Meeting Students’ Mental Health Support Needs

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June 2010
What doctors tell us?

- Onset of psychosis usually occurs in adolescence & early adulthood.

- The longer the DUP (duration of untreated psychosis), the greater the deterioration of functioning & longer recovery.

- Psychosis can be treated. People can recover & can go on to live satisfying lives.
Schools are an ideal and opportunistic setting for reaching out to young people.
In June 2002, expert practitioners from across the UK met with representatives from the World Health Organisation (WHO) to agree and sign up this Declaration.

The Declaration sets out to encourage practitioners from a wide range of health, social, educational and employment services to reflect on how they can better contribute to supporting young people with psychosis, their families and their friends.
“We need committed people, we need good will people, we need grass-root people, ..... this is a task for us all, each one with their possibilities & capabilities, but all together .....”

Dr. Benedetto Saraceno
Director of Mental Health WHO
How can we help in a school context?

- Does my school have policies & practices that address concerns about a student’s mental state?
- that provide access to health services?
- that support and promote health?

- Does my school provide a safe, healthy environment, both physical & psychosocial?
Evidence from a range of studies across the world shows that young people do not choose to seek professional help.

A research article ‘Pathway to care for patients with first-episode psychosis in HK’ (2005) reported the reasons given by patients for delay in seeking help as tabled:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>‘lack of knowledge about psychosis’</td>
<td>74.3%</td>
</tr>
<tr>
<td>‘did not consider that the changes were related to mental illness’</td>
<td>40.0%</td>
</tr>
<tr>
<td>‘symptoms were not serious’</td>
<td>37.1%</td>
</tr>
<tr>
<td>‘symptoms would improve spontaneously’</td>
<td>31.4%</td>
</tr>
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</table>
1. Establish channels for reporting diagnosed cases (e.g. issue a circular letter annually to parents to solicit their co-operation in reporting the medical history of their children).

- Schools should ensure information not be divulged to other parties without the consent of the parents.

- The reporting of students' medical history by parents should be entirely on a voluntary basis and schools should observe Personal Data (Privacy) Ordinance.
Medical history of student (Sample)
(for the completion of parent/ guardian on voluntary basis)

Name of Pupil: _____ Sex: __ Date of Birth: ____ Class: ___
Name of Parent/ Guardian: ______ Contact Tel No.:_____

If the pupil has ever had the following medical condition(s), please mark "X" in the appropriate box and specify details.

If the student is considered not suitable for participation in P.E. lessons or any other type of school activity, please specify: ______________________ and submit a medical certificate for the school's reference.

Any other remarks: ______________________

Date ______________
Signature of Parent/Guardian ____________

<table>
<thead>
<tr>
<th>Medical condition</th>
<th>Age Detected</th>
<th>Details of Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Epilepsy</td>
<td></td>
<td></td>
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<tr>
<td>□ Fits due to fever</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Kidney disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Heart disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Diabetes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Hearing defect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Haemophilia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Anaemia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other blood disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Allergy to drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Allergy to vaccines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Mental Health related Illness</td>
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</tbody>
</table>
2. Designate a staff as gatekeeper

- UK experience: a designated member of staff with knowledge & skills to act as a source of expertise and advice, coordinate action, liaise with & make referrals to agencies/professionals

- HK scene: a research article highlighted the importance of social workers as ‘gatekeepers for patients with early psychosis in HK….. particularly important for patients still in the education system as most of the secondary schools in HK have a social worker on campus.’
Self-identification is unlikely

Teachers are particularly good at identifying at-risk students
Signs (or in combinations) indicating possible mental health problems and need extra support

- Behavioural problems over a sustained period of time
- Withdrawn behaviour and lack of concentration
- Fatigue and tiredness over a period of time
- Irritability
- Declining grades that are unusual for the student
- History of family problems, recent separations, death of family member
- Absenteeism
- Problem with peers and social isolation
Effective case manager

- Develop, monitor, disseminate and evaluate a plan of action to enable students to function to the best of their ability within and beyond the school system
3. Establish mechanism to review support and health issues

- Set up coordination/review meetings &/or case conferences to review and adjust support strategies to meet the needs of students at different phases of development:
  - acute, recovery/stabilization, residual phases, the length of each varies from person to person
  - high suicide risk period (resume school, relapse, change of support personnel)
  - initial stage of treatment when several medication adjustments may be needed to find dosage of best fit
Identify protective factors and risk factors

- Protective factors – need to enhance
  - personal strength
  - supportive family members, peers, teachers

