines

School Life and Routines	Support Strategies and Accommodation
School and class Attendance	<ul style="list-style-type: none"> • Make flexible arrangements on the students' routines (e.g. flexible school hours/special timetable) • Allow flexibility in handling issues related to punctuality and attendance • Provide a safe and quiet place where the students can take breaks and would less likely be stimulated if they are very tense and overwhelmed • Arrange school staff to accompany the students to leave the classroom and go to the resting area when needed
Classroom Management	<ul style="list-style-type: none"> • Arrange preferential seating at classrooms and special rooms (e.g. assign appropriate buddy to sit next to the student) • Be clear and direct about the flow and activities of the lesson so that the students know what to expect • Allow the students to participate in classroom activities according to their abilities and conditions and avoid overloading those students • Give frequent positive feedback and encouragements
Classroom Routines and Self-Management	<ul style="list-style-type: none"> • Assist the students in recording daily homework arrangement • Assist the students in using folders to file and organise notes • Assist the students in using a work schedule or calendar to mark the deadlines for homework or dates for attending activities • Assist the students in using sticky notes to jot down things to do/prepare, and stick it at a noticeable place, e.g. desktop, handbook, etc. • Remind the students during transition of lessons to prepare the textbooks for the next lesson; before school ends, remind the students to pack up and check the books and notes that need to be brought back home
Recess and Lunch Arrangements	<ul style="list-style-type: none"> • Pay attention to whether the students need additional care, and arrange a resting place for them if needed • If the students' health condition allows, arrange them to work with teachers and other students to accomplish simple class duties (e.g. assist in organising books, designing bulletin boards, etc.) to let them gain a sense of their competence and self-worth and gradually integrate them into school life
Extra-curricular Activities (ECA)	<ul style="list-style-type: none"> • Arrange appropriate ECA to enhance the students' self-confidence and sense of competence

Appendices and References

(2) Integrating into getting along and communicating with teachers and peers

Teacher Level	<ul style="list-style-type: none"> • Reach out to the students to express their concern and build trusting relationships • Recognise the students' progress, or leave encouraging notes to them • Try to understand and accept that the students' difficulties and feelings are caused by their health condition • Avoid arguing with the students or making them feel being queried or criticized • Remain patient when listening to the students' sharing and reflect their feelings based on what they have shared • Remain objective while trying to empathise with the students • Encourage the students to seek help from personnel (e.g. counsellors, school social workers)
Student Level	<ul style="list-style-type: none"> • Pair up the students with peers who are self-confident and helpful so as to provide learning or emotional support in class • Encourage mutual support and acceptance among peers so as to help the students build social circles • Observe interactions among students and offer help and guidance on corresponding skills and attitude when needed

(3) Engaging the students in learning activities

1. Learning activities in class	Support strategies and accommodation
(a) Lecturing and explaining	<ul style="list-style-type: none"> • Apply diverse teaching strategies (e.g. demonstrations and discussions) and interactive lesson activities to facilitate the students' learning via practical experience. • Provide class learning materials in advance, e.g. giving the students the key learning points of the textbook chapters • Prepare notes for the students to reduce the need for copying as well as to decrease the demand on the students' memory, attention and organisation • Prepare teaching materials/worksheets, such as use of graphic organisers and essay writing framework, to help the students with organising information • Allow short breaks during lessons • Teach the students organisation and mnemonic skills (e.g. use of mind maps and tables) • Give simple and short instructions, repeat the instructions or use oral or visual prompts when needed • Provide teaching accommodation, such as adjusting the difficulty level of the content and the order of teaching sequence • Allow the use of additional learning tools in the classroom, such as recorders and timers

