Suicide Prevention in the Light of a Public Health Approach

公共健康出發 落實防止自殺

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Hong Kong’s suicide rate has increased from 9.6 to 16.6 deaths per 100,000 from 1981 to 2003 and is above the global average of 14.5 per 100,000. In 2003, it is estimated that about 1,200 people committed suicide, about 3 to 4 per day. It is also the leading cause of death for teenagers (15-24). During a momentous year like 2003, in addition to the outbreak of SARS and the economic upheavals, Hong Kong’s community was also stricken by suicide incidents of celebrities, high unemployment and divorce rate, a 40% increase of middle aged suicides as well as more recent student suicides in the New Territories. The increasing suicide trend in Hong Kong has made prevention efforts much more challenging.

Prof Eric Caine and Yeates Conwell from the University of Rochester in a recent summit on "Moving Boundaries - Suicide Research and Prevention 2004" advocates a public health approach to suicide prevention by comparing traditional clinical models. "A public health approach is population and risk-factor oriented rather than traditional symptom or disease oriented. Physicians typically treat signs of illness, but not the risks. But risk reduction may be essential to preventing recurrence of illness."

The World Health Organization (WHO) and the International Association of Suicide Prevention promote similar strategies. Diagnosing and providing treatment for suicidal persons are important but reduction of risk factors in the community at large would be even more cost-effective.

The HKJC CSRP focuses on public health and population-orientated approaches to prevention. Public Health inherently is a multi-disciplinary field, requiring a diverse array of skills and perspectives. Our aim is to facilitate the development of collaborative prevention efforts at multiple levels by conducting research in these diverse settings while fostering novel research designs and new methods of evaluation.

We shall adopt the following broad “core aims” in our strategic development in the future:

1. To reduce the suicide risks in the population, the Centre will develop, implement, and assess the use of novel research designs as well as measures, and extend the application of new theoretical and analytic approaches to suicide prevention, intervention and postvention research.

2. The Centre will serve as the epicentre for suicide prevention research work. The Centre will also work with NGOs and the Government to devise comprehensive, multi-layer and cohesive suicide prevention strategies. We shall work proactively with NGOs and others to identify and promote evidence-based suicide prevention efforts.

3. As a resource and collaborating centre, we will monitor and oversee suicide situations to provide training for frontline professionals, sharing the most updated research information to enhance the suicide prevention efforts. The Centre will also strengthen its international collaboration.

We are honoured to have a highly esteemed international advisory team to advise us and provide excellent and timely support. I welcome Dr. Dominic T.S. Lee of the Department of Psychiatry at the Chinese University of Hong Kong who joins us at the Centre as an associate director. All this demonstrates a genuine and free collaboration between our two universities. It is indeed our great pleasure as well to work with many NGOs in suicide prevention and with the Centre’s staff who have been so dedication to their work.

We very much want to extend a warm invitation to all of you to contribute to our collaborative efforts in suicide prevention. It is everyone’s business and we can all work together to reduce the highly regrettable number of suicide tragedies in our community.

Paul Yip
Director
April 2004
Suicide in Hong Kong: Epidemiological Profile and Burden Analysis 1981 - 2001

Every person who kills himself or herself is not just a loss of a life. It also causes tremendous distress to family members, friends, and the community as a whole. Can we quantify this loss and its burden to society? How much can we compare suicide to the other causes of death in terms of loss?

The paper "Suicide in Hong Kong: Epidemiological Profile and Burden Analysis 1981 - 2001" addresses this question. It was published in the Hong Kong Medical Journal 2003, Vol. 9 No 6 December 2003, written by Dr. Paul SF Yip (Director of CSRP), CK Law (Centre of Asian Studies) and YW Law (Project Director of CSRP). It describes changes of the epidemiological profile of suicides in Hong Kong and the burden of suicides in terms of years of life lost between 1981 and 2001.

Analysing data on registered deaths of the Hong Kong population from 1981 to 2001 retrieved from records of the Census and Statistics Department, researchers found suicide ranked sixth as the leading cause of death and represented about 3% of all deaths each year. The suicide rate has since increased from 9.6 per 100 000 to 15 per 100 000 between 1981 and 2001.

The total years of life lost (YLL) due to suicide increased by 96.0%, from about 9,900 years in 1981 to 19,400 years in 2001, whereas the figure for all causes of death decreased by 14.0%, from 274 600 years to 236 700 years. The total share of years of life lost attributable to suicide deaths has increased from 3.6% to 8.1% and is still increasing, especially among the middle aged (30-59 years). The use of charcoal burning as a suicide method has increased from 6.0% before 1998 to more than 28.0% in 2001.

