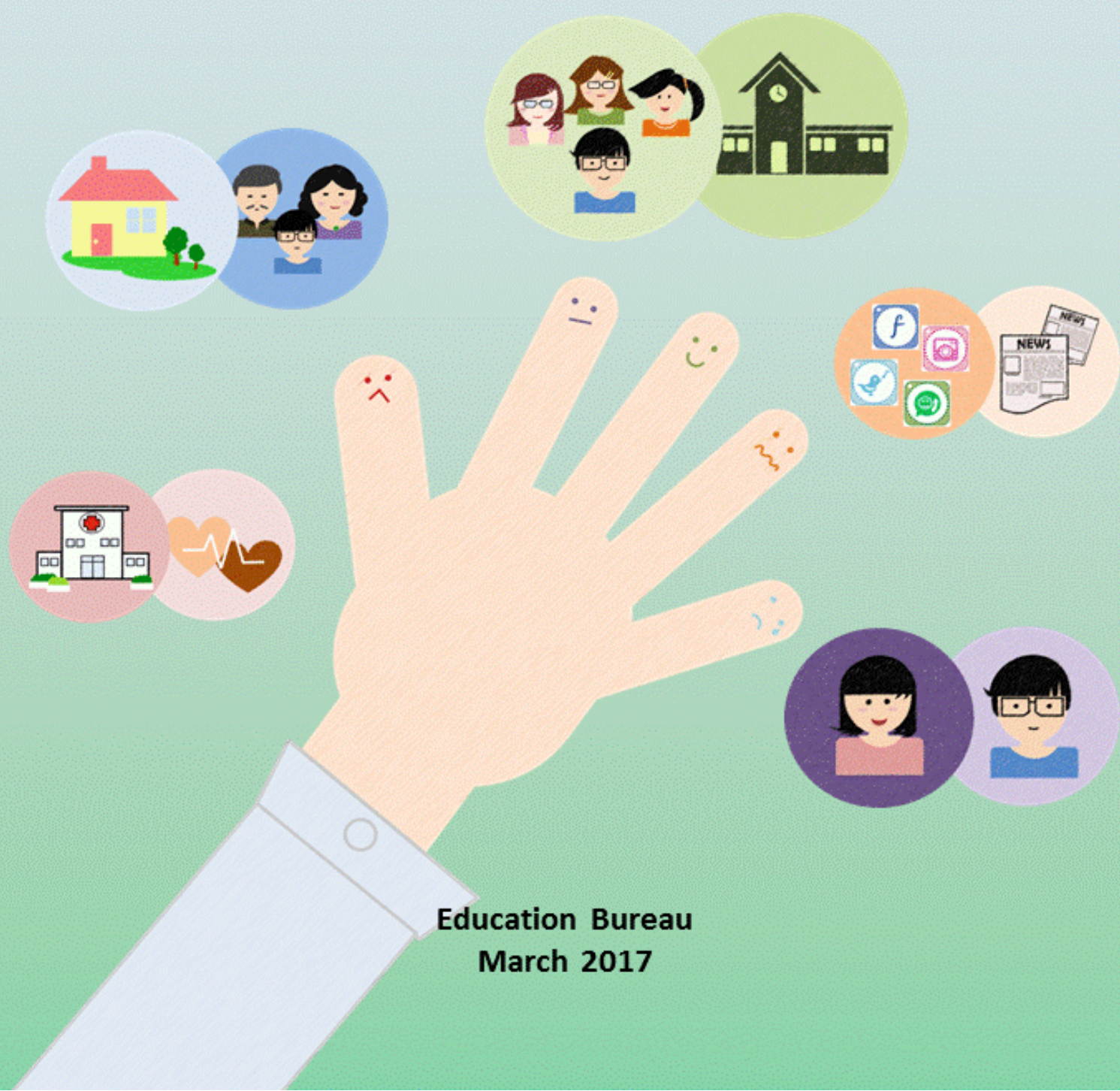# A Resource Handbook for Schools:

Detecting, Supporting and Making Referral for Students with Suicidal Behaviours

Education Bureau
March 2017

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<u>INTRODUCTION</u>

**Every life counts.
One life lost is one too many.
We can all make a difference
in our students' lives.**

Suicides are deeply saddening tragedies. Student suicides are particularly so, not only to the families and friends of the deceased, but also to the larger community. Prevention of student suicides is therefore of great importance and a priority in our society.

Did you know…

According to the World Health Organisation (WHO) Mortality Database, there were an estimated 804 000 suicide deaths worldwide in 2012, with an annual global age-standardised suicide rate of 11.4 per 100 000 persons. For youth between 15 to 29 years of age, suicide ranked as the second leading cause of death globally (*WHO, 2014*). In Hong Kong, the Centre for Suicide Research and Prevention's (CSRP) data showed that the age-standardised suicide rate was 9.3 per 100 000 persons in September 2015 and that the suicide rate for youth aged 15 to 24 was 8.5 per 100 000 persons (*CSRP, 2015*).

It is important to know that **suicides are preventable**. Global and local epidemiological research reveals that suicidal behaviour is a complex phenomenon influenced by different intertwining factors, such as mental disorders, substance abuse, as well as other biological, familial, and situational factors (*WHO, 2014*). The prevention of youth suicides requires collaborated efforts of different parties of the community to **building connection with our youth to create a supportive safety net** for them.
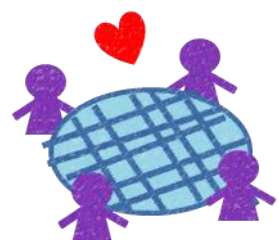
ACTION NOW! As frontline teachers and workers at school, we need to be equipped with knowledge and skills in handling students' suicidal behaviours; and act promptly to answer to their needs. International research findings show that over 80% of completed suicides have been preceded by warning signs (*The Crisis Intervention and Suicide Prevention Centre of British Columbia, 2013; Granello & Granello, 2007*). Such findings highlight the importance of **timely intervention and support** for students who express suicidal ideation.
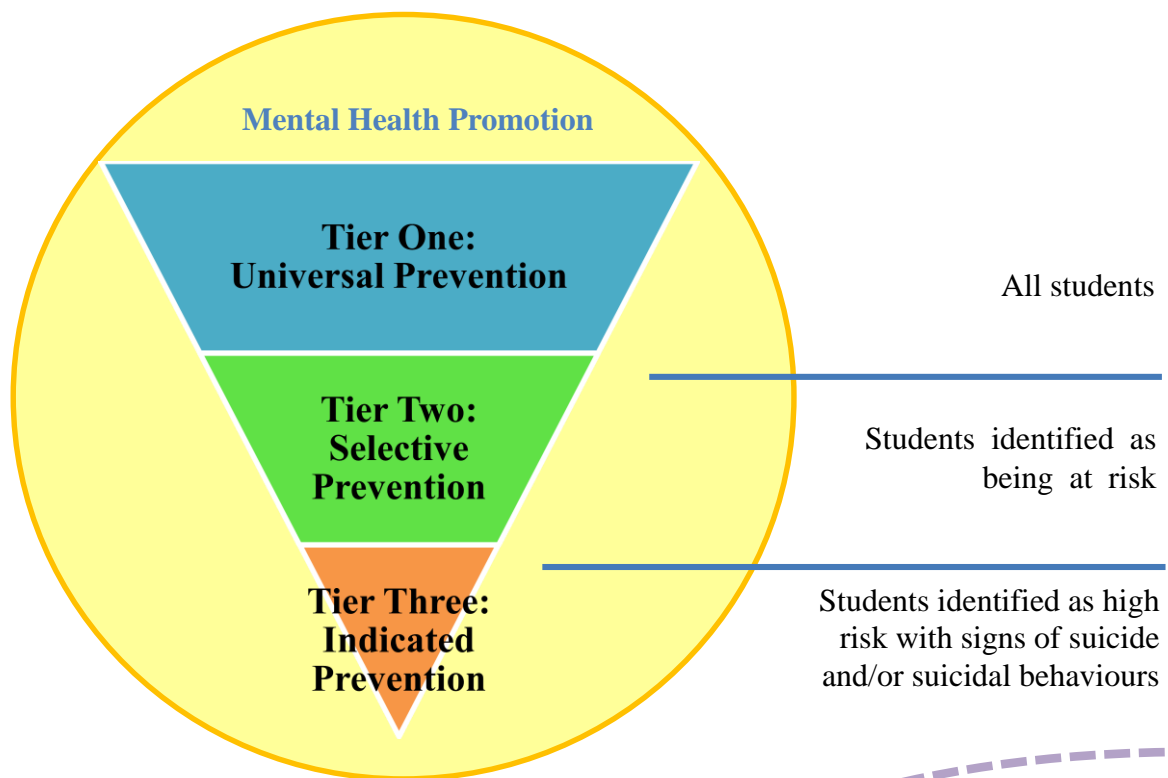
This Resource Handbook, serving as a more focused update of the previous document "An eBook on Student Suicide for Schools: Early Detection, Intervention & Postvention (EDIP)", aims to provide teachers and other school personnel with a more thorough understanding of suicide including its risk and protective factors, knowledge and skills in detecting warning signs of suicide, and most importantly, **practical tips** for responding to suicidal behaviours. Information, strategies and illustrations provided in this Resource Handbook are based on local and global research and literature, as well as educational psychologists' frontline experiences in providing support to schools.

The 3-Tier Support Model

Based on the 3-tier support model suggested by the WHO (2014), this Resource Handbook focuses on the handling of **tier two** and **tier three** students who are at risk of suicide and display suicidal behaviours. It also provides information on how to support post-suicidal students re-entering the school environment and how to lessen the risk of contagion. Furthermore, a list of resources for **tier one** universal prevention can be found in Chapter 7 to facilitate school-wide suicide prevention work.

The 3-Tier Support Model for Suicide Prevention

Mental Health Promotion

Tier One:
Universal Prevention

All students

Tier Two:
Selective
Prevention

Students identified as
being at risk

Tier Three:
Indicated
Prevention

Students identified as high
risk with signs of suicide
and/or suicidal behaviours

Adapted from World Health Organisation (2014). Preventing suicide: A global imperative.

Gentle Reminder

We hope that with early identification, appropriate intervention, and
dedication in fostering a feeling of connectedness in schools, student
suicides could be prevented.

Chapter 1: Understanding Suicide

1.1 Categories of Suicidal Behaviours

Suicidal Ideation	**Any self-reported thoughts or fantasies about engaging in suicide-related behaviours.**
Suicidal Threat	**Any action, verbal or non-verbal, expressing a self-destructive desire, but does not result in a real self-harmful act.**
Suicide Attempt	**A non-fatal outcome for which there is evidence (either explicit or implicit) that the person believed at some level that the act would cause death. Attempted suicides include acts by persons whose determination to die is thwarted because they are discovered and resuscitated effectively, or the chosen method is not lethal.**
Suicide Death	**Someone takes his or her own life with conscious intent by lethal means, for example, jump from height, injury, poisoning.**

Adapted from Coleman & O'Halloran (2004)

Self-harm and Suicide

We should understand the complex relationship between self-harm and suicide. Self-harm behaviour could be seen as a maladaptive way of coping and refers to the direct and deliberate injury of one's own body. It may include cutting, harsh scratching, overdosing on medication, punching walls, salt and ice burns and many others. Often students engaging in deliberate self-harm want to relieve psychological pain, anger or tension, to punish themselves, to numb themselves or to stop feeling numb. Some might deliberately hurt themselves to communicate their emotional turmoil or escape from distress. Nevertheless, some students might have an intention to die behind their self-harm behaviours. Therefore, we should try to understand the motives of students' self-harm behaviours to ensure that appropriate responses could be made. Research has also found that students displaying self-harm behaviours to be at a higher risk of committing suicide.

More information on supporting students with self-harm behaviours can be found in the "A Guide to Help Deliberate Self-harm" developed by the Hong Kong Jockey Club Center for Suicide Research and Prevention (http://www.mindmap.hk/featuring/dshguide/)[Chinese Version Only].

1.2 Ecological Model for Understanding Suicidal Behaviours

An ecological approach is helpful in illustrating how an individual is encircled by environmental factors which impact the individual in interaction with his or her own personal factors. Our students live in and are affected by an ecological system formed by individual factors (e.g. mental health, personal experiences, personality), interpersonal relationships (e.g. families, peers), community (e.g. discrimination, living environment), the larger society (e.g. media, stigma of help-seeking) and the health system. These personal, interpersonal, and sociocultural factors interact and permeate through the layers to offer protection against or to increase their risk for suicide. The WHO (2014) has identified both **protective factors** and **risk factors** on different levels of the ecological system, with the former boosting one's resilience to setbacks in life while the latter adding to the risk of one's likelihood to take his or her life.

