

# **Needs Assessment for Secondary School Student Mental Health Problems and Services**

## **Final report**

### **BACKGROUND**

This needs assessment survey was conducted from April 17 to May 6, 2020. All secondary school principals in Hong Kong were invited to participate in the anonymous survey; 279 of them returned the completed online questionnaires. The survey was co-organized by the Hong Kong Association of Heads of Secondary Schools (HKAHSS) and the Synergy Against Adversities Mental Health Consultancy Group (members: Dr. Choi Yuen Wan, Professor Joseph Lau, Dr. Stanley Ho, Dr. Christian Chan, Ms. Cindy Choi). This report has been prepared by Professor Joseph Lau of the Chinese University of Hong Kong, on behalf of the Consultancy Group and the HKAHSS.

### **KEY FINDINGS**

#### **The size of the problems (Tables 1 and 2)**

The participating school principals were asked to rate the severity regarding eleven types of problems that may affect student mental health. These are new and extremely challenging problems that are potentially related to the social movement and the COVID-19 pandemic. Such problems are likely to persist. Some findings are summarized hereby:

- 1) Over 80% of the schools reported four specific types of student problems (to some extent to extremely severe): i) strong emotional disturbance due to the social movement, ii) obvious family conflicts, iii) obvious emotional problems (e.g. anger, conflicts, anxiety and depression), and iv) stress against the academic pace due to class suspension. Over

one-fifth of the schools rated these four problems as being quite/extremely severe. [The number of schools that gave ratings of extremely severe problems for these four items was however, relatively small (2.2% to 3.9%)] (see Table 1).

- 2) About 40% to 70% of the schools have encountered a number of problems (responses being some to extremely severe) that are noteworthy: i) Close to 60% of the schools observed the problem of self-harm behaviors/ideations (7.6% rated the problem being quite/extremely severe); ii) about 50% of the schools found some students not trusting their teachers (9.4% rated the problem being quite/extremely severe); iii) about 60% of the schools have lost contact with some students during the class suspension period; iv) about two-thirds of the schools found some of their students giving up DSE (about one-seventh gave ratings of quite/extremely severe); v) about 40% of the schools were bothered by their students' legal issues (Table 1).
- 3) Overall, more than half of the schools have encountered at least one of the 11 types of listed student problems at the severe level (quite severe/extremely severe); about one-fourth of the schools have encountered at least three of the 11 problems at the severe level (Table 2).

### **Services related to students' mental health that require additional resources**

The school principals were asked how much additional resources would be needed to support specific services that may directly or indirectly contribute to improvement of their students' mental health (see Table 3 for the nine items);

- 1) Overall, except for the need for legal services (item 9), over 90% of the schools expressed

some to extremely strong needs (29.4% to 55.2% quite strong/extremely strong needs) for additional resources to support the eight other types of services (i.e., the first eight items listed in Table 3). [The percentages of schools expressing extremely strong needs for the individual items ranged from 5.4% to 12.2% (Table 3)].

- 2) Specifically, close to or more than 50% of the schools indicated quite/extremely strong needs for additional resources to support three types of services: *i) programs for prevention of student mental health problems (55.2%), ii) capacity building for teachers to handle student mental health problems (52.4%), and iii) promotion of teachers' mental health (48.1%).*
- 3) In addition, quite/extremely strong needs for three other services were endorsed by over 40% of the schools: *i) the Student Mental Health Support Scheme (醫教社), ii) secondary prevention that involves screening and intensive follow-up prevention activities, iii) support provided by mental health professionals (e.g., clinical psychologists and psychiatrists) to teachers and school social workers to handle student mental health problems (Table 3).*
- 4) From Table 4, over half (54.5%) of the schools have expressed quite/extremely strong appeals for additional resources for at least three types of services.

### **School-based core teams of teachers and school social workers for supporting student mental health**

It is important to have some designated teachers handling student mental health problems.

Teachers who are well trusted by the students are important assets and strong social capital.

Teachers should not be requested to take up the duties of school social workers and clinical psychologists. However, if given adequate professional support, they can certainly work jointly with school social workers to enhance students' mental health. They can contribute greatly to improve case identification, provide care to high risk students prior to and after clinical assessment and/or diagnosis, and reach out parents. Some relevant scenarios were described by the school principals.

- 1) Majority of the school principals indicated that their schools have specific task groups that handle student mental health problems (Table 5). The task groups were most commonly named as “guidance team (輔導組)” (n=115; Appendix 1). Almost all of the schools' existing task groups involved school social workers (98.2%). About 60% of the schools reported that at least two teachers were involved in such task groups (Table 6).
- 2) Majority (90.1%) of those schools having such task groups believed that there were quite/extremely strong needs for additional resources to support functioning of the existing task groups (Table 5). Of those schools that did not have such task groups, 20% would like to set up such groups in the recent future (56.4% undecided); about 83.7% of the schools without such task groups also believed that additional resources are quite/extremely needed to set up such task groups (Table 5).