The researchers concluded that the burden on the years of life lost due to suicide is underestimated and overlooked. The increase of suicides in recent years has had a significant impact on the years of life lost and can be used as a useful indicator of performance in Hong Kong.

You can download a full version of this paper from http://www.hkam.org.hk/publications/hkmj/article_pdfs/hkm0312p419.pdf
Deliberate Self-Harm in Hong Kong (1997-2001)

The Hospital Authority Report on Referrals to Accident and Emergency Admissions

Deliberate self-harm is an act of injuring oneself without a fatal result. How serious is this problem in Hong Kong?

The present study is based on data collected by the Accident and Emergency Departments of the Hospital Authority in Hong Kong, SAR for the period January 1997 to December 2001. The records compiled reports on all in-patients to hospitals with diagnoses of deliberate self-harm (suicide attempts) upon admission and admitted to wards for medical treatment. The key findings are presented in the tables below. We are indeed grateful to the Hospital Authority of Hong Kong for providing us with this data for the study.

In addition, researchers want to raise the issue in terms of the estimated cost to society. According to the annual report of Hospital Authority, in the year 2001, the estimated unit cost per patient normally discharged and for those accident and emergency admissions were HK$16,390 and HK$580 respectively. Excluding the most severe cases involving long stays in hospital for additional treatment and follow up, DSH patients admitted to hospital in 2001, comprised 1,526 females and 798 males, the estimated total cost causing by DSH to society totaled about HK$39 million.

If you would like a copy of the full report, please contact the CSRP at: 2241-5013.

Note to readers:

1. Cost based 2001 Annual Report of Hospital Authority;
2. Cost compiled general cost per patient discharged and accident & emergency attendance

<table>
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<th>GENDER</th>
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<td>2081</td>
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<td>2327</td>
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Number of DSH for the period 1997 – 2001 by gender

Method used for the period 1997 – 2001

<table>
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<th>Year</th>
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<th>Poisoning</th>
<th>Others</th>
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"Is Suicide Contagious?"

Dr. Annette Beautrais, a world renowned scholar and suicide researcher from the Canterbury Suicide Project, Christchurch School of Medicine and Health Science, New Zealand, examined the extent to which suicidal behavior might be contagious. In a public lecture called "Is Suicide Contagious?" she said that research evidence showed that the introduction of media guidelines could help reduce suicide.

Dr. Annette Beautrais added that media coverage of suicides should be published with caution. "The evidence of the potential for harm is sufficient to warrant a prudent approach to risk minimisation. Further, there is convincing evidence that media guidelines can reduce suicides."

"World Health Organization (WHO) listed 'toning down reports in the media' as one of six key suicide prevention strategies. Many countries such as the USA, UK, Ireland, New Zealand and Australia have developed some sort of guidelines for media reporting about suicide" - she said.

Dr. Beautrais used an example of the United States media guidelines, which were co-developed by journalists and suicidologists. "There is a need to seek a local solution to developing media guidelines within Hong Kong as part of a comprehensive suicide prevention strategy." She said.

The South China Morning Post ran a story on 'Copycat Killings' by interviewing with Dr. Beautrais on January 29, 2004. The contagious effect of media reporting was brought to the public's attention at that time.

Annette Beautrais博士促請，傳媒應小心報導有關自殺的新聞。「傳媒不當報導自殺消息引致的傷害，已經令我們有足夠理由支持，引入減低傷害發生的方法。從此而言，有事例證實引入傳媒報導指引，將有助減低自殺率。」

因此，世界衛生組織（WHO）已經視「淡化傳媒報導的影響」（toning down reports in the media）為六大防止自殺策略之一；不少國家如美國、英國、愛爾蘭、新西蘭和澳洲，皆已經為傳媒就自殺個案的報導作出指引。

Annette Beautrais博士更以美國為例，指出當地的傳媒指引是由傳媒與自殺研究學者共同參與所制定。她指出：「作為香港整體的防止自殺策略，我們有必要制定適合香港本地環境的傳媒指引。」

公開論壇後，南華日報更專訪Annette Beautrais博士，於零四年一月二十九日刊登為“Copycat Killing”的專題文章，令自殺具有傳染效應的討論，正式提上公衆議題。
Symposium on "Managing Suicidal Patients with Imminent Risk"

Jointly organized by the Hospital Authority and Department of Psychiatry, the Chinese University of Hong Kong, Symposium on "Managing Suicidal Patients with Imminent Risk" was held at the headquarters of the Hospital Authority on 3rd January 2004.