Appendices and References

(b) Classwork	<ul style="list-style-type: none"> • Facilitate task initiation by giving demonstrations or guidance • Break tasks into smaller units • Provide additional hints, such as prompting the students to make reference to particular book chapters/sections, and providing mathematical equations or examples • Remind the students to manage their time properly and allow the use of a timer when needed • Print single-sided notes and worksheets so that the students can refer to their notes and work on the worksheets simultaneously
(c) Questioning	<ul style="list-style-type: none"> • Use True-False or open-ended questions according to the ability of the students • Notify the students in advance before asking them questions to allow ample processing time • Allow non-verbal responses such as nodding/shaking head or writing/pointing out the answer on the blackboard • Give the students sufficient time, instructions or options to help them to respond
(d) Group discussion	<ul style="list-style-type: none"> • Group the students with suitable classmates for discussion • Facilitate the students' participation in group discussion based on their abilities and conditions
(e) Writing assignments	<ul style="list-style-type: none"> • Provide the students with writing outlines or frameworks, assist them in constructing ideas for different paragraphs and provide vocabulary as prompts • Reduce the number of word required in accordance with the ability of the students
2. Homework Accommodation	<ul style="list-style-type: none"> • Provide homework accommodations, such as reducing the amount of homework or copying tasks, adjusting difficulty level, extending the deadline, or allowing flexible due date, to minimise the corresponding stress on the students • Allow diverse formats of responding, such as oral presentation in lieu of written report
3. Examination Accommodation	<ul style="list-style-type: none"> • Provide special examination arrangements based on the students' needs and professional advice, such as invigilators for reminding the students to focus on responding, special examination rooms, and special seating arrangements, etc.

Appendices and References

Appendix II: Student Needs Assessment upon School Resumption

(A) Student Information

Name: _____ Class: _____

First date of school resumption: _____

(B) Needs Assessment

1. Schedules and arrangement for learning activities

- When will the student feel particularly tired after taking medication?

AM / PM / Others : _____

- Which subjects are more challenging for the student?

Chinese Language / English Language / Mathematics / Others:

- Which subjects are more challenging for the student?

Chinese Language / English Language / Mathematics / Others:

- Does the student need progressive adjustment of school hours? Yes / No

If "Yes", accommodation will be arranged as follows:

Attend half-day classes initially (AM / PM) _____

Attend classes in which the student is more confident

(Chinese Language / English Language / Mathematics / Others:

_____)

Others: _____

- When the student takes part in school activities, is additional support needed for him? Yes / No

If "Yes", activities that require additional support include:

Support and accommodation will be arranged as follows (Please specify the activity if different support is needed for different activities):

Peer support (e.g. Pair-up with peer or mentor)

Teacher support (e.g. Additional care or monitoring by teacher or other school staff)

Others (e.g. Lunch arrangement, pick-up and transportation arrangement, coordination among relevant parties)

Exemption from attendance

2. Break Time

- Is it challenging for the student to focus in class and thus break time is required?
Yes / No

If "Yes", accommodation will be arranged as follows:

- Allow break time between lessons in the AM / PM (about _____ minutes each)
- Allow break time during double lessons (about _____ minutes each)
- Others: _____

- Would the student need a quiet and safe place to settle down when he feels nervous and disturbed?
Yes (suggested resting place: _____) / No
- Would the student need additional care (e.g. to arrange special activities or resting area) during recess or lunch? Yes / No

If "Yes", accommodation will be arranged as follows:

- Resting area: _____
- Arrangement of activities: _____

3. Classroom Settings and Arrangements

- Would the student need a quiet seat to reduce unnecessary disturbance? Yes / No
- Would the student need to sit near the teacher for assistance? Yes / No
- Would the student need to sit near certain peers for getting assistance readily and a sense of security? Yes / No

4. Others: _____

Appendices and References

Appendix III: Depression

1. Identification

Pay attention to the following common symptoms of depression:

Emotional	Physiological	Cognitive	Behavioural
<ul style="list-style-type: none">• Depressed mood• Feeling of blah• Agitation	<ul style="list-style-type: none">• Low energy or fatigue• Restlessness• Insomnia or hypersomnia• Poor appetite or overeating, unstable weight• Somatic complaints, e.g. pain	<ul style="list-style-type: none">• Reduced concentration• Difficulty in making decision• Negative view of self, world and future• Loss of self-confidence and tendency to have guilt feelings• Feeling of hopelessness• Feeling of helplessness• Feeling loss of control• Suicidal thoughts	<ul style="list-style-type: none">• Psychomotor agitation or retardation• Social withdrawal• Unwilling to participate in usual activities• Decline in self-care or personal appearance• Lack of learning motivation (e.g. failing to hand in assignments, decreased school performance)