The Different Layers of the Ecological Model
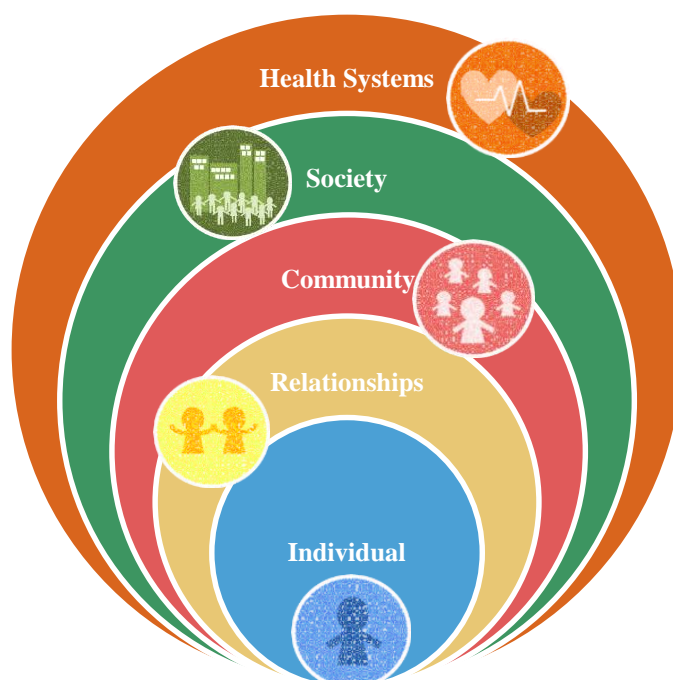
International research findings reveal that suicidal behaviours are complex, involving multiple contributing factors and causal pathways. Usually no single stressor could be sufficient to explain a suicide. Instead, a number of risk factors often act cumulatively and interactively to increase an individual's vulnerability to suicidal behaviour. At the same time, one's protective factors could counterbalance the risk factors and improve one's resilience. Suicide therefore involves complex interaction between one's risk factors and protective factors.

1.3   Protective Factors

Protective factors are characteristics believed to reduce the likelihood that an individual will engage in suicidal behaviour by promoting one's resilience and connectedness (*WHO, 2014*).   The WHO has highlighted three major categories of protective factors.   They are presented in the following diagram:
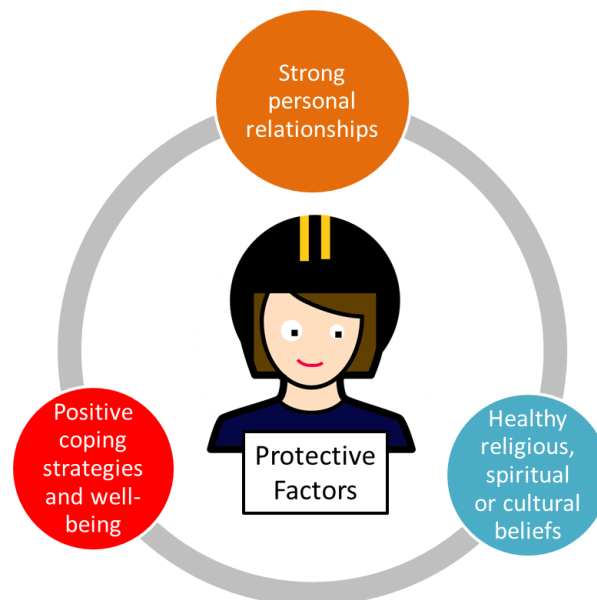
Strong personal relationships		
supportive significant others (e.g. best friends, parents, caregivers, mentors, teachers)	satisfying social life (e.g. constructive use of leisure time & community involvement)	family connectedness and cohesion (e.g. mutual involvement, shared interests & emotional support)

Healthy religious , spiritual or cultural beliefs
socially cohesive and supportive community with a shared set of values

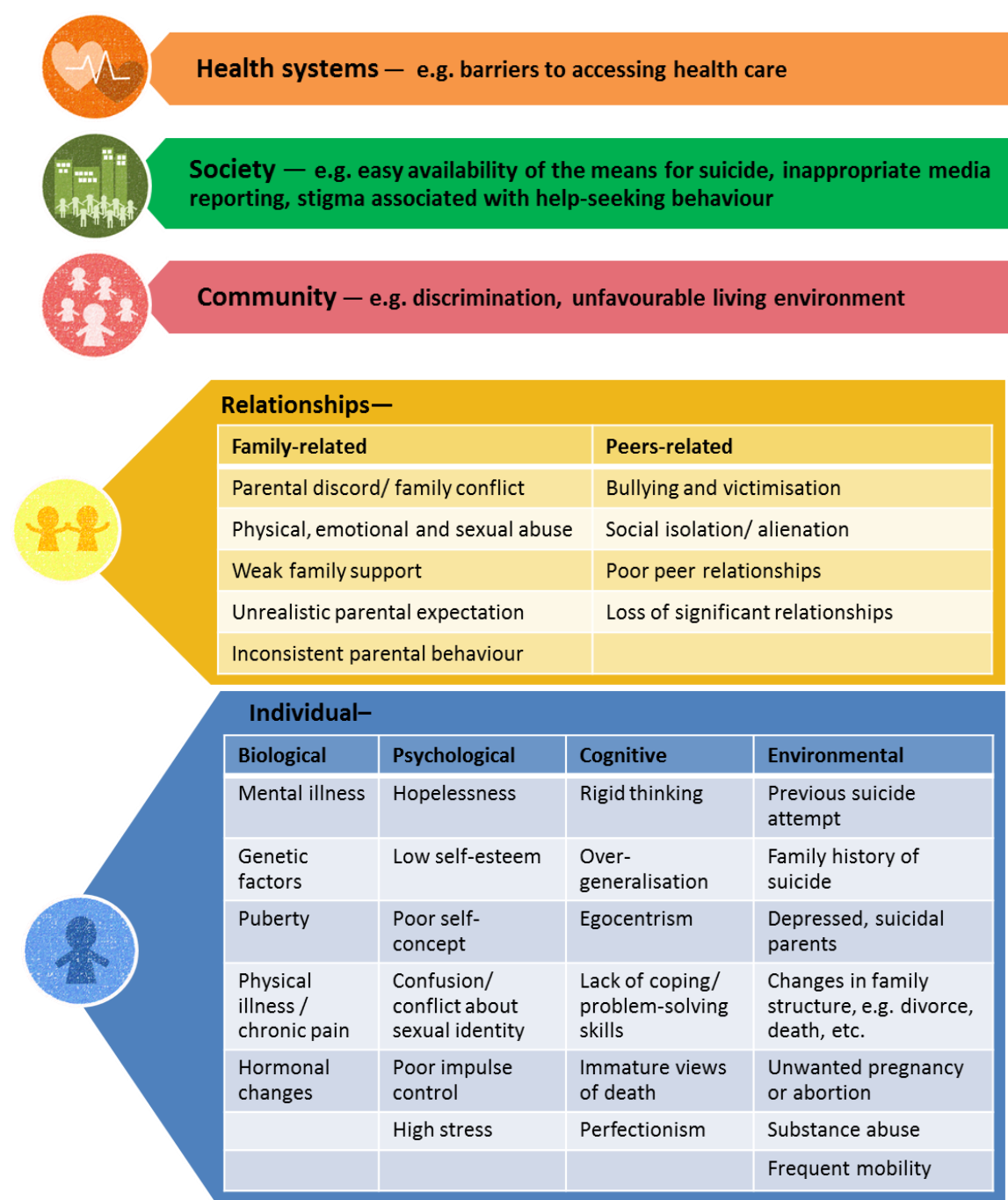| Positive coping strategies and well-being		
adaptive problem solving skills	good social skills	good conflict resolution skills
willingness to seek help when difficulties arise	positive self-esteem	good sense of self-efficacy
healthy lifestyle choices e.g. regular exercises	effective management of stress	perceived connectedness to school
optimistic outlook & positive life values	emotional stability	developed self-identity

1.4 Risk Factors

Risk factors refer to any aspect of an individual, either biological or environmental, that may increase possibility that an individual will engage in suicidal behaviour.   Risk factors can also contribute indirectly to suicidal behaviours by influencing individual's susceptibility to mental disorders (*WHO, 2014*).   According to Granello (2010), more than 75 different child and adolescent suicide risk factors have been identified.   In the following diagram, the most prevalent and well-researched risk factors are mentioned.   In particular, risk factors under the Relationship and Individual categories are given in greater details as they can more effectively help school personnel identify at-risk students.

Health systems — e.g. barriers to accessing health care

Society — e.g. easy availability of the means for suicide, inappropriate media reporting, stigma associated with help-seeking behaviour

Community — e.g. discrimination, unfavourable living environment

Relationships—

Family-related	Peers-related
Parental discord/ family conflict	Bullying and victimisation
Physical, emotional and sexual abuse	Social isolation/ alienation
Weak family support	Poor peer relationships
Unrealistic parental expectation	Loss of significant relationships
Inconsistent parental behaviour	

Individual–

Biological	Psychological	Cognitive	Environmental
Mental illness	Hopelessness	Rigid thinking	Previous suicide attempt
Genetic factors	Low self-esteem	Over-generalisation	Family history of suicide
Puberty	Poor self-concept	Egocentrism	Depressed, suicidal parents
Physical illness / chronic pain	Confusion/ conflict about sexual identity	Lack of coping/ problem-solving skills	Changes in family structure, e.g. divorce, death, etc.
Hormonal changes	Poor impulse control	Immature views of death	Unwanted pregnancy or abortion
	High stress	Perfectionism	Substance abuse
			Frequent mobility

Suicidal behaviour is regulated by the interplay of different risk factors. Among them, some inborn or early childhood factors (e.g. genetic disposition, family history of suicide, early-life adversity) do not directly trigger suicidal behaviours, but may alter one's responses to stress and other behavioural and emotional traits (e.g. increased impulsive aggression, increased anxiety) which could increase a person's suicidal risk. When being faced with stressful events in life (e.g. loss of a family member, termination of a relationship, starting a new school year), one might feel depressed, anxious or hopeless; suicidal thoughts or behaviours might also arise.

Among the risk factors, some research suggests that mental disorders have significant association with suicidal behaviours. Norquist and Magruder (2008) reported that more than 90% of completed suicide cases had one or more mental disorders. However, only 10-15% of young people with mental health problems received help from mental health services (*WHO, 2010*). In a local sample, only 18% of student suicide cases had been diagnosed with mental illnesses. There existed a reasonable basis to believe that some suicide cases with mental health problems in Hong Kong might have been unidentified *(Committee on Prevention of Student Suicides, 2016)*. It is therefore of great importance for us to understand more about the warning signs of mental health difficulties so that we can identify students at risk and provide timely support for them (See **Appendix 1** for lists of warning signs of some major mental health difficulties experienced by young people).

If your student exhibits signs of mental health difficulties for a period of time and the symptoms are affecting his/her daily functioning markedly, you should consult the school social worker (SSW) or educational psychologist (EP). Referral to mental health professionals for assessment and support may be needed.

Gentle Reminder

School personnel are encouraged to help identify students with risk factors for suicidal behaviours and strengthen students' resilience by increasing their protective factors.

1.5   Myths & Facts about Suicide

There are numerous myths about suicidal behaviours. Such myths should be dispelled.   Understanding the facts about suicide will help us identify students who are at risk and provide the help and support needed.
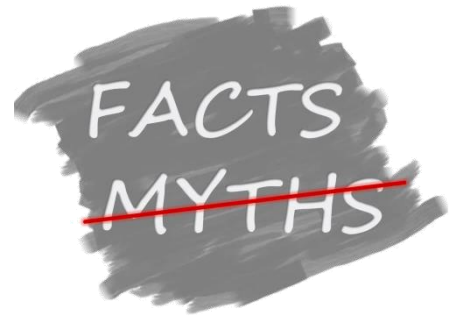
MYTH 1
Students who talk about suicide do not mean to do it and they just want to seek attention.

FACT 1
Talking about suicide can be a plea for help and it can be the final warning in the progression towards a suicide attempt.   We must seriously take every precaution when our students talk about suicidal ideation, intent or plan.

MYTH 2
People who have attempted suicide once seldom make a second attempt.

FACT 2
Past suicide attempts are a major risk factor for suicide death.   Up to 50% of individuals who die by suicide have made at least one previous attempt (*Chehil & Kutcher, 2012*).   All suicide attempts must be treated as though the individual has the intent to die.   Do not dismiss a suicide attempt as simply being an act to gain attention.   This is why it is very important to provide continuous support for individuals with a history of suicide attempts.

MYTH 3

Most suicides happen suddenly without warning.

FACT 3

In Hong Kong, about 74% of children aged below 18 who committed suicide had expressed their suicidal thoughts implicitly or explicitly before actual attempts (*Child Fatality Review Panel, 2015*).   Thus, it is important for us to know the warning signs of suicidal behaviours so that we can develop a higher level of sensitivity towards students at risk.

MYTH 4

A marked and sudden improvement in mental state following a crisis indicates the suicide risk is over.

FACT 4

In the three months following an attempt, a student is still at highest risk of completing suicide.   A sudden improvement could only mean an apparent lifting of the problems, that is, the person has made a decision to commit suicide and feels relieved because of this decision.   It is of great importance to provide intensive support continuously and monitor the student closely following a crisis.

MYTH 5

Suicide is always hereditary.

FACT 5

Suicide involves complex interaction between an individual's risk factors and protective factors.   Genetics may relate to one's predisposition to psychiatric illness, which is a risk factor for suicidal behaviour.   Family history of suicide is also a high risk factor for suicidal behaviour. Members of family share the same emotional environment and the completed suicide of one family member may well give other family members a message that suicide is an option for solving problems.

MYTH 6

Children do not commit suicide since they do not understand the consequence of death and are cognitively incapable of engaging in a suicidal act.