Prof. Eric Caine, Prof. Yeates Conwell and Mr. Jack Herrmann of the University of Rochester School of Medicine and Dentistry and Dr. Annette Beautrais from the Canterbury Suicide Project, the Christchurch School of Medicine and Health Science, New Zealand shared their experiences on how to manage suicidal patients with imminent risk to those in attendance including: doctors, nurses and relevant health staff of the Hospital Authority.

Their presentations included:

Managing Suicidal Patients with Imminent Risk – Background by Dr. Annette Beautrais
Managing Suicidal Patients with Imminent Risk – The Institutional View by Prof. Eric Caine
Managing Suicidal Patients with Imminent Risk – Individual Issues by Prof. Yeates Conwell
Managing Suicidal Patients with Imminent Risk – Postvention by Mr. Jack Herrmann

If you would like to have these presentations, you can make a request by email to: csrp@hku.hk

In the first meeting of international advisors, the representatives from the University, HKSAR Government, Hong Kong Jockey Club and the international advisors have come together to develop a roadmap of the future suicide prevention work in Hong Kong. The CSRP are very grateful for their enthusiastic support provided by all parties.

Group photo of CSRP First Meeting of International Advisors

Back Row (left to right): Prof. Lap Chee Tsui (HKU), Dr. James TH Tang (HKU), Dr. Eric Chen, Prof. SH Tang (HKU), Dr. Paul Yip, Dr. EK Noeb (HKSAR Government), Mr. William Yu (HKJC) and Mr. Paul Tang (HKSAR Government)

Front Row (left to right): Prof. Yeates Conwell, Ms. Frances Law, Prof. Iris Chi, Dr. Annette Beautrais, Ms. Elsie Leung, Prof. Cecilia Chan and Prof. Eric Caine
Suicide Research in China
Prof. Yueqin Huang, MD, MPH; Professor and Director & Li Xueni, MD, Psychiatrist Institute of Mental Health, Peking University

From the abstract of Prof. Yueqin Huang (Extracted by the newsletter editor)

Until now, suicide research in China lacked any real systematic controls. Most studies were small sample clinical observations or regional epidemiic surveys. The results from these research projects were not consistent but tended to mirror global trends. For example the rate of suicide was higher in rural areas than in the cities. Attempted suicide rates were also higher for females than males with the proportion of suicides highest in those aged in their twenties and the lowest in the elderly over sixty. The most common reasons for suicide included interpersonal conflicts, psychiatric disorders and difficulties related to chronic diseases. The most common suicide methods were poisoning, hanging and drowning.

From 1995 until now, with the cooperation of the China Centers for Disease Control (CDC) and international organizations, research had been prioritised to a higher level with epidemiological analyses throughout the mainland implemented. Most of the results, however, replicate that of past research.

As for suicide prevention suicide prevention centers were set up in Nanjing (1991) and Beijing (2001), along with mental health hotlines operating in many cities. Rescue services run by community volunteers were also on the increase. A pilot project to gauge the efficacy of the suicide prevention programmes was ongoing with cooperation from the International Association for Suicide Prevention (IASP).

Images of Death
Dr. Samuel Ho, Associate Professor, Department of Psychology, HKU

From the presentation of Dr. Samuel Ho: (Extracted by newsletter editor)

There are three types of death related to suicide and murder: Suicide – Murder – Suicide (An individual committing suicide because she or he had killed another), Suicide – Murder (A person killing another because she or he decided to commit suicide), and Suicide murder (A person engaging in a suicide murder has decided he or she can control more through his or her death than through life, e.g. a suicide bomber). A Proquest newspaper search on death related to suicide and murder showed a high percentage of suicide – murder incidents of Asians. Incidents involving non-Asians were predominantly murder – suicides. In another study, students in HK used interpersonal metaphors to describe death and experts speculate that the collective culture of the Asia helps lay the groundwork for the suicide – murder process.

Leung’s Suicide Assessment Tool
Dr. Gracemary Leung, Director of Psychological Service Unit, HKU

Abstract: In Hong Kong, we have been using translated versions of suicide risk assessment instruments. The Centre for Behavioral health has offered a small grant for the pilot scheme of a new Chinese assessment tool. This short presentation will include the basic working model behind the construction of this Chinese tool. The methodology and statistical analysis on the reliability and content validity of Leung’s suicide risk assessment tool will be presented and a brief description will be given on how to use it.