Students exhibiting some of the signs may not necessarily be suffering from depression. However, when students show an obvious decline of motivation and seem very agitated, irritable or sad for more than two weeks, teachers should initiate to talk to the students to understand more about their condition. By doing so, teachers can see whether the students have been in a low mood, losing interest in things for a long period of time that has affected his everyday life, social functioning or academic performance. These could be the early signs of depression. Timely referral for professional support services should be made as appropriate.

2. Supporting Strategies and Points to Note

Dos	Don'ts
<ul style="list-style-type: none">• Adopt positive communication and teaching strategies, provide additional support to help the students meet their everyday challenges.• Adjust expectations on academic performance according to the students' needs, preferences as well as parents' feedback• Create opportunities for the students to experience success in order to boost their self-confidence and sense of competence	<ul style="list-style-type: none">• Communicate negatively (e.g. blame or punish) when handling the students' unsatisfactory behaviours• Set high expectation on the students' class participation and academic performance or provide too much accommodation which might affect their sense of competence and self-confidence

Appendix IV: Anxiety Disorders

1. Identification

Pay attention to the following common symptoms of anxiety disorders:

Emotional	Physiological	Cognitive	Behavioural
<ul style="list-style-type: none"> • Worry • Nervousness 	<ul style="list-style-type: none"> • Rapid heart rate • Rapid and shallow breathing • Muscle tension • Headaches • Stomachaches • Sleep problems 	<ul style="list-style-type: none"> • Concentration problems • Memory problems • Perfectionism 	<ul style="list-style-type: none"> • Restlessness • Irritability • Task avoidance • Fear for failure • Withdrawal • Overreaction to trivial matters

Students exhibiting some of the above symptoms may not necessarily be suffering from anxiety disorders. However, anxiety that aggravates, persists for a period of time, and impairs the students' social functioning, health condition, or academic performance, can be a warning sign that the students may be suffering from anxiety disorders. These students need support from their families, friends, teachers and professionals.

2. Supporting Strategies and Points to Note

Dos	Don'ts
<ul style="list-style-type: none"> • Provide accommodation to enhance the students' confidence, e.g. showing appreciation towards the students' effort, positive behaviours and characteristics, breaking tasks into manageable parts and teaching them strategies to handle anxiety • Provide emotional support and give them space and time to manage their emotions, encourage self-assurance and explore activities that help the students relax • Encourage the students to face anxious situations by arranging appropriate amount of practice or rehearsals to boost their confidence. Set reasonable expectations and use consistent approaches to expose them gradually to fearful situations or objects • Provide social support, e.g. arranging peer support and providing social skills training 	<ul style="list-style-type: none"> • Set unrealistically high expectation on the students or criticise their unsatisfactory performance • Criticise the students, and say things that deny their anxious feelings, or over-assure when they seek for reassurance • Allow the students to avoid all the situations that they are anxious about

Appendices and References

Appendix V: Psychosis

1. Identification

Pay attention to the following common symptoms of psychosis:

Emotional	Physiological	Cognitive	Behavioural
<ul style="list-style-type: none">• Anxiety• Feeling of blah• Sullen• Agitation• Apathetic	<ul style="list-style-type: none">• Change in sleeping pattern• Change in appetite• Fatigue• Sensitive to sound	<ul style="list-style-type: none">• Poor memory• Suspiciousness• Confused mind• Difficulty with concentration• Difficulties with verbal expression• Suicidal thoughts	<ul style="list-style-type: none">• Inappropriate laughter or crying• Deterioration of personal hygiene• Self-isolation• Loss of motivation• Social withdrawal• Talking to oneself• Deteriorated school and work performance

Through observing the symptoms and behaviours of students, schools may have a preliminary impression on whether a student is at risk of developing psychosis. Timely referrals for professional support services should be made as appropriate.

