You’ve Made a Difference in Suicide Prevention

18% Decline in HK’s Suicide Rate
International Workshop on National Strategies in HK
Bereavement of Suicide Survivors
“Little Prince is Depressed” Appears in Print
You Have Made a Difference

By the time you receive this newsletter, our Centre will have been in operation for over four years after being established in 2002. The Hong Kong Jockey Club Charities Trust and the Chief Executive’s Community Project have supported the Centre’s research and training/educational programmes over the past three years and nine months. A team of professional staff with multi-disciplinary backgrounds has been formed and designated to oversee numerous projects, including research, training and resource production. Now four years on, has the suicide rate changed for the better?

We are pleased to inform you that Hong Kong’s suicide rate has dropped from an historical high of 18.6 per 100,000 (1,264 deaths) in 2003 to about 15.6 per 100,000 (1,053 deaths) in 2004, and the provisional figure for 2005 was about 14.0 (960 deaths). Certainly, improvements in the local economy recently have created a more conducive environment for suicide prevention. However, suicide rates do not come down by themselves. A similar economic improvement was observed in Japan, however, the suicide rate still remains at a historic high level of 25 per 100,000.

Over the past four years, the community has grown more aware about depression, and some new innovative suicide prevention services have been developed and strengthened by the Government departments and a number of NGOs. The mass media have also made extra efforts in reporting news more responsibly. Also, awareness and detection of suicide risks among professionals have been improved through a host of workshops and seminars. One very encouraging trend as well is how Cheung Chau Island has organised a community-based suicide prevention effort and how the suicide rate on the Island has dropped significantly in recent years. All of these have been indispensable in reducing suicide numbers and contribution to an overall reduction in the suicide rate.

We want to continue to appeal to the community for help in sustaining suicide prevention efforts. Not every suicide is preventable, but certainly you can make a difference. Following our celebration of World Suicide Prevention Day on 10th September with this year’s slogan of, “With Understanding, New Hope”, it is a time for us to translate our knowledge into evidence-based and effective suicide prevention strategies to help prevent tragic deaths occurring our community. The Centre is also committed to participate in the suicide prevention efforts with The World Health Organization in this region and globally. We shall make a better world.

Paul Yip
Director
November 2006
18% Decline in Hong Kong Suicide Rate in 2004

2004年本港自殺率呈現近20年最大跌幅

Based on the data provided by the Coroner’s Court, our analysis shows that there were 1,053 suicide cases in 2004, corresponding to a suicide rate of 15.3 per 100,000 people and a 18% reduction from 2003 (Table 1). The suicide rate in 2004 returned to the level in 2001, and the 18% reduction is the largest decline in suicide rate in the past 20 years (Chart on page 1). The decrease in the suicide rate of the middle-aged men (aged 40-59 years) was substantial – a decrease of 25%. An even greater decrease (33%) was found in the number of suicides by charcoal burning among middle-aged men between 2003 and 2004.

Here is a snapshot of suicide figures in 2004:

- A total of 1,053 suicide deaths was reported in 2004. 665 of them were male and 388 were female;
- There was an 18% decrease in the suicide rate compared with 2003. By gender, there was 20% reduction in men and 11% reduction in women;
- Jumping from height (50%) and charcoal burning (22%) were the two most common suicide methods. There was a 29% reduction in the number of suicide deaths by charcoal burning compared with 2003;
- The number of suicide deaths of middle-aged men (aged 40-59 years) decreased by 25% and the number of suicides of elderly men (aged over 60 years) decreased by 21% (Table 2);
- The number of middle-aged men committed suicide by charcoal burning decreased by 33%.

However, the suicide rates of youth aged 15-24 years, middle-aged women aged 40-59 years, and elderly women aged over 60 years did not significantly improve in 2004 (Table 2). So special attention should be given among these demographic groups.

Table 1: Hong Kong Suicide Rate (2000 – 2004)

