

Understanding and Early Identification of Suicidal Behaviours



I. Understanding Suicide

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.

2. Self-harm and Suicide

There is a 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 teenagers 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 teenagers might have an intention to die behind their self-harm behaviours. Therefore, we should try to understand the motives of teenagers' self-harm behaviours to ensure that appropriate responses could be made. Research has also found that teenagers displaying self-harm behaviours to be at a higher risk of committing suicide.

3. Risk Factors

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 parents to understand more about the warning signs of mental health difficulties so that they can identify risk and provide timely support for them (See Appendix for lists of warning signs of some major mental health difficulties experienced by young people).

4. Myths & Facts about Suicide

Myth 1

People who talk about suicide do not mean to do it and they just want to seek attention.

Fact

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

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

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

In the three months following an attempt, a teenager 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 teenager closely following a crisis.

Myth 5

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

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.

II. Early Identification -Detecting the Warning Signs

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

HELP



Expressions related to Death and Suicide

- ⊙ Talking about, writing about or making artwork about death or suicide
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.'
- ⊙ Seeking out lethal means
Exploring various lethal means such as sleeping pills, hanging, charcoal burning, etc. from different sources, e.g. peers, the internet, etc.
- ⊙ Getting affairs in order
Making plans and/or final arrangements e.g. giving away prized possessions
- ⊙ Saying goodbye 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.'

Parental Involvement at Home

- ✓ 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
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- ✓ 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
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- ✓ Look after themselves as well—talk to others, seek professional help if necessary

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

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

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	Hallucinations	Disorganised speech
 <p data-bbox="259 1081 625 1176">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.</p>	 <p data-bbox="649 1081 990 1176">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.</p>	 <p data-bbox="1039 1081 1356 1176">Incoherent and disorganised speech that is incomprehensible to other people.</p>

(source : EDB(2017), *A resource handbook for school : Detecting, supporting and making referral for students with suicidal behaviours*)

Other Resources

(Video) Heartfelt communication to foster love and care

<https://www.parent.edu.hk/en/article/%E7%9C%9F%E8%AA%A0%E6%BA%9D%E9%80%9A%E8%A1%A8%E9%97%9C%E6%87%B7>

(Video) Strengthen parent-child relationship by knowing yourself and your teenager

[https://www.parent.edu.hk/en/article/\(video\)-strengthen-parent-child-relationship-by-knowing-yourself-and-your-teenager](https://www.parent.edu.hk/en/article/(video)-strengthen-parent-child-relationship-by-knowing-yourself-and-your-teenager)

(Video) "A healthy internet starts with you" video series (parents) - Internet addiction

[https://www.parent.edu.hk/en/article/\(video\)-a-healthy-internet-starts-with-you-video-series-\(parents\)---internet-addiction](https://www.parent.edu.hk/en/article/(video)-a-healthy-internet-starts-with-you-video-series-(parents)---internet-addiction)

How to help your children with anxiety (Chinese version only)

<https://www.parent.edu.hk/article/%E5%A6%82%E4%BD%95%E8%99%95%E7%90%86%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE%E6%83%85%E7%B7%92>

(Video) Helping your children to cope with stress

[https://www.parent.edu.hk/en/article/\(video\)-helping-your-children-to-cope-with-stress](https://www.parent.edu.hk/en/article/(video)-helping-your-children-to-cope-with-stress)

(Video) Identifying signs of stress in your children

[https://www.parent.edu.hk/en/article/\(video\)-identifying-signs-of-stress-in-your-children](https://www.parent.edu.hk/en/article/(video)-identifying-signs-of-stress-in-your-children)

(Video) Understanding depression in adolescents (Chinese version only)

[https://www.parent.edu.hk/article/\(video\)-%E8%AA%8D%E8%AD%98%E9%9D%92%E5%B0%91%E5%B9%B4%E7%9A%84%E6%8A%91%E9%AC%B1%E7%97%87](https://www.parent.edu.hk/article/(video)-%E8%AA%8D%E8%AD%98%E9%9D%92%E5%B0%91%E5%B9%B4%E7%9A%84%E6%8A%91%E9%AC%B1%E7%97%87)