2. Supporting Strategies and Points to Note

Dos	Don'ts
<ul style="list-style-type: none">• Establish a trusting relationship with the students and express care and concern about the personal needs of the students• Formulate strategies for helping the students to cope with hallucinations and delusions• When the students have hallucinations and delusions, try to recognise their negative feelings arising from hallucinations and delusions, and pacify the students to make them feel safe• Support the students' social adjustment, such as arranging peer support and providing social skills trainings to facilitate rehabilitation	<ul style="list-style-type: none">• Urge the students to admit that they have psychosis• Argue with the students about the existence of their hallucinations and delusions• Pretend to have the same hallucinations or delusions as the students

-
- Provide learning support and accommodation to cater for the students' learning difficulties due to the illness and to help them reduce academic stress
 - When the students' condition becomes stable, the school should continue to monitor whether the students show signs of relapse, and communicate with the parents and healthcare staff in time to arrange appropriate assistance
-

Appendices and References

Appendix VI: Related Resources and Services

Community Resources

Hospital Authority Specialist Out-patient Clinics	Contact	Address
• Alice Ho Miu Ling Nethersole Hospital - Child & Adolescent Psychiatry	2689 3262	G/F, Block F, 11 Chuen On Road, Tai Po, NT
• Kwai Chung Child and Adolescent Psychiatric Centre	2959 8555	8/F, Block K, Princess Margaret Hospital, NT
• Yaumatei Child and Adolescent Mental Health Service (Remarks: New case booking is only available in Kwai Chung Child and Adolescent Psychiatric Centre)	2384 9774	8/F, Block T, Ambulatory Care Centre Extension, Queen Elizabeth Hospital
• Queen Mary Hospital - Child and Adolescent Psychiatry Service	2255 3656	5/F, Block J, 102 Pokfulam Road, HK
• Tuen Mun Hospital - Child and Adolescent Mental Health Centre	2454 5871	Block E2, Tsing Chung Koon Road, Tuen Mun, NT
• United Christian Hospital - Child Psychiatry	3949 4866	1/F, Block P, 130 Hip Wo Street, Kwun Tong, KLN
• Prince of Wales Hospital - Child Psychiatry	3505 3415	3/F, North Wing, Li Ka Shing Specialist Clinics, 30-32 Ngan Shing Street, Shatin, NT

Hospital Authority Clinical Services	Contact	Webpage
• The E.A.S.Y. Programme (Early Assessment Service for Young People with Early Psychosis)	2928 3283	http://www3.ha.org.hk/easy/eng/service.html
• Child and Adolescent Mental Health Community Support Project (CAMcom)	2959 8094	http://www.ha.org.hk/CAMcom (Chinese only)
• 24-hour Hospital Authority Psychiatric Hotline	2466 7350	https://www.ha.org.hk/kch/eng/departments/cs/depart-psychiatriteam.html

Community Support Services	Webpage
• Early Psychosis Foundation	http://www.episo.org (Chinese only)
• Integrated Community Centre for Mental Wellness (ICCMW)	http://www.swd.gov.hk/en/index/site_pubsvc/page_rehab/sub_listofserv/id_supportcom/id_iccmw/
• United Centre of Emotional Health and Positive Living	http://www.ucep.org.hk/index.php (Chinese only)

Psychological and Mental Health Resources and Webpages

Promotion of Psychological Health

Joyful@School Campaign (Education Bureau) (Chinese only)

<http://www.edb.gov.hk/tc/edu-system/special/resources/joyfulatschool/index.html>

Emotional Health Tips (Student Health Service, Department of Health)

http://www.studenthealth.gov.hk/english/emotional_health_tips/emotional_health_tips.html

Information on Mental Illnesses

Mental Health Information Platform (Hospital Authority)

<http://www21.ha.org.hk/smartpatient/en/siteTool/mentalPopUp/index.html>

Mental Health Info (Institute of Mental Health, Castle Peak Hospital)