<table>
<thead>
<tr>
<th></th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
</tr>
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<tbody>
<tr>
<td>Overall</td>
<td>15.5</td>
<td>15.3</td>
<td>16.4</td>
<td>18.6</td>
<td>15.3</td>
</tr>
<tr>
<td>Male</td>
<td>16.7</td>
<td>19.7</td>
<td>22.5</td>
<td>25.2</td>
<td>20.1</td>
</tr>
<tr>
<td>Female</td>
<td>10.5</td>
<td>11.1</td>
<td>10.6</td>
<td>12.3</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Table 2: Suicide deaths in 2004 (Age-gender specific)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2003</th>
<th>2004</th>
<th>Difference</th>
<th>Change (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - 24</td>
<td>56</td>
<td>58</td>
<td>2</td>
<td>3.60%</td>
</tr>
<tr>
<td>25 - 39</td>
<td>220</td>
<td>182</td>
<td>-38</td>
<td>-17.30%</td>
</tr>
<tr>
<td>40 - 59</td>
<td>316</td>
<td>237</td>
<td>-79</td>
<td>-25.00%</td>
</tr>
<tr>
<td>60 +</td>
<td>232</td>
<td>184</td>
<td>-48</td>
<td>-20.70%</td>
</tr>
<tr>
<td>Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15 - 24</td>
<td>38</td>
<td>37</td>
<td>-1</td>
<td>-2.60%</td>
</tr>
<tr>
<td>25 - 39</td>
<td>114</td>
<td>94</td>
<td>-20</td>
<td>-17.50%</td>
</tr>
<tr>
<td>40 - 59</td>
<td>135</td>
<td>126</td>
<td>-9</td>
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<tr>
<td>60 +</td>
<td>143</td>
<td>130</td>
<td>-13</td>
<td>-9.10%</td>
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According to the data provided by the Coroner’s Court, our analysis shows that there were 1,053 suicide cases in 2004, corresponding to a suicide rate of 15.3 per 100,000 people and a 18% reduction from 2003 (Table 1). The suicide rate in 2004 returned to the level in 2001, and the 18% reduction is the largest decline in suicide rate in the past 20 years (Chart on page 1). The decrease in the suicide rate of the middle-aged men (aged 40-59 years) was substantial – a decrease of 25%. An even greater decrease (33%) was found in the number of suicides by charcoal burning among middle-aged men between 2003 and 2004.

以下是本港2004年自殺情況概覽:

- 自殺總數為1,053宗，665宗為男性，388宗為女性；
- 舊2003年的自殺率下跌18%，男性自殺率減少20%，女性自殺率減少11%；
- 從高處墮下佔總數的50%，跟過去一樣，屬最常用的自殺方法；
- 燒炭是第二種最常用的自殺方法，佔總數22%，以宗數而言較去年下跌29%；
- 以性別／年齡組別而言，來自中年男性（40-59歲）的宗數跌幅最大，達到25%；其次男性長者（60歲以上）的跌幅達21%【表二】；
- 以中年男性（40-59歲）而言，燒炭自殺的宗數減少尤其顯著，達到33%；

另外，青年人（15-24歲）和中年（40-59歲）女性和女性長者（60歲以上）的自殺情況，並未有如其他組別般得到顯著的改善，這點亦值得大眾正視。

<table>
<thead>
<tr>
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<th>Difference</th>
<th>Change (%)</th>
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</table>
International Workshop on National Strategies for Suicide Prevention

November 5-7, 2006

This workshop in Hong Kong was the culmination of the second phase of an ongoing project that brought together countries that have or are considering national strategies or plans designed to prevent suicides. This event was built on an earlier workshop held in Salzburg, Austria in 2004 attended by clinicians and researchers with expertise in suicide prevention from 14 countries and the World Health Organization. A paper entitled “Suicide prevention strategies: a systematic review”, which was the outcome of the 2004 workshop, was published in the Journal of the American Medical Association in 2005.

In addition to China, Japan, and Hong Kong, representatives of the following Asian countries, India, Pakistan, South Korea, Vietnam, Thailand, Singapore and Malaysia, attended the workshop. The Euro-American representatives included people from America, Sweden, Germany and Switzerland.

The aims of the workshop were:

• To explore the many features surrounding suicide and suicide prevention that are of particular interest to individual countries in Asia;

• To examine evidence that points to the effectiveness of specific components in suicide prevention plans in Asia and other countries;

• To define performance indicators for progress in suicide prevention within such countries;

• To determine what research needs to be done to evaluate progress in different countries and cultural settings within Asia.

A series of papers will also be written based on the workshop’s presentation and some pioneer suicide prevention projects in this region will also be launched in the future. Asia has more than half of the world population with more than 60% of the world suicides occurred in this region. Very little research was done. There is an urgency to develop cultural sensitive and evidence-based suicide prevention work in this part of the world. The Centre is working with the World Health Organization and the Suicide Prevention International in doing suicide prevention work in the region and globally.
A Symposium on Suicide Prevention
Making a Difference in Life-Saving Work

A symposium on suicide prevention entitled “Making a Difference in Life Saving Work” was held on November 9, 2006 at the Lecture Theatre 3, G/F, William MW Mong Block, Faculty of Medicine Building, The University of Hong Kong.

The event was organized by the Hong Kong Jockey Club Centre for Suicide Research and Prevention, Faculty of Social Sciences, The University of Hong Kong and co-organized by Suicide Prevention International, the World Health Organization and School of Public Health, The University of Hong Kong.

Dr. Herbert Hendin, Dr. Jose Manoel Bertolote and Professor Danuta Wasserman presented international perspectives on suicide prevention. Dr. Paul Yip, Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong, discussed suicide prevention efforts in Hong Kong. We were honored as well to have Professor Lap-Chee Tsui, Vice-Chancellor, HKU and Professor Ian Holliday, Dean of Faculty of Social Sciences at the University of Hong Kong to present welcoming remarks.