How to Make Use of the Household Survey Study’s Data on Suicidal Behavior
Ms. Ka Liu, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: Because the majority of people who attempt suicide do not seek professional help, studies samples of communities are of great importance. Effective and early intervention policy calls for (1) an accurate estimation of the extent of suicidal behavior in the general population, and (2) an understanding of the associated risks and protective factors. The Prevalence Study 2003-2005 is a longitudinal household survey that is currently being conducted by the HKJC Centre for Suicide Research and Prevention. 3,000 subjects, including 800 people aged between 15 and 19, will be interviewed using a questionnaire covering demographics, interpersonal relationships, psychological factors, stress, life events and coping. A follow-up study will be undertaken after 12 months. The Prevalence Study’s data will provide clues to prevention and intervention by showing the prevalence of suicidal behavior among the general population as well as enhancing our understanding of the problem of suicide. It will be used to inform clinicians and other health-care professionals about the assessment and treatment of suicidal behavior.

The Unique Nature and Difficulties in Conducting Psychological Autopsy Studies in HK
Dr. KK Chan, Research Officer, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: Psychological Autopsy (PA) is a retrospective research method to gather information on a deceased person’s life. The Centre for Suicide Research and Prevention is now conducting a PA Study on suicidal death between those aged 15 to 59. This presentation introduces the study design, the scope of the interview and the data collection method. It also addresses the unique nature and difficulties in conducting PA studies in Hong Kong.

Suicide Ideation in Patients with Early Onset Psychosis
Ms. Heidi Chan, Department of Psychiatry, HKU

From the abstract of Ms. Heidi Chan: (Extracted by newsletter editor)

The present study focuses on suicidal ideation in early onset psychosis patients. The clinical and psychological profiles of patients with and without suicidal ideation were comprehensively explored. In addition the possible relationships between the disorder, risk factors, and suicidal ideation were also investigated. 89 in-patient and out-patient subjects with early psychosis, aged between 15 to 27, were recruited from an early intervention programme. A set of comprehensive ratings was used to assess the clinical and psychological profiles in these patients. The findings suggested that there were differing clinical and psychological profiles between suicide ideators and non-ideators among the early onset psychosis patients. Suicidal ideation in patients with early onset psychosis shared some psychological risk factors with normal controls, while they also had some specific risk factors. Also, it suggests a possible role of psychosis in causing excessive suicidal ideation, through the negative effect of clinical factors and treatment-related elements. Additional psychological risk factors and intensification of mediating psychological risk factors of suicidal ideation are also at play here as well.

Suicide and the HK Railway System: Characteristics of the Victims and Effectiveness of Barriers
Ms. Wincy Chan, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: Between 1997 and 2002, 54 suicides occurred at two railway stations in Hong Kong. Data on these fatalities showed that the majority were male (79.6%) and middle-aged (mean age = 44.5 years, SD = 14.24). 35 (64.8%) suffered from at least one mental illness with a prevalence toward psychotic disorders (42.9%). Jumping onto the tracks was a relatively unpopular method used by suicidal attempters in Hong Kong. Of the total number of suicide deaths, railway suicides ranged from 0.78% to 1.38% in 1997 to 2001, with a drop at 0.27% in 2002. The installation of platform screen doors at some of the subway stations may have contributed to this decrease. Despite the high construction costs, the screen doors were also effective in saving energy as well as helping to prevent suicides. Since victims were more likely to choose an easy location barriers at the rear end of all platforms might have been able to eliminate most subway suicides. Learning from this experience, additional recommendations such as the redesign of physical structures at high-risk suicide locations could be implemented. Future studies on the mental health of train drivers as well were also recommended to understand the consequences of railway suicides in Hong Kong.

Surveillance and Monitoring of Suicide Deaths and Suicide Attempts
Dr. Paul Yip, Director, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: In 2002 we recorded 1,109 suicide deaths in Hong Kong, a ratio of 16.4 per 100,000, marking a 10% increase from the previous year. This figure is about 113% higher than the world average of 14.5 per 100,000 and other developed countries. Suicide rates of males are higher than that of females with a significant increase over the last two decades, while elderly suicide rates remained the highest among all age groups. In contrast to suicide death, problems associated with deliberate self-harm (DSH) is more prevalent amongst the community and a significantly higher risk amongst young adults, contributing about 31.7% of the total suicide attempts for accident and emergency (A&E) hospital admission. The recording of DSH by the Hospital Authority probably underestimates the true scope of the attempt rate in the community with the situation probably much worse than figures would suggest.

Partnership and collaboration in suicide prevention is urgently needed to remedy the problem.
Summit for "Preventing Suicide 2004" broke through the boundaries between academic study and front liner staff

International distinguished suicide researchers and local frontline suicide prevention organisations got together at The University of Hong Kong to discuss the best ways of collaborating to prevent suicides. This Summit entitled – "Preventing Suicide 2004" was organised by our centre.