FACT 6

Although rare, children do commit suicide; and hence, any suicidal gesture, at any age, should be taken seriously. They may have a distorted perception of their actual life situation and the solutions available for them to cope with the difficulties they are facing. They may perceive suicide as a means to make people feel sorry, to show how much they love someone, to escape from a stressful situation, etc.

Chapter 2: Early Identification - Detecting the Warning Signs

Take any suicidal sign seriously. It is indeed a cry for help.

HELP

Did you know…

For individuals who had either implicitly or explicitly expressed their suicide plan before their completed suicide, about 16% died within 24 hours of their identifiable suicidal thoughts, 14% from 1 to 7 days, 10% from a week to a month, and 11.3% from 1 to 2 months (*Chen et al., 2006*).

The above finding highlights the importance for adults to be able to detect warning signs that students might exhibit, and to take actions promptly. School personnel, who have regular contact with students, are in a good position to notice unusual changes or distress in students. Knowing **what** and **where** to look for the warning signs would help us notice students' unusual changes or distress.

2.1   Warning Signs

Where to look?

The following are some useful strategies or sources to look for students' suicidal warning signs:

⊙ Daily observation

⊙ Messages in students' weekly journal/composition

⊙ Regular small talk with students

⊙ Information from peers / social network

⊙ Student data/record, with reference to possible risk and protective factors, such as family structures, parental medical/mental health history etc.

- ⊙ Student medical/mental health history
- ⊙ Meeting with parents or arranging home visit on need basis
- ⊙ Student survey (e.g. surveys to detect bullying and social isolation can be accessed from http://www.edb.gov.hk/tc/teacher/student-guidance-discipline-services/gd-resources/co-creating-harmonious-school.html   [Chinese Version Only]. Schools may also use other school-based questionnaires.)

What to look for?

Below are some possible suicidal warning signs which can help school personnel determine when a student might need further attention and support:

Expressions related to Death and Suicide

- ⊙ <u>Talking about, writing about or making artwork about death or suicide</u>
  Direct or indirect statements indicating a wish to die or escape or a final departure, e.g. *'I wish I were dead.'*   *'I am going to kill myself.'*
  'I am going to end it all.'   *'I am so tired of it all.'*
  'Very soon you won't have to worry about me.'
- ⊙ <u>Seeking out lethal means</u>
  Exploring various lethal means such as sleeping pills, hanging, charcoal burning, etc. from different sources, e.g. peers, the internet, etc.
- ⊙ <u>Getting affairs in order</u>
  Making plans and/or final arrangements e.g. giving away prized possessions
- ⊙ <u>Saying goodbye</u> to family and friends as if they won't be seen again

Displaying Physical Symptoms

- ⊙ Tiredness and fatigue
- ⊙ Increased physical complaints, e.g. headache, stomachaches, body aches
- ⊙ Change in sleep or eating patterns, nightmares, eating disturbances
- ⊙ Unusual neglect of personal hygiene/physical appearance

Change in Mood and Marked Emotional Instability

- Anger at self, irritability, moodiness, aggressiveness
- Pervasive sadness, sudden tearfulness
- Excessive fears or worries
- Overwhelming guilt, shame, and worthlessness
- 'Flatness' or numbness in mood
- Loss of motivation or enjoyment in things that used to be enjoyable

Change in Behaviours

- Deteriorated school performance
  - Unexpected drop in grades and academic performance
  - Apathy in class
  - Failure to complete assignments or handing in poorer work than usual
  - Increased absence or truancy
- Withdrawal from relationships
  - Loss of interests in surroundings
  - Drop out of sports and clubs
  - Withdrawal from friends and family
  - Increased isolation and desire to be left alone
- Increased impulsivity and aggression,
  - Frequent trouble-making in school
  - Increased conflicts with friends and family
- Engagement in high risk/self-destructive behaviours
  - Starting to participate in high risk activities
  - Increased use of drugs or alcohol
  - Repeated self-injurious behaviours

Decline in Cognitive Functioning/Negative Thinking

⊙ Decreased cognitive functioning
  - Confusion in daily life
  - Difficulty concentrating or thinking clearly
  - Disorientation, frequent accidents

⊙ Hopeless and helpless thoughts
  - Beliefs that things will never get better or change, e.g. 'There's no way out.'
  - Seeing no sense of purpose in life or reason for living

⊙ Self-critical thoughts
  - Seeing no sense of self-worth, e.g. 'I should never have been born.', 'Who cares if I'm dead?'
  - Beliefs that they are a burden to others, e.g. 'You will be better off without me.'

2.2   Understanding Individual Differences

Sometimes, it can be difficult to distinguish what are 'normal' adolescent behaviours and mood swings from those that require additional concerns.   Moreover, there are individual differences in presentation of signs or symptoms.   Even when facing the same stressful events, some students may act out and 'externalize' their problems, while others may appear withdrawn and 'internalize' their difficulties. Getting to know your students and their usual ways of behaviour is the best way in helping you to decide if something is wrong with your students.
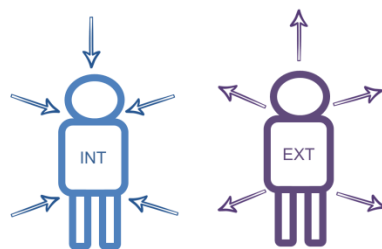
The following chapter will explain in details how to respond to students displaying suicidal warning signs.

Gentle Reminder

- The more warning signs you notice, the more concerned you should be.   But always act on the side of caution.
- Seek support and advice from appropriate school staff and/or mental health professionals if you are not sure of what action to take for any student suspected to be at risk of suicide.

Chapter 3: Responding to Suicidal Behaviours

Offering your hand to someone in despair can save lives.

Did you know…

Young people prefer seeking help, when needed, from their friends, family and trusted adults such as school staff, more than to a health or mental health professional (*Rickwood, Deane, Wilson & Ciarrochi, 2005*).

Most young people report feeling relieved when they have a chance to talk about their problems, and are grateful that someone show concerns for them by asking if they are OK.

Although suicide can be an impulsive act in some cases, it often takes time for suicidal ideation to develop into actual plans and attempts. Students may first find themselves unable to cope with their problems. If they do not get help, they may eventually be in despair and see suicide as their only way out. Showing your care at an early stage is hence crucial in suicide prevention.

Sometimes your students may express directly that they are in great distress, other times it is you who observe worrying changes in them (see Chapter two for warning signs). Either way it is important to respond to your students' needs. Talking through emotional issues with students can seem difficult and overwhelming, and you may feel uncomfortable or incompetent to do so. This chapter provides **practical tips** that help school personnel attend to students' needs, provide immediate support and solicit appropriate follow-up support for them.

3.1　Overall Strategies in Responding to Students with Suicidal Warning Signs

Walsh, Hooven and Kronick (2013) reported that a critical step in reducing youth suicide is to move beyond having a single responder in a school.　When responding to students with suicidal warning signs, school should not rely solely on the SSWs or the guidance teachers. As teachers have daily interactions with the students in the classroom, they can also serve as critical gatekeepers to detect students with warning signs and to provide support to them. The diagram below lists the main aspects teachers might respond to students displaying suicidal warning signs.　Teachers should **flexibly** decide the support measures student may need depending on his/her condition.

- Support from colleagues
- Professional support
- Referral

Support

- Initiate conversation and build trust
- Be non-judgemental

Express Concerns

- Explore student's social and family support
- Understand the motives of student's suicidal behaviours

- As appropriate

Notify Parents

Response Measures

Initial Evaluation

- Gather more information
- Suicidal Risk Assessment:
  - Suicidal ideation
  - Suicidal intent
  - Suicidal plan
  - Past suicidal behaviours

Crisis Management

Initial Intervention

- Ensure safety
- Seek emergency service
- Notify parents immediately
- Activate Crisis Management Procedure

- Help student to reduce stress
- Guide student to think of ways to look after oneself
- Create a list of coping strategies
- Safety Plan

At the same time:
- ＊ Conduct continuous and close monitoring
- ＊ Document the actions taken by school

In response to students' varying degrees of suicidal risks, teachers can take the following measures:

If you **notice marked or unusual changes** in your student…

You can first try to gather more information from different sources, such as other teachers who have regular contact with the student and his/her peers.   You are also encouraged to **show concern** by talking to the student directly in a non-judgmental manner.   This will enable you to **understand more about his/her situation**.   If there are concerns after talking to the student and other teachers/peers, you should consult and/or refer the student to guidance personnel, SSW or EP for a more thorough assessment.

Please refer to sections: 3.2, 3.4

If the student **appears to have suicidal intent or thoughts**, or **appears to be in a state of despair**…

Besides the initial conversation to engage the student, more explicit questions should be asked directly to evaluate his/her suicidality.   Professional assistance should be sought at the same time such that prompt support could be provided.   Depending on the situation, you may also pair up with guidance personnel or SSW in conducting such **risk assessment**.

Please refer to sections: 3.2, 3.3, 3.4, 3.5

In cases where **imminent suicidal risk is suspected** (e.g. the student has verbally expressed concrete suicidal plan) **or the student is engaging in life-threatening behaviour** (e.g. the student is threatening to jump)…

The top priority is to ensure the student's safety, which means it might be necessary to seek emergency support and contact parents immediately.   The school's **crisis management** procedure should be implemented.

Please refer to sections: 3.4, 3.6, 3.7

3.2   General Principles When Talking with the Students

Before Talking with the Student

⊙ *Knowing your roles and limitations*

Teachers/school personnel are not mental health professional. Advice and support can always be sought from the school's guidance personnel, SSW and EP.   Teachers/school personnel should always be clear about their **roles and limitations** before talking to the students.

Talking with students is about	Talking with students is <u>NOT</u> about
✓ Showing your concerns and letting them know they are not alone	✘ Trying to handle the issues alone without seeking support from other staff
✓ Helping them work through or resolve minor concerns	✘ Solving all the problems for them
✓ Linking them to professional help if issues are complex	✘ Trying to make diagnosis or 'treating' their mental health problems

Connecting with the Student

⊙ *Selecting the right time and place*

Ensure that you find an appropriate **time** to talk, such that you and your student have enough time to talk through different issues.   Avoid choosing a time when the student is emotionally charged by distress or anger.   Allow time for student to settle from emotions that might arise from the discussion.

Choose a **place** where you can have private conversation with the student but additional support from other adults is available if necessary.   To make the student feel more at ease, you can engage him/her in tasks such as art activities or games during the conversation.
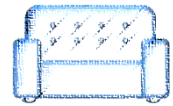
⊙ *Active and reflective listening*

Listen patiently to what the student is saying.   Reflecting back what you have heard can ensure that you have correctly understood what the student had said and make him/her feel accepted, e.g.
'It sounds like you are having some very rough times and you don't see any way to deal with this.'

⊙ *Being non-judgmental*

Try not to express your own opinions, jump to conclusions, or argue with the student whether his/her views are right or wrong.   Try to view the problems in his/her context will help you show **empathy** to the student, e.g.
'I can see that you are very angry because you think people are treating you unfairly.'

⊙ *Acknowledging student's feelings*

Acknowledge what the student is facing and convey that you are taking it seriously.   It should precede and is more important than giving alternatives or directives, e.g.
'I'm hearing that this feels hopeless to you and I'm thinking that there may be a way to deal with this that we haven't thought yet.'

Initiating the Conversation

Building rapport and expressing your concerns

Let the student know that you have initiated the conversation because you **care** and worry about him/her.   You can describe what you have noticed and invite the student to talk more about what is happening to him/her, e.g.
'I notice you seem really unhappy lately…'

'Is something bothering you?'

'It seems that things have been rough lately…'

'It helps to talk things over with someone…'

'I've noticed recently that you looked tired in class. I'm wondering if everything is OK?'

It is wise to **avoid** highlighting things that might sound critical or accusing to the student, e.g. *'I found that your grades are dropping this term…'*, or *'You have missed schoolwork very frequently recently…'*.

Using open-ended questions

Use open-ended questions to invite the student **talk more** about his/her situation. You can start with questions related to physical wellbeing or daily functioning, e.g.

'How's your sleep/appetite recently?'

'How's your headache/stomachache going recently?'

Understanding the motives of student's suicidal behaviours

If the student expresses suicidal ideation, you can try to understand more about the student's thoughts, especially the motives behind his/her suicidal behaviours. Student may have different motives, such as to terminate or escape from pain, to stop burdening others, to atone, revenge or accuse, hoping to reunion with the deceased, or to have a new start in life etc. Understanding the motives behind student's suicidal behaviours will provide crucial hints and direction for later intervention work.

Acknowledging the difficulty of talking about the issues

Let your student know that it is not easy to discuss one's difficulties or negative feelings. Some students may not be ready to talk at the time of the conversation. Unless you have noticed any immediate risks (see section below for initial evaluation of students' suicidal risk), tell your student that it is OK if he/she does not want to talk at the moment. **Reiterate** your care for the student, and let him/her know when, where or who he/she can approach to get support. It might take times for some students to open up themselves, so you may wish to check back with them at a later stage.