“Among the 4 major interventions recommended by WHO as effective for suicide prevention reducing access to lethal methods is included. It refers to action destined to block, reduce or discipline access to methods used in suicidal behaviour (suicidal attempts and completed suicide); its application depends, to a large extent, on the knowledge of the methods prevalent in a given area for those behaviours. It is perhaps the intervention on which the most abundant and strong evidence exist.”

Jose Manoel Bertolote, M.D.
Coordinator, Management of Mental and Brain Disorders,
Department of Mental Health and Substance Abuse
World Health Organization

“Suicide, attempted suicide, and suicidal thoughts have been subject to many powerful stigmas and sanctions, both religious and legal. Questions of suicide are surrounded by taboo and feelings of shame and guilt. There is ambivalence towards suicide and suicide prevention among politicians and policy makers……In suicide preventive work it is important to adopt an interdisciplinary approach that combines psychosocial, cultural, and biological aspects.”

Danuta Wasserman, M.D.
Chairman of the Department of Public Health Science
Karolinska Institute, Sweden

“The rationale for the National Strategies for Suicide Prevention Project will be addressed as well as the advantages to be gained by international cooperation in such a venture. There will be a discussion of some of the socioeconomic, cultural, and religious differences that need to be understood and addressed in developing initiatives for suicide prevention. There will be a discussion of the need for measures to evaluate the efficacy of suicide prevention initiatives with examples of how this can be accomplished. Finally there will be a discussion of future plans for the project including the funding of demonstration projects.”

Dr. Herbert Hendin, M.D.
President and CEO
Suicide Prevention International, USA
No empirical research on suicide survivors was conducted in Hong Kong. Information on this group is sketchy at best. 150 subjects were interviewed from the Centre’s psychological autopsy study on suicide (Chen et al., 2006), subjects among whom were the family members, relatives, or close friends of those who had committed suicide between August 2002 and December 2004. After the making enquiries about the deceased’s psychiatric, medical and family history factors, psychological factors, and social and life events, the participants were assessed on their perspectives about suicide, stigmatisation, as well as the psychological, social, and physical adjustments they had to make during the grieving process. This was the first ever empirical research study on suicide survivors in Hong Kong.

In general, many suicide survivors in our study reported suffering from psychological distress (i.e., loneliness, anxiousness, misery), physical pain (i.e., headache, back-pain), and stigmatisation. We are surprised that more than three quarters of them revealed they had gotten along well within the family and had become more empathic and supportive to other family members. Almost half of the survivors felt comfortable and welcomed the chance to talk and vent their feelings about the suicide. Table 3 on Page 7 shows the summary of the findings.

We first recommend understanding the “course” of bereavement after a suicide through a longitudinal study. The next step is to explore the establishment of a tailor-made support service. We should also be aware of the prevalence of suicide survivors developing psychological and physical problems themselves following their suicide bereavement. Finally, investigation should be made into the public beliefs about and attitudes towards survivors of suicide, as well as the extent and degree of social stigmatisation plus the effects of help-seeking behaviour from survivors.

Reference:
目前，香港尚未有有關自殺者家屬的實證研究，而且社會給予他們的支援服務亦十分有限。據本中心進行的一項「香港人自殺成因探討」研究（Chen et al., 2006），訪問了150名年齡介乎15至59歲的自殺者家屬，他們的親戚及朋友均是在2002年8月至2004年12月期間自殺身亡的。訪問除了問及自殺者的精神狀況、生理狀況、家庭風景因素、心理因素和社交及生活因素外，亦包括訪問家屬在哀傷期內對自殺的觀點、感覺、心理上、社交上和身體上的適應。這項也是香港首項關注自殺者家屬所面對問題的實證研究。

整體而言，很大部份自殺者家屬都在哀傷期內受到情緒困擾，例如感到孤單、憂慮、痛苦等心靈上的痛苦，但也有身體上的痛楚，例如頭痛及背痛。此外，他們也會因為家人自殺而感到羞恥。不過，我們亦發現超過四分三的受訪者稱與家人相處融洽及變得更體諒和支持其他家庭成員。

約一半受訪者認為參與這項研究讓他們說出對自殺的看法，感覺像鬆一口氣。研究結果詳情見表三。

因此，本中心建議：第一，要進行追蹤研究了解自殺者家屬面對的問題，研究有關的支援服務；第二，了解於自殺者家屬身上所衍生的社會、心理及生理問題，最後，我們還要了解大眾對自殺者家屬的看法和態度，例如是歧視對希望尋求協助的家屬構成的影響。