<http://www3.ha.org.hk/cph/imh/mhi/index.asp>

Mental Health Education (Kwai Chung Hospital)

<http://www.ha.org.hk/kch/eng/education/edu-index.html>

Understanding emotional health and mood disorders (United Centre of Emotional Health and Positive Living) (Chinese only)

http://www.ucep.org.hk/cognition/health_mood.htm

Little Prince is Depressed (The University of Hong Kong)

<http://www.depression.edu.hk/>

Jockey Club Early Psychosis Project (Chinese only)

<http://www.jcep.hk/>

Leaflet on Depression (Central Health Education Unit, Department of Health) (Chinese only)

http://www.edb.gov.hk/attachment/tc/edu-system/special/resources/joyfulatschool/Resources_depression_c.pdf

Online Screening

Screening for Anxiety [Hospital Authority – The Child and Adolescent Mental Health Community Support Project (CAMcom)] (Chinese only)

<http://www3.ha.org.hk/CAMcom/channel.aspx?code=anxiety-test>

Screening for Depression [Hospital Authority – The Child and Adolescent Mental Health Community Support Project (CAMcom)] (Chinese only)

<http://www3.ha.org.hk/CAMcom/channel.aspx?code=depression-test>

Quick Self Screening Test for Early Psychosis [Hospital Authority – Early Assessment Service for Young People with Early Psychosis (EASY)]

<http://www3.ha.org.hk/easy/eng/test.html>

Self Screening for 7 Common Mood Disorders (The Chinese University of Hong Kong – Hong Kong Mood Disorder Center) (Chinese only)

<http://www.cuhk.edu.hk/med/hmdc/main.html>

Appendices and References

References

- Addington, D., Addington, M.D., & Patten, S. (2007). Relapse rates in an early psychosis treatment service. *Acta Psychiatrica Scandinavica*, 115(2), 126-131. <http://dx.doi.org/10.1111/j.1600-0447.2006.00879.x>
- British Columbia Ministry of Education Special Programs Branch. (2001). *Teaching Students with Mental Health Disorders: Resources for Teachers. Volume 2 - Depression*. Retrieved from https://www.bced.gov.bc.ca/specialed/docs/depression_resource.pdf
- Canadian Psychiatric Research Foundation. (2007). *When Something is Wrong: Strategies for Teachers*. Retrieved from <http://www.kidsmentalhealth.ca/documents/res-cprf-teachers-2007.pdf>
- Cash, R. E. (2010). Depression in Adolescence: What Schools Can Do. In A. Canter, L. Z. Paige & S. Shaw (Eds.), *Helping Children at Home and School III: Handouts for Families and Educators* (S5H8, pp. 1-3). Bethesda, MD: National Association of School Psychologists.
- Chen, E. Y. H., Lee, H., Chan, G. H. K., & Wong, G. H. Y. (Eds.). (2013). *Early Psychosis Intervention: A Culturally Adaptive Clinical Guide*. Hong Kong: Hong Kong University Press.
- Chen, Y.-L., Rittner, B., Manning, A., & Crofford, R. (2015). Early onset schizophrenia and school social work. *Journal of Social Work Practice*, 29(3), 271-286. <http://dx.doi.org/10.1080/02650533.2015.1014328>
- Chiang, J. C. S., Chow, A. S. Y., Chan, R. C. K., Law, C. W., & Chen, E. Y. H. (2005). Pathway to care for patients with first-episode psychosis in Hong Kong. *Hong Kong Journal of Psychiatry*, 15(1), 18-22.
- Chow, D. H. F., Law, B. T. T., Chang, E., Chan, R. C. K., Law, C. W., & Chen, E. Y. H. (2005). Duration of untreated psychosis and clinical outcome 1 year after first-episode psychosis. *Hong Kong Journal of Psychiatry*, 15(1), 4-8.
- DeVylder, J. E., & Gearing, R. E. (2013). Declining social support in adolescents prior to first episode psychosis: associations with negative and affective symptoms. *Psychiatry research*, 210(1), 50-54. <http://dx.doi.org/10.1016/j.psychres.2013.02.004>
- Doyle, A. E., Wilens, T. E., Kwon, A., Seidman, L. J., Faraone, S. V., Fried, R., Swezey, A., Snyder, L., & Biederman, J. (2005). Neuropsychological functioning in youth with bipolar disorder. *Biological Psychiatry*, 58(7), 540-548. <http://dx.doi.org/10.1016/j.biopsych.2005.07.019>
- Hendryx, M., Green, C. A., & Perrin, N. A. (2009). Social support, activities, and recovery from serious mental illness: STARS study findings. *Journal of Behavioral Health Services & Research*, 36(3), 320-329. <http://dx.doi.org/10.1007/s11414-008-9151-1>

