



Student Mental Health Support Scheme – Annual Screening Consent Form

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 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.

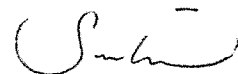
Details of the annual screening are as follows:

- 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 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: 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 nurse will invite parents/legal guardians to fill out a questionnaire on 31 January 2023. 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 reply slip to indicate consent on or before 12 January 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 Mr. Tse (the responsible psychiatric nurse) through school personnel, Ms Chan Ka Yi, or directly at 2589 2456 .



(Ms CHUI Sau-man)

Headmistress

Reply Slip

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Special Notice: 73/2022-23

Date: _____

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.)

****Parent / Legal Guardian***

Signature: _____

Name : _____

Date: _____

(Note: Parent/legal guardian should inform the student concerned about the purpose of the annual screening.)

**** Please delete whichever is not applicable***