3.3 Initial Evaluation of Students' Suicidal Risk

> **Do not hesitate to bring up the word "suicide". Direct questioning will not aggravate the risk of suicide but failure to respond may result in losing the chance to prevent a suicide.**

Did you know…

Ample literature and research (*e.g. Chehil and Kutcher, 2012; Hall, 2002; Kalafat, 2003*) show that asking individuals about suicidal thoughts, intent or plans does not plant or nurture these thoughts or wishes in one's mind. Rather, the individual often feels relieved that he/she is given the opportunity to openly discuss these thoughts and feelings in a caring and non-judgmental environment (*Hider, 1998; Meerwijk et al., 2010; Tatarelli et al., 2005*).

Findings also show that acknowledging and talking about suicide may in fact reduce suicidal ideation (*Dazzi et al., 2014*). In contrast, if a student with suicidal risk feels that others may know his/her suicidality but avoid asking, his/her feelings of despair and helplessness may intensify (*Capuzzi, 1994*).
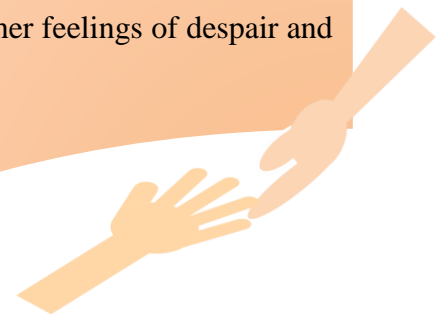
In most cases, suicide risk assessment is conducted by guidance personnel, SSW, EP or relevant mental health professionals. However, for more urgent situations when supporting staff is not available immediately and you suspect that the student may be at high risk for engaging in suicidal behaviour, you may have to evaluate the student's suicidality on the spot such that immediate actions to ensure student's safety can be taken (e.g., admission to hospital). The following consists of some key concepts to take note of when evaluating a student's suicidality:

Asking directly about suicide

While open-ended questions are generally encouraged to invite student talk more about his/her situation and problems, it is advisable to ask about suicide directly and clearly to find out whether the student is having suicidal thought, intent or plan.

Below are **four areas** that help to assess the immediate suicidal risk of the student. When asking information related to the following areas, you should speak slowly, softly and calmly, while acknowledging the student's pain.

1 *Suicidal Ideation*

The greater the magnitude and persistence of the suicidal thoughts, the higher is the risk for eventual suicide. To determine the nature and potential lethality of the student's suicidal thoughts, you should ask questions that elicit the **intensity, frequency, duration and persistence of the thoughts**. If your student initially denies thoughts of suicide, but you feel that he/she might be at high risk, you may ask additional questions to understand his/her feelings about the future and whether he/she has been anticipating future plans. Students who are considering suicide may have conviction that things can never improve and express despair and a lack of hope.

Some sample questions are:

"Have you had thoughts about suicide?"
"How often do you think about killing yourself?"
"How long do these thoughts last when you have them?"
"When did you first have thoughts about suicide?"
"Do you ever feel that life is not worth living?"

2 *Suicidal Intent*

If your student has expressed suicidal ideation, ask direct and specific questions about suicidal intent and his/her expectation and commitment to die. **The greater and clearer the suicidal intent, the higher is the risk for suicide**. For

example, if a student expresses that he/she sees no reasons for living or believes nothing would change his/her mind, and the desire to die or leave the world is very strong, the risk for suicide is high.

Some sample questions are:

"Have you felt that you or others would be better off if you were dead?"

"If you were alone right now, would you try to kill yourself? What about the near future?"

"How strongly do you want to end your life?"

3 *Suicidal Plan*

If your student expresses suicidal ideation and intent, you should ask direct and specific questions about a suicidal plan. **More detailed and specific plan is generally associated with a greater suicidal risk**. For example, if a student's suicidal plan is well thought out; knows when, where and how he/she will commit suicide; has the means in hand; plans to act immediately; and has no one nearby or available if called upon, suicide risk is high in this case. You should consider the following regarding the suicidal plan:
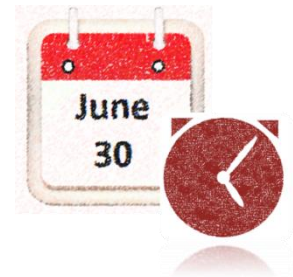
- ⊙ The chosen method (more lethal means relates to higher risk)
- ⊙ The availability of means (easier access equals higher risk)
- ⊙ The person's belief about the lethality of the method (the person's subjective belief of the method's lethality reflects his/her intent to die even though the method may not be lethal objectively)
- ⊙ The chance of rescue (the less likely that someone will intervene, the higher the risk)
- ⊙ The steps he/she has taken to enact the plan (more concrete steps warrant higher risk)
- ⊙ The person's preparedness for death

Some sample questions are:

"What have you thought about as a way to take your life?"

"What other ways have you considered?"

"Have you set a time or date or place for taking your own life?"

"Have you taken any steps to get the things you need to carry out your plan?"

4 *Past Suicidal Behaviours*

A history of past suicide attempts is one of the most significant risk factors for suicide. You may ask questions to find out if the student has past suicide attempts before. **The higher lethality the means was, the more frequent or the more recent the attempts were, the higher the risk was for committing suicide.**

Some sample questions are:

"Have you tried to take your own life before?"
"When was this?"
"What sort of preparations did you make to carry out this plan?"

3.4 Issue of Confidentiality

When talking to a student with suicidal thoughts, **DO NOT** promise that you would keep this as a secret. The top priority is to keep the student safe, this means breaking confidentiality is needed to get someone else (e.g., parents, SSWs and EPs) involved so that support and help can be given to the student in a timely manner. If the student urges you to keep secret for him/her, explain that his/her privacy is important to you. While you will try your best to maintain their confidentiality, it is not always possible e.g., when students are at risk of hurting themselves or others, it will be necessary to share this information to relevant parties so that they can get the appropriate support immediately.

3.5　Responding to Students with Suicidal Ideation or Intent

After the initial evaluation, if you find that your student displays suicidal ideation or intent, but does not have concrete suicidal plan, you/other staff and professionals may….

Share your concern
Communicate that you care and he/she is not alone, and that you are there to help.　Refer to section 3.2 on General Principles When Talking with the Students.

Guide the student to think of ways to look after oneself
Help the student to reflect on coping strategies and sources of support.　Guide him/her to think of strategies and support that have helped him/her to cope with difficulties and suicidal ideation successfully in the past.

Create a list of coping strategies and sources of supprot
Guide the student to develop a list of coping strategies and sources of support that can be of assistance when he/she is having thoughts of suicide (See Appendix 3 for a safety plan template).　Offer useful information of external resources e.g., local helplines to the student.

Connect the student with professional support in school
The school guidance team, the school social worker and the educational psychologist are there to support you in helping students with suicidal ideation or intent.

Conduct continuous and close monitoring
You should continue to monitor and observe the student's behaviour and mood changes.　Keep a record of your observation and share the information with the support team.

Notify parents
Parents need to be contacted if there is any level of suicide risk.　Refer to Chapter 5 for more details.
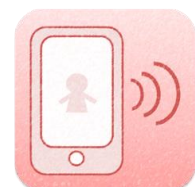
Document the actions taken by the school
Keep accurate records of the steps and actions taken by the school.

Case Illustration for Responding to a Student with Suicidal Ideation

Student: Calvin (S.2)

Observations by Calvin's Class Teacher (Ms. Kwan):
- Appears lethargic and depressed recently
- No longer participates in class discussions, often rests his head on the table during lessons
- Frequently experiences headaches in the past few weeks
- Academic performance has declined tremendously
- Hands in poorer work than usual

Observations by Other Subject Teachers:
- Becomes withdrawn from his friends and prefers to be left alone
- No longer enjoys P.E lessons
- Expresses a sense of despair in his recent compositions e.g., seeing no purpose in life.

The following is an example of how school personnel and professionals can work together in supporting Calvin at school

Class Teacher
- Gathers more information from other subject teachers
- Talks to Calvin and shows her concerns (assess suicidality in urgent situation)
- Asks Calvin if it is okay to connect him with the guidance teacher / SSW / EP
- Provides support and accommodations for Calvin in class (Tier 1 Support)
- Conducts continuous and close monitoring

Subject Teacher
- Provides more information about Calvin's behaviours
- Provides support and accommodations for Calvin in class (Tier 1 Support)
- Conducts continuous and close monitoring

Guidance Teacher	• Serves as the case manager, maintains close communication with different parties and documents the actions taken • Notifies parents regarding Calvin's situation and maintains close communication with parents • Coordinates meetings with teachers, SSW and EP when needed • Consults EP when needed
School Social Worker	• Meets with Calvin to evaluate his suicidality (in this case, he is found to have suicidal ideation without a concrete plan) and provides initial support, i.e. guides Calvin to think about coping strategies and resources available around him[1] • Meets with Calvin regularly and provides group training (Tier 2 Support) and/or individual counselling (Tier 3 Support) on relaxation techniques, coping skills, etc. • Arranges appropriate school-based support and activities e.g. buddy programmes • Provides information of relevant community resources to Calvin • Conducts continuous and close monitoring
Educational Psychologist	• Provides consultation to teachers, guidance teachers and SSW on ways to support Calvin • Conducts further assessment and intervention when needed • Collaborates with school personnel and SSW in follow-up support

Referral for child and adolescent psychiatric services can be made if the student's problems persist or deteriorate.

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[1] Some useful phrases to brainstorm coping strategies with the student are:
- 'What have you done to overcome your negative feelings before?'
- 'What other ways have you tried to deal with the situation?'
- 'Do you have anyone you can trust and turn to for support?'
- 'What help can make it easier for you to cope with your current thoughts?'

The above case illustrates the need to adopt a team approach in responding to students with suicidal behaviour. The class teacher, subject teacher, guidance teacher, SSW and EP each has a role in supporting Calvin. It is important to note that the division of work would differ from case to case. For example, if the SSW is more familiar with the parents, he/she may be more suitable to be the main contact person with parents. For urgent situation, class teacher might need to assess student's suicidal risk on the spot instead of the SSW. Schools are encouraged to be flexible in deciding the division of work among different parties.

Some Supportive Strategies in the Classroom (Tier 1 Support):

☑ Be flexible to provide learning support and/or accommodations to reduce stress, e.g. adjust academic demand, reduce homework or extend deadlines, adjust the learning pace etc.

☑ Give more individual attention or encouragement to student when he/she shows lowered level of concentration or engagement in class.

☑ Assign caring and supportive peers to provide assistance and support; arrange opportunities for positive interactions with peers.

☑ Be sensitive to student's emotional needs and things that might trigger his/her negative feelings. Plan ahead and discuss with student what he/she can do when feeling distressed in class (e.g. take a break in the classroom or seek support from guidance teacher/SSW).

3.6 Responding to Students with Imminent Suicidal Risks / Immediate Life-threatening Behaviours

If you find that your student displays imminent suicidal risks, e.g. the student has verbally expressed concrete suicidal plan, or exhibits immediate life-threatening behaviours e.g., the student is threatening to jump, you should seek support from other school personnel and professional staff in the school premise immediately and…

Ensure the student is not left alone and is being accompanied by an adult at all times.

Remove all means of harm and ensure the student's immediate safety.

Ensure the safety of other students and staff.

Accompany the student to the hospital for emergency service support when there is imminent suicidal risks.

Seek help from emergency service immediately by calling 999 if it is a life-threatening emergency.

Notify parents immediately regarding the situation.

Provide accurate information to medical staff at the hospital.

In situations where the school has called 999 for emergency support, school personnel can follow the 3C strategy to manage the crisis situation. The 3Cs refer to **Control**, **Containment** and **Communication**.

Control

✓ Try to maintain control of the situation by minimising the number of witnesses and preventing individuals from entering the crisis spot unnecessarily.   Some examples of management strategies are as follow:

Block entrance and access to staircase or hallways

Draw down the window blinds in the classrooms
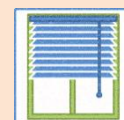
Evacuate students / Ensure students stay in the classrooms as appropriate

Rearrange recess and lunch

Rearrange or stop school activities when needed

Plan end of school arrangement

Containment

✓ Two members of school staff (e.g., the teacher and the SSW whom the suicidal student is familiar with) should engage the student in a dialogue.   There should also be designated staff members nearby to provide stand-by support.

✓ Do not provide mobile phone to the student in a crisis situation.   This is to prevent the student from engaging in phone conversation with individuals who may trigger the escalation of his/her emotions.

✓ Listen to the student attentively and show that you are willing to solve the problem together.

✓ Be directive and say to the student,
"Don't do that", "Stand there and talk with me", "I'm listening".

✓ Provide drinks, food and extra clothing to the student if needed.

Communication
✓ It is very important to ensure there is close communication between different parties (e.g., the School Crisis Management Team, parents of the suicidal student, the principal, the school personnel and professionals managing the crisis situation) so that all individuals involved, including the police/fire service personnel when they arrive, can obtain updated and accurate information about the crisis event.

Adapted from 香港警務處警察談判組及香港基督教服務處學校社會工作服務(2007). 校園危機談判 ─ 校方與香港警務處談判組的合作建議

3.7 Points to Note When Speaking to Students in Life-threatening Situations

The following might be helpful for school personnel at critical times when handling a student's life-threatening suicidal behaviour, such as sitting on the balcony threatening to jump. Words that show genuine concern and offer to help are more likely to bring comfort to a suicidal student.