### Table 3: Different aspects of grief reactions of survivors of suicide
自殺者家屬出現不同的哀痛反應

<table>
<thead>
<tr>
<th>項目</th>
<th>同意 Agree N(%)</th>
<th>強烈同意 Strongly Agree N(%)</th>
<th>合計 Total N(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>自殺是一種羞恥  Stigmatization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>不會讓別人知道 Don’t let others know</td>
<td>14(9.3)</td>
<td>47(31.3)</td>
<td>61(40.6)</td>
</tr>
<tr>
<td>害怕其他人覺得自己會步其後塵 Fear others that I will commit suicide</td>
<td>10(6.7)</td>
<td>43(28.7)</td>
<td>53(35.4)</td>
</tr>
<tr>
<td>心理上的  Psychological</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>覺得孤單 Feel lonely</td>
<td>15(10.0)</td>
<td>32(21.3)</td>
<td>47(31.3)</td>
</tr>
<tr>
<td>覺得憂慮 Anxious</td>
<td>28(18.7)</td>
<td>36(24.0)</td>
<td>64(42.7)</td>
</tr>
<tr>
<td>覺得痛苦 Miserable</td>
<td>25(16.7)</td>
<td>42(28.0)</td>
<td>67(44.7)</td>
</tr>
<tr>
<td>對於能分享感到舒服 Feel comfortable to share</td>
<td>21(14.0)</td>
<td>44(29.3)</td>
<td>65(43.3)</td>
</tr>
<tr>
<td>社交適應  Social adjustment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>外出與親朋朋友見面 Visit relatives and friends</td>
<td>23(15.3)</td>
<td>89(58.7)</td>
<td>112(74.1)</td>
</tr>
<tr>
<td>與家人相處融洽 Get along with family</td>
<td>33(22.0)</td>
<td>87(58.0)</td>
<td>120(80.0)</td>
</tr>
<tr>
<td>關心支持家人 Empathy and support to family</td>
<td>30(20.0)</td>
<td>86(57.3)</td>
<td>116(77.3)</td>
</tr>
<tr>
<td>身體上及實質上  Physical and tangible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>不能完成平常工作 Cannot cope with daily routines</td>
<td>15(10.0)</td>
<td>10(6.7)</td>
<td>25(16.7)</td>
</tr>
<tr>
<td>痛楚 Pain</td>
<td>17(11.3)</td>
<td>18(12.0)</td>
<td>35(23.3)</td>
</tr>
<tr>
<td>覺得籌備喪禮很辛苦 Preparation for funeral is a difficult task</td>
<td>15(10.2)</td>
<td>40(26.5)</td>
<td>55(36.7)</td>
</tr>
</tbody>
</table>
Do Less Harm: How Media Report Suicide News

Many people have expressed concern over the Hong Kong media’s reporting conduct on suicide news and its potential negative consequences on the families of the deceased and to other vulnerable individuals. On 8th April 2006, a workshop for media professionals “Do Less Harm: How to Report Suicide News” was jointly organised by the Hong Kong Press Council and the Hong Kong Jockey Club Centre for the Suicide Research and Prevention, HKU. Over 80 media professionals and students in journalism schools attended the workshop.

Both organisations are working hard to promote a culture of professional media reporting on suicide news. With that in mind, we recommend the followings:

1. Avoid publish photographs or suicide notes;
2. Don’t report specific details of the suicide methods used;
3. Don’t give simplistic reasons for why a suicide occurred;
4. Don’t glorify or sensationalise suicides;
5. Avoid use religious or cultural stereotypes;
6. Don’t apportion blame.

In the workshop, a suicide survivor shared her experiences about dealing with the media’s reporting of her family member’s suicide death. With her permission, we published part of that interview. The original is in Chinese.

各界對傳媒處理自殺新聞的手法及趨勢，與及對自殺高危者構成的影響，深感關注。於二零零六年四月八日，香港報業評議會與香港大學香港賽馬會防止自殺研究中心舉辦「傳媒與自殺新聞報導」工作坊，共有八十名傳媒工作者和傳理學生參加，兩組織呼籲傳媒工作者應以負責任的態度報導自殺新聞，並提出六項自殺報導建議供傳媒參考。

一、 不應刊登自殺者照片或自殺遺書；
二、 不應詳細描述自殺的方式；
三、 不應簡化自殺的原因；
四、 不應美化或感性化自殺行為；
五、 不應強調輕生者的個人特質、背景或宗教；
六、 不應藉報道責備任何人。

一位自殺者家屬在會上講述了傳媒報導對她做成的影響。我們獲她的同意下，刊登她在會上部份的發言，原文為中文。

(From left to right) Prof. Huang Yu, Prof. Leonard Chu, Mr. Ping-wah Cheng, Ms. May Chan and Dr. Paul Yip
Story in One Day... Followed by Lifelong Regret

Q: What have you read in the newspapers? What did you think afterwards?
A: I read the Oriental Daily first. Holding the newspaper, I was shocked and my heartbeat quickened. I saw the picture of my brother lying on the floor, I immediately covered it with a white piece of paper. My hands were still shaking and my heart kept thumping. Whenever I read news reports about the incident, I couldn’t calm down. This happened again and again and so I threw away all the newspapers. I don’t understand how could this happen. It is simply a picture of a suicide death. I don’t know why.