Horan, W. P., Pogge, D. L., Borgaro, S. R., Stokes, J. M., & Harvey, P. D. (1997). Learning and memory in adolescent psychiatric inpatients with major depression: a normative study of the California Verbal Learning Test. *Archives of Clinical Neuropsychology*, 12(6), 575–584. <https://doi.org/10.1093/arclin/12.6.575>

Huberty, T. J. (2004). Anxiety and Anxiety Disorders in Children: Information for Parents. In A. S. Canter, L. Z. Paige, M. D. Roth, I. Romero & S. A. Carroll (Eds.), *Helping Children at Home and School II: Handouts for Families and Educators* (S5, pp.1–4). Bethesda, MD: National Association of School Psychologists.

Huberty, T. J. (2004). Depression: Helping Students in the Classroom. In A. S. Canter, L. Z. Paige & M. D. Roth (Eds.), *Helping Children at Home and School II: Handouts for Families and Educators* (S5, pp. 45-48). Bethesda, MD: National Association of School Psychologists.

Huberty, T. J. (2008). Best practices in school-based interventions for anxiety and depression. In A. Thomas & J. Grimes (Eds.), *Best practices in school psychology V* (pp. 1473-1486). Bethesda, MD: National Association of School Psychologists.

Huberty, T. J. (2010). Anxiety and anxiety disorders in children. In A. Canter, L. Z. Paige & S. Shaw (Eds.), *Helping Children at Home and School III: Handouts for Families and Educators* (S5H2, pp. 1-4). Bethesda, MD: National Association of School Psychologists.

Huberty, T. J. (2010). Depression: Supporting Students at School. In A. Canter, L. Z. Paige & S. Shaw (Eds.), *Helping Children at Home and School III: Handouts for Families and Educators* (S5H11, pp. 1-3). Bethesda, MD: National Association of School Psychologists.

McGuire, J. F., Crawford, E. A., Park, J. M., Storch, E. A., Murphy, T. K., Larson, M. J., & Lewin, A. B. (2014). Neuropsychological performance across symptom dimensions in paediatric obsessive compulsive disorder. *Depression and Anxiety*, 31(12), 988–996. <http://dx.doi.org/10.1002/da.22241>

Michail, M., & Birchwood, M. (2013). Social anxiety disorder and shame cognitions in psychosis. *Psychological Medicine*, 43(1), 133-142. <https://doi.org/10.1017/S0033291712001146>

Minnesota Association for Children's Mental Health. (2007). *Children's Mental Health Disorder Fact Sheet for the Classroom*. Retrieved from <http://www.bridges4kids.org/MHClassroomFactSheet.pdf>

Myin-Germeys, I., van Os, J., Schwartz, J. E., Stone, A. A., & Delespaul, P. A. (2001). Emotional reactivity to daily life stress in psychosis. *Archives of General Psychiatry*, 58(12), 1137-1144. <http://dx.doi.org/10.1001/archpsyc.58.12.1137>

National Institute of Health and Clinical Excellence. (2009). *Schizophrenia: Core interventions in the treatment and management of schizophrenia in primary and secondary care (update)*. London: Author.

Appendices and References

National Institute for Health and Clinical Excellence. (2014). *Psychosis and schizophrenia in adults: treatment and management*. London: Author.