(Video) Internet addiction (Chinese version only)

[https://www.parent.edu.hk/en/article/\(video\)-%E7%B6%B2%E7%B5%A1%E6%88%90%E7%99%AE-%E6%A9%9F%E4%B8%8D%E9%9B%A2%E6%89%8B](https://www.parent.edu.hk/en/article/(video)-%E7%B6%B2%E7%B5%A1%E6%88%90%E7%99%AE-%E6%A9%9F%E4%B8%8D%E9%9B%A2%E6%89%8B)

(Video) Messages to parents with anxious children (Chinese version only)

[https://www.parent.edu.hk/en/article/\(%E5%BD%B1%E7%89%87\)-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE-%E7%88%B6%E6%AF%8D-%E8%B6%85-%E7%B4%AF](https://www.parent.edu.hk/en/article/(%E5%BD%B1%E7%89%87)-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE-%E7%88%B6%E6%AF%8D-%E8%B6%85-%E7%B4%AF)

(Video) A few tips for helping children with anxiety (Chinese version only)

[https://www.parent.edu.hk/en/article/\(%E5%BD%B1%E7%89%87\)-%E7%88%B6%E6%AF%8D%E5%AD%B8%E6%87%82%E5%B9%BE%E6%8B%9B-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE%E5%8F%AF%E6%B6%88](https://www.parent.edu.hk/en/article/(%E5%BD%B1%E7%89%87)-%E7%88%B6%E6%AF%8D%E5%AD%B8%E6%87%82%E5%B9%BE%E6%8B%9B-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE%E5%8F%AF%E6%B6%88)

Helping your children face the difficulties in learning (Chinese version only)

<https://www.parent.edu.hk/en/article/%E5%A6%82%E4%BD%95%E5%8D%94%E5%8A%A9%E5%AD%90%E5%A5%B3%E9%9D%A2%E5%B0%8D%E5%AD%B8%E7%BF%92%E6%89%80%E9%81%87%E5%88%B0%E7%9A%84%E5%9B%B0%E9%9B%A3>

認識自殺和及早識別



一、認識自殺

1. 自殺行為的類別

自殺念頭	流露任何與自殺行為有關的念頭或幻想。
自殺威脅	以言語或任何其他方式向他人表達自我傷害意欲，但沒有做出真正傷害自己的行為。
自殺企圖	自殺不遂，但有直接或間接證據顯示當事人或多或少相信其自殺行為會致命。企圖自殺的情況包括當事人因被及時發現和獲救而動搖了尋死決心，或當事人所選擇的自殺方法不足以致命。
自殺身亡	有意識地以致命的方法（例如從高處跳下、弄傷身體、服毒）結束自己的生命。

2. 自我傷害與自殺

自殺與自我傷害之間有著複雜關係。自我傷害行為可被視為一種不恰當的方法應對生活上的困難，意思指當事人直接及刻意地殘害自己的身體。自我傷害可包括割傷和用力抓傷自己、服用過量藥物、拳打牆壁、用鹽／冰灼傷身體等多種行為。這些年輕人很多時是藉著刻意傷害自己，以宣洩心靈上的痛苦、憤怒或緊張、懲罰自己、令自己麻木或脫離麻木等目的。有些年輕人會刻意傷害自己，以表達其痛苦或逃避困擾。不過，亦有年輕人的自我傷害行為背後有自殺的意圖。因此，應嘗試了解自我傷害行為背後的動機，以作出合適的回應。此外，有研究顯示，曾經有自我傷害行為的年輕人，其自殺風險亦較高。

3. 自殺危險因素

自殺行為會受到不同危險因素之間的互動所影響。其中，一些先天或早期因素（如遺傳、家人有自殺紀錄、童年不快生活等）不會直接誘發自殺行為，但可能會影響一個人遇到壓力時的反應及其行為和情緒特徵（如較多衝動暴力行為、較高焦慮感），這些因素均會增加自殺風險。當面對生活上的壓力事件（如家人離世、結束一段關係、新學年開始），便可能誘發抑鬱、焦慮、絕望感等情緒，甚至出現自殺念頭或行為。

