

**CHI YUN SCHOOL 2023-2024**  
**Regarding a student's passing incident**

15<sup>th</sup> January, 2024

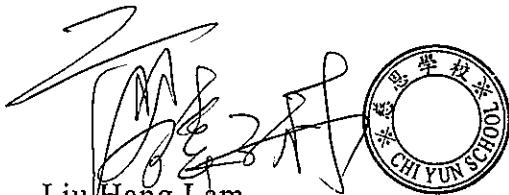
Dear Parents/Guardians,

On the evening of 14<sup>th</sup> January 2024, a 17-year-old boarding student fell into a coma at school and unfortunately passed away after being sent to the hospital. The entire school staff and dormitory staff feel deeply sorry and sad. The school has immediately arranged school social workers, chairperson of Student Guidance Committee and dormitory tutors to provide companionship and support to parents.

In response to this incident, the school has immediately activated the School Crisis Management Team. Educational psychologists, school social worker and teachers will provide counselling and support to students who are emotionally disturbed. The school will pay close attention to all students in school. Follow-up actions will be taken when needed.

We hope you will pay special attention to your children's needs during this period, please communicate with your children to understand their needs and show your care. Please call the class teacher or the school social worker, or school general office (Tel: 2386 2010 ) if needed.

Yours faithfully,



Liu/Hang Lam

Acting Principal, Chi Yun School

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Telephone hotline:

- Mental Health Support Hotline: 18111

Attachment:

- Common Initial Post-crisis Reactions (Children)
- Common Initial Post-crisis Reactions (Adolescents)
- Common Initial Post-crisis Reactions (Adults)
- Continuous and/or Serious Reactions Triggered by Crisis Incident
- How Can Parents Help their Children Cope with Crisis Incident

### Common Initial Post-crisis Reactions (Children)

It is common for children to have the following physiological, cognitive, emotional, behavioural and social reactions towards a crisis incident. Under most of the circumstances, with the support from family members, teachers and peers, these commonly seen reactions will abate gradually in a few days or a few weeks. If children are observed to have excessively intense or continuous reactions (refer to Appendix 1D), parents and teachers should seek help from professionals.

| <b>Physiological</b>                                                                 | <b>Cognitive</b>                                                                                                                    |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Somatic complaints (e.g. headaches, upset stomach)                                   | Impaired concentration                                                                                                              |
| Change of appetite (e.g. suddenly eat much more or less than usual)                  | Repeated flashbacks of the traumatic scene                                                                                          |
| Sleep disturbance                                                                    | Nightmares                                                                                                                          |
| Fatigue or loss of energy                                                            | Self-blaming and feeling worried                                                                                                    |
| Nervousness (e.g. rapid heartbeat, sweating, muscle tension)                         | Do not understand the concept of death (e.g. believe that the deceased will come back or not aware that all living things will die) |
| <b>Emotional</b>                                                                     | <b>Behavioural</b>                                                                                                                  |
| Feeling sad (e.g. depressed, being uncommunicative)                                  | Talking about and repeatedly ask about death                                                                                        |
| Feeling panicked, insecure or fearful (e.g. fear of darkness, monster and strangers) | Repetitive behaviour, e.g. demonstrate the traumatic incident in play, talk about the traumatic incident repeatedly                 |
| Feeling angry, disappointed, guilty and helpless                                     | Avoiding places, people, and activities that are related to the traumatic incident                                                  |
| Being emotionally unstable, with more ups and downs than usual (e.g. becoming        | Regression in behaviour and exhibiting behaviour that are not age-appropriate (e.g.                                                 |

|                                                                                                                                                          |                                                                  |
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| irritable, annoyed, tearful and emotional)                                                                                                               | bed wetting, soiling, finger sucking and difficulty in speaking) |
| Feeling emotionally numb                                                                                                                                 | Drop in assessment and homework performance                      |
|                                                                                                                                                          | School refusal                                                   |
| <b>Social</b>                                                                                                                                            |                                                                  |
| More dependent behaviour than usual (e.g. stay closely with parents or carers, have separation anxiety)                                                  |                                                                  |
| Alienation and opposition (e.g. being uncooperative, showing more frequent temper tantrum, excessive crying, screaming and showing aggressive behaviour) |                                                                  |
| Being withdrawn, unwilling to play or talk with other people                                                                                             |                                                                  |