Nieto, R. G., & Castellanos, F. X. (2011). A meta-analysis of neuropsychological functioning in patients with early onset schizophrenia and pediatric bipolar disorder. *Journal of Clinical Child & Adolescent Psychology, 40*(2), 266-280. <http://dx.doi.org/10.1080/15374416.2011.546049>

Ontario Ministry of Education. (2013). *Supporting Minds: An Educator's Guide to Promoting Students' Mental Health and Well-being*. Retrieved from <http://www.edu.gov.on.ca/eng/document/reports/SupportingMinds.pdf>

Pavuluri, M. N., O'Connor, M. M., Harral, E. M., Moss, M. & Sweeney, J. A. (2006). Impact of neurocognitive function on academic difficulties in paediatric bipolar disorder: a clinical translation. *Biological Psychiatry, 60*(9), 951–956. <https://doi.org/10.1016/j.biopsych.2006.03.027>

Stevens, J. R., & Prince, J. B. (2012). Schooling students with psychotic disorders. *Child and Adolescent Psychiatric Clinics of North America, 21*(1), 187–200. <http://dx.doi.org/10.1016/j.chc.2011.09.008>

The F.O.R.C.E. Society for Kids Mental Health. (2008). *Orientation to Child and Youth Mental Health Services: A Guide for Teachers*. Retrieved from http://www.heretohelp.bc.ca/sites/default/files/images/Teacher_Orientation.pdf

U. K. Department of Education. (2016). *Mental health and behaviour in schools: Departmental advice for school staff*. Retrieved from <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Welley, P., Cash, R. E., & Bryson, D. (2004). Children's Mental Health: Strategies for Educators. In A. S. Canter, L. Z. Paige, M. D. Roth, I. Romero & S. A. Carroll (Eds.), *Helping Children at Home and School II: Handouts for Families and Educators* (S5, pp.25–28). Bethesda, MD: National Association of School Psychologists.

Wery, J. J., & Cullinan, D. (2016). Understanding and delivering interventions for students with schizophrenia and other psychotic disorders. *Beyond Behavior, 25*(1), 16-26.

World Health Organization. (2005). *Mental Health Policy and Service Guidance Package: Child and Adolescent Mental Health Policies and Plans*. Retrieved from http://www.who.int/mental_health/policy/services/essentialpackage1v11/en/

World Health Organization. (2016). *Mental health: strengthening our response*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs220/en/>

香港大學賽馬會思覺健康計劃 (2010)。賽馬會思覺健康計劃—思覺健康專業手冊 (社工篇)。香港。

香港大學賽馬會思覺健康計劃 (2015)。賽馬會思覺健康計劃—思覺健康專業手冊 (教師篇)。香港。

香港小童群益會。焦慮症(單張)。取自http://counselling.bgca.org.hk/0895/files/file/Anxiety_Disorder.pdf

香港小童群益會輔導中心 (2012)。樂對明天：應付焦慮小錦囊(小冊子)。香港。

香港青年協會 (2017)。關注青少年憂鬱情緒—校園工作手冊。香港。

香港特別行政區政府教育局 (2015)。「支援患有焦慮症的學生」研討會資料冊：與焦慮的學生同行—從認識到支援。香港。

楊蕙貞 (2000)。教孩子向焦慮和恐懼說再見。香港：天地圖書。

衛生署兒童體能智力測驗服務 (2012)。焦慮症(單張)。香港：衛生署。

醫院管理局智友站(2016)。慢性疾病特區。取自http://www21.ha.org.hk/smartpatient/tc/chronicdiseases_zone.html

醫院管理局「兒情」計劃(2012)。家有焦兒卻不慮。香港：葵涌醫院。

醫院管理局兒童及青少年精神健康服務小組 (2005)。兒童及青少年精神健康系列—焦慮症 (單張)。取自http://www3.ha.org.hk/cph/imh/doc/information/publications/7_02.pdf



Copyright belongs to the editors.
The handbook can be used for non-profit making educational purposes and research only.
Proper acknowledgement should be made.

Published in 2017