有研究指出，在眾多危險因素中，精神病與自殺行為有顯著關係。Norquist and Magruder（2008年）指出，在超過90%的自殺身亡個案中，輕生者生前均患有一種或多種精神病。但在有精神健康問題的年輕人當中，只有10%至15%曾接受過精神健康服務（世衛，2010年）。至於本地的研究樣本，只有18%的學生自殺個案生前已被診斷為患上精神病。我們有理由相信，本港部分自殺個案涉及未經發現的精神健康問題（防止學生自殺委員會，2016年）。故此，家長必須加深了解精神健康問題的警號（詳見附錄）以便早識別。

4. 有關自殺的謬誤與事實

謬誤 1

那些談及自殺的並無意付諸行動，他們只是想引人注意。

事實

談及自殺可能是求助的訊號，又或步向企圖自殺的最後警號。每當子女談及自殺的念頭、企圖或計劃時，應設法防範，切勿掉以輕心。

謬誤 2

曾企圖自殺的人甚少再次自殺。

事實

過往曾企圖自殺是自殺身亡的主要危險因素。在自殺身亡的人當中，有50%曾嘗試自殺一次或以上(Chehil & Kutcher, 2012)。凡企圖自殺的人，均應視作有意尋死。切勿把企圖自殺單純視為引人注意的舉動而置諸不理。因此，為有自殺前科的人士提供持續支援，實在非常重要。

謬誤 3

大多數的自殺是突發的，並無先兆。

事實

在香港，在18歲以下的兒童自殺個案當中，約有74%在自殺前曾暗示或明示有自殺的念頭（兒童死亡個案檢討委員會，2015年）。因此，知悉有關自殺行為的警告訊號，對我們而言十分重要，好讓我們能有更高的敏感度識別有危機的學生。

謬誤 4

危機過後，當事人的精神狀態突然顯著改善，即表示該人已脫離自殺危險。

事實

在自殺不遂後的三個月內，當事人仍處於最大的自殺身亡危機。當事人的突然改善可能只是表面上的如釋重負，皆因他/她的自殺心意已決而感到釋懷。持續加強支援，並在危機過後密切監察肇事人，至關重要。

謬誤 5

兒童不會自殺，因為他們不明白死亡的後果，亦沒有認知能力進行自殺行為。

事實

兒童自殺雖屬罕見但現實確有其事。因此，任何年齡人士所作出的任何自殺舉動，我們都切勿掉以輕心。兒童面對難題時，可能對現實情況及適當的解決方法有誤解。他們可能視自殺為可令他人悔改、對別人表達愛意或逃避壓力的方法。

二、及早識別 – 偵察警告訊號

認真對待所有自殺的訊息，
這其實是求救的呼號。

HELP

以下是一些有可能出現的自殺警告訊號：



與死亡和自殺有關的用語

- ◎ 在言談、文章或美術作品中表達死亡或自殺的意念
直接或間接表達尋死、逃避或永別的念頭，
例如「我希望我已經死了。」 「我想殺死自己。」
「我想一了百了。」 「我好厭倦這一切。」
「你哋就快唔駛擔心我。」
- ◎ 尋找自殺方法
從不同渠道（例如朋輩、互聯網等）探索各種自殺方法（例如服食安眠藥、上吊、燒炭等）
- ◎ 安頓好各樣事情
訂下計劃及／或臨終安排，例如轉送心愛物品
- ◎ 像要訣別般向家人或朋友說再見