Q: Did any of your relatives experienced a similar kind of stress?
A: My older sister was distressed whenever she read the newspaper. She said the image always remained in her mind. I have already thrown away all the newspapers dealing with the subject. I still have an enduring impression of my brother lying on the floor. It’s all in my memory.

Q: You have read the news reports on the same issue from several newspapers. Does their content reflect the truth at all?
A: I read four newspapers. I read the Oriental Daily on that day it happened. I then read the Apple Daily, Sing Pao and Ta Kung Pao three years later. Sing Pao reported that some suspicious medicine was found in my brother’s body. And I felt the newspaper had presumed that my brother was a drug abuser. Apple Daily stated that he sustained “a cracked skull and fractured limbs” (disfigured body) after falling from the building. On the day of his death, I went to identify his body in the hospital. I noticed that there were small bruises on my brother’s face. The nurse then said, “Please don’t look at him from the left side as there are some bruises on the left side of his face.” The nurse also told us that several internal injuries were found on his body that might have caused his death. Other than these, there were no signs of injury. When I read the newspaper three years after his death, I realised how the newspapers had reported irresponsibly. Moreover, the police found a medical notice which clearly indicated that he was a severely depressed patient with suicidal intent. I don’t understand why the media reported the issue about suspicious medicines selectively but said nothing about his medical history. As a matter of fact, he didn’t carry any medicine with him and the medical notice was at home, too. I thought how terrible the media are! The media wanted to convey the message that my brother was a drug abuser.

Q: After you discovered all this mis-information, were you in the mood to deal with it?
A: No. I was depressed and had no interest in anything else. Moreover, I was fully occupied with lots of things especially in the first half of the year, like handling the funeral, preparing his legacy and death registration etc. The relatives of suicide victims have to handle so many procedures and must figure out untold issues, for example, reporting the legacy and carrying out the application for name change. A suicide survivor cannot relax at all during the first half of a year. I immediately covered it with a white piece of paper. My hands were still shaking and my heart kept thumping. Whenever I read news reports about this, I couldn’t calm down. This happened again and again and so I threw away all the newspapers. I don’t understand how could this happen. It is simply a picture of a suicide death. I don’t know why.

Q: Would you like to share any thoughts to the attendees today. Do you have any advice for them? What should they be cautious about when reporting suicide news?
A: I hope and I feel very strongly they should not take pictures. Recently there was a suicide case in which a girl jumped from a building and her clothes were torn off the moment she hit the ground. The media still shot her naked body and enlarged the picture on the front page. Try to think about this. That lady deserves to have her dignity and it is unreasonable to exploit that. Moreover, please don’t trivialise or mis-report the news. I don’t understand how could this happen. It is simply a picture of a suicide death. I don’t know why.

Q: What do you think of the newspapers cutting the picture out of the newspaper? Should the newspaper cut out the picture or not? What should the newspapers do about it?
A: On the day of his death, I went to identify his body in the hospital. I noticed that there were small bruises on my brother’s face. The nurse then said, “Please don’t look at him from the left side as there are some bruises on the left side of his face.” The nurse also told us that several internal injuries were found on his body that might have caused his death. Other than these, there were no signs of injury. When I read the newspaper three years after his death, I realised how the newspapers had reported irresponsibly. Moreover, the police found a medical notice which clearly indicated that he was a severely depressed patient with suicidal intent. I don’t understand why the media reported the issue about suspicious medicines selectively but said nothing about his medical history. As a matter of fact, he didn’t carry any medicine with him and the medical notice was at home, too. I thought how terrible the media are! The media wanted to convey the message that my brother was a drug abuser.

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School-based Mental Health Enhancement Programme
Based on a Cognitive-Behavioral Approach:
Featuring the Comic Character of “Little Prince is Depressed”

Our Centre was honored to receive a grant from the Quality Education Fund in June 2006 to implement a school-based mental health enhancement programme for secondary schools. The objective of this two-year pilot programme was to develop a curriculum as part of the Comprehensive Student Guidance System to reduce the prevalence of depressive symptoms and enhance the mental well-being of adolescents in secondary schools.

The programme is designed to be implemented in 12 sessions based on a set protocol that has been in use by our clinical psychologists. This protocol applies to individual as well as group therapy and can be adapted in both school and hospital settings with children displaying depression and psychosis, as well as adults with depression, anxiety and drug problems.