At the Summit, Prof. Eric Caine and Prof. Yeates Conwell from The University of Rochester School of Medicine and Dentistry contributed their views on how to build closer working relationships between research institutions and frontline suicide prevention organisations. They pointed out that it was crucial to establish and evaluate suicide prevention efforts (please refer to the abstracts). Six representatives from frontline suicide prevention service providers, including Suicide Prevention Services (SPS), the Tung Wah Group of Hospitals, the HKSKH Welfare Council, the Caritas Family Service, ELCSS-HK and The Samaritan Befrienders, Hong Kong shared and discussed their local experience in suicide prevention.

"Establishing and Evaluating Comprehensive Suicide Prevention Efforts"
by Prof. Eric Caine

Summary: (written by the newsletter editor)
Public health includes the health of the individual in addition to the health of entire populations. The health of individuals and groups relies upon proper social policies and programmes as well as national, regional and community efforts that are, at once, coordinated yet diffuse. The public health approach is population and risk-factor-oriented rather than a study of the traditional symptom or disease oriented approach whereby physicians typically treat only the signs of illness, not the risks. But risk reduction may be essential to preventing recurrence of illness. However, shifting the population average rather than focusing exclusively on the worst cases requires distinctive approaches with prevention of disease expression the desired outcome.

"Establishing and Evaluating an Agency-Level Partnership for Suicide Prevention: The Senior Health and Research (SHARE) Alliance"
by Prof. Yeates Conwell

Abstract: Suicide in older adults will become more common in future decades. Anticipating that change, comprehensive programmes must be designed that incorporate strategies across the spectrum of preventive interventions, including: universal, selective and indicated programmes. Collaborative and step care strategies for the diagnosis and treatment of late life depression in primary care practices are also important examples of the indicated interventions. They represent, however, only part of the solution. Selective and universal approaches designed to address the social needs of seniors must be adopted as well. This presentation describes the rationale and preliminary design and evaluation targets of a partnership for research and clinical programming between investigators, mental health providers, and social service agencies in Monroe County, NY, USA that has as its goal the reduction of suicide risk in the elderly population.
Educational video - "I am Worthy for Being Who I am"

Suicide among secondary school students is becoming a growing concern with the majority of adolescent suicides associated with depression. Understanding adolescent depression is crucial for teachers, social workers, parents and students to facilitate early detection and intervention.

That's why CSRP created the educational video - "I am Worthy for Being Who I am". It's purpose is to provide knowledge about adolescent depression and to encourage adolescents to seek help when they encounter problems in their lives. The key message is "Depression is a highly treatable illness; seeking help is the first step to beating it."

We are honored to have the well-known RTHK DJ Mr. Roland Leung and Mr. Ricky Fan to serve as the presenters of this video. The video is also designed as part of the health curriculum in schools or in youth settings to help educate and raise awareness about issues of mental health for students in Form 3 or above. It is best to present this programme in a context whereby students can ask questions and ask for help afterward. You can also use this video as a tool to stimulate discussions on positive coping skills, seeking help and regaining a sense of self-value. It is, therefore, highly recommended that group discussions follow right after the showing of the video. Facilitators of the group discussion can be school teachers or social workers.

The practical guideline for group discussion, discussion outlines and the evaluation forms are also provided in an accompanying CD-ROM for the facilitators to refer to.

If you are interested in previewing a 1-minute trailer of this video, please click on the url: mms://csrp2.hku.hk/video/1min_english.wmv. For the full version and the discussion tool set, please contact our Centre at 2241-5013 to place your order.

"It is very well structured, moving from professional input to personal stories and experiences, and includes an illustrative case history...... The messages contained within the video about suicide, risk factors, help-seeking, treatment and the more positive message of the value of life are all very meaningful and appropriate."

Dr. Annette Beautrais Ph.D
Principal Investigator, Canterbury Suicide Project of the Christchurch School of Medicine, New Zealand
Editor-in-Chief for "Crisis", the Journal of Crisis Intervention and Suicide Prevention
"Enrich your knowledge about financial debt" e-learning tool

People in financial debt have a higher risk of suicide within the society. According to data from the Coroner’s court, an estimated 1,100 suicide deaths occurred in 2002. Among all suicide deaths, 24.7% of them involved financial debts and were most prevalent in middle-aged people. In addition, according to research conducted by our Centre and the CUHK, suicide deaths by men using burning charcoal, were found to have a higher prevalence of debt (67%) than suicide by other means. Their debt problems were most often related to credit card abuse and gambling.

The above facts form the basic rationale for our launching the 'Enrich your knowledge on financial debt' e-learning tool (http://crsp1.hku.hk/rich/index.htm). Our targets are those people who have less experience in managing their financial debts. This animated e-learning tool is presented in a user-friendly way. When the viewer enters a page, a number of simple questions will appear for the viewer to answer. Following the test, viewers can gain a better understanding on his/her habit of using credit cards and controlling their consumption behavior. From this, the viewer can learn to correct their attitudes about debt management.