呈現的生理徵狀

- ◎ 勞累及疲倦
- ◎ 越來越多身體不適症狀，例如頭痛、胃痛、身體痛楚
- ◎ 睡眠或飲食習慣改變，發惡夢、飲食失調
- ◎ 反常地不注重個人衛生／外表儀容



情緒變化／顯著的情緒不穩

- ◎ 怨恨自己、脾氣暴躁、情緒化、好挑釁／攻擊別人
- ◎ 終日悶悶不樂，容易落淚
- ◎ 過度的恐懼或憂慮
- ◎ 強烈的罪咎感、羞恥感，及感到無價值
- ◎ 情緒「匱乏」或麻木
- ◎ 對以往喜愛的事物失去動力或興趣



行為改變

- ◎ 學習表現退步
 - 成績及學業表現突然下滑
 - 無心向學
 - 無法完成課業或交出比平時差的課業
 - 缺席或逃學次數增加
- ◎ 離羣孤立
 - 對周遭事物失去興趣
 - 退出體育活動及學會
 - 疏遠朋友及家人
 - 越來越孤立及渴求獨處
- ◎ 越來越衝動和好挑釁他人
 - 經常在校內鬧事
 - 與朋友及家人衝突增加
- ◎ 參與高危／自毀的行為
 - 開始參與高危活動
 - 濫藥或酗酒情況加劇
 - 屢次做出傷害自己的行為



認知功能減弱／負面思維

- ◎ 認知功能減弱
 - 日常生活混亂
 - 難以集中精神或保持思路清晰
 - 感到迷惘，易生意外
- ◎ 無望及無助的想法
 - 萌生事情永不會變好或改變的想法，例如「沒有出路了。」
 - 看不到生命的意義或活下去的理由
- ◎ 自我批評的想法
 - 看不到自我價值，例如：「我本來就不應該生於世上。」、「我死了有誰在乎？」
 - 認為自己是他人的負擔，例如：「沒有我，你會生活得更好。」

家長在家中的支援

☑ 用較多時間陪伴子女，並一起參與活動

☑ 藉著反映式聆聽認同子女的困惑，並認真看待他們的感受

☑ 避免批判及指責



☑ 引導子女從不同角度解決問題，並評估各種方法可能出現的結果

☑ 向子女保證隨時在他們身邊，並在子女需要尋求專業協助時陪伴他們



☑ 任何時間都以安全為先—強烈建議移除家中可致命的工具

☑ 為子女示範如何限制行為、抒發情感、解難及照顧自己

☑ 鼓勵子女結交及維繫友誼（建立支援網絡）

☑ 讓子女知道家長是關心他們的

☑ 協助子女發掘興趣，並認清自己的強項，以建立正面的自我概念和自信



☑ 不要忘記照顧自己—與別人傾談，在有需要時尋求專業協助



精神健康問題的警告訊號

抑鬱症的警號



大多數人在一生中都會經歷過下述一些徵狀。然而，如你的學生在過去數個星期或數個月持續出現多項有關徵狀，日常表現較以往轉差，便有可能是患上抑鬱症。



感受

- 情緒低落或感到悲傷
- 絕望無助
- 空虛
- 自尊感低落
- 容易落淚
- 感到內疚／一無是處
- 煩躁不安
- 對大部分活動失去興趣或樂趣
- 經常想到死亡，經常有自殺的想法



思維

- 「我是失敗者。」
- 「這是我的過錯。」
- 「從沒有好事發生在我身上。」
- 「我一無是處。」
- 「生存沒有意義。」
- 「沒有我其他人會更好。」



行為

- 在學校未能有效完成工作
- 不願接觸家人朋友
- 依賴酒精及鎮靜劑
- 不做往常喜歡的活動
- 思考或集中能力變差／難以作出決定
- 心理及行為上變得躁動不安，遲鈍呆滯



身體狀況

- 疲倦或缺乏活力
- 生病及疲憊不堪
- 頭痛及肌肉疼痛
- 腹痛
- 睡眠習慣改變：失眠或嗜睡
- 食慾不振或食慾改變
- 體重明顯下降或增加

思覺失調的警號



思覺失調是指一種早期不正常的精神狀態，一般會有妄想、幻覺、思想及言語紊亂等情況出現。當一個人出現思覺失調時，他／她的思維、情感、感覺會脫離現實。由於思覺失調影響一個人的思維、情感和行為，每名思覺失調患者的病情都不同。如能及早察覺和得到適切的治療，是可以減低思覺失調所帶來的傷害和避免誘發更嚴重的精神病。