### **Difficulties encountered by existing manpower in handling student mental health problems**

Currently, besides teachers, secondary school student mental health may be supported by school-based SENCO, SENST, educational psychologists, and school social workers. Yet,

these workers are serving students under various constraints. The school principals requested additional resources to support student mental health for the following reasons.

1) Overall difficulties

Majority of the schools (75.3% to 92%) reported that the four types of workers encounter some/quite strong/extremely strong difficulties when handling students' mental health problems. This may be especially true for SENST and SENCO (92% and 88.5%; see Table 7). [The percentages of quite strong difficulties ranged from 9.7 to 25.5%; those of extremely strong difficulties ranged from .4 to 4.3% (Table 7)].

2) Specific difficulties encountered by SENCO and SENST

a. Two major specific difficulties were faced by *SENCO and SENST* when handling student mental health problems: the lack of professional training/experiences (64.4%/75.1%) and potentially unmatched duties and roles (74.1%/74.1%). (Table 8). Some qualitative comments about these aspects are very illustrative (see Appendices 2 and 3):

- “校內教師團隊缺乏對支援有精神健康需要學生的專業培訓和經驗”，“未有專業訓練及信心”，“其他老師亦欠缺專業訓練或經驗”，“*Cases should be handled by professionals; teachers are not trained to handle serious cases*”.

- “精神健康並不是由 *sen* 部門負責”，“*The SENCO at the same time has to handle cases related to students' discipline and guidance. It is very difficult to focus on one particular item*”，“本校有太多有特殊需要的學生要照顧，有關同事未能有時間去照顧有精神健康學生”，“教學及其他行政工作多”，“*SEN* 整體個案太多”，“個案牽涉較多資源的配合”。

b. Importantly, SENCO and SENST met significant difficulties when trying to work with students' parents (Appendix 2):

- “相關的學生及家長不願意接受支援”，“家長未能配合”，“家長或學生不願接受轉介”，“家長不認為學生的問題需要正視”，“不接受學校為其子女展開專案 (IEP)”，“家庭問題難以在學校層面處理”，“識別及提供學生所需、家庭教育及家長配合”，“處理個案時承受的無形壓力，如擔心學生會突然失控、家長的怪責等”，“大部份個案的家庭本身有不同程度的家庭問題”。

c. The qualitative comments mentioned the lack of external professional support as another difficulty (Appendix 2):

- “外間支援不足”，“教育及臨床心理學家的支援不足”，“欠缺專業團體支援，如即時精神科醫生介入，或要長時間排期才得到診治”，“教育心理學家的駐校時間仍未能達到需求”，“教育心理學家不能經常來校”。

### 3) Difficulties encountered by the educational psychologists

a. The major difficulties faced by the *educational psychologists* were inadequate time stationing at the schools (78.6%), appropriateness of their duties/roles, and their heavy caseload (48.2%/40.5%) (Table 8). Illustrative qualitative comments (Appendix 4) include:

- “到校服務次數太少”，“因為到校服務時間相比駐校社工少，所以由社工負責居多”，“教育心理學家未能發揮它應有的角色”。

b. The qualitative comments also mentioned educational psychologists' difficulties in referring the needy students to receive external professional services (Appendix 4):

- “欠缺外間的跨專業支援”，“學生難得到適當的醫護支援”，“欠精神科醫生支援”，“學生等

候專科門診服務時間太長”，“不能有全面的醫療照顧”。

c. The issues for educational psychologists to obtain parental co-operations were raised again (Appendix 4):

- “家長不合作”，“家長未能配合”，“家長及學生不大著重有關範疇”，“家長未必配合”，“教育心理學家面見家長後，轉介前往醫院排期，轉介信有時限，當中常有家長拒絕或不了了之”。

#### 4) Difficulties encountered by the school social workers

a. The major difficulties faced by the *school social workers* also included their heavy caseload (56.7%), lack of professional support (43.3%), and lack of professional training/experiences (41.8%) (Table 8). Illustrative open-ended comments (Appendix 5) include:

- “要找多一點校外資源”，“專業精神科治療的支援不足。”

- “Need a lot of time to follow up and coordinate the cases”，“除了精神健康個案外，社工本身也有非常多的學生個案，要花的時間已很多”，“社工有其他範疇工作”，“人手太少”，“處理相關個案需要大量時間，以致積壓/未能及時跟進其他學生問題，跟進每個個案需時間”。

b. Echoing the difficulties encountered by SENCO/SENST/educational psychologists, school social workers may also find it difficult to work with students’ families:

- “個案家庭支援薄弱，家長對學校所提供的支援有所抗拒”，“家長未必配合”，“Difficult to arrange meetings with students and parents”，“部分個案牽涉複雜的家庭問題”，“很多涉及家庭問題”，“個案多涉及家庭關係，學校社工或教育心理學家不能直接為家長提供輔導服

務”，“Parents education is crucial too since they are our working partners”。

- c. Another difficulty was that new social workers may need more time to build up their experiences and rapport with students and students' parents:

- “新社工需要時間適應工作環境及認識學生”，“新社工需要時間與學生建立關係，加上學校因疫情停課，以致大家關係尚未能建立”，“新入職社工面見學生時亦需時間建立情誼，社工與家長也需時間溝通，學年時間相對減少，時間或長或短，對個案跟進亦有影響”，“經驗不足”。

5) Additional difficulties and needs for resources (Appendices 6 and 7):

- a. It is clearly expressed that teachers have been very much overloaded. They do need more time and space to help students:

- “老師（尤其輔導主任）的工作太繁重，很難統籌太多精神健康的 programmes；其他老師的身心靈狀況也不理想，同工在這段社運其間也面對多方面的壓力”，“需求人數多，老師及社工未有足夠時間作跟進和安排預防工作！”，“To build up good relationship with students is of great importance. Sadly, given the hectic schedule of teachers, it is hard sometimes to care for every student and have a comprehensive follow ups of every case. We are lucky enough to have two social workers, yet, case meetings which teachers enthusiastically join leads to the burn out of them.”

- b. Professional support provided by mental health professionals, especially support during emergencies, is strongly needed:

- “緊急個案的支援太少”，“排長龍”，“希望有特定的臨床心理服務及精神科醫療服務，讓我們在處理高危個案時，能即時與他們了解及查詢”，“需要增加教育心理學家的服務時間，若能固定同一位教育心理學家就更理想”，“需要大學醫學院在提供識別研究工具及跟進成效研究的專



業支援”。

c. Importantly, the education system needs to make necessary adjustments to cope with student mental health problems:

- “除了有關精神健康之專業服務及支援外，有需要學生的學與教安排（包括：課業及評估調識、公開考試特別安排等）、朋輩相處及人際關係、升學與就業支援均需支援”，“有更多專業服務的提供是好的，但亦同時增加輔導主任的工作壓力。若由學校聘用，管理這些精神健康專業人員的責任便由校長和副校長承擔，校長和副校長未必能有相關的經驗去處理”。

## **DISCUSSION**

### **Urgent, new, and unprecedented challenges**

Students in Hong Kong have undergone a very stressful year due to the social movement, the COVID-19 pandemic, and class suspension. Majority of the schools reported some potentially persistent and consequential student mental health and academic problems (e.g. problems related to the social movement, family conflicts, emotional problems, self-harm, and students giving up DSE). A sizable number of schools found such problems severe. Such problems are clearly not self-limiting, but instead, are likely to worsen. If not being resolved, the observed problems may cause long-term and irreversible severe harms to students' mental health and learning.

### **Clear demonstrations of specific needs that require additional resources**

Over half of the schools have expressed strong needs for additional resources to support at

least three types of the listed services. Specific strong needs for additional resources have also been identified. The ones that stand out most were the strong needs for additional resources for prevention of students' and teachers' mental health problems. Strong appeals for additional services also included the needs for teachers' capacity building and additional professional support to handle student mental health problems. Very clear demands have been expressed.

### **Reasons why existing manpower and professional support are inadequate to meet urgent students' mental health needs**

The school principals have clearly explained, both quantitatively and qualitatively, that SENCO and SENST have multiple difficulties in handling students' mental health problems. First, they have not been trained to take care of students with mental health problems. Second, they have very heavy caseload, as they need to take care of students with all kinds of SEN. They may thus have little extra capacity to handle a potentially large number of students at-risk of mental health problems that require intensive work and specific training. Third, there is a lack of external professional support (especially those provided by clinical psychologists and psychiatrists and other types of mental health professionals). Fourth, although students with mental illnesses are categorized as having one of the many types of SEN, prevention and care for students at high risk of mental health problems may not match with the main roles/duties of SENCO/SENST. The educational psychologists may also have heavy caseload and inadequate time stationing at the schools, among other difficulties. The school social workers also encounter difficulties regarding mental health training needs,

heavy caseload, and duties to handle other types of student problems too. In addition, new social workers may need time to build up rapport with teachers, students, and parents.