Say... ✔

- I'm listening. I care.
- I'm not walking away. I won't abandon you.
- You must be in a lot of pain going through this.
- It must be hard to be feeling the way you do.
- I care about you and want to get you the help you need.
- Get back down. (Be directive)

Don't say... ✘

- I know exactly how you feel.
- I have been depressed before. I understand how you feel.
- Stop whining and being so depressed.
- You're luckier than most people! Others in worse situations don't want to die.
- You're ungrateful and selfish. How would your parents feel?
- You don't really mean to die.
- I won't tell others. Tell me what you're thinking.

3.8 Responding to Suicidal Threats on Social Media

You may come across messages on social network sites that suggest possible suicidal threats. The principles for responding to these messages are similar to sections above. However, school personnel need to **note** the following:

✓ Start by reaching out and showing your concerns via the social media platform / by phone.

✓ Avoid using emoji, graphics or "likes" as responses because the receiver may misinterpret what you mean.

✓ Ask questions directly to evaluate suicidality.   Find out the student's current location and situation (e.g. access to lethal means for suicide and whether someone nearby can provide support for him/her).

✓ If the student is at imminent danger…

⊙ Contact the emergency service immediately

⊙ Notify the student's parents as soon as possible

⊙ Ask his/her friends or family members to accompany the student until emergency service arrives

⊙ If no one is nearby, try to keep the communication going until emergency support arrives

✓ If the student is **NOT** at imminent danger…

⊙ Guide him/her to think of strategies that have previously helped him/her cope with suicidal ideation e.g., talking to close friends, relaxation strategies

⊙ Offer further information about useful external resources, including local suicide prevention helplines

⊙ Tell the student you will connect him/her to the support needed (e.g., the SSW, the EP or other mental health professionals)

⊙ Notify the student's parents as soon as possible

Gentle Reminder

● Understand your limits when you try to help someone in crisis. You can only offer support and hope, but you can't always "fix" problems faced by someone.

● Don't try to handle difficult situations alone.

Chapter 4: Making Referral

You can play a role in facilitating students at risk to seek help.

💡 Did you know…

Studies from different countries have found that only about 18 to 34% of young people with high level of depression or anxiety symptoms seek professional help (*Gulliver et al., 2010*).   You can play a role in promoting help-seeking behaviours in young people.

4.1   Barriers that Prevent Young People from Seeking Help

When you try to engage students in seeking further support, it is not uncommon to encounter some forms of hesitation or resistance.   Below are some commonly reported **barriers** that may deter young people from seeking help:

- ⊙ Concern about what others might think of them, (e.g. laugh at them, think that they are weak or 'crazy')
- ⊙ Worry that what they disclose will become known to others (e.g. parents, teachers, peers)
- ⊙ Fail to recognise own distress or do not see it as serious enough to seek help
- ⊙ Lack knowledge of services available
- ⊙ Prefer to handle problems on their own
- ⊙ Do not believe that anyone can help with their problems
- ⊙ Have difficulties articulating their feelings
- ⊙ Uncertain about what would happen when meeting helping professionals
- ⊙ Have negative past experiences working with helping professionals

4.2 Encouraging Students to Seek Help

Young people prefer to seek informal help before they turn to formal sources (*Boldero & Fallon, 1995*). Often, they will need encouragement and support from trusted adults in order to reach out and seek help. If students feel being understood and supported when they approach you for support, they are much more likely to be willing to seek further help from other professionals. Your open and positive attitude towards receiving services from helping professionals will be essential in facilitating them to seek help.

Rickwood et al. (2005) described four key stages in the help-seeking process:

Being able to express their difficulties

Willing to seek out and disclose

Recognising they have a problem that need help

Knowing where they can get help
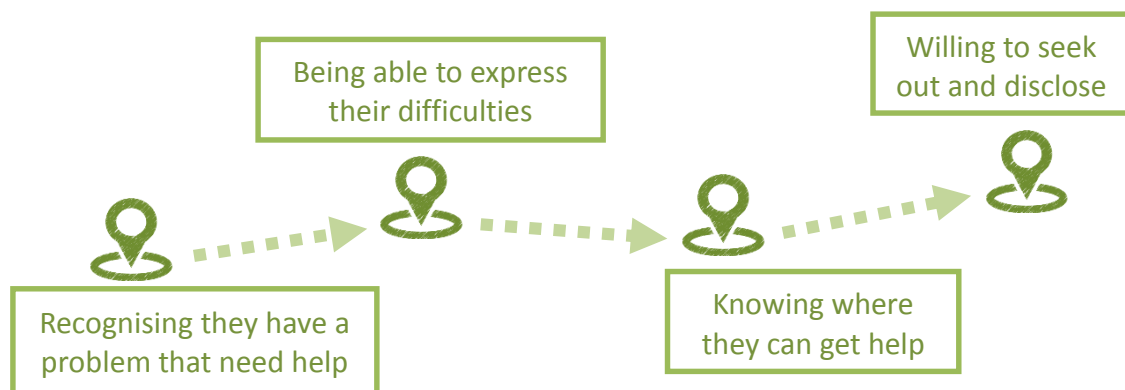
Consider the following to facilitate your students' help-seeking process:

- 👍 Give recognition to the problems they are facing
- 👍 Guide them to express feelings and difficulties in ways they feel comfortable
- 👍 Work together in accessing information about services available
- 👍 Help to identify concerns they have about seeking help
- 👍 Clarify misconceptions about help seeking if feasible
- 👍 Encourage them to raise their concerns when meeting with helping professionals
- 👍 Offer to accompany them when making initial contact

From a broader perspective, school-wide programmes that promote students' **mental health literacy**, including understanding and beliefs about mental health problems as well as proper attitudes towards help-seeking behaviours, will surely help to reduce the stigma effect and encourage students to look for support at an early stage. More information on school-wide programmes can be found in Chapter 7.

4.3   Referring Out for Professional Support

A student displaying suicidal behaviours is likely to need more intensive and long-term support, including support from the family and school, and in many cases, support from helping professionals.   As long as you have concerns about a student's emotional and/or mental wellbeing, especially when suicidal risk is suspected, you should immediately **consult** the guidance personnel of your school.

Depending on the risk and needs of the student, the School Guidance Team can **make referral** and solicit support from specialised helping professionals (such as SSWs, EPs, psychiatrists, medical and/or police officers) to ensure that appropriate intervention measures will be taken.

A list of community support for suicide prevention, counseling services for youth and children, and services for mental health problems can be found in the below website (http://www.edb.gov.hk/en/student-parents/crisis-management/helpline-community-resources/index.html).

4.4   Record Keeping

It is a good practice for school to have records of student's suicidal behaviours as well as action(s) taken by school.   It can serve as an important source of information when making referral to medical and/or mental health professionals.   An example of 'Suicidal Risk Record Form' is included in **Appendix 2** for school's reference.

Chapter 5:   Communicating with Parents

Parents are a valuable resource in supporting the students at times of crises.

5.1   Communicating Concerns to Parents

If sufficient level of concerns is raised after talking with the student, his/her parents should be notified of what has happened.   Preferably, a meeting should be arranged with parents to communicate school's concerns and to come up with safety and support measures the student may need.   *It would be ideal to notify the student' about meeting with his/her parents, so that he/she would feel respected and involved.*

** News of their child's suicidal behaviour is likely to be alarming and difficult for parents to comprehend or accept.   Showing parents your **genuine empathy and concern** *would help make the communication easier when you approach them.*

Choosing the right person

Think about the best person to communicate the concerns with parents. Usually, parents will be easier to relate to staff who have already built up certain level of trust with them.   Sometimes it may be beneficial to involve guidance personnel and/or senior school staff in the discussion.

Collecting necessary information

Try your best to gather information about the family (e.g. family background and dynamics, difficulties the family may be facing, school's previous communication with the family etc.).   It is also helpful to prepare information of local services (e.g. counselling hotlines, community services) to be shared with parents when necessary.

Choosing the right time and contact preferences

The type and level of concerns also determine how urgent you should contact the parents.   Check if there is a preferred time or way for the parents to be contacted, such that concerns can be communicated to the parents in a timely manner.   Decide in advance how much information you want to share with parents during the initial phone contact.

Key messages to be communicated to parents

State your concerns clearly with concrete examples and express in a caring way to avoid sounding like criticising the student and/or the parents.   Invite parents to talk about their perspectives, e.g.

'I'm wondering whether you share similar concerns?'
'Have you noticed similar changes/behaviours at home?'
'Do you have any ideas about what might be happening?'

Allow some time for the parents to digest the information.   After addressing their concerns, it is important to carry a positive, solution-focused message to parents so that they would feel hopeful and supported.   Discuss with parents different ways of supporting the student, be it from family members or relatives, from school personnel, or from external professional agencies.   Engage the student in devising any support plans as far as possible and let parents know that follow-ups/check-ins will be arranged.

5.2   Addressing the Needs of Parents

Parents differ individually in how they might react to hearing their child being suicidal.   It is important to understand that parents might also need support in handling their child's crisis.   These phrases might be helpful when you find parents at shock or distressed at any point of the conversation:

⊙   *"How can I help?"*
⊙   *"How are you coping?"*
⊙   *"Who can you talk to?   Would it help if I call them for you?"*
⊙   *"What can I do better to help you?"*
⊙   *"I understand how this has turned your world upside down.   It is great you have been willing to get help.   Nobody can do this alone."*
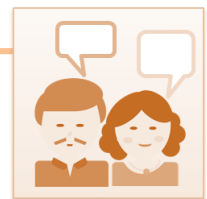
Besides informing parents about their child's suicidal behaviours or thoughts and enlisting their support for the child, the school is also encouraged to help parents:

- ⊙ feel emotionally supported
- ⊙ understand the seriousness of the situation
- ⊙ dispel myths about suicide
- ⊙ recognise their key role in helping their child
- ⊙ recognise the importance of finding help
- ⊙ understand the importance of removing access to means of suicide (e.g. storing medicine safely, locking window grills)
- ⊙ identify personal coping mechanism (e.g. ways to deal with stress) and support systems (e.g. support from friends, relatives and the community)
- ⊙ understand their limits
- ⊙ establish hope

Chapter 6: Re-entry Support for Students

Did you know…

Persons having attempted suicide are often at greater risk for another attempt in the months following. So it is important to closely monitor the student's re-entry into school after his/her suicide attempt and to maintain close contact with his/her parents, caregivers and other supporting specialists. School personnel should be reminded to be accepting, sensitive and encouraging to these students.

6.1   Formulating a Re-entry Plan

Careful planning should be made for any student who has survived a suicide attempt and is about to re-enter school after having been temporarily withdrawn from school or hospitalised.   Efforts should be focused on making the student's return to school **smooth and comfortable** and re-establishing the student's **social support network**. Devising a comprehensive re-entry plan requires the collaboration from professionals, school personnel, the student and the parents.

Before Reintegration into School

☑ Designate a **liaison person** for the following purposes:
  - ◉ to be the case manager;
  - ◉ to communicate with parents and other service providers;
  - ◉ to coordinate the implementation of the re-entry plan; and
  - ◉ to monitor progress.

☑ Obtain parent consent for **"release of information"** so school and medical personnel could share information and communicate to better support the student.

☑ Attend the **discharge meeting** to seek aftercare recommendations from the doctor if the student was hospitalised for the incident.

☑ Jointly work out a **re-entry plan** with specialists (e.g. EP and medical professionals) and school personnel concerned and, if possible, involve the student.

☑ Schedule a **meeting with parents and the student** to discuss and agree on re-entry arrangements at an appropriate time.   Review the student's **safety plan** or develop

one if it has not been drawn up before. (Please refer to **Appendix 3** for template of a safety plan.)

☑ Encourage **mutual support** among school personnel especially those who may have feelings of guilt, anger or anxiety regarding the student's suicide attempt.

☑ Prepare **classmates** for the return of the student.

On the Student's Return

☑ Follow the **Dos and Don'ts** while interacting with the student.

(Please refer to **Appendix 4** for the Dos and Don'ts in interacting with a post-suicidal student.)

☑ Make appropriate arrangement for the post-suicidal student:

⊙ A predictable daily routine and schedule can help to add **stability** in the student's daily life.

⊙ Offer a **gradual return**, if appropriate, to school on a part-time basis until he/she feels well enough to attend full-time. Flexibility should be given in the discussion with the student.

⊙ Vary the pace in daily activities, adjust demands and/or extend assignment deadlines as necessary to **accommodate** for the needs of the student. Reasonable time should be given for submission of missed school work, or if necessary, exemption should be considered.

⊙ Gradually step up the demands as the student makes better adjustment in order to facilitate **progressive coping** of normal routines.

⊙ Enhance the accessibility of **emotional support**. Ensure the school personnel in whom the student trusts would offer support in time. If necessary, help the student re-establish social support network. An accepting and consistent relationship can contribute to recovery.

⊙ Arrange training to enhance the student's **coping skills.** Incorporate more encouragement in daily interaction with the student to strengthen his/her **self-concept**.

⊙ Schedule regular **check-ins and follow-up sessions** for the student and/or the family with the school guidance personnel.

Follow-Up

☑ Schedule formal follow-up meetings with staff and parents to monitor progress of re-integration, review concerns of school personnel and long term suicide prevention work.

☑ Be aware of anniversary dates and special events that might trigger re-awakened distress.

6.2 Peer Support and Preparation

Peers are one of the most important sources of social support, especially for adolescents.

