



THE HONG KONG JOCKEY CLUB
Centre for Suicide Research
and Prevention
THE UNIVERSITY OF HONG KONG

香港大學香港賽馬會防止自殺研究中心



EMBRACING HOPE

擁抱希望

10th Anniversary Magazine

十週年紀念特刊

2002 - 2012



Young people are our HOPE

We would like to express our sincere thanks to Professor Jao Tsung-I.
Thank him not only for his beautiful custom calligraphy,
but also for his tremendous support to our Centre.

LET'S ALL “EMBRACING HOPE”. 擁抱希望

你知道對抗自殺最有效的東西是什麼嗎？

其中兩個字是——「希望」。

我們感激國學大師饒宗頤教授對中心的支持，親筆為我們題字。

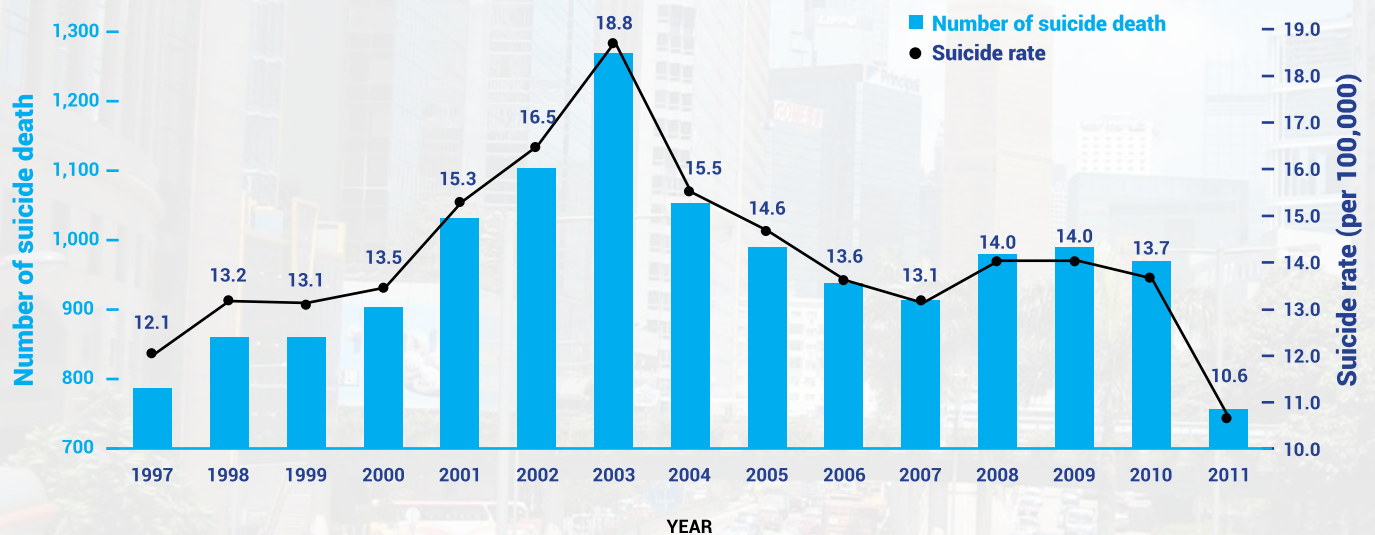
原本我們寫下的是「懷抱希望」，但饒教授認為應該更主動，

所以他親自批改為「擁抱希望」。

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1997-2011 HONG KONG SUICIDE STATISTICS



Provisional figures (registered death date up to 31 Jan 2013)

The significant decline in 2011 is phenomenal and encouraging. The exact causes of the reduction are yet to be determined but the community-based responses would likely to be the major cause.

DIRECTOR'S MESSAGE : PAST, PRESENT AND FUTURE

過去、現在、將來

Time flies, as we are celebrating our 10th year anniversary of the Hong Kong Jockey Club (HKJC) Centre for Suicide Research and Prevention (CSR) at the University of Hong Kong (HKU). The Centre was established at the time of a rising suicide rate in 2002. The suicide rate increased from 12.1 per 100,000 in 1997 to its historical high of 18.8 per 100,000 in 2003 and has subsequently decreased and levelling off to

about 13.0 per 100,000. The Centre has employed a multi-layer intervention approach for suicide prevention, namely, universal, selective and indicated (see Figure 1). Figure 2 gives you a list of projects in these three different layers in the past 10 years. As you can see, **we have been moving from illness prevention to putting more emphasis on mental health enhancement programmes.**