Furthermore, all these four groups of workers have encountered huge difficulties in gaining co-operation from families of students with mental health problems, which is extremely important but time-consuming. Together with social workers, teachers may make more attempts to reach families but such efforts require additional resources. In general, the school principals strongly believe that all these categories of workers require professional support from clinical psychologists and psychiatrists. It is important to acknowledge that other funding resources provided by EDB (CEG, EOEBG) have specific purposes other than mental health improvement, and cannot meet the urgent mental health needs of the students. Thus, the unprecedented challenges have clearly exceeded the existing capacities. Both additional resources and integrated multi-sectorial responses are urgently warranted (see Recommendation below).

### **Variations across schools**

Having said, it is important to acknowledge that there are substantial variations across schools. All enhanced support hence needs to be tailored and school-based rather than externally standardized. Some schools may face fewer problems or have specific problems, while some schools may have better existing mechanisms to take care of students' mental health needs. Therefore, we point out that NOT all schools may need additional resources, but instead, some general needs have been expressed by most of the schools, such as capacity building and additional support from professionals. Funding may be school-based and

need-based (see specific recommendations).

### **Teachers' important roles in handling students' mental health problems**

It is encouraging that most of the schools have an existing task group that handle student mental health problems. Sharing of successful experiences and building up inter-school support are potentially fruitful. With basic training, time relief, and basic support of mental health professionals, we believe that some teachers can contribute greatly to improve students' mental health. They are enthusiastic too. For instance, 1) they can work jointly with social workers (and sometimes also with fellow students) to identify high risk cases. 2) They may pay attention and show daily care and support to the identified high risk students, and detect any acute deterioration that requires attention. 3) Prior to formal mental health assessment performed by clinical psychologists and psychiatrists, they may follow on the very high risk students together with social workers and help contacting the family (a real challenge), hence ensuring co-operations and successful referrals. Urgent situations can also be spotted and being supported. 4) They can also follow on those students who are receiving clinical assessments and/or treatments, together with the school social workers and service providers (psychologists, psychiatrists, or nurses); teachers' support at this stage is very important to the students and their families. 5) They may facilitate secondary prevention work and help to create a mentally healthy school culture.

All these important tasks need substantial time and space for teachers. *Additional resources, multi-disciplinary support, and system adjustment* are hence required to reduce some of the duties of the teachers of the task groups that handle student mental health problems, so that

they can help the needy students effectively. Specific recommendations are presented in another section.

### **A caution: not to overload teachers**

Teachers of the task groups are intimate with their students and have earned their trust. They are keen to take care of their students. They can certainly play important roles in helping students with mental illnesses, and equally important, students at high risk of developing mental illnesses. We need to be mindful that it would be too late if problems become full blown and destructive. However, we have to be constantly reminded ourselves that teachers are clearly not front-line mental health workers. One of the identified needs in this exercise was to support teachers' mental health. Teachers should not be charged with duties that should be provided by social workers or clinical psychologists, and beyond their own capacities. In fact, this is inappropriate too because they have not received the required training. Teachers will receive training to help them handle students' problems as caring teachers but not as front-line workers. Also, they should take up additional tasks on student mental health only if some of their duties have been released (see the Recommendation section).

## **SPECIFIC RECOMMENDATIONS**

### **Activities-based support**

1. Capacity building: Multi-disciplinary workshops and training (online and offline) can be provided to teachers and school social workers, especially to members of the task groups.

Our Consultancy Group has organized a series of eleven such workshops from April to June, 2020; they have been well received and were attended by about 5,900 person-times. Other trainings have currently been offered by various organizations. Future training may specifically support the schools' task groups for problem solving skills, and assist schools to build up new task groups.

2. Tools for identification of high risk students: Such tools need to be easy to use, consider multiple risk factors (family, social, personal), non-labeling, and screen out those exposed to high risk factors instead of being diagnostic. Its purpose is to identify students to receive formal assessment. The Consultancy Group has developed a screening tool for detecting students with low resilience plus mental distress. It has been used with very good feedback in more than 25,000 students of over 300 secondary schools. It may be a starting point.
3. Students' and teachers' needs assessments: Such assessments will allow us to understand the identified problems and needs from multiple angles.

### **School-based support**

1. Relief from duties for teachers of the task groups: We propose new specific funding for those schools that require support for handling student mental health needs (e.g. strengthening the capacity and manpower of their task groups). As explained, SENCO/SENST/educational psychologists/school social workers may have substantial difficulties in serving students' mental health needs, while teachers responsible for students' mental health care (e.g. those of the task groups) need to be given more time and

space. Again, teachers, if given more time and support, can provide strong support to students. For instance, one important but time consuming challenge is to contact and obtain support from family members of high risk students that need assessments.