About the cognitive-behavioral approach
While school-based skills training and cognitive-behavioral therapy are among the most impressive intervention approaches to prevent youth suicide (Gould et al, 2003), the cognitive-behavioural treatment approach was found to be the most effective amongst many treatment therapies for youth mental illnesses (Hoagwood & Erwin, 1997). In particular, the programmes enhance life skills for adolescents when they are faced with adverse life experiences.

References:

About “Little Prince is depressed”

“Little Prince is Depressed” [http://www.depression.edu.hk] is an innovative and interactive educational website that provides accessible, in-depth, easy-to-understand and evidence-based information on depression and common stressors among adolescents. It was named one of the top “Ten Healthy Websites” and received “The Most Creative Website Award” from the Television and Entertainment Licensing Authority in 2004.

“Little Prince is Depressed” also won the prestigious Silver Asian Innovation Award from the Asian Wall Street Journal and the Singapore Economic Development Board in September 2005. This award is given to the individuals or companies that have made significant contributions toward improving the quality of life for Asians.

關於憂鬱小王子

「憂鬱小王子」網頁 [http://www.depression.edu.hk] 是一個集創新及互動於一身的教育網站，提供一些平易近人、深入淺出及按照實証研究成果的有關抑鬱症的資料，並針對青少年常會遇到的問題。網站曾獲影視及娛樂事務管理處選為「2004年十大健康網站」及「最具創意」。網站也奪得了由《亞洲華爾街日報》及新加坡經濟發展局舉辦的「亞洲創新大獎」銀獎。此獎項是頒發給在亞洲區開發，並改進人類生活質素而作出貢獻的個人或團體。
Our Training Programmes

“Living is HOPE – The Role of General Practitioners in Suicide Prevention” seminar (1 June 2006)

Empowering doctors as gatekeepers is one of the key strategies for suicide prevention recommended by the WHO’s guidelines. Our Centre has on-going collaborative efforts with general practitioners who serve as gatekeepers.

With this in mind, the seminar "Living is HOPE – The Role of General Practitioners in Suicide Prevention" was attended by over 70 medical professionals from the New Territories West, and other concerned parties. Our aim to provide these GPs with hands-on tips, and demonstrate to them that utilising community resources is one of the most important strategies we have in preventing suicides. Seminar speakers included Dr. Paul Yip, Dr. FK Tsang, Dr. CW Kam, Dr. KW Ching, Dr. WM Chow and Ms. Wendy Chau.
Training workshops for HK Police Force officers (May 2006)

Eight sessions during this training workshop were held for over 300 police officers from the Tuen Mun District, who serve as one of the gatekeepers in the community. They play a critical role in intervening and preventing suicidal behaviour. Therefore, it is important for these people to understand the warning signs of suicide, as well as the do's and don’ts when handling cases. Moreover, they must know exactly what to do during critical moments.

Three-day Workshop entitled “Cognitive-Behavioural Therapy for the Prevention of Suicide” (8, 12 & 19 May, 2006)

This intensive training course introduced the cognitive-behavioural approach, and a variety of cognitive and behavioural practices in handling distressed and/or suicidal clients. Participants learned the fundamentals of cognitive-behavioural therapy, as well as cognitive and behavioural strategies to help individuals develop more adaptive ways about their situation, functional methods of responding during periods of emotional distress and applications of these strategies for self-care. Most of the participants were social workers, nurses and teaching consultants. Our guest speaker, Dr. Daniel Wong from the Department of Social Work and Social Administration, HKU, also shared his research and clinical experiences. The participants were actively involved and opened up in-depth discussions.

Broadening Course “Stress, Depression and Suicide” for HKU students (Second Semester 2005-2006)

Organised and held by our Centre, this was the first broadening course open to undergraduate students at HKU. More than 170 students from the first year to final year, took the course. The aim is to disseminate mental health knowledge to students and raise their awareness. Topics about stress, depression, coping, problem-solving and positive psychology were covered. We also invited colleagues from HKU and guest speakers to share with students their clinical and research experiences.

All students are required to give their final group presentation in their tutorial classes. They have all displayed a unique level of talent and creativity in their presentations and assignments. We hope that university students are today better equipped with positive mindsets towards challenges. Enhancing resilience is one of our major goals.
Basics of Suicidology and its Prevention
Special Study Modules for HKU medical students (June 19-30, 2006)

Although suicide is often mentioned in standard textbooks and course syllabuses in medicine, coverage is at best spotty. In view of this, a two-week study module utilising a bio-psychosocial model was held to give medical students a comprehensive overview of suicide and suicide prevention. Topics included: myths and facts about suicide, risk and protective factors of suicide, depression and suicide, and self-care.

These were the learning objectives of the module: 1. To increase medical students’ knowledge about suicide and suicide prevention; 2. To enhance their awareness and self-understanding about stress and mental well-being; 3. To cultivate a positive attitude towards death and life; 4. To become familiarised with some of the behavioural techniques used in helping distressed patients.