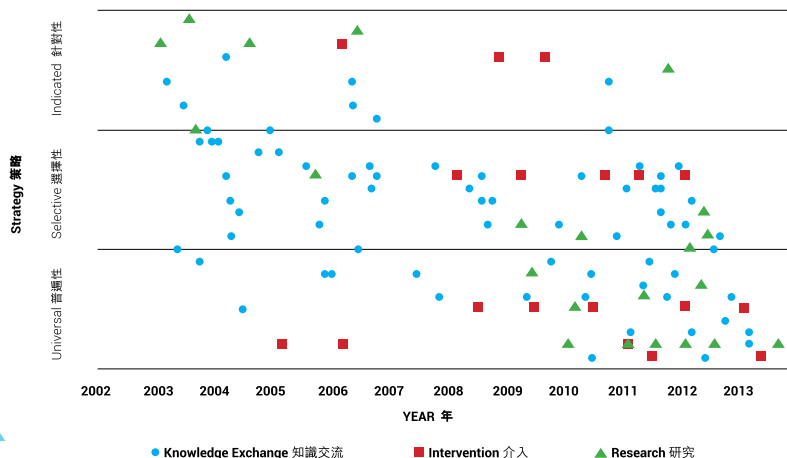
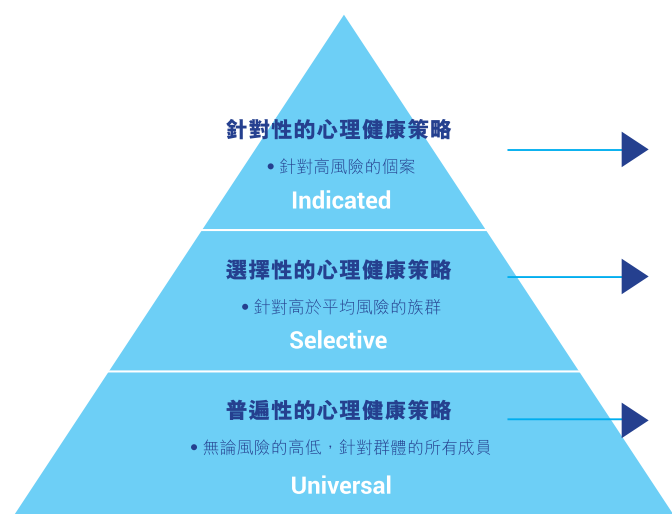


Figure 1 The three levels of mental health strategies in prevention/intervention
圖一：三個層次的預防性/介入性心理健康策略

Reference: Mrazek, P. J., & Haggerty, R. J. (1994). *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington, DC: National Academy Press.

Figure 2 Centre programmes/projects mental health strategies distribution since establishment
圖二：本中心自成立以來，各項心理健康策略計劃/企劃的分佈圖

In this special 10th Anniversary edition we highlight some of the programmes that have a demonstrated effect on suicide prevention. The idea is to share with you what we have done in the past, where we are now, and what it is likely to happen in the future.

Past

During the past 10 years, we have witnessed significant socioeconomic changes in our community. The economic downturn in 1997-2003 and unstable employment conditions had indeed worsened the livelihood of many people; the emergence of a new method of suicide by charcoal burning or dying from carbon monoxide poisoning has drawn a new cohort of population into the suicide population and contributed significantly to the excess number of suicides since 1998. The widening gap of the income disparity, the increasing stress among the employed, and the increasing number of divorces in Hong Kong: all these have had a negative impact on the mental wellbeing of the Hong Kong population and elevate their suicidal risk. On the other hand, the community itself has experienced significant improvements on the awareness of mental wellness in the population especially after the SARS-attack in 2003; the provision of mental and health care services for patients in our community has also been improved.

Present

The suicide rate reduces to 10.6 per 100,000 in 2011. The Centre is actively promoting a World Health Organization (WHO) endorsed public health approach for suicide prevention in the community. We focus on community-based suicide prevention programmes and work with stakeholders in the community. Many local and international collaborators on suicide prevention have consulted our Centre. The Centre has been focusing not only on intervention for suicidal individuals but also on promoting and enhancing protective factors for the community at-large. Our mentoring programme for disadvantaged groups and school-based mental wellness programmes are for wellness promotion and enhancing problem solving skills. This cost-effective but high impact approach mobilises and empowers the community so that the mental wellbeing in general can be uplifted while making the entire population less susceptible to suicide. Also, the Centre actively works in social media and explores how we can work effectively in engaging disconnected youth or hard-to-reach people in our population. We continuously search for evidence-based measures; particularly those involve improving the environment to protect people against suicide and changing



behaviours that put people at suicide risk. Our emphasis is on early detection and early prevention and enhancing wellness in the community.