Social support has great healing effect on an individual's psychological and social functioning and helps one's coping with stress. Peers and teachers are often significant providers of social support. Making these supports accessible for individuals following a crisis is important.

Re-establishing social support network…

⊙ Preparation with the involved peers would be necessary on how to **welcome and support** the student upon re-entry to school for peer support such as a buddy system or a peer helper programme.

⊙ A meeting with the concerned student's **close friends and/or "enemies"** is suggested prior to re-entry to discuss their feelings about the incident and how to show concern for the student.

⊙ If the student has weak social skills or if it is difficult for social interaction to naturally occur, it might be necessary to **structure and supervise** the opportunities for peer interaction at the early phase of reintegration to facilitate and re-establish supportive peer relationships.

⊙ **Monitor** social situations in the days and weeks following the transition back to school by meeting with the student and his/her friends to see how things are going on with the peers. Any bullying behaviours should be promptly addressed.

Addressing the issue of suicide attempt…

⊙ If the suicide attempt is widely known, classroom discussion on the incident should follow to **dispel rumours**, **encourage help-seeking behaviours** and remind the students to care for and **respect** others.   (Please refer to **Appendix 5** for suggestions on how to conduct classroom discussion.)

⊙ If the student has been actively recounting his/her suicide attempt to other students, **alternative avenues** for discussion, such as individual counselling sessions with the SSW, could be explored for the student.

Gentle Reminder

● Discourage spreading of rumours and extensive discussion of the concerned student or incident.   Focus instead on building help-seeking skills and resources for others who might be in distress.

● Do not glamorise or romanticise either the suicidal student or any suicidal behaviour.   Emphasise the connection between suicide and underlying mental health issues such as depression or anxiety, and cultivate a safe and healthy school environment where mental health is promoted.

6.3   Parental Involvement

Communication with parents is important to ensure consistent support for the student.

It is important to proactively reach out to the family of the student who has gone through a suicide crisis.   They might be extremely distressed but in lack of professional support.   Also, informed parents could be a valuable prevention resource to the suicidal student.   Therefore, helping them find proper ways to intervene and prevent further suicide attempts of the student is very important.

Parental Involvement on Re-entry Arrangement
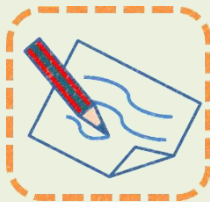
During a student's re-entry to school, parental involvement to soothe their child's transition and adjustment is crucial.   Parents may need to understand the goals of various measures and adjust their expectations.   School personnel can enlist their support by communicating these issues with them while responding to their concerns:

☑   Who will be the liaison person regarding their child's return to school?

☑   In what aspects is their consent needed and why? (e.g. for follow-up support by school personnel, for the "release of information" with medical professionals, etc.)

☑   What are the special arrangements included in the re-entry plan? (e.g. partial schooling, lessened homework, support programmes, etc.)

☑   How should they expect differently from their child? (e.g. to set lower expectation on their child's academic performance, etc.)

☑   When and how would normal academic demand resume?

Parental Involvement at Home

Parents can be a great resource to do __gatekeeping work__ and __guidance__.   Yet they might lack confidence to do so.   Guidance teachers, SSWs, or teachers can suggest the following to parents in supporting their child:

☑ Spend more __time__ with their child and be engaged in activities together

☑ Engage in __reflective listening__ to acknowledge their child's distress and take their feelings seriously

☑ __Avoid judging__ and blaming

☑ Guide their child to __problem-solve__ from different perspectives and evaluate possible outcomes of each proposed method

☑ Reassure their child that they will be available for him/her and that they can accompany him/her to __seek professional help__ if needed

☑ Always place __safety__ first—it is strongly recommended to remove lethal means from the home

☑ __Model__ limit setting, expression of feelings, problem-solving and self-care

☑ Encourage their child to make and sustain __friendship__ (build support network)

☑ Let their child know they are __concerned__

☑ Help their child explore their interests and identify their strengths to build a __positive self-concept__ and confidence
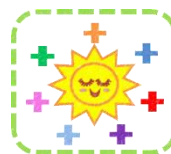
☑ __Look after themselves__ as well—talk to others, seek professional help if necessary

6.4   Preventing Copycat Behaviour

Following a student's suicide attempt, the following measures should be observed to prevent copycat suicidal behaviour:

- 💡 **Identify** and provide **support** to other high risk students or students who are most likely to be significantly affected by the incident.

> Pay special attention to **vulnerable students**. They may not necessarily be a friend of suicidal students but due to their own circumstances, suicide attempts of other suicidal students may trigger their imitative behaviours.

- 💡 **Review** suicidal warning signs and procedures for reporting students of concern.
- 💡 Step up **gatekeeping** work in the period following any student's suicide attempt.
- 💡 Encourage **help-seeking** behaviours among students.   Ensure support is available.
- 💡 Maintain **close contact with families** and enlist their support.
- 💡 Encourage parents to **keep an eye on** their child's activities on online **social platforms** for suicidal warning signs, since they are outlets that students frequently use to communicate information and express their thoughts and feelings.

6.5   Facing Media Reporting

> **Suicide contagion is related to irresponsible reporting of suicide events. It is important to avoid insensitive spreading of rumours and glamorising of suicide events.**

Did you know…

- Research has found that the rise in suicides following a suicide incident was proportional to the amount, duration and prominence of media coverage (*Gould et al., 2003*).

- Dramatic headlines and prominently placed suicide stories in the newspapers were also associated with greater increases in subsequent suicide rates (*Gundlach & Stack, 1990; Gould & Lake, 2013; Hassan, 1995; Wasserman, 1992*).

- Young people were found to be at higher risk to engage in imitative suicidal behaviours (*WHO, 2008*).

- National suicide rates were higher in countries where suicidal behaviours were glamorised and romanticised in the media, while suicide rates were lower in countries where media report focused on the negative consequences of the suicide and reflected the psychopathology of suicide (*Gould & Lake, 2013*).
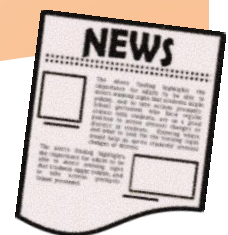
Widespread media reporting of suicidal behaviours in both traditional forms and in cyberspace is unavoidable nowadays.   It is important to teach students issues related to cyber safety and cyber etiquette.   Following a student's suicide attempt, it is advised that a school staff take up the role to monitor the social media for information students are sharing.   Concerning messages include:
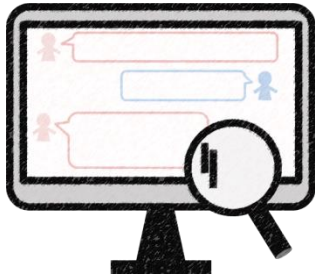
- Rumours
- Bullying messages
- Comments that indicate any students to be at risk of suicidal behaviour

The monitoring staff should discuss with relevant personnel at school upon noticing concerning posts on online social platforms and take necessary actions, including:

- Dispel rumours
- Report offensive materials
- Notify parents and/or emergency services for the safety of any student if necessary
- Remind students of proper handling of information spread on social media and remind them to observe and follow cyber etiquette
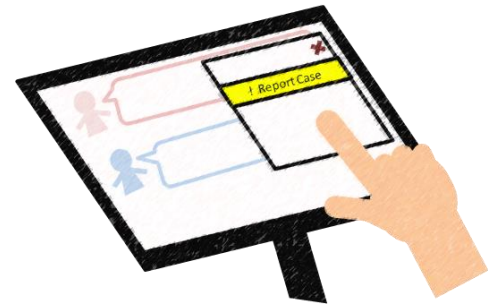
Besides avoiding improper use of social media, more proactively, schools are encouraged to use social media in collaboration with students to share health-promoting information including:

- Suicide prevention and related **positive messages**
- Information on **mental health** and mental illness
- Information on where to go for **help** within the school
- Organisations in the community providing **crisis services**, useful hotlines, etc.
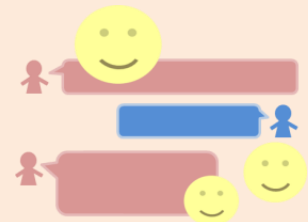
Chapter 7: School-wide Suicide Prevention Work

7.1   Developing Students' Resilience
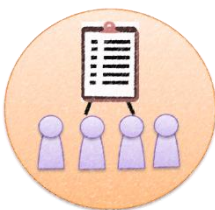
A comprehensive suicide prevention model requires 3-tier support as mentioned in Chapter 1. Effective suicide prevention goes beyond identification, assessment and treatment services for students at-risk, including those with suicidal ideation, which are tier 2 and 3 support work that the previous chapters have covered. As school-wide developmental and preventive work that enhances students' resilience and protective factors is also crucial in preventing student suicides, a list of resource packages, web resources and programmes for tier 1 and 2 support is compiled in **Appendix 6** for schools to refer to when designing and implementing school-based programmes.

These resources encompass a variety of developmental aspects for students including Problem Solving, Coping Skills/Emotion Management, Mental Health Literacy, Mental Well-being/Positive Psychology, Self-understanding, Peer Relations and Family Relations. School can use these resources flexibly to cater for their students' needs and to strengthen their protective factors against suicide.   As the list is not exhaustive, schools may make reference to other available resources and develop their school-based programmes.

The following conditions links to successful implementation of suicide prevention programmes in schools (*Mindmatters, 2000*):

School leadership is driving implementation and providing ongoing support

Programmes are integrated into curriculum and planned

Staff believe in the programme and work to develop students' skills for resilience

Every adult in the school can be a teacher of resilience

Parents and families understand and support the school's work in this area

Collaborative effort from school leadership, teaching staff, EPs, SSWs and parents is therefore critical in bringing together an effective and comprehensive suicide prevention programme in schools. Schools are also encouraged to share their good practices with each other to enhance students' mental well-being and resilience.

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Warning Signs of Mental Health Difficulties

Warning Signs of Depression

Most of the depressive signs listed below can be a normal part of the ups and downs of everyday life. Most people will have experienced some of these signs at some time of their lives. Depression, however, may be suspected if your student exhibits multiple signs over several weeks or even months, and represents deterioration from previous functioning.

Feelings
- Low mood or sadness
- Hopeless and helpless
- Empty
- Low self-esteem
- Tearful
- Guilt-ridden / Worthlessness
- Irritable
- Decreased interest or pleasure in most activities
- Recurrent thoughts of death, recurrent suicidal ideation

Thoughts
- "I'm a failure."
- "It's my fault."
- "Nothing good ever happens to me."
- "I'm worthless."
- "Life's not worth living."
- "People would be better off without me."

Behaviours
- Not getting things done at school
- Withdrawing from family and friends
- Relying on alcohol and sedatives
- Not doing usual enjoyable activities
- Diminished ability to think or concentrate /indecisiveness
- Psychomotor agitation or retardation

Physical
- Fatigue or loss of energy
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Change in sleep: insomnia or hypersomnia
- Loss or change of appetite
- Significant weight loss or gain

Adapted from Beyond Blue (2016). Signs and Symptoms. Retrieved from
https://www.beyondblue.org.au/the-facts/depression

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Warning Signs of Anxiety Disorder

It's a normal part of life to experience occasional anxiety. However, if your student experiences anxiety that is persistent, seemingly uncontrollable and overwhelming, and it interferes with his/her daily functioning at school and at home, he/she may have an anxiety disorder.

The term "anxiety disorder" includes generalised anxiety disorder, panic disorder and panic attack, agoraphobia, social anxiety disorder, selective mutism, separation anxiety, and specific phobias. Symptoms presented may vary according to the type of anxiety disorders. In general, you may observe if your student exhibits some of the following signs:

Feelings

- Fear (particularly when having to face certain objects, situations or events)
- Worried about physical symptoms (e.g., fearing there is an undiagnosed medical problem)
- Dread (that something bad is going to happen)
- Constantly tense, nervous or on edge
- Uncontrollable or overwhelming panic

Thoughts

- "I'm going crazy."
- "I can't control myself."
- "I'm about to die."
- "People are judging me."
- Having upsetting dreams or flashbacks of a traumatic event
- Finding it hard to stop worrying
- Unwanted or intrusive thoughts

Behaviours

- Withdrawing from, avoiding, or enduring with fear objects or situations which cause anxiety
- Urges to perform certain rituals in a bid to relieve anxiety
- Not being assertive (i.e. avoid eye contact)
- Difficulty making decisions
- Being startled easily
- Difficulty concentrating

Physical

- Increased heart rate
- Shortness of breath
- Vomiting, nausea or pain in the stomach
- Muscle tension and pain
- Feeling detached from physical self / surroundings
- Having trouble sleeping (e.g. difficulty falling or staying asleep or restless sleep)
- Sweating / shaking
- Dizzy
- Numbness or tingling
- Hot or cold flushes

Adapted from Beyond Blue (2016). Signs and Symptoms. Retrieved from
https://www.beyondblue.org.au/the-facts/anxiety

Warning Signs of Early Psychosis

Psychosis is an abnormal mental condition that is often accompanied by delusions, hallucinations and disorganised speech. The thoughts, emotions and feelings of people suffering from early psychosis are frequently out of touch with reality. Because psychosis affects a person's mind, feelings and behaviours, everyone who experiences psychosis experiences it differently. If early psychosis is identified in its initial stage and treated properly, it is possible to minimise the disabilities that it may cause and prevent serious complications from developing.