2. Building up multi-disciplinary professional platforms: Many school principals have pointed out the lack of external professional support (especially those require input from clinical psychologists and psychiatrists). We suggest **multi-disciplinary professional platforms** to be established, within which teachers, school social workers, and one to a small number of external part-time mental health professionals (e.g. clinical psychologists, psychiatrists, and psychiatric nurses) will work collaboratively and continuously. For instance, periodic online consultation and capacity building meetings can be held for problem solving on issues such as case identification, handling urgent cases, following up identified cases prior to assessments and after diagnosis. Several schools may form a bundle to work with the same mental health professionals to increase cost-effectiveness and inter-school sharing. A 3-year trial is suggested. Schools with strong needs for such support obtain funding for establishing or joining such platforms.

### **Policies and system adjustments**

1. Guideline preparation: We recommend the government to develop a “Procedural Guide” for secondary schools to follow, when they handle students with high risks or diagnoses of mental illnesses. A good example is the “Protecting Children from Maltreatment - Procedural Guide for Multi-disciplinary Co-operation”.
2. Referrals of students at high risk of mental health problems: We recommend

establishment of a special track for referring high risk students to receive necessary assessments and treatments.

3. Specific need-based funding for improvement of students' mental health:

Easy-to-apply funding with specific purposes to improve students' mental health should be made available. The current funding support provided by EDB on handling students' mental health problems are non-specific. Given the demonstrated strong needs, it is definitely insufficient.

4. Structural adjustments: To tackle the potential students' mental health crisis, funding alone is not sufficient. A comprehensive mental health policy is needed. Adjustments on manpower redeployment and/or increase in schools are also required.

## CONCLUSION

Mental health problems are affecting more children and adolescents in recent years, especially in the context of the social movement, the pandemic, and related class suspension. Three students have given up their lives in June, 2020. We expect to see more cases of depression, anxiety, conduct disorder, and other types of mental disorders, including suicidal ideation, among students. It is clear that such persistent problems cannot be solved by one-off limited funding or any one-off measure. *We need to build up the inner strength of schools, by providing suitable regularized and easy-to-apply funding, better professional support and capacity building, establishment of multi-disciplinary professional platforms, implementation of primary and secondary prevention, timely assessments and treatments, and last but not least, adjustment of the education system and collaborations with the*



*health/social welfare systems*. The students' mental health crisis may only be starting and revealing its tip of the iceberg. There are so many new and old uncertainties in Hong Kong. The only relative certainty is that the problems would not be self-limiting, nor be resolved by the status quo. Governmental support and multi-sectoral actions are most warranted.

表 1 存在各類別學生情緒及學業問題的學校比例分布

學生問題類別:	沒有明顯問題	略有問題	問題比較嚴重	問題極之嚴重
	%	%	%	%
1) 明顯的情緒困擾 (如憤怒、對抗、焦慮或抑鬱症狀)	12.5	67.0	17.2	3.2
2) 自我傷害的行為和想法	43.0	49.5	7.2	0.4
3) 和家庭出現明顯的不和	11.5	54.5	31.9	2.2
4) 和同學出現明顯衝突	39.8	49.8	8.6	1.8
5) 對中學文憑試 (DSE) 呈現出放棄態度	35.5	50.5	13.3	0.7
6) 在停課期間因學業進度產生巨大壓力	17.6	59.1	20.8	2.5
7) 在停課期間失去聯繫	41.6	52.7	5.7	0
8) 對老師出現明顯的不信任	45.5	45.2	9.0	0.4
9) 對駐校社工出現明顯的不信任	71.7	26.2	2.2	0
10) 因社會事件受到很大困擾	9.7	62.4	24.0	3.9
11) 因被檢控受到很大困擾	59.1	35.1	5.0	0.7

表 2 學校內各種嚴重學生情緒及學業問題的數目

嚴重問題的數目:	學校數目	%
一種問題都沒有	131	47.0
一種問題	40	14.3
兩種問題	42	15.1
三種問題	20	7.2
四種問題	14	5.0
五種問題	14	5.0
六種或以上問題	18	6.5

表 3 學校有多需要額外資源以提供學生精神健康支援服務 (一)

服務需求類別:	沒有需要	略有需要	頗大需要	極大需要
	%	%	%	%
1) 識別有潛在精神健康問題風險的學生	8.6	62.0	24.0	5.4
2) 為精神健康問題高風險的學生提供校外轉介服務	9.7	55.9	27.2	7.2
3) 精神健康專業人士 (如臨床心理學家、精神科醫生), 協助支援老師及駐校社工處理學生精神健康問題	9.0	49.1	31.9	10.0
4) 強化學生精神健康的預防性活動	4.3	40.5	43.7	11.5
5) 篩選精神健康問題風險高危的學生, 並提供預防精神健康問題的跟進活動 (二級預防)	6.5	50.5	34.4	8.6
6) 結合醫療、教育和專責社工的學生精神健康服務計劃 (如醫教社同心協作計劃)	9.3	47.3	31.2	12.2
7) 處理學生精神健康問題能力的教師培訓	3.6	44.1	43.4	9.0
8) 提供促進老師精神健康的支援	4.7	47.3	37.3	10.8
9) 給有需要的學生提供法律諮詢服務	33.3	46.2	14.0	6.5