- Risk factors – need to minimize
  - deficits in coping skills
  - unsupportive family
  - readiness of peers
4. Establish mechanism to activate input & collaboration from stakeholders concerned

- Adopt a multi-disciplinary team approach, involving
  - staff (such as guidance & discipline teachers, school social worker, student guidance personnel, class/subject teacher)
  - other helping professionals (such as educational psychologist, psychiatrist, family and/or medical social workers)

- Invite participation from parents, the student concerned, & supportive personnel
5. Establish good communication between home and school

- frequent, timely, focused on facts and solving problems (rather than blame and complaints)

- school needs to inform parents regularly about how the student is performing (use notebook, daily chart, e-mail to record successes, progress, difficulties and mood information)
What doctors tell us?

- motivation, thinking, socialization, confidence & spontaneity are all affected

- Improvement will be gradual, with temporary set-backs

- drowsiness may be from side-effects of drug treatment
6. **Adopt appropriate, effective support strategies**

Be flexible & patient, minimize stressor, facilitate achievement, build confidence and coping skills

- allow for difficulties with concentration and thinking

- allow sufficient time to respond to questions or instructions

- modify schedules, if required

- use varied instructional techniques and modalities

- reduce homework demands if possible, especially at an initial stage

- provide a quiet room and/or more time for exams
- find a low-stimulation ‘safe place’ or a ‘safe person’ where the student can take breaks

- strike a balance between encouraging the student to stay in the classroom or providing a refuge if he or she is very anxious or overwhelmed

- set a structure time table for sleep, work and interest

- do not argue on genuity of hallucination or delusions but distract him/her by encouraging focus on doing things that interest him/her

- talk in simple and direct ways. Listen and encourage, especially points out positive changes
- remind the student that he/she does not need to discuss the psychotic experience with everyone who asks, help the student with what to say to maintain privacy

- suggest that the student could confide in trusted friends, if comfortable

- encourage to take medication and attend therapies regularly to enhance recovery


- in case of emergency such as safety of the student and those around him/her is at stake, school should call the police or the ambulance.
Warning Signs of Suicide


(A) Symptoms

Students who attempt to kill themselves usually leave definite warning signs indicating their cry for help. Some clues are obvious whereas some are subtle. Teachers should be fully aware of the following suicide warning signs:

1. Daily behaviour
   - Direct statements (verbal or written) about suicide: "I want to die," or "I am going to kill myself."
   - Indirect or subtle statements (verbal or written) indicating a wish to die, hopelessness and helplessness. "I want to go to sleep and never wake up," or "I should never have been born."
   - Prior suicide attempts, self-injury behaviour
   - Giving away prized possessions, making final arrangements
   - Sudden change in personality
   - Extreme moodiness (especially sadness and depression)
   - Sudden change in sleeping habits or eating patterns

2. School performance
   - Deteriorated schoolwork and drop in grades
   - Increase in absenteeism without reasonable explanation
   - Unusual disruptive or rebellious behaviour

3. Social behaviour
   - Marked withdrawal from social contacts, isolation
   - Sudden worsening of communication/relationship with peers
Suicide Risk Assessment Checklist


<table>
<thead>
<tr>
<th>Performance/Degree</th>
<th>RISK PRESENT, BUT LOWER (Score for each $\square = 1$)</th>
<th>MEDIUM RISK (Score for each $\square = 2$)</th>
<th>HIGHER RISK (Score for each $\square = 3$)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Suicide Plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Details</td>
<td>$\square$ vague</td>
<td>$\square$ some specific</td>
<td>$\square$ well thought out, knows when, where, how</td>
</tr>
<tr>
<td>b. Availability of means</td>
<td>$\square$ not available, will have to get</td>
<td>$\square$ available, have close by</td>
<td>$\square$ have in hand</td>
</tr>
<tr>
<td>c. Time</td>
<td>$\square$ no specific time or in future</td>
<td>$\square$ within a few hours</td>
<td>$\square$ immediately</td>
</tr>
<tr>
<td>d. Lethality of method</td>
<td>$\square$ pills, slash wrists</td>
<td>$\square$ drugs and alcohol, car wreck, carbon monoxide</td>
<td>$\square$ drug, charcoal, hanging, jumping</td>
</tr>
<tr>
<td>e. Chance of intervention</td>
<td>$\square$ others present most of the time</td>
<td>$\square$ others available if called upon</td>
<td>$\square$ no one nearby; isolated</td>
</tr>
<tr>
<td><strong>2. Previous Suicide Attempts</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>3. Stress</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4. Symptoms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Coping Behavior</td>
<td>$\square$ daily activities continue as usual with little change</td>
<td>$\square$ some daily activities disrupted; disturbance in eating, sleeping, school work</td>
<td>$\square$ gross disturbances in daily functioning</td>
</tr>
<tr>
<td>b. Depression</td>
<td>$\square$ mild, feels slightly down</td>
<td>$\square$ moderate, some moodiness, sadness, irritability, loneliness and decrease of energy</td>
<td>$\square$ overwhelmed with hopelessness, sadness and feels worthless</td>
</tr>
<tr>
<td><strong>5. Resources</strong></td>
<td>$\square$ help available; significant others concerned and willing</td>
<td>$\square$ family and friends available but unwilling to consistently</td>
<td>$\square$ family and friends not available or are hostile,</td>
</tr>
</tbody>
</table>
Assessment of the Internet Habit of Youngsters and Suicide Risk