In a review from the Ming Pao Health Page about our e-learning tool, the publication notes that: “I believe the CSRP spent a great deal of effort in creating this web site. It has surprisingly rich contents and many technical terms and definitions about credit cards have been simplified, making it ideal for the viewer...... the topic about Compulsive shopping is a MUST READ session.”

Don’t forget. While you complete the navigation or leave the web site, please fill out the evaluation form and provide us with your valuable opinions.
An e-learning module on "Student Suicide Prevention" (http://csrp1.hku.hk/sss/) was also developed and launched two days after media coverage of four student suicides in a Tin Shui Wai secondary school on November 12, 2003. This module aimed to provide practical tips and evidence-based preventive strategies for school principals and teachers when handling suicide crisis in a school setting. Topics included "Facts and figures about student suicides", "Identifying suicidal risk factors", "Postvention", "Sample statements and letters for school staff", "Do's and don'ts for parents", and "Help lines". EMB has also uploaded the hyperlink of this module on their homepage.

Training programme for student suicides

Following our study on the prevalence of suicidality among secondary school students in Hong Kong (for details, please refer to the Unemployment" and "When Marriage Turns Sour") will be out very soon. If you and Unemployment" and "When Marriage

Based on the data from the Coroners’ Court, and according to the Hong Kong Medical Research Council, suicide is the leading cause of death for the youth aged 15-24 in Hong Kong. There were four student suicide cases from the same secondary school in Tin Shui Wai, New Territories within a two and half year period, raising public concern about student suicide.

In collaboration with the Education and Manpower Bureau, a series of four training courses and seminars were organised in November and December 2003 for school principals and teachers from primary and secondary schools around the territory. The training programme was a part of the collective response to the growing trend in student suicides in Tin Shui Wai and North New Territories districts. Evidence-based knowledge and practical skills of suicide prevention were shared and discussed. It proved to be very helpful and vital in easing students’ pressure as well as treating students with suicidal risks.

In addition, a one day training workshop for school teachers was held on November 11, 2003 with 40 teachers from different secondary schools in attendance. The programme emphasised how to conduct suicide risk assessments, as well as how to handle suicide attempts with proper crisis management skills and how to care for students who were disturbed by suicides at their schools. Another 3-day training workshop for social workers involved with youth was also held on November 28th, and December 5th and 12th, 2003 attended by 20 social workers. This workshop provided greater opportunities for skills application through role plays and case study discussions.

Middle age manual on - "How to Beat Depression"

Suicide among middle aged people in Hong Kong has become a major concern. Within a short span of just six years the suicide rate for those aged between 30 to 59 has risen by 60%; from 11.7 in 1997 to 18.7 persons per 100,000 in 2002. This dramatic increase within such a short period is both alarming and distressing.

Based on the data from the Coroners’ Court, factors such as relationship problems, unemployment and financial debts have all been identified as risk factors closely associated with suicide of the middle aged.

In response to these concerns, our center has published the series of manuals for middle-aged people to help them deal with the challenges they face. Documented in these materials are true stories, evidence-based information and recommendations on ways to tackle the challenges encountered by the middle aged.

The first of the entire collection "How to Beat Depression" is now in print. The other two pieces - "Managing Financial Debts and Unemployment" and "When Marriage Turns Sour" will be out very soon. If you wish to learn more about these manuals please call 2241-5013.

Sharing with the Community

將訊息帶入社區

The first of the entire collection "How to Beat Depression" is now in print. The other two pieces - "Managing Financial Debts and Unemployment" and "When Marriage Turns Sour" will be out very soon. If you wish to learn more about these manuals please call 2241-5013.
Consumer credit regulation to prevent over-indebtedness

Dr. Paul Yip (CSRP Director) and King-wa Fu (CSRP Managing Editor) published two articles “Consumer credit regulation to prevent over-indebtedness” and “Review of the regulations on unsecured loans” (both in Chinese) in the Hong Kong Economic Journal, 2nd and 5th February 2004 respectively. The following are extracts from the articles:

“If Hong Kong wants to develop its credit market in a more healthy and responsible direction, it should send positive signals about its role as a financial centre, its credit rating and its citizen’s mental health. This can help prevent suicides resulting from financial debt as well as years-of-life loss (YLL) and economic suffering.

While the Hong Kong banking industry is actively exploring business opportunities in the RMB credit card market, issues of over-indebtedness due to poor credit should be put on the agenda as well. The Hong Kong Monetary Association should also take into account its regulatory regime. For example, we may consider reforms proposed by the UK Parliamentary, which included a ‘Summary Box’, warning sign, credit limit and enforcement of regulators, to benefit consumers as well as society at large.