表 4 學校有多需要額外資源以提供學生精神健康支援服務 (二)

有頗大/極大需求的服務類別的數目	學校數目	%
一種頗大/極大需求都沒有	67	24.0
一種頗大/極大需求	33	11.8
兩種頗大/極大需求	27	9.7
三種頗大/極大需求	26	9.3
四種頗大/極大需求	15	5.4
五種頗大/極大需求	21	7.5
六種頗大/極大需求	15	5.4
七種頗大/極大需求	20	7.2
八種頗大/極大需求	27	9.7
九種頗大/極大需求	28	10.0

表 5 學校專責學生精神健康工作組別情況

	學校數目	%
(1) 學校有沒有專責工作組別處理學生精神健康問題?		
有#	224	80.3
沒有	55	19.7
(2) 有專責工作組別的學校 (n=224)		
a. 該專責工作組別內有沒有駐校社工參與?		
有	220	98.2
沒有	4	1.8
b. 該專責工作組別有多需要額外資源支援?		
不需要	22	9.9
頗需要	151	67.7
極之需要	50	22.4
(3) 沒有專責工作組別的學校 (n=55)		
a. 是否希望在短期內設立這類專責工作組別?		
是	11	20.0
否	13	23.6
未決定	31	56.4
b. 是否需要額外資源去設立專責工作組別?		
不需要	9	16.4
頗需要	26	47.3
極之需要	20	36.4

表 6 校內專責處理學生精神健康問題老師數目 (n=223)

專責處理學生精神健康問題老師數目 (特殊教育需要統籌主任 (SENCO) 和特殊教育支數目援老師 (SENST) 除外)

	學校數目	%
0	21	9.4
1	71	31.8
2	61	27.4
3	28	12.6
4	15	6.7
≥5	27	12.1

表 7 在校各類政策在處理學生精神健康問題時遇到的困難程度

在校政策	沒有困難	略有困難	較多困難	很大困難
	%	%	%	%

1) SENCO (n=279)	11.5	59.5	24.7	4.3
2) SENST (n=200)	8.0	62.5	25.5	4.0
3) 學校的教育心理服務 (n=279)	21.5	59.1	16.8	2.5
4) 「一校兩社工」的學校社工 (n=279)	24.7	65.2	9.7	0.4

表 8 在校各類政策在處理學生精神健康時遇到的困難的具體情況

具體困難	SENCO	SENST	教育心理	學校社工
	(n=247)	(n=185)	服務 (n=220)	(n=208)
	%	%	%	%
1) 個案太多	35.6	30.8	40.5	56.7
2) 欠缺專業訓練或經驗	64.4	75.1	NA	41.8
3) 職責和角色未能專注照顧學生的 精神健康需要	74.1	74.1	48.2	NA
4) 駐校服務時間不足	NA	NA	78.6	NA
5) 欠缺專業轉介或支援	NA	NA	NA	43.3
6) 其他	9.7	5.4	7.7	10.1

NA: 沒有問這條問題。

Appendix 1 學生精神健康問題支援小組名稱

輔導組	115
學生支援組	45
特殊教育支援組	21
學生成長關顧/支援組	14
融合教育組	10
健康教育組	4
社工	4
醫教社	3
危機處理小組	3
教育心理學家	2
Pastoral Care team	2
Core Team	2
學生培育組	1
家校合作組	1
生命教育支援小組	1
健康校園組	1
性教育委員會	1
德育小組	1
個人及群體教育委員會	1
學習差異關注組	1

