



St. Joan of Arc Secondary School

聖貞德中學

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Notice to Parent / Guardian

Circular No.: F207/2025-2026

8th May 2026

Dear Parent or Guardian,

Student Mental Health Support Scheme – Annual Screening

Our school has participated in the “Student Mental Health Support Scheme” (SMHSS) organized by the Hospital Authority (HA), the Education Bureau and the Social Welfare Department.

The project will distribute questionnaires to your children from 12th May 2026 to 13th May 2026. The contents of the questionnaires will only be used for the purpose of assessment, treatment, rehabilitation and effectiveness evaluation of the SMHSS. Relevant personal data will be kept strictly confidential. 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. Please refer to Annex 1 for details of the scheme.

This program can effectively evaluate and promote the mental health of students. We hope that your children can actively participate in building a positive campus together. Please complete the attached reply slip and return it to their class teacher. For enquiries, please contact Ms. Hui.

Yours faithfully,

Mr. YUEN Cheung-oi
Principal



Be determined and confident. Do not be afraid of them. Your God, the Lord himself, will be with you. He will not fail you or abandon you. (Deuteronomy 31:6)

Reply Slip

Circular No. F207/2025-2026

Student Mental Health Support Scheme – Annual Screening

Dear Principal,

I, the parent/guardian of _____ (student's name) (Class: _____ No: _____),

*permit/not permit my child to participate in the Student Mental Health Support Scheme – Annual Screening.

Signature of Parent/Guardian: _____

Name of Parent/Guardian: _____

Date: _____

*delete the inappropriate

Student Mental Health Support Scheme – Annual Screening Consent Form

Date: 8th May, 2026

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 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 from 12th May,2026 to 13th May,2026. 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 or before 12th May,2026. 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 Ms. Chan (the responsible ASWO) through school personnel, Ms. Hui, or directly contact Ms. Chan at 60570760.

Student Mental Health Support Scheme

Reply Slip on Consent

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]
(Applicable for secondary school students)

Parent/Legal Guardian* [See Note]

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