妄想	幻覺	思想及言語紊亂
<p>一種被斷言成令人難以置信的想法，但出現思覺失調的人卻深信不疑。例如他們會與被罰或曾被處決的想法。</p>	<p>出現思覺失調的人會聽到、聽到、感覺到、並其他在他人主無法感受到的聲音或事物。但對他們來說這是一種非常真實的收覺。</p>	<p>說話內容零碎、說話急迫、缺乏主題、跳躍無序、忽離離失，以致別人難以明白理解。</p>

焦慮症的警號



生活中偶爾會感到焦慮，但如果你的學生持續感到焦慮，而焦慮似乎不受控制或過度，並且影響了他／她的學業或日常生活，便有可能是患上焦慮症。

「焦慮症」一詞涵蓋廣泛性焦慮症、恐懼症、驚恐症、強迫症、創傷後壓力症等。呈現的徵狀因所患病症而異。整體來說，你可觀察學生是否呈現以下徵狀：



感受

- 恐懼（尤其當要面對某些物件、情境或場合）
- 對身體徵狀憂慮（例如恐懼有尚未診斷出的疾病）
- 非常擔心不幸的事情將會發生
- 經常憂慮、緊張、或不安
- 不受控制或過分地驚恐



思維

- 「我快發瘋。」
- 「我不能控制自己。」
- 「我快死了。」
- 「別人在批判我。」
- 發惡夢或常在腦海中重現創傷性事件
- 不能停止擔憂
- 難以擺脫的想法



行為

- 遠離、迴避或強忍懼怕的物件或引致焦慮的情境
- 進行若干強迫性／儀式性行為（例如重覆洗手、外出時反覆檢查門窗），以紓緩焦慮
- 不夠堅定自信（迴避眼神接觸）
- 難以作出決定
- 容易受驚
- 精神難以集中



身體狀況

- 心跳加速
- 氣促
- 嘔吐、噁心或腹痛
- 肌肉緊張及疼痛
- 對身體／周遭環境漠不關心
- 有睡眠問題（例如難以入睡/安睡或睡眠不寧）
- 出汗／顫抖
- 暈眩
- 感到麻木或刺痛
- 潮熱或突發性冰冷

(資料來源: 教育局 (2017), 學校資源手冊 - 識別、支援及轉介有自殺行為的學生)

其他資源

(影片) 真誠溝通表關懷

<https://www.parent.edu.hk/article/%E7%9C%9F%E8%AA%A0%E6%BA%9D%E9%80%9A%E8%A1%A8%E9%97%9C%E6%87%B7>

(影片) 親子關係 在於知己知彼

<https://www.parent.edu.hk/article/%E8%A6%AA%E5%AD%90%E9%97%9C%E4%BF%82-%E5%9C%A8%E6%96%BC%E7%9F%A5%E5%B7%B1%E7%9F%A5%E5%BD%BC>

(影片) 「健康網絡由你創」短片系列 (家長篇)—沉迷上網

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E5%81%A5%E5%BA%B7%E7%B6%B2%E7%B5%A1%E7%94%B1%E4%BD%A0%E5%89%B5-%E7%9F%AD%E7%89%87%E7%B3%BB%E5%88%97\(%E5%AE%B6%E9%95%B7%E7%AF%87\)-%E6%B2%89%E8%BF%B7%E4%B8%8A%E7%B6%B2](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E5%81%A5%E5%BA%B7%E7%B6%B2%E7%B5%A1%E7%94%B1%E4%BD%A0%E5%89%B5-%E7%9F%AD%E7%89%87%E7%B3%BB%E5%88%97(%E5%AE%B6%E9%95%B7%E7%AF%87)-%E6%B2%89%E8%BF%B7%E4%B8%8A%E7%B6%B2)

如何處理子女焦慮情緒

<https://www.parent.edu.hk/article/%E5%A6%82%E4%BD%95%E8%99%95%E7%90%86%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE%E6%83%85%E7%B7%92>

(影片) 家長應如何協助子女應付考試/放榜所帶來的壓力?