Appendix 2: 在現時教育局融合教育政策下，學校的「特殊教育需要統籌主任 (SENCO)」在處理學生精神健康問題遇到的其他困難：

校內人手或資源不足	人手不足
	SEN 整體個案太多
	資源缺乏
	絕大部分工作落在輔導組上
	The SENCO at the same time has to handle cases related to students' discipline and guidance. It is very difficult to focus on one particular item.
	教學及其他行政工作多
	本校有太多有特殊需要的學生要照顧，有關同事未能有時間去照顧有精神健康學生。
教師專業培訓不足	未有專業訓練及信心
	其他老師亦欠缺專業訓練或經驗
	校內教師團隊缺乏對支援有精神健康需要學生的專業培訓和經驗
	所有教師的準備程度：大部份老師都有照顧精神病患學生的知識，因為本校在過去數年都有為全體教師安排培訓，但到實際執行上的意識及果效，雖然比之前有進步，但進步空間依然很大，學校要經常提醒教師避免有意或無意刺激學生，盡量避免輔導老師及社工因要經常處理受刺激的學生而疲於奔命。
	Cases should be handled by professionals
	精神健康並不是由 sen 部門負責
專業團體支援不足	外間支援不足
	教育及臨床心理學家的支援不足。
	教育心理學家的駐校時間仍未能達到需求。
	欠缺專業團體支援，如即時精神科醫生介入，或要長時間排期才得到診治。
	教育心理學家不能經常來校，近日更請病假，沒有主動通知學校，亦沒有通知學校由誰暫代，校長唯有致電其上司，要由其上師跟進。精神科醫生不清楚學校運作，單方面指令學校須改變某些安全或教學措施，以致學校需要向其解釋並進行大量跟進工作。
	醫生建議及診斷有時過於簡單，未有針對性及實際內容。
家長或學生不配合	相關的學生及家長不願意接受支援、家長未能配合
	家長或學生不願接受轉介
	家長的配合度不足；有個別學生長期缺課，家長和醫生也無法入手。
	家長不認為學生的問題需要正視，不接受學校為其子女展開專案 (IEP)。
家庭問題	家庭問題難以在學校層面處理
	大部份個案的家庭本身有不同程度的家庭問題，例如：貧窮、家長本身是精神病患者、管教模式..... 而這些問題有可能是個案出現精神病狀況的主因，或/及是令個案狀況惡化的情況，而學校實在極難解決這些問題，老師盡量聯同社工(包括學校、社署、醫院、醫教社等等)以及各類專家只能令減慢學生病患惡化，能穩定其狀況已算是理想階段。
學制壓力	學業升級壓力、公開試壓力
	學制壓力、家長的阻礙
其他	學生多由輔導同事或社工轉介，需要時間與學生建立信任關係。
	處理個案時承受的無形壓力，如擔心學生會突然失控、家長的怪責等
	識別及提供學生所需、家庭教育及家長配合
	在統籌工作上有些老師未能配合
	與不同持份者聯絡 平衡各方需求

**Appendix 3: 在現時教育局融合教育政策下，學校的「特殊教育支援老師（SENST）」在處理學生精神健康問題遇到的其他困難：**

支援/資源不足	個案牽涉較多資源的配合
	資源缺乏
	校外能提供給同學的宿舍太少，甚至學生達十七歲更難有資源支援
老師時間/訓練不足	未有專業訓練
	困難：識別及提供學生所需、家庭教育及家長配合
	教擔重，未能參與太多有關其職責的工作。
職責錯配	Cases should be handled by professionals, teachers are not trained to handle serious cases.
	精神健康並不是由 sen 部門負責
其他	個案複雜
	支援教師為新職位，需要時間與相關學生及其家長建立情誼，以便溝通及跟進
	較難緊貼支援特殊學習需要的同學，尤其停課期間

**Appendix 4: 在現時教育局融合教育政策下，學校的教育心理服務在處理學生精神健康問題遇到的其他困難：**

支援/資源不足	欠缺外間的跨專業支援
	學生等候專科門診服務時間太長，不能有全面的醫療照顧。
	欠精神科醫生支援
	這類個案需要投放很多時間，成效亦要配合專業醫生及家長支援。
	到校服務次數太少
	因為到校服務時間相比駐校社工少，所以由社工負責居多
	因本校有太多有特殊學習需要的同學需要照顧，以致時間分配給有精神困擾的學生有限。
本校暫時未有教育心理學服務	
缺乏家長/學生配合	家長不合作
	家長未能配合
	家長及學生不大著重有關範疇
	家長未必配合
	教育心理學家面見家長後，轉介前往醫院排期，轉介信有時限，當中常有家長拒絕或不了了之，學生難得到適當的醫護支援。
其他	部分個案較複雜
	教育心理學家未能發揮它應有的角色
	很被動、不認真重視
	尤其是停課期間
	建議由駐校心理學家回答以上問題較佳

**Appendix 5: 在現時勞福局「一校兩社工」政策下，學校的駐校社工在處理學生精神健康問題遇到的其他困難：**

難與家長/學生配合	個案家庭支援薄弱，家長對學校所提供的支援有所抗拒
	家長未必配合
	家長、學生不合作
	家長不太合作
	家長不太合作
	Difficult to arrange meetings with students and parents
個案複雜	部份個案情況比較複雜，包括環境影響，例如社會運動影響，疫情下見不到學生等
	部分個案牽涉複雜的家庭問題
	很多涉及家庭問題
	個案多涉及家庭關係，而學校社工或教育心理學家不能直接為家長提供輔導服務。
處理個案需時	Need a lot of time to follow up and coordinate the cases
	處理相關個案需要大量時間，以致積壓/未能及時跟進其他學生問題
	跟進每個個案需時
	時間
新社工適應需時	新社工需要時間適應工作環境及認識學生
	新社工需要時間與學生建立關係，加上學校因疫情停課，以致大家關係尚未能建立。
	新入職社工面見學生時亦需時間建立情誼，社工與家長也需時間溝通，本學年時間相對減少，時間或長或短，對個案跟進亦有影響。
	經驗不足
社工負擔重，人手不足	除了精神健康個案外，社工本身也有非常多的學生個案，要花的時間已很多
	社工有其他範疇工作
	人手太少
支援/資源不足	專業精神科治療的支援不足。
	要找多一點校外資源。
其他	大部分及早識別要靠老師轉介
	建議由駐校社工回應上述問題較佳