### Common Initial Post-crisis Reactions (Adolescents)

It is common for adolescents to have the following physiological, cognitive, emotional, behavioural and social reactions towards a crisis incident. Under most of the circumstances, with the support from family members, teachers and peers, these commonly seen reactions will abate gradually in a few days or a few weeks. If adolescents are observed to have excessively intense or continuous reactions (Appendix 1D), parents and teachers should seek help from professionals.

| <b>Physiological</b>                                                                                                     | <b>Cognitive</b>                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Somatic complaints (e.g. headaches, upset stomach)                                                                       | Impaired concentration, confusion, impaired ability to make judgements and decisions                                                             |
| Change of appetite (e.g. suddenly eat much more or less than usual)                                                      | Repeated flashbacks of the traumatic scene                                                                                                       |
| Sleep disturbance                                                                                                        | Memory impairment                                                                                                                                |
| Fatigue or loss of energy                                                                                                | Nightmares                                                                                                                                       |
| Nervousness (e.g. rapid heartbeat, sweating, and muscle tension)                                                         | Self-blaming and feeling worried                                                                                                                 |
| <b>Emotional</b>                                                                                                         | <b>Behavioural</b>                                                                                                                               |
| Feeling sad (e.g. depressed, being uncommunicative)                                                                      | Avoiding places, people, and activities that are related to the traumatic incident                                                               |
| Feeling panicked and insecure                                                                                            | Aggressive language and behaviour                                                                                                                |
| Feeling shocked, angry, disappointed and guilty                                                                          | Demonstrating oppositional behaviour                                                                                                             |
| Being emotionally unstable, with more ups and downs than usual (e.g. becoming irritable, annoyed, tearful and emotional) | Regression in behaviour, exhibiting behaviour that are not age-appropriate (e.g. do not take care of personal hygiene, and avoid responsibility) |
| Feeling emotionally numb                                                                                                 | Drop in assessment and homework performance                                                                                                      |
|                                                                                                                          | School refusal                                                                                                                                   |
| <b>Social</b>                                                                                                            |                                                                                                                                                  |

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| Alienation (e.g. not willing to interact with others) |  |
| Feeling lonely, rejected or isolated by others        |  |
| Increased interpersonal conflict                      |  |

### Common Initial Post-crisis Reactions (Adults)

It is common for adults (including parents and staff) to have the following physiological, cognitive, emotional, behavioural and social reactions towards a crisis incident. Under most of the circumstances, with the support from family members, colleagues and peers, these commonly seen reactions will abate gradually in a few days or a few weeks. If they feel or observe peers having excessively intense and continuous reactions (Appendix 1D), they should seek help from professionals.

| <b>Physiological</b>                                                                                                     | <b>Cognitive</b>                                                                     |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Somatic complaints (e.g. headaches, upset stomach)                                                                       | Impaired concentration, confusion, impaired ability to make judgements and decisions |
| Change of appetite (e.g. suddenly eat much more or less than usual)                                                      | Repeated flashbacks of the traumatic scene                                           |
| Sleep disturbance                                                                                                        | Memory impairment                                                                    |
| Fatigue or loss of energy                                                                                                | Nightmares                                                                           |
| Nervousness (e.g. rapid heartbeat, sweating, and muscle tension)                                                         | Self-blaming and feeling worried                                                     |
| <b>Emotional</b>                                                                                                         | <b>Behavioural</b>                                                                   |
| Feeling sad (e.g. depressed, being uncommunicative)                                                                      | Avoiding places, people, and activities that are related to the traumatic incident   |
| Feeling panicked and insecure                                                                                            | Aggressive language and behaviour                                                    |
| Feeling shocked, angry, disappointed and guilty                                                                          | Decline in work performance, avoid going to work                                     |
| Being emotionally unstable, with more ups and downs than usual (e.g. becoming irritable, annoyed, tearful and emotional) |                                                                                      |
| Feeling emotionally numb                                                                                                 |                                                                                      |
| <b>Social</b>                                                                                                            |                                                                                      |
| Alienation (e.g. not willing to interact with others)                                                                    |                                                                                      |