Hong Kong should consider adopting a legal framework like the Consumer Leasing Act in the US or the Truth in Lending Act and Consumer Credit Act of 1974 in the UK, rather than rely on existing non-legal binding codes of practice.

Credit card borrowing is a common and problematic financial dark spot for the general public. Hong Kong and mainland people should both learn smart credit management habits.

規管信貸措施防過度借貸

信報財經新聞於二月三日及五日刊登由本中心總監葉兆輝博士和執行編輯傅景華撰寫的《規管信貸措施防過度借貸》和《香港須檢討無抵押貸款規管》文章。文章內容節錄見下:

「若香港市場可以向健康和負責任的方向發展，這對香港金融中心的運作，信貸評級

和市民的身心健康都產生正面的作用；同時，亦可遏止由因財務問題而起的自殺案件，減低生命折損年期和相關的經濟損失。

香港銀行界積極為進軍人民幣信用卡業務作預備，筆者亦希望業界關注因信貸而起的過度消費問題，金融管理局亦應研究目前的監管機制。例如，近期英國國會建議為信用卡業界引入劃一欄目表述、「警告字句」、為信贷額設上限和強化監管機構等措施，是從整體社會和消費者利益出發的改革政策，值得香港和內地銀行界和監管機構借鏡。

香港也可以考慮把業界自律的做法納入正式的法定機制，參考美國《消費者信貸法》(Consumer Leasing Act)或《可信貸款法》(Truth in Lending Act)和《消費者信貸法》(Consumer Credit Act 1974)的經驗。

使用信用卡是市民處理財務的一個盲點，希望本地和內地的市民都會審慎的處理信用卡和借貸的問題。」
Electric Barbecue and Suicide Prevention

Mr. Paul Wong, the psychologist of CSRP, published an article "Electric barbecues and Suicide Prevention" in the Ming Pao Daily News, on 11th February 2004. The following is an extract from that article:

"Other similar international studies also show that there was some relationship between either restricting the means of suicide or modifying the means of suicide and a decrease in suicide rates. For instance, it was discovered that the detoxification of domestic gas in the United Kingdom and the Netherlands accompanied a decrease in its use as means for suicide. In the 1950s in the US, when domestic gas was detoxified, there was also a decrease in its use for suicides. In Oxford, researchers saw a link between British sales of paracetamol and rates of attempting suicide with the drug. In Washington USA, fencing in a bridge known for suicides not only reduced the number of suicide attempts but also appeared to lower the total number of bridge suicides in the city as a whole.

So how can we apply this screen door, detoxification of domestic gas and fencing-in bridge knowledge to the new barbecue system? First of all, we can learn that restricting the availability of the means for suicide can reduce suicide cases. Secondly, we are not just talking about saving the lives of those who want to end their lives, we are also helping those who need to go through the pain and grief of losing someone in their lives. Thirdly, it would be irrational to expect our healthcare professionals to do all the prevention work. I honestly believe that it takes the entire community to prevent suicides.

"Yes, people like myself who got so used to the traditional charcoal barbecue method might find it hard to adapt to the new electricity method. However, when we are tossing the coin between helping others or even saving lives, I am sure most people in Hong Kong will choose the former. I can't emphasise this point strongly enough that it takes a 100% community's effort to prevent suicides, and this is one example in which everyone can participate."
Front page suicide coverage makes matters worse

Dr. Paul Yip and Frances Law, Project Director of CSRP, published an article "Front page suicide coverage makes matter worse" in the Ming Pao Daily News on 15th November 2003. The following is an extract from that article:

"According to research conducted by our Centre, most suicide notes written by secondary school students pointed out that academic difficulties were not the main reason for their death but rather disturbed interpersonal relationships. Yet, these youngsters were not cowardly or weak. They just felt helpless, tired and had emotional disturbances. Some of them also encountered family problems like divorced parents and unemployment. These were all factors they were powerless to change. Parents, teachers and friends could not see the warning signs and provide immediate intervention. Each suicide victim communicated in suicide notes a sense of hopelessness, but nonetheless wished that parents and friends would forgive them. So, should we place the blame on them?

If we compare youth suicide rates of western countries and that of Hong Kong within the same age group, the category of student suicides is lower than that of the unemployed or even employed students. Of course, "one life lost is still too many." If suicide prevention were carried out everyday by teachers in school, fewer tragedies would happen. Moreover, it is also not necessary for the media to report widely on student suicide cases as this will produce a labeling effect and create greater pressure on teachers, students and parents. Understanding and support are really what they need.