“How to Link and Care with Tired Cops” to Carelinkers, Hong Kong Police Force (August 2006)

A seminar was held on “How to Link and Care with Tired Cops” in the first annual forum of the Carelinks Cadre among Hong Kong Police Force. We shared with Carelinkers recent trends about suicide in Hong Kong. All information was based on the most updated research and literature on the subject, giving the audience valuable tips on how to care for colleagues suffering from stress. The presentation was very well received with the Carelinkers engaging in a fruitful exchange of views and experiences with the speakers.

Publication list of CSRP (from Jan 2006 to Oct 2006)


這是一個動人心弦的故事。故事正是從他的名字說起……

「你叫什麼名字？」
「我叫憂鬱。」

憂鬱小王子已經好幾個月沒有睡覺了，他用一身貓衣裳，把自己密密地包裹住。他深深相信，他就是世界上最孤獨的人。沒有目的地，也沒有目的，他要去一個沒有人認識自己的地方。

「你多久沒有感到快樂過呢？……別擔心！到一步山去尋回你的快樂吧！」

跟著憂鬱小王子上路，快樂，是可以尋回的！

故事/謝思行 插畫/棗田
策劃：香港大學防止自殺研究中心
定價：HK$65
各大書店有售
“You Have Made a Difference”
Happy Hour Reception (30th June 2006)

A special “Happy Hour” reception was held on 30th June 2006. In the party, the Centre Director Dr. Paul Yip presented the future challenges and opportunities for suicide prevention in Hong Kong. He also expressed the great appreciation to all those who have contributed their efforts making a difference in suicide prevention. The Centre will continue the works and do the best for the suicide prevention. We are honored to have Ms. Sandra Lee, Permanent Secretary for Health, Welfare and Food (Health and Welfare), Mr. Paul Tang, Director of Social Welfare and Ms. Elsie Leung, International Advisor of CSRP to be our honorable guests. Prof. John Bacon Shone, Acting Dean, Faculty of Social Sciences of the University of Hong Kong, presented a souvenir to Ms. Elsie Leung to appreciate her special contribution to the Centre.

Bring Hong Kong Experience to Taiwan (August 2006)

Our director Dr. Paul Yip was invited to share the Hong Kong’s suicide prevention experience in a seminar organized by the Taipei City Government. Dr. Yip not only presented the updated suicide research findings in Hong Kong, but also made a number of suggestions about the public health suicide prevention strategies to Taiwan, included public education, restriction of access to suicide mean, responsible media reporting and early identification of mental illness etc. He also had a meeting with Dr. Yen-Jen Sung, the Commissioner of Health for Taipei City Government.
近日本港多宗自殺個案皆涉及專業人士，例如醫生和教師，情況叫人憂慮。研究指出，失業是自殺的風險因素，非在職人士比在職人士的自殺率高出6倍之多，相對地在職人士本應可令自殺風險減低。不過，據本中心的研究數據，香港自殺人士的在職背景於97年後已不斷轉變。本中心分析過去近10年香港自殺率後發現【表】，若按在職自殺人士的職業組別劃分，過去(90-94年)以文員、服務工作及商店銷售人員等的自殺率較高，97年後(98-03)已延伸至經理、行政及專業人員，相對而言，專業人士的自殺率上升幅度非專業人士高，在職業組別當中(不計其他類別)，以從事經理、行政及專業人員男性員工的增幅最大(近3.7倍)，而從事相同職位的女性員工增幅也高達2.7倍。上述兩股收入較高的是職在職人士的自殺率大幅上升，皆較文員和非技術工人的增長為大，原本在職專業人士所產生的保護功能不斷減少。

教師自殺率 與其他在職或專業 人士相比沒顯著分別

我們估計，這個自殺者在職背景的改變，與九七金融風暴引發經濟倒退有關，在職人士就算能保住飯碗，但公司在減省人手後令工時增加，承受沉重工作和心理壓力；此外，近年香港一系列社會和經濟改革，導致醫生和教師等過去被視為穩定的專業工種，工作壓力也大增。儘管一兩年香港經濟好轉，職位空缺增加令失業率下降，但這並不意味着在職人士可鬆一口氣，工作壓力仍然沉重。

推動在職精神健康刻不容緩

葉兆輝、羅智健、傅景華
香港大學香港賽馬會防止自殺研究中心
刊於明報11/1/2006


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<td>4.38</td>
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日前天水圍有三名女子一同自殺，這宗悲劇叫人感到十分惋惜。據報，三人均有精神病記錄，而且其中一位曾在醫院接受治療。根據本中心的研究結果，本港自殺者當中有近八成患有精神病。精神病患者屬於自殺的高危人士，要避免他們走向絕路，是防止自殺工作的重要一環。