Delusions

False and unshakable beliefs that are out of touch with reality. For example, a student may firmly believe he or she is being closely monitored and/or persecuted.

Hallucinations

Perceptions that are unrelated to any external stimuli. A student may see or sense non-existent objects or hear imaginary voices and perceive these to be real.

Disorganised speech

Incoherent and disorganised speech that is incomprehensible to other people.

Adapted from Early Assessment Service for Young People with Early Psychosis (2016). The Symptoms of Early Psychosis. Retrieved from http://www3.ha.org.hk/easy/eng/what_detail.html

If your student exhibits signs of depression, anxiety or early psychosis for a period of time and the symptoms are affecting his/her daily functioning markedly, you should talk to the SSW or EP about it. Referral to mental health professionals for follow-up assessment and support may be needed.

Suicidal Risk Record Form (Sample)

Name of School
Report of Student's Suicidal Risk

RESTRICTED

Date:_____ Recorded by:_____ Relationship with student:_____

Name of Student:_____ Sex:_____ Class:_____

Staff Members involved:

Description of Concerns:

Action(s) Taken:
☐ Discussion with student, by_____, on _____
   Summary of Discussion:

☐ Discussion with parents, by_____, on _____
   Summary of Discussion:

☐ Student referred to _____

☐ Follow-up Contact, by_____, on _____

Other Area(s) of concerns:

Safety Plan Template

When I feel...

Or think about...

I can...
(things to do to distract yourself/cope with the feelings/take your mind off the problem)

I am not alone or helpless.
I can contact my supporters,
such as...

I can go to these places where
I feel safe and comfortable...

I love these great things about myself...
(write or draw some positive things about me/my life)

Things I look forward to...
(write/draw things you like/enjoy and write down why you look forward to them or want to do them again)

Ideas to help you look after yourself, cope with stress and be well...

Exercise   Help others   Be with other people   Go to school   Go out

Keep a balanced diet   Join group activities   Get enough sleep

Have a hobby   Take time to relax   Take deep breaths

Student: _____ **Class:** _____

Teacher: _____

Date: _____

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

Dos ✔	Don'ts ✘
Be available and build a **trusting relationship** by creating a **'safe space'** where the person feels loved, cared about, accepted, supported and understood. For example: • *"I'm sorry you've been feeling so awful. I'm here for you. Remember that you can always talk to me if you need to."*	Avoid being judgmental or critical of the student because doing so will discourage him/her to open up to you. Don't say things like: • *"That was such a stupid thing to do."* • *"This is the worst possible thing you could have done!"*
Instill a sense of **hope** by offering **help** and **company**.	Avoid saying things to aggravate the student's feeling of helplessness, abandonment and guilt. Don't say: • *"I'm not talking to you until you straighten yourself out."* • *"How did you think this would make me feel?"*
Encourage and accompany the student to **seek professional help** when he/she feels more support.	Don't take up the role of a rescuer and try to help the student alone.
Support the student in developing a **safety plan** to detail the steps he/she needs to take to keep him/her safe if suicidal thoughts return.	Don't preach, lecture or build a rational argument against right and wrong of suicide and try to find out "Why?".
Be willing to **interact** and show your own **good feelings** at having the student back at school. For example: • *"Good to see you!"*	Don't feel like you have to do something to help or work at "cheering up" the student.
Do be **alert for suicide warning signs**. A student who has already attempted suicide is at higher risk for another attempt. If the student's risk level appears to be rising again: • Always be willing and ready to listen. • Always take suicide-related messages seriously. • Be prepared to ask directly about the level of risk, 'Are you considering suicide again?' • Notify the student's doctor/case manager/ parents immediately and ask for professional help promptly.	Don't think it will never happen again and ignore the warning signs.

Gentle Reminder

Some students might become withdrawn after a suicide attempt and do not want to talk. Do respect that feeling, but also encourage them to interact with peers and participate in activities again when they are ready.

Conducting Classroom Discussion in Response to a Student's Suicide Attempt

While student suicide attempts do not always warrant whole-class discussions, those that are widely known, such as those witnessed on campus, widely gossiped or disclosed by the suicidal student, would need debriefing for students to guide them to react to the event more constructively and respectfully.   Teachers can refer to the following when talking to your class about a student's suicide attempt.

Talking about a student's suicide

Set the scene…

- Explain to students the **GOAL** of having discussion **is to**…
    - ~ Share our feelings and thoughts
    - ~ Discuss how we should handle this together constructively
- But **NOT to**…
    - ~ Blame or shame
    - ~ Investigate
    - ~ Gossip

Help students express their feelings and stress…

- Questions to ask:
    - ~ What do you know about what happened?
    - ~ How did you feel at that time?
    - ~ How do you feel now?   What are your thoughts?
    - ~ Does this incident make you think of any similar experience?
    - ~ What can you do to help you feel better?

- After the sharing, you can:
    - ~ Acknowledge their openness in sharing their feelings with you and each other.
    - ~ Reassure them that it is normal to have feelings such as fear and worry.
    - ~ Recap on ideas they might have shared and suggest additional ways to handle stress, e.g. exercising, listening to music, talking to a friend, etc.

Preparing the class for the student's return

Guide students to think about the returning student's situation and empathise with him/her…

💬 You can ask them:

~ Recall a time they had felt miserable. How would they have wanted others to treat them when they were unhappy?

~ If they were this student, when they returned to school, what would they be worried about or afraid of? How would they want other students to react to them?

💬 After discussion, make the following conclusion:

~ It is normal for us to feel miserable at times. There are different ways one can cope with distress.

~ We welcome the student's return and would want to make it smooth and comfortable for him/her.

~ What this student needs now would be our genuine concern and support. He/she would be worried about rumours and teasing.

Make an agreement with the class…

✍ **Show concern** for the returning student and help him/her when he/she indicates difficulty catching up with schoolwork.

✍ **Notify teachers** if they notice the student to be emotionally unstable.

✍ **Do not** tease the student, spread rumours or **gossip** about him/her.

✍ Maintain a positive and **caring atmosphere** in the classroom and continue with usual **routine** to ease the student's adjustment.

✍ Encourage friends in need to **seek help**.

⌘ If any particular student appears to need further individual counselling, such as exhibiting excessive fear or anxiety, having feelings of guilt towards the returning student, or revealing one's own suicidal ideation, contact the SSW or guidance personnel for assistance.

⌘ The student's close friends could be of tremendous support to the returning student. Discussion with them could be more in-depth on how to engage the student in their usual activities and how to support him/her in times of distress. Seek guidance personnel's assistance if necessary.

**Resources for Suicide Prevention Work in Schools**

| Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		💣	💥	📖	☺	👁	💬	🏠		
The following resources are available in English:										
"Co-creating a Harmonious School - Anti-bullying Day / Week" Resource Package Education Bureau (2016) http://www.edb.gov.hk/en/teacher/student-guidance-discipline-services/gd-resources/co-creating-harmonious-school-day-week.html	Includes lesson plans and activities that aim to teach students positive thinking and good virtues, so as to create a positive culture in school.	*	*		*		*		Primary to Secondary	Tier 1
Co-creating a Harmonious School: Stop Bullying Education Bureau (2010) http://www.edb.gov.hk/en/teacher/student-guidance-discipline-services/gd-resources/co-creating-harmonious-school.html	Provides suggestions on establishing an anti-bullying policy and implementation strategies with a Whole School Approach. It includes lesson plans to develop students' empathy through the use of drama skills and suggestions on parent education.	*	*				*	*	Upper Primary to Lower Secondary	Tier 1
Moral, Civic and National Education - "Life Event" Exemplars Education Bureau http://www.edb.gov.hk/en/curriculum-development/4-key-tasks/moral-civic/lea/index.html	Includes lesson plans and materials in the area of personal growth and healthy living for upper primary to lower secondary students.				*				Upper Primary to Lower Secondary	Tier 1

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[1] 💣 = Problem Solving; 💥 = Coping Skills / Emotion Management; 📖 = Mental Health Literacy; ☺ = Mental Well-being / Positive Psychology; 👁 = Self-understanding; 💬 = Peer Relations (including anti-bully); 🏠 = Family Relations

Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in English:										
Personal Well-being Lessons for Secondary Schools: Positive Psychology in Action. I. Boniwell & L. Ryan (2012)	Offers teachers working with 11 to 14 year-olds practical and scientific resources on positive psychology and personal well-being. It Includes six subject headings with six lesson plans in each subject area, allowing teachers to design a flexible programme.		*		*	*	*		Secondary	Tier 1
No Kidding about Bullying: 125 Ready-to-Use Activities to Help Kids Manage Anger, Resolve Conflicts, Build Empathy, and Get Along. N. Drew, M. A. (2010)	Aims to prevent bullying behaviours, foster supportive classroom communities and affirm the importance of respect, listening and kind actions at school. It Includes lessons and activities such as games, role plays, group discussions, art and writing projects	*	*			*	*		Upper Primary to Secondary	Tier 1 & 2
Bully Busters A Teacher's Manual for Helping Bullies, Victims and Bystanders. D. A. Newman, A. M. Horne & C. L. Bartolomucci (2000)	Intends to help teachers control and prevent bullying behaviour in school as well as strengthen teacher-student relationship through seven modules. Each module offers information and classroom activities.		*		*	*	*		Upper Primary to Secondary	Tier 1 & 2

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		💣	💣	📖	☺	👁	🗨	🏠		
The following resources are available in English:										
Bounce Back…Again, 2nd Edition The Student Support Leadership Initiative https://communities.rnao.ca/system/files/2019-06/bounce_back_booklet_v7_mar25_2014_1.pdf http://www.healthunit.com/uploads/bounceback_2015-supplement.pdf	A comprehensive resource book that aims to enhance students' resiliency. It includes useful information for school-wide activities, elementary and secondary schools, as well as resources for parents, caregivers and school community.		*	*	*				Primary to Secondary	Tier 1
Bullying. No Way! –The Department of Education and Training, in collaboration with school authorities from the Commonwealth, State and Territory governments and Catholic and Independent sectors https://bullyingnoway.gov.au/NationalDay/ForSchools/LessonPlans	Provides information and resources including discussion starters, videos, lesson plans on topics related to bullying e.g., creating safe schools, bystanders, ethical behaviour on line, etc. for students, parents and teachers.		*				*		Primary to Secondary	Tier 1 & 2
Can We Talk? Mental Health Lesson Plans The Alberta Teachers' Association (ATA) and the Alberta Division of the Canadian Mental Health Association (CMHA) http://canwetalk.ca/	Includes activity plans mainly for junior and high school students, covering topics such as stigma related to mental health problems, managing stress, and changing negative self-talk.			*	*				Secondary	Tier 1 & 2

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in English:										
Guidance on preparing to teach about mental health and emotional wellbeing PSHE Association https://www.pshe-association.org.uk/curriculum-and-resources/resources/guidance-preparing-teach-about-mental-health-and	Provides guidelines and sets of lesson plans spanning key stages 1-4 for schools on preparing to teach about mental health & emotional wellbeing. Topics include promoting wellbeing, developing coping strategies and addressing challenging mental health issues (e.g. eating disorders, self-harm, depression and anxiety).		*	*	*				Primary to Secondary	Tier 1
Mental Health & High School Curriculum Guide: Understanding Mental Health and Mental Illness (Updated Edition) http://teenmentalhealth.org/wp-content/uploads/2018/01/FINAL-Guide-Dec-2017-Online-Cover-and-Interior.pdf	An evidence-based mental health curriculum resource that improves both teachers' and students' mental health literacy. The Guide is targeted to be used for youth aged 13 to 15 years with four key components: 1) understanding how to optimize and maintain good mental health; 2) understanding mental disorders and their treatments; 3) decreasing stigma; and 4) enhancing help seeking efficacy.		*	*					Upper Secondary	Tier 1

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🪔	💣	📖	☺	👁	💬	🏠		
The following resources are available in English:										
MindMatters – BeyondBlue https://www.mindmatters.edu.au/	Aims to improve the mental health and wellbeing of young people through a flexible framework that involves four components, namely: Positive School Community, Student Skills for Resilience, Parents and Families, and Support for Students Experiencing Mental Health Difficulties. Each component is explored through a number of online modules. Animation, videos, interactive tools and downloadable resources are available for use.		*	*	*		*		Secondary	Tier 1 & 2
Operation Respect http://operationrespect.org/	The "Don't Laugh at Me," curriculum programme is free of charge to schools worldwide. It provides materials such as music, social & emotional learning curricula, multicultural videos and professional training for teachers to help children express their feelings, resolve conflict, celebrate diversity, and engage with each other with compassion and cooperation.	*	*			*	*		Primary to Secondary	Tier 1