**Appendix 6: 除融合教育和一校兩社工政策所提供的服務外，在處理學生精神健康問題時，貴校仍需什麼其他額外資源或支援呢？**

老師（尤其輔導主任）的工作太繁重，很難統籌太多精神健康的 programmes；其他老師的身心靈狀況也不理想，同工在這段社運其間也面對多方面的壓力
Parents education is crucial too since they are our working partners.
需要增加教育心理學家的服務時間，若能固定同一位教育心理學家就更理想。

**Appendix 7: 整體的其他意見：**

緊急個案的支援太少，排長龍
增派人手及預算
需求人數多，老師及社工未有足夠時間作跟進和安排預防工作！



To build up good relationship with students is of great importance. Sadly, given the hectic schedule of teachers, it is hard sometimes to care for every student and have a comprehensive follow ups of every case. We are lucky enough to have two social workers, yet, case meetings which teachers enthusiastically join leads to the burn out of them.
需要大學醫學院在提供識別研究工具及跟進成效研究的專業支援
自社會運動事件後，部份學生的生理及心理狀況亦受到影響，學生會變得敏感，亦不想被介入、被重點關注。當社工接觸或提供資源時，學生會偏向使用自己熟悉的方法和網絡去處理。此外，部份學生生理及心理狀態長期處於困倦，因為受到情緒的牽引，失去學習動機。建議可增加開心經歷活動凝聚歸屬感及建立信任，並加強現有減壓活動的次數及頻密度。
有更多專業服務的提供是好的，但亦同時增加輔導主任的工作壓力。若由學校聘用，管理這些精神健康專業人員的責任任由校長和副校長承擔，校長和副校長未必能有相關的經驗去處理。
希望有特定的臨床心理服務及精神科醫療服務，讓我們在處理高危個案時，能即時與他們了解及查詢。
主要是精神專科醫生收費太昂貴
學校多年來只安排 GM 職系同事去處理學生精神健康問題及統籌全校輔導工作，在職能上難服眾，工作量也不合理，遺憾校方沒有重視投放人力資源在學生成長工作上。
problems are always there, yet, solutions are many provided teachers are willing to try the best and other stakeholders are willing to be patient and open - minded
We are organizing self-help programmes for students to equip them with knowledge to identify peers who need help and to help each other.
有時學生及家長逃避問題，不願面對。
對家庭除了精神上援助，經濟上也有需要
除了有關於精神健康之專業服務及支援外，有需要學生的學與教安排（包括：課業及評估調識、公開考試特別安排等）、朋輩相處及人際關係、升學與就業支援均需支援
在社會事件的影響下，無論學生或老師的情緒均受到很大壓力。學生在社交媒體容易受到激進人士影響，並參與違法事件，但他們覺得這是正確的事！老師在教導他們時感到困惑和受壓，應用甚麼態度，何種政治立場去教導學生皆使老師無所適從。有時家長因為學生的問題也責怪老師和學校，無論是甚麼“顏色”的街外人士動不動就投訴老師和學校。試問在這環境下，老師如何做好教書育人的工作？學生、家長、老師的精神健康正受到前所未有的衝擊，實有需要得到全面而到位的支援，以致學生、家庭、社會重回正軌，更健康地生活。
有少部分老師未接受/不認同學生有“精神健康“之問題，擔心老師在言語間傷害學生。
<ol style="list-style-type: none"> <li>1. 教育局給予學校的資源一直都充足</li> <li>2. 學生精神問題是一個大環境的問題，不是用資源就能解決，多設幾個社工也沒用</li> <li>3. 比如，前段時間的社會運動產生出來的情緒或與家人有矛盾的問題，也不是多加幾個社工就能解決的</li> <li>4. 社會是個大環境，成年人在大環境給了年青人什麼引導？一句「違法違義」就令青年人的是非觀受衝擊和困擾，更多的資源都是徒然</li> <li>5. 所以現在外加的資源是表層的，以為有了資源就行了，這不是解決問題的方法</li> <li>6. 這是一個深層次的問題，弄明白了才能有機會探索解決方案”</li> </ol>

(Updated version: June 27, 2020)