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|------------------------------------------------|--|
| Feeling lonely, rejected or isolated by others |  |
| Increased interpersonal conflict               |  |

**Continuous and/or Serious Reactions Triggered by Crisis Incident**

Schools should **continuously** evaluate the extent of impact of the crisis incident on staff and students so as to identify staff and students who are in need at different stages and to provide them with appropriate support. If students or staff are found to have the following serious reactions, counselling or professional support should be sought.

- **Reactions seriously disrupt their daily functioning** (e.g. suffering from serious insomnia, skipping class/being absent from school or work, memory loss, being emotionally numb or detached, losing interest in most activities and losing appetite, etc)
- **Reactions intensify over time** (e.g. experiencing higher level of fear and anxiety, hypervigilance, excessive self-blaming, feeling helpless and hopeless, etc.)
- **Reactions are excessively intense** (e.g. being extremely frightened and angry), or even showing signs of mental problems (e.g. being seriously depressed, having delusions, hallucinations, bizarre thoughts and images, etc.)
- **Demonstrate maladaptive coping behaviour** (e.g. drug abuse / smoking, serious oppositional behaviour/defying authority, suicidal or homicidal ideation, venting anger in a violent way or hurting others, etc.)



## **How Can Parents Help their Children Cope with Crisis Incident**

Crisis incident may make your children feel sad, angry, anxious or fearful. These are common reactions. You may help your children handle sadness or unsettling feelings by listening to them, talking to them and giving them support. Some ideas about how you can help your children cope with crisis incident are listed below:

### **Security and support**

- Stay calm and stabilise your own emotion.
- Pay more attention to your children.
- Spend more time with your children and give them a sense of security.
- Do not hide the facts from your children.
- If your children want to participate in funerals, you need to make sure that they are well prepared and emotionally supported. If needed, they can be accompanied by you or other adults when attending funerals.
- Be aware of the emotional or behavioural changes of your children.
- If your children fear of darkness, are afraid to sleep alone or have nightmares, do not laugh at them or just comfort them by telling them not to be afraid.
- Discuss possible management strategies with your children, such as keeping him/her company, letting him/her go to bed with the light on, and opening the door of the room. For young children, you may give them a doll to accompany him/her to sleep.

### **Listen to your children**

- Do not ask your children not to talk or mention the incident again. Suppressing their unsettling feelings may have adverse effects on their psychological well-being in the long run.
- Offer opportunities for your children to share how they feel, listen to them with patience and comfort them. Avoid giving unsolicited advice.
- Encourage your children to express their feelings by different means (e.g. storytelling, drawing and doing crafts, etc.)
- If your children feel regretful (e.g. blame herself/himself for not aware of the suicidal

ideation of the deceased or not being able to stop the incident from happening), you should listen to them and console them. Tell your children that signs of suicide sometimes may not be noted easily, and accidents sometimes might not be avoided. They may feel sorry about the unfortunate incident, but they do not need to be responsible for other people's choices or behaviour (if applicable).

- Tell your children that their feelings are normal so as to relieve their anxiety.

### **Stabilise the environment**

- Encourage your children to continue with the normal routines and activities as soon as possible. Avoid repeatedly watching or reading related news or online information.
- Arrange activities that are good for the body and mind, such as listening to music and doing exercise to help your children relax and focus on other matters.

### **Seek help**

- If you have any doubts about your children's emotional responses, please contact the teachers or guidance personnel of the school.