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E5%AE%B6%E9%95%B7%E6%87%89%E5%A6%82%E4%BD%95%E5%8D%94%E5%8A%A9%E5%AD%90%E5%A5%B3%E6%87%89%E4%BB%98%E8%80%83%E8%A9%A6-%E6%94%BE%E6%A6%9C%E6%89%80%E5%B8%B6%E4%BE%86%E7%9A%84%E5%A3%93%E5%8A%9B](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E5%AE%B6%E9%95%B7%E6%87%89%E5%A6%82%E4%BD%95%E5%8D%94%E5%8A%A9%E5%AD%90%E5%A5%B3%E6%87%89%E4%BB%98%E8%80%83%E8%A9%A6-%E6%94%BE%E6%A6%9C%E6%89%80%E5%B8%B6%E4%BE%86%E7%9A%84%E5%A3%93%E5%8A%9B)

(影片) 家長如何知道自已的子女壓力「爆煲」?

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E5%AE%B6%E9%95%B7%E5%A6%82%E4%BD%95%E7%9F%A5%E9%81%93%E8%87%AA%E5%B7%B1%E7%9A%84%E5%AD%90%E5%A5%B3%E5%A3%93%E5%8A%9B-%E7%88%86%E7%85%B2](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E5%AE%B6%E9%95%B7%E5%A6%82%E4%BD%95%E7%9F%A5%E9%81%93%E8%87%AA%E5%B7%B1%E7%9A%84%E5%AD%90%E5%A5%B3%E5%A3%93%E5%8A%9B-%E7%88%86%E7%85%B2)

(影片) 認識青少年的抑鬱症

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E8%AA%8D%E8%AD%98%E9%9D%92%E5%B0%91%E5%B9%B4%E7%9A%84%E6%8A%91%E9%AC%B1%E7%97%87](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E8%AA%8D%E8%AD%98%E9%9D%92%E5%B0%91%E5%B9%B4%E7%9A%84%E6%8A%91%E9%AC%B1%E7%97%87)

(影片) 網絡成癮—機不離手

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E7%B6%B2%E7%B5%A1%E6%88%90%E7%99%AE-%E6%A9%9F%E4%B8%8D%E9%9B%A2%E6%89%8B](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E7%B6%B2%E7%B5%A1%E6%88%90%E7%99%AE-%E6%A9%9F%E4%B8%8D%E9%9B%A2%E6%89%8B)

(影片) 子女焦慮，父母「超」累

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE-%E7%88%B6%E6%AF%8D-%E8%B6%85-%E7%B4%AF](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE-%E7%88%B6%E6%AF%8D-%E8%B6%85-%E7%B4%AF)

(影片) 父母學懂幾招，子女焦慮可消！

[https://www.parent.edu.hk/article/\(%E5%BD%B1%E7%89%87\)-%E7%88%B6%E6%AF%8D%E5%AD%B8%E6%87%82%E5%B9%BE%E6%8B%9B-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE%E5%8F%AF%E6%B6%88](https://www.parent.edu.hk/article/(%E5%BD%B1%E7%89%87)-%E7%88%B6%E6%AF%8D%E5%AD%B8%E6%87%82%E5%B9%BE%E6%8B%9B-%E5%AD%90%E5%A5%B3%E7%84%A6%E6%85%AE%E5%8F%AF%E6%B6%88)

如何協助子女面對學習所遇到的困難（2018年02月27日）

<https://www.parent.edu.hk/article/%E5%A6%82%E4%BD%95%E5%8D%94%E5%8A%A9%E5%AD%90%E5%A5%B3%E9%9D%A2%E5%B0%8D%E5%AD%B8%E7%BF%92%E6%89%80%E9%81%87%E5%88%B0%E7%9A%84%E5%9B%B0%E9%9B%A3>