Future

The road for suicide prevention is NOT going to be easy. We are facing an ever-changing community with increasing stress and uncertainty. Our city is very crowded but divided and space is lacking. We need to be constantly adapting and identifying evidence-based suicide prevention methods for helping the vulnerable. The use of spatial information techniques has helped us to identify "WHO" might need help and "WHERE" we can find them. Equally important is to find out "WHY" and "WHAT" can be done to mitigate the problem. The timeliness and effectiveness of all measures are crucial. Then, we have to intervene at the right time and using the right method, i.e. "WHEN" and "HOW". The five "W"s (who, what, where, why, when) and one "H" (how) principle is very much valid and applicable in suicide prevention. One size does not fit all, and we need to identify evidence-based and culturally attuned suicide prevention methods.

Our commitment is to strive for excellence in research and knowledge exchange. The Centre has been very privileged to serve in the local and international communities by identifying good practice models for suicide prevention. I am very fortunate to work with a group of very diligent, committed, and passionate colleagues who have been very focused in our work and serving the community diligently since the establishment of the Centre. They are the ones who have contributed continuously in various ways such that we can celebrate the 10th Anniversary.

We are also indeed fortunate to be supported by many people. They are the angels to us. For example, mentors for the disadvantaged youth, private donors, foundations, Department of Social Work and Social Administration, the Faculty of Social Science of the University of Hong Kong and the Hong Kong

Government. We are also well advised by a group of esteemed international suicide researchers led by Ms Elsie Leung who has been steadfastly supportive of our endeavour. The devotion of the Executive Director Dr. Frances Law for her 10 years dedicated service to the Centre is much appreciated. I would also like to thank The Hong Kong Jockey Club Charities Trust to provide seed funding for the establishment of the Centre.

We aim in striving for a healthy work environment in Hong Kong such as maintaining work-life balance, cultivating social support from colleagues, and promoting mental wellbeing. The Centre will continue to devote our effort in generating knowledge and expertise; we will contribute to the collective wisdom locally and internationally and develop more evidence-based practice and intervention models for suicide prevention. The battle is NOT done and the WAR has not finished. Let us join hands in making a difference for our community. "Suicide" - one is too many. I do appeal to all of us in our community to remain appreciative for what others have been doing for us, thankful for what we are having now, and to help those who are less fortunate.

我們在這本十週年特刊會集中分享取得成效的防止自殺計劃，我們希望向大家分享本中心過去的工作，目前的發展，以及未來的方向。

過去

過去十年，我們目睹社會出現的急劇改變：1997年至2003年的經濟衰退以及不穩定的就業環境，著實令許多市民生計惡化。燒炭吸入一氧化碳這新款的自殺方法出現，吸引了一群新的危險族群自殺，導致本港的自殺數字明顯增加。貧富差距惡化、僱員的壓力加重、單親家庭的數字上升——這些都對香港市民的心理健康帶來負面的影響，並使自殺風險上升。

另一方面，在2003年沙士病毒爆發之後，市民對心理健康的關注明顯加強，而針對心理健康的醫療服務亦有所改善。

現在

本中心獲許多本地及國際合作機構諮詢防止自殺策略。我們不僅是針對自殺個案進行有效的介入，同時亦在社區宣揚及強化保護因子。我們為弱勢族群提供師友計劃，並推行校本的心理健康計劃，這些計劃的目標都是循「促進健康」及「加強解決問題能力」入手，這種既符合成本效益又具高度影響力的方式可動員社區資源，並給予社區力量，如此，整個社區群體的心理健康便可提升，降低全民的自殺風險。


此外，本中心也積極針對在社交網絡發展創新策略，研究如何透過此媒介來吸引隱蔽青年、以及難以接觸的族群。我們持續不斷地尋找具實證支持的措施：尤其是從改善環境預防人們自殺的方法，以及改變令人們處於自殺風險的行為模式。我們強調的是及早發現、及早預防，和加強社區支援。