今次慘劇是相當罕見的事件，但事主遇上的問題卻甚為普遍。根據一項於本港精神科醫院所做的研究，將出院後自殺的病人與沒有自殺的病人作對照，發現有以下四個風險因素：過往曾企圖自殺、失業、缺乏家庭支援和沒有適時接受藥物治療*，這些因素正與今次慘劇的事主們的背景吻合。當我們以為經濟復甦，人人生活安定的時候，社會上卻仍然有些需要關顧的弱勢社群，而他們往往都是被忽略的一群。

從報道得知，至少一位事主有接受過社會福利署和醫院管理局提供的服務，所以我們不應該認為這個場景是個資源不足的問題。據世界衞生組織Mental Health Atlas 2005，香港雖然在比例上較少精神科醫生和心理學家，但在精神科病床、精神科護士和社工的數目上，實在不比美、澳、日和新加坡等地為低【表】。雖然不同地區的情況和專業資格的條件有別，但數據提醒我們，是時候檢視目前用於精神健康的資源調配是否得宜。

我們不禁要問，既然事主已經進入了政府服務的系統內，究竟向事主提供服務的公務人員是否有足夠的知識和技巧，處理與精神病患者有關的個案呢？不同的政府部門，例如社會福利署、醫院管理局、警方或勞工署等，又是否有充分的協調和互通通報，確保精神病患者獲得適切的服務呢？

提高整體社會精神健康

要做好防止自殺的工作，針對自殺高危者固然重要，但提高整體社會的精神健康更是不可或缺，這正是配合世界衛生組織倡議用公共健康的方式來進行防止自殺的工作，有關工作包括提高市民（尤其是年輕一代）對精神健康的認知和解決問題的能力，對意圖自殺者提供的危機處理及熱線服務、生命教育、為專業人士提供培訓、改善傳媒的自殺報道、減少接觸自殺工具的機會和繼續進行防止自殺研究等。

表:五個地區的精神健康資源比較

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資料來源：世界衞生組織Mental Health Atlas 2005


強化「守門人」策略

另一方面，我們發現並不是所有有需要的人都會向政府求助。據本中心的研究顯示，只有兩成自殺風險的人會求助，而我們應反問為何政府提供的服務未能吸引到有需要的人士採用？當然不少高危者對求助和接受轉介欠缺動力，又怎樣去填補這個服務的「缺口」，跟進這班有自殺風險但又抵賴求助動機的人士呢？

不少國家推行的防止自殺計劃，都會包括守門人（Gatekeeper）策略，向所有有機會接觸到自殺高危者的專業人士，包括醫生、社工、護士、警方、教師和有關的公務人員等，提供辨認高危者和基本的輔導技巧，並且提供適當的轉介，讓這些站在最前線的專業人士把守第一關。
Our new international advisors

Michael Phillips, M.D., M.P.H.

Dr. Phillips is the Executive Director of the Beijing Suicide Research and Prevention Center and Director of the Research Center for Clinical Epidemiology at Beijing Hui Long Guan Hospital. He is currently the principal investigator on a number of multi-center collaborative projects about suicide, depression and schizophrenia. Dr. Phillips also runs a number of research training courses each year, supervises Chinese and foreign graduate students, and helps in the coordination of the WHO’s mental health activities in China. He has promoted increased awareness of China’s huge suicide problem and advocates improving the quality, comprehensiveness and access to mental health services around the country.

Yoshitomo Takahashi, M.D.

Dr. Takahashi received his M.D. from Kanazawa University School of Medicine in 1979 and finished his psychiatric residency at the Department of Neuropsychiatry, Tokyo Medical and Dental University in 1981. When he was assistant professor of psychiatry at Yamanashi Medical College, he was given an opportunity by the Fulbright Commission to study suicide prevention programmes and psychotherapy for dying patients under Professor Edwin Shneidman’s guidance at the Neuropsychiatric Institute, University of California Los Angeles from 1987 to 1988. Dr. Takahashi’s present title is Professor of the Division of Behavioral Sciences, National Defense Medical College Research Institute. For many years he has been conducting seminars and workshops on suicide prevention. He has also published seven monographs, about 300 articles and about 18 books and 120 book chapters on suicide and related psychopathology for mental health professionals and the public in Japan.

Danuta Wasserman, M.D., PhD

Prof. Wasserman is professor of psychiatry and suicidology at the Karolinska Institute, and the Chairman of the Department of Public Health Sciences. She is also the founding director of the National and Stockholm County Centre for Suicide Research and Prevention of Mental Ill-Health (NASP). Prof. Wasserman has published over 230 articles, books and papers, and has contributed research results on the development of the suicide process in suicidal persons, suicidal communications of suicidal persons, and responses of significant others. In addition, she has worked on the epidemiology of suicide and attempted suicide in Europe, as well as investigating the role of alcohol restriction in diminishing suicidal behaviour and the role under treatment plays in the outcome of suicide.