The success of suicide prevention requires different parties to work together. Media definitely plays a very important role. But if they presume that front-page stories will arouse social awareness, the media are just fooling themselves."

On the media 傳媒中的防止自殺

Ming Pao three-day series on "Concern About Suicide"

Ming Pao Health Page published a three-day series on "Concern about Suicide" from 16th to 18th February 2004. Dr. Paul Yip (CSRP Director), Dr. Dominic Lee (CSRP Associate Director) and Frances Law (CSRP Project Director) were honored to share their views on suicide prevention.

Suicide prevention on the air

Our Centre took part in delivering messages of suicide prevention over the airwaves. The Health Programme of Metro Radio interviewed Natalie Tong (CSRP Training Consultant) to discuss the best ways to prevent suicide on 11th January 2004. Dr. Paul Yip (CSRP Director), and Dr. Dominic Lee (CSRP Associate Director) also spoke on a radio programme of Commercial Radio on 15th February 2004.
ICORTHA Programme
We support international collaboration in joining hands on suicide research. Funded under the International Clinical, Operational, and Health Services Research and Training Award (ICOHRTA), two scholars, Dr. Mao Sheng Ran and Dr. Lena Zhong from the University of Rochester School of Medicine and Dentistry, are working as post-doctoral fellows, leading research projects and conducting seminars in our Centre. ICOHRTA is a programme under National Institutes of Health (NIH), which supports training to facilitate collaborative, multi-disciplinary, international clinical, operational, health services and prevention science research between U.S. institutions and those in another countries. For details of this programme, please visit the web site: http://www.fic.nih.gov/programs/ICOHRTA.html

Second Annual World Suicide Day 2004
The International Association for Suicide Prevention (IASP) believes that stopping suicide should be on the main agenda for global and regional collaborative programmes. At the same time, action must be taken locally starting with you and me. This is why the World Health Organization and IASP will celebrate the second World Suicide Prevention Day on September 10, 2004 – to underline our responsibility for saving lives at risk.

We share the same vision with the IASP. Last year, we formed joint efforts with several frontline service providers, signing an agreement on the objectives and future actions to be taken in Hong Kong. This year, our Centre will continue to support this meaningful event. Details of the programme will be announced in the coming months.

Our new members
Dr. Dominic Lee 李德誠博士
Newly appointed Associate Director, CSRP (effective from 1st March 2004)
Dr. Dominic Lee studied medicine at the Chinese University of Hong Kong and received four distinctions and two gold medals during his studies. He graduated with an honours degree MBChB(Hon) in 1991. Following his internship, Dr. Lee furthered his psychiatric training at the University of Cambridge. He also received a Freeman Fellowship from the Harvard Medical School to study medical anthropology and social medicine in 1999, and was subsequently appointed Lecturer of the Harvard Medical School. He earned his Research Doctorate Degree (MD) in 2000, and was promoted to Professor at the Chinese University of Hong Kong in 2003.

Dr. Mao Sheng Ran 萬盛贊博士
Post-doctoral fellow, CSRP
Mao-Sheng Ran, M.D., PhD, is former Associate Professor of Psychiatry at the Institute of Mental Health, West China Medical School of Sichuan University. He was an ICOHRTA Fellow at the University of Rochester Medical Center during 2002-2003. As a practicing psychiatrist, he also has medical degrees from the West China Medical School of Sichuan University, and a PhD degree from the University of Hong Kong (in social science). He is also a Committee Member of the Transcultural Psychiatry Section of the Chinese Psychiatry Association, and Association of Chinese Mental Rehabilitation. His research interests include social and community psychiatry, suicide, as well as family intervention and he has published over 60 scholarly articles. Recently his focus has been on the study of suicide among those with mental disorders, especially schizophrenia and mood disorders.

Dr. Lena Zhong 鍾月英博士
Post-doctoral fellow, CSRP
Lena Zhong, Ph.D, obtained her doctorate degree from the University of Hong Kong. Since September 2002, she has been doing a three-year post-doctoral fellowship under the auspices of the Fogarty International Center, National Institutes of Health, USA. She was at the University of Rochester Medical Center for the first phase of her fellowship until January 2004 when she joined the HKJC Center for Suicide Research and Prevention to continue her fellowship. She is studying the gender differences in suicidal behavior among the Chinese population.

Prof. Iris Chi 蔣銥教授
Member of International Advisory Committee
Our new Associate Director Prof. Iris Chi has joined the University of Southern California as the Frances Wu Chair Professor of Chinese and the Chinese American Elderly School of Social Work. As of 1st March 2004, Prof. Iris Chi is a member of our international advisory committee and will continue to support our center from international perspective.