將來

我們的目標是在香港建立健康的工作環境，例如維持工作與生活的平衡、建立同事間的互助關係、促進心理健康。本中心會繼續致力增進知識與建立專業；貢獻本地以至國際的知識增長；以及發展更多以實證為基礎的防止自殺工作和介入模式。

這場戰事仍在持續，戰爭尚未結束……讓我們攜手合作，為我們的社會帶來轉變。「自殺」，一個已是太多。我懇切呼籲每一位生活在這社區的朋友，對別人為我們所作的懷著感謝的心，對我們現在擁有的懷著感恩的心，以及為沒有我們幸運的一群伸出援手。





On behalf of the International Association for Suicide Prevention (IASP) I congratulate the Centre for Suicide Research and Prevention on its 10th anniversary. The Centre has established an enviable record of research and prevention activities in the past decade that portends even greater accomplishments, and most importantly lives saved, in the next.

Lanny Berman, Ph.D., ABPP
President, International Association for Suicide Prevention



Paul Yip's unforgettable story 葉兆輝的難忘

In the past ten years, Professor Paul Yip has investigated a lot of suicide stories. To many, this suicide story is not that different from the rest, but this story is one that Yip cannot forget.

A middle-aged man ended his life. He was not just a man facing financial difficulties; he was a provider - a husband and a father. Prior to his suicide, this husband and father bought an insurance policy, as he wanted to provide a better life to his wife and daughter. Even in the face of death, his family's wellbeing was seared into his mind.

"I believe the husband loves his family... but in a wrong way..." said Yip of this husband who was driven to the end of the road.

When Yip looked at the wife at the moment she knew that her husband had left her forever, the wife was clear in that the only thing their family wanted was not a large sum of money, but her husband and daughter's father.

"I can tell they love each other, but still, a terribly sad ending... What's wrong?"

"Every suicide case is a life, a sad story about an unfortunate family," said Yip; and with his team, they

have been trying to learn from these tragedies. The knowledge that arises from these studies would then become some kind of blessing - to prevent further tragedies and make all of us respect and care more for all lives.

過去十年，葉教授研究過很多自殺個案，不少在外人眼中可能是沒什麼特別的自殺個案，但其中一宗卻深深烙在他的腦海。這個案是一位面對個人錢債問題的中年男士，他在離世之前，特意買了大筆賠償額的保險，期盼日後太太及女兒生活有所保障。

「我相信這個丈夫也很愛家庭——方法卻是錯了……」葉口中的這位丈夫最後走上了自盡之路。

當看見太太知道與丈夫陰陽相隔時的那份哀慟，葉了解這位太太很清楚，這個家庭需要的，不是保險賠償金，而是她的丈夫。

「我相信他們都深愛對方，但是，結局卻是如此悲愴……」

「每一個自殺數字都代表一個生命，一個傷心的故事，一個家庭承擔自殺者所帶來的傷痛。」葉續說，有很多自殺個案背後原因複雜，甚至令人費解，但若從這些悲劇中有所學習，將這些研究變成祝福，悲傷可以轉化變得有點意義，預防同類事件再發生，並使我們還活著的更曉得愛惜和尊重生命——這正是推動葉教授和他團隊工作的動力，令他們繼續積極參與預防自殺的研究與推廣。

ABOUT US

關於我們

Founded in 2002, the Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP), in the Faculty of Social Sciences at the University of Hong Kong has been promoting the use of the Public Health Approach in tackling suicides in Hong Kong. We support the promotion of community-focused suicide prevention measures to further lower suicidal tendencies, all the while, advocating diagnosis and treatment interventions to individuals at risk. In this regard, suicide and its prevention is inherently a multi-disciplinary subject, requiring a diverse array of perspectives and expertise.

CSRP strives to understand and prevent suicide through research and education. With a synergetic team of experts in forensic pathology, psychiatry, psychology, public health, social work, and statistics, together with networks within the community, we aim to facilitate the development and implementation of multi-dimensional suicide prevention practices through the use of innovative research designs and evaluations. We also dedicate ourselves to fostering individuals' mental wellbeing and to reconnect those who are impacted by suicide to the community.

CSRP serves as a suicide trend surveillance centre and media outlet for the recommendation of strategic suicide prevention

plans. Training and workshops are also strategically provided for gatekeepers in the community. CSRP is also advocating and promoting of community-based and multi-layered suicide prevention programmes, both of which have proven effective in the fight against suicide.