Part 1: Understand Internet Habit of Youngsters
To help understand your child’s/student’s internet habit and its impact so as to arrange appropriate guidance strategies and support services.

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

<table>
<thead>
<tr>
<th>(B) Impact of Internet Habit</th>
<th>Suggested questions</th>
<th>Degree of impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotion</strong></td>
<td>1. When gets interrupted or stopped while using the</td>
<td></td>
</tr>
</tbody>
</table>

ebook on School Crisis Management

A Mental Health Framework

- Mental health is defined as a state of emotional and social wellbeing that enables people to undertake productive activities, experience meaningful interpersonal relationships, adapt to change and cope with adversity (WHO 1999)

- Mental health is not the absence of illness, but rather, the ability to cope and feel positive about people and events in life.

- A mental illness or disorder is a health problem that significantly interferes with a person’s thoughts, feeling or social behaviour. It is diagnosed according to standardized criteria.

- A mental problem also interferes with a person’s thoughts, feelings and social abilities but to a lesser extent than a mental illness.
7. **Adopt a Whole School Approach to Support Mental Health**

Schools in various countries have been using the whole school environment to support mental health based on the **Health Promoting Schools Framework** developed by WHO (2000),

- **1st level**: focus on promoting wellbeing of the entire school community by creating a school environment that is conductive to the development of mental health and wellbeing.

- **2nd level**: focus on enhancing mental health related knowledge, attitude and behaviour of all students and teachers

- **3rd level**: focus on the estimated 20-30% of the student in a school who may be experiencing problems and who need additional support to deal with these problems.

- **4th level**: focus on the estimated 3% - 12% of students who are experiencing significant mental health problems and need professional intervention to help them cope
Supporting Young People at School With High Mental Health Needs

WHO IS INVOLVED

Entire school community

All students & teachers

20-30% of students

3-12% of students

LEVEL OF INTERVENTION

Create environment to promote psycho-social competence & wellbeing

Mental health education

Psycho-social interventions

Professional care

Whole school environment

Part of general curriculum

Students needing additional help

Students needing mental health intervention

FIGURE 2

Levels of mental health support in schools.
What is most needed in helping students with high mental health support needs?

- WHO, mental health = a state of wellbeing

- Research found school connectedness to be the only school-related variable that was protective i.e. the degree to which someone feels connected to his/her environment.

- For students, how they feel about fitting in at school in terms of peers, staff and the curriculum is an important factor in their wellbeing.

- An effective whole school mental health promotion approach will therefore involves the creation of a school environment that encourages a sense of belonging and connection for its students.

- Research reported lower levels of suicidal behaviour, violence and drug use for higher level of connectedness to school.

- **Staff can enable** student connection to school
Making a positive school community that invites everyone in

Research reported teachers’ description of a positive school that foster connectiveness as follows:

- School provides many opportunities for students and staff to shine & avenues for achievement
- School provides identity
- School as a physical place to be
- School as a place for personal and social relationship
- School as a place to contribute, to learn and to be recognized
- School as a caring safe place
- School values relationship building, especially through informal activities
Target strategies to maximize connection for students with high mental health support need

- Reach out to your student
- Help kids feel normal
- Involve particular staff in the specific task of reaching out to the student
- **Nurture strong collegial support** among these staff
- Provide multiple points of contact (within the curriculum and other areas of school life where social networks could be built with peers)
- Ensure sufficient assistance to meet the academic, organizational and behavioural expectation of the school
- Add extra structure to help the student succeed
- Be upfront about confidentiality
- **Be prepared to persist - maintain hope**, do not be discouraged if the student rejects you
THANK YOU!