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		💣	💥	📖	☺	👁	💬	🏠		
The following resource is available in English:										
Practical Lesson Ideas from ReachOut.com Department of Health and Ageing, Australian Government http://au.professionals.reachout.com/teaching-and-learning/practical-lesson-ideas	The webpage compiles practical lesson ideas/short activities to be embedded in lessons, pastoral care or group sessions. It addresses topics including bullying, exam stress, mental health and wellbeing, connectedness and help-seeking behaviours.		*	*			*		Secondary	Tier 1 & 2
The following resources are available in Chinese:										
《生命教育網站：「活出精彩人生、面對逆境」》教育局 http://www.edb.gov.hk/tc/curriculum-development/4-key-tasks/moral-civic/Newwebsite/Life.html#10	幫助學生發展積極面對逆境的態度及培養堅毅精神。逆境包括家庭狀況轉變、疾病、學業問題、戀愛問題、朋友關係等。網站提供教案、工作紙、劇本聲帶及參考資料等。	*	*		*		*		Upper Primary to Upper Secondary	Tier 1
《自我控制與處理衝突課》教育局 http://www.edb.gov.hk/tc/teacher/student-guidance-discipline-services/gd-resources/schc_materials/index.html	透過四個課節教導學生自我控制及處理衝突的技巧，附教案、簡報、教材及工作紙等。	*	*				*		Upper Primary	Tier 1

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《個人成長教育精選教案》教育局 http://www.edb.gov.hk/tc/teacher/student-guidance-discipline-services/gd-resources/resources-personal-growth-edu/resources-personal-growth-edu.html	包括 15 個個人成長教育精選教案（附工作紙），分為個人發展篇、群性發展篇、學業篇及事業篇。	*				*	*		Primary	Tier 1
《「城市小故事‧人生大道理」：品德教育本土故事實錄》教育局 http://www.edb.gov.hk/tc/curriculum-development/4-key-tasks/moral-civic/Newwebsite/citystory.html	透過以真人真事構成的香港本土故事，帶出生活化的品德教育，協助學生建立正面的人生觀。附不同思考角度問題以引導學生思考。		*		*				Secondary	Tier 1
《遊戲中覓方向‧體驗中悟道理——生命教育互動學習教材》教育局 http://www.edb.gov.hk/tc/curriculum-development/4-key-tasks/moral-civic/Newwebsite/Life_understanding.html	透過認識生命、欣賞生命、尊重生命及探索生命四個學習層次，幫助學生反思及探索人生，培養正面價值觀和積極的態度。有二十個富趣味的遊戲學習活動及生活事件教案。		*		*	*			Lower Primary to Upper Secondary	Tier 1 & 2
《德育、公民及國民教育 ——「生活事件」教案》教育局 http://www.edb.gov.hk/tc/curriculum-development/4-key-tasks/moral-civic/lea/index.html	包括個人成長及健康、家庭、學校、社交、社會及國家，以及工作等六個生活成長範疇的教案及簡報，覆蓋初小至高中四個學習階段。	*	*			*	*	*	Lower Primary to Upper Secondary	Tier 1

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《「WE」正向動力計劃》教育局 http://www.edb.gov.hk/tc/teacher/student-guidance-discipline-services/gd-resources/index.html	透過校、級、班及個人不同層面實踐正向動力和發放正向生活態度的重要訊息。計劃內容包括比賽/早會活動、教師工作坊、學生/家長講座、「課室經營」建議等。	*	*		*	*	*	*	Upper Primary to Lower Secondary	Tier 1
《快樂動起來生命成長計劃－研究報告暨實務手冊》 中華基督教禮賢會 (2015) http://www6.cityu.edu.hk/ss_posed/ui/Publications/rainbrowbk.pdf	協助學生運用正向心理學的知識及技巧於情緒管理、解決困難及目標訂立三個方面，提升學生的快樂感及心理幸福感，讓他們能正面地面對成長過程中的壓力和挑戰。計劃共八節，分別為「認識自己」、「建立正向情緒」、「自我欣賞和接納」、「欣賞別人」、「認識焦慮」、「轉化情緒」、「訂立目標」及「展望將來」。	*	*		*	*	*		Upper Primary to Lower Secondary	Tier 2
有教無戾：校園欺「零」計劃 香港城市大學(2014) http://www6.cityu.edu.hk/projectcare/tc/index.html	透過認知行為治療小組，輔以學童、老師及家長講座及諮商服務，全面地處理校園欺凌的問題。小學治療小組主要針對反應型及操控型攻擊者，中學則包括針對反應型及操控型攻擊者，以及攻擊型及退縮型受害者的小組輔導。透過參與者分享經驗產生共鳴感，汲取不同組員的看法和意見，進行反思，重新選擇，達至成長。		*			*	*	*	Primary to Secondary	Tier 2

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《「快樂巨升」紓減學生焦慮計劃教材套》 基督教香港信義會生命天使教育中心 (2014)	應用正向心理學的概念協助高中學生處理焦慮。研發正向心理學的「品格優點」、「樂觀感」及「希望感」概念，提升學生面對焦慮情緒的處理，推動青少年精神健康工作。六節班課工作坊教材包括：「快樂，你有得揀！」、「發揮品格優點」、「趕走負面思想」、「培養樂觀感」、「確立合理目標」及「常存希望」。		*		*	*			Upper Secondary	Tier 1
「快樂巨升」網站 基督教香港信義會生命天使教育中心 (2014) http://service.elchk.org.hk/happy/	介紹壓力、焦慮及正面心理學，以及掌握幸福的各個元素及達致幸福的方法，減少情緒困擾，提升抗逆能力，加添正能量，增強精神健康，焦慮紓減，邁向快樂。		*	*	*	*			Primary to Secondary	Tier 1
《培養學生正面態度和價值觀資源冊》 香港大學香港賽馬會防止自殺研究中心 (2014)	透過教學活動設計和實例分享，展示如何運用不同策略以培養學生的正面態度和價值觀，講解如何進行計劃評估，並提供相關的資料和文獻，供學校／機構參考。	*	*			*	*		Primary to Secondary	Tier 1 & 2

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Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《領袖 GET SET GO：中學生領袖培訓手冊》 王柏豪、羅偉柏、劉起鵬、林瑞芳(2014)	透過個案討論、角色扮演、示範和實習，發展中學生的領導才能，讓他們成為有愛心、有抱負、有能力的學生領袖。手冊附教學資源光碟，包括教案、教學簡報、工作紙，示範短片等。	*			*	*	*		Secondary	Tier 2
《「正向工程」中學生正向心理教育課程》 東華三院何玉清教育心理服務中心(2013)	以沙利文教授的「幸福感理論」為藍本，透過多元化的活動建立中學生積極的人生觀和幸福感。活動曾於課堂實踐，有效提升學生正面情緒和投入感，以及確立人生的意義。		*		*	*	*		Secondary	Tier 1
《至正網絡課程教材套(初中版)》 復和綜合服務中心(2013)	應用「正面紀律」協助家長引導子女面對使用智能手機上網或會引發的問題，如沉迷上網的弊處、色情資訊的泛濫、網絡欺凌的傷害等。						*		Lower Secondary	Tier 1

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《正向心理學之積極人生計劃實務手冊》 聖雅各福群會（2012） http://www6.cityu.edu.hk/ss_posed/ui/Publications/positive%20education%20project%20on%20hope%20and%20gratitude.pdf	應用正向心理學理論，以認知行為教練手法，促進學生個人體驗和內省。以「希望」及「感恩」為主題，加強學生有效的行為和建立堅強的信念，增強正面積極的特質，以及面對逆境和解決困難的能力。計劃共八節，形式包括角色扮演、故事、繪畫、音樂、遊戲、講課、靜思練習、討論分享、堂課及家課等。	*	*		*	*	*		Upper Primary	Tier 2
《踏出健康人生教材套—初小第二版》 復和綜合服務中心(2012)	讓學生對實踐健康人生有更深的認識及掌握。教材共 8 節，主題包括：健康人生的範疇、飲食的營養、精神及心理健康元素等。					*	*		Lower Primary	Tier 1
《踏出健康人生教材套—高小第二版》 復和綜合服務中心(2012)	讓學生對實踐健康人生有更深的認識及掌握。教材共 8 節，主題包括：健康人生的範疇、飲食的營養、精神及心理健康元素等。		*		*	*	*		Upper Primary	Tier 1

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Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		✺	✺	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《SUN Teens 青少年精神健康計劃實務手冊中學》 聖雅各福群會 (2012) http://www6.cityu.edu.hk/ss_posed/ui/Publications/Sun_Teens_Mental_Health_Project.pdf	提供正向感恩訓練予受抑鬱情緒困擾之青少年，透過學習、體驗和實踐感恩，提升其正面情緒及人生觀；培養青少年有效的情緒管理，發掘個人性格強項及潛能，提升能力感。計劃共 10 節，包括一次宿營訓練。	*	*		*	*	*		Secondary	Tier 2
《生命教育：學童成長與正面紀律資源手冊》 黃成榮(2011)	手冊改編自黃成榮博士輯錄的《生命教育之正面紀律訓練教材套》及《健康生命樹教師資源冊》，並增設真實個案改編的「犯罪與通識篇」，協助生命教育課導師引導學生培養健康的生活模式及建立正面紀律。		*		*	*	*		Upper Primary	Tier 1
《憂鬱小王子之路》網站 香港大學香港賽馬會防止自殺研究中心 (2010) http://www.depression.edu.hk/b5/home.html	介紹有關抑鬱症的成因、徵狀、治療等資訊、促進精神健康的方法，以及求助途徑等。	*	*	*	*	*	*		Secondary	Tier 1 & 2

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
Packages and Web Resources	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following resources are available in Chinese:										
《憂鬱小王子抗逆之旅－教師手冊》(2010) 《憂鬱小王子抗逆之旅－旅程指南》(2011) 香港大學香港賽馬會防止自殺研究中心 http://web.csrp.hku.hk/wp-content/uploads/2015/06/LP-TeacherManual.pdf http://csrp.hku.hk/wp-content/uploads/2015/06/LP-StudentManual.pdf	由 12 節課程組成，幫助學生對心理認知、精神健康、情感表達、及社交應對等有較深的認識。	*	*	*	*	*	*		Secondary	Tier 1 & 2
《品德‧關懷‧分享》 廉政公署(2006)	由十所本地中學分享優秀的德育教材及活動經驗予其他學校參考，以推動培養學生良好品格的工作。內容範疇包括：建設個人的品格、增益人際關係及關懷改善社會。		*			*	*	*	Secondary	Tier 1
《童心同心成長之旅：個人成長教育課程教材套》 香港扶幼會(2006)	為進行家庭教育而設，藉自我概念、情緒管理、解決困難、應變及衝突處理等課題，協助家長指導子女成長和與人相處之道。課程運用了故事、遊戲、角色扮演和討論等多元化的學習方式。		*			*	*	*	Primary	Tier 1
《自尊自信成長樂：家校並行課程》 東華三院社會服務科「提升學生自尊感-家校合作計劃」(2000)	內容包括學生課程和 20 個家長錦囊，鼓勵學校提升學生自尊感，並支援家庭配合學校在培育學生自尊感方面的工作。		*			*	*	*	P.3 to P.4	Tier 1

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Programmes	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following programmes are available in Chinese:										
好心情@學校 (教育局及衞生署)	為加強在學校推廣心理健康的工作，教育局聯同衞生署於 2016/17 學年舉辦「好心情@學校」計劃，將「好心情@HK」的三個主要元素:「與人分享」、「正面思維」及「享受生活」進一步在學校推展，並透過一系列的活動，提升學生對精神健康的關注和認識。		*	*	*	*	*	*	Primary to Secondary	Tier 1
「學生大使」積極人生計劃 (教育局)	透過領袖訓練、成長課節及生命成長體驗活動，裝備學生大使協助教師為其他同學舉辦以「積極的人生觀:尊重和愛惜生命」為主題的校本生命教育活動，傳遞正面的訊息。	*			*	*	*		Primary to Secondary	Tier 2
「多元智能躍進計劃」 (教育局)	教育局訓育及輔導組與不同紀律部隊合作，為中二及中三學生提供有系統的紀律及團隊訓練，以提升學生的自律、自信、團隊精神、抗逆能力和領袖才能。自 2009/10 學年開始，計劃預留部份由消防處訓練的名額予中四及中五的學生，讓高中學生能拓展更多校園以外的學習經歷。		*			*	*		Secondary	Tier 2

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Programmes	Description	Developmental Aspects[1]							Levels / Grades	Targets (Tier 1/2 students)
		🔓	💣	📖	☺	👁	💬	🏠		
The following programmes are available in Chinese:										
我的行動承諾系列 (教育局)	教育統籌局於 2003 年發起「我的行動承諾─全民潔港‧活出健康」承諾日，旨在讓學生藉著參與集體的承諾，身體力行去建立健康的生活方式。教育局鼓勵學校於每年繼續舉辦承諾日，秉承活出健康人生的目標。以往部分主題： • 家‧攜手互勉‧共創未來(2014) • 覓理想 訂目標 活出精彩人生(2011) • 建立健康生活及活出積極人生(2008) • 尊重、關愛、活出健康人生(2006)				*	*	*	*	Primary to Secondary	Tier 1
成長的天空計劃 (教育局)	教育局發展的一套全面個人成長輔助計劃，課程培養學生的生活技能，如情緒管理、社交、解決問題和訂定目標。計劃包括： 「發展課程」- 全體小四至小六學生。透過課堂形式，教授情緒管理、社交、問題解決及目標訂定等生活技能，以提升學生的效能感、歸屬感及樂觀感。 「輔助課程」 - 較大輔導需要的小四學生。課程以一系列的小組、歷奇活動及親子活動，建立學生的內在資源及提升家庭和學校支援，以協助學生面對逆境的挑戰。	*	*			*	*		Upper Primary	Tier 1 & 2

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