香港賽馬會防止自殺研究中心於二〇〇二年成立，隸屬於香港大學社會科學院。我們從加強公眾健康的角度出發，希望為減低香港的自殺出一分力。我們支持社區性的預防自殺措施，以進一步減低自殺的傾向。與此同時，我們也推動對高危人士作出診斷及治療。預防自殺是一個多層次的課題，涉及的是各種不同的專業以及視野。

作為香港大學的其中一員，我們在推動學術及教育層面不遺餘力。我們的團隊包含法醫學、精神病學、心理學、公共衛生學、社工學、統計學方面的專才；同樣重要的，是我們強調將學術聯繫實際生活，我們非常重視走進社區與大眾攜手為減低自殺共同努力。我們的目標是發展及實踐多角度的預防自殺方案，進行具創意的研究及評估。個人層面方面，我們也銳意協助香港人培養健康的精面神貌，以及扶助受自殺影響的人士重新投入社區。

我們是一個防止自殺研究、教育和訓練的平台，並會在預防自殺策略上作出建議。我們不停步為社區前線人士提供預防自殺培訓，以交流、傳授技術及知識。我們積極推動社區性、以及多層次性的防止自殺計劃，兩者都已獲證明其效。

OUR OBJECTIVES ARE 我們的目標

- To generate and advance knowledge in suicide studies through vigorous scientific research
- To identify and advocate effective and viable suicide prevention strategies and measures
- To build evidence-based indigenous working models for people with suicide ideation, attempters, as well as for survivors through community-researchers collaboration
- To engage in knowledge-transfer research to the community via multi-media platform and social media
- To enhance knowledge and skills in helping professionals through seminars, workshops and resource production
- 以嚴謹的科學實證對預防自殺進行學術研究，並提高大眾對自殺問題的認識及了解；
- 提出及推動有效的防止自殺措施，為防止自殺的公共衛生政策提出建議；
- 透過前線專業人員及研究人員的合作，為具自殺傾向、企圖自殺及自殺者家屬，進行適用於本地的臨床實證分析；
- 利用不同平台如傳媒及社交網絡向公眾推廣預防自殺的資訊；
- 為前線專業人員舉辦工作坊、資源發放及實習培訓，以交流、傳授技術及知識。

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Mission and Logo

使命與標誌

We do not sit in an ivory tower conducting research in isolation or simply conduct research for the sake of publication. We believe in proactively going into the community, to work with different stakeholders to fight against suicide.

WE believe in "**WE**", not "**I**".

WE aim to turn **I**llness into **WE**llness.

WE believe that if different stakeholders in our society join hands, together "**WE**" can build "**WE**llness".

Our logo, therefore, is composed of not one but two persons. It also represents two normal distribution curves with different means - as we would like to improve the resilience of the population, i.e. mean of the normal distribution curve of suicide has been shifted against suicide, such that the overall number of those at risk are accordingly reduced. Our logo echoes the Rose Theorem:

"Reducing a small risk of a large population would be more effective than reducing a high risk of a small population."

我們不會僅躲在象牙塔內自己做研究，或純粹滿足於出版學術論文。我們會走進社會，與其他志同道合的朋友推動防止自殺工作。其實社區有很多隱藏的潛力，只要得到適當的引發和協調，很多的持份者都願意多走一步，為社會貢獻。所以，我們中心的標誌不是一個人，而是兩個人，因為我們相信團體的力量；同時，我們的標誌也代表兩個常態分佈圖曲線（normal distribution curve），代表我們希望改變自殺的常態分佈，加強每一個人的抗逆力，使到整體的自殺風險減少。這個標誌亦是和應醫學理論 Rose Theorem：一大群人減低一個細微的風險，比起一小撮人減低一個高風險來得更有效。

RESEARCH IN ACTION→

SAVING LIVES

活←動研究

The Psychological Autopsy Study of Suicides in Hong Kong (Aged 15-59)

We did a large scale psychological autopsy study among those aged 15-59 in Hong Kong and released a report in 2005. This research study, together with other researches, served as the cornerstone of our public health approach to suicide prevention. This study provided us the Centre's direction, which was followed by the launching of a series of projects accordingly.

Thus, we examined the risk and protective factors for suicides reported in 2005. Using a case-control research design, the profile of 150 individuals who died by suicide and 150 randomly selected control subjects were compared.

