



ELCHK Lutheran Secondary School

Parent's Notice 23008 'Emotional Well-being Questionnaire-Anxiety and Depression (S.2)'

11/9/2023

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Dear Parent / Guardian,

Emotional Well-being Questionnaire - Anxiety and Depression (S.2)

The School has commenced participation in the "Student Mental Health Support Scheme" to identify and assist children and adolescents who are suffering from anxiety and depression. This initiative also seeks to provide these students with appropriate support to measure and promote their personal growth and mental health. An appointed social worker of the Hospital Authority will cooperate with the School to conduct an annual questionnaire screening. The School is tentatively planning to conduct the above online survey in September or October of this school year. For details, please see Attachment 1.

Should you have any enquiries, please contact Ms. Tsang, the Head of Counseling Committee.

Please read the information below and ask your child to submit the reply slip to the class teacher by 13th September.

Yours faithfully,

Mr. Liang Kwun Fan

(Principal)



ELCHK Lutheran Secondary School

(Reply slip) Parent's Notice 23008 'Emotional Well-being Questionnaire - Anxiety and Depression (S.2)'

[Submit the reply slip to the class teacher by 13/9.]

I, _____ (student's name) of Class _____ and the parent / legal guardian* of the student, agree / do not agree* the above-named student to participate in the annual screening of this school year; and, based on the screening results, arrange relevant professionals to meet the above-named student and/or parent / legal guardian* to learn more about the needs of the students.

(Note: If the student is considered to have needs to receive support services under the SMHSS, the school would contact parent / legal guardian* and the students again for signing another consent form to confirm the acceptance of support services.)

Student [See Note]

Parent/Legal Guardian* [See Note]

(Applicable for secondary school students)

Signature: _____

Signature: _____

Name: _____

Name: _____

Date: _____

Date: _____

Note:

1. If the student is a primary school student, signature of the student is not necessary but the parent/legal guardian should inform the student concerned about the purpose of the annual screening.
2. Students aged 18 or above and not mentally incapacitated could sign the consent form alone if, for some reasons, consent of parents/legal guardians could not be obtained (e.g. they cannot be reached; they disagree with the students who are willing to receive services and refuse to give consent). The schools are encouraged to seek consent from parents/legal guardians as far as practicable and/or notify the parent/legal guardian about the student's participation in the annual screening by giving a copy of the student's given consent to the parent/legal guardian for record.

* Please delete whichever is not applicable



**Student Mental Health Support Scheme – Annual Screening
Consent Form**

11th September, 2023

Dear Parents/Legal Guardians,

The Health Bureau (previously known as Food and Health Bureau) in collaboration with the Hospital Authority (HA), the Education Bureau and the Social Welfare Department has launched the “Student Mental Health Support Scheme”(SMHSS) since the 2016/17 school year. Under the SMHSS, the responsible Assistant Social Work Officer (ASWO)/nurse of HA will work with the school to conduct an annual screening, aiming to early identify and support students with symptoms of anxiety and depressive mood, and provide appropriate support services including educational talks, group work, case assessment and consultation etc. to foster student’s mental health and personal growth.

According to overseas experience, most students’ anxiety symptoms can be alleviated if they can receive early and appropriate interventions. Besides, early and appropriate interventions may also improve students’ relationship with peers, parents and teachers, as well as academic performance. Thus, many schools in developed countries have started implementing school-based early identification and intervention programs that target anxiety issues.

Details of the annual screening are as follows:

- Stage 1: * Students or Parents/Legal Guardians will fill out a questionnaire that preliminarily gets to know students' emotional state
- Stage 2: Based on the screening results, responsible ASWO/nurse of HA, via school personnel, will contact the students suspected of symptoms of mood problems and their parents to learn more about the needs of the students
- Stage 3: ASWO/nurse of HA will provide appropriate services, e.g., Anxiety management group or individual follow-up, multidisciplinary support services, etc. to suitable students as needed. Students with other service needs (mental health needs or other needs) may also be invited to join the SMHSS or referred to other appropriate services as and when needed.

The responsible ASWO/nurse will invite students to fill out a questionnaire in September or October. The questionnaire will only collect personal data or information (“the Related Personal Data”) on a need-to-know basis for the purpose of assessment, treatment and rehabilitation of the student concerned, and evaluation of the SMHSS, as well as for the provision of appropriate medical, educational support and/or welfare services on a need basis. In addition, the Related Personal Data and relevant statistical data may be used for the overall planning of the student mental health support services. The related personal data would be kept strictly confidential. In considering whether the students are suitable for receiving the services of the SMHSS, the students / parents/legal guardians may be

arranged, based on the screening results, to meet with relevant professionals to understand more about the needs of the students. If the students are considered suitable to receive further support services under the SMHSS, school personnel will arrange the students and/or parents/legal guardians concerned to sign another consent form for the students concerned to receive relevant support services under the SMHSS. The students, with the consent of the students and/or parents/legal guardians, may also be referred to other appropriate services as and when needed.

This Consent Form serves to seek consent of parents/legal guardians and students to participate in the annual screening under the SMHSS and if required, meet with relevant professionals based on the screening results for learning more about the needs of the students. Consent will be sought from parents/legal guardians and students prior to each annual screening exercise, and another consent will be sought if students are invited to receive support services of the SMHSS after the annual screening exercise.

Please fill in and return the below reply slip to indicate consent on 12th September, 2023. Should you have any questions, or if you would like to access to or amend your personal data held under the SMHSS in accordance with the Personal Data (Privacy) Ordinance, you may contact through school personnel, Ms. Tsang, the Mistress of the Counseling Committee.

Student Mental Health Support Scheme