Six independent suicide-associated factors have been identified : For 20-59 group : presence of psychiatric disorder (OR=28.67; $p<0.001$), past suicidal attempt (OR=24.78; $p<0.01$), indebtedness (OR=10.08; $p<0.01$), unemployment (OR=8.65; $p<0.01$), never married (OR=7.29; $p<0.01$), and social support (OR=0.27; $p<0.001$) after adjusting all other factors. The social support has been shown to be an important protective factor.

These findings informed the direction of our universal preventive strategies in suicide prevention that followed. Hence, our series of projects focused on promoting early detection of psychiatric illness, increasing awareness of the

importance of social support, promoting healthy financial management, and to enhance problem solving skills. The findings from this cornerstone research are still being utilized in our projects to date.

Coroner's Court

All the unnatural deaths have to be investigated by the Coroner's Court and be given the cause of death. The Coroner's court's data not only taught us how to do death classification, it informs our suicide prevention work, as they provide the most basic yet fundamental information on suicide. It is indeed one of the many roles of Coroner's Court to prevent future death by understanding the present ones. The Court has to satisfy beyond reasonable doubt that the deceased has intentionally to kill himself/herself, then a suicide verdict will be given.

However, we have to note the limitations of this data source. It is understandable there will be some underreporting of suicide numbers as the evidence of intent to kill oneself is not clear from the available information. Also, the delays in reporting due to the Coroner's Court investigation is also an issue in monitoring the suicide trend, especially when our results are based on the Coroner's Court report and Census and Statistics Department (C&SD) Death Record. For example, for those who killed himself/herself in the last quarter of the year is unlikely to be included in that year's report. Therefore, care should be exercised in reporting the suicide trend when the numbers are based only on the Court's and/or C&SD death reports.

CORONER'S COURT

COURT NOS. 15 & 16

Please accept my hearty congratulations on the 10th Anniversary of the Centre for Suicide Prevention and Research. The Centre is leading the way toward research that allows us to better understand suicidal behavior and to craft public policy to mitigate it. Those at risk, their families and friends, and the community are especially grateful for this important work.

John Burns
Dean of Social Sciences
The University of Hong Kong

The Coroner's Court annual report only reports the number of deaths that has received the suicide verdict for the year, but not report by the date of occurrence (i.e. deaths happened within the year).

For these reasons, the Center has taken extra care in collating all the suicide statistics from the Coroner's Court and C&SD in producing a more accurate suicide profile for each year. The statistics can be found in the website of our Centre. The accurate statistics can also be used as an indicator to evaluate the effectiveness of any suicide prevention program.

However, in Hong Kong, the number of suicide death investigations requested by the Coroner's Court has dropped significantly since 2004, which led to only 18% of the suicide death files in 2006 containing detailed information. Researchers have expressed various concerns about the reduction of the death investigations among the suicides, as this may create a selection bias of the data.

On one hand, we deeply appreciate Coroner's Court's continuous support. On the other, we also strongly recommend a thorough death investigation by the Coroner's Court on every suicide deceased case.

Reference

Chen, E. Y., Chan, W. S., Wong, P. W., Chan, S. S., Chan, C. L., Law, Y. W., Beh, P., Chan, K. K., Cheng, J., Liu, K. K., & Yip, P. S.F. (2006). Suicide in Hong Kong: a case-control psychological autopsy study. *Psychological Medicine*, 36(06), 815-825.

香港心理解剖報告（15-59歲）

早於2005年，我們已完成一個大型針對15至59歲死於自殺人士的成因研究，並基於此研究發表報告，探討相關的危機和保護因素。此報告為我們中心日後發展方向帶來指引，我們按照研究報告提供的資料，陸續推出不同項目。

在2005年的研究中，我們採用個案對照組別的模式，以150名自殺死者和150名隨機抽樣組別人士對照比較，作深入研究。結果顯示與自殺相關的六個獨立因素是：精神病（OR=28.67; $p<0.001$ ）、曾經企圖自殺（OR=24.78; $p<0.01$ ）、欠債（OR=10.08; $p<0.01$ ）、失業（OR=8.65; $p<0.01$ ）、未婚單身（OR=7.29; $p<0.01$ ）、及社會支援（OR=0.27; $p<0.001$ ）。

我們建議採用整體預防策略，例如及早察覺和治療精神疾病、加強宣傳社會支援的重要性、宣傳健康理財的概念及改善個人解決問題的能力等。

死因裁判庭

死因裁判庭的檔案是我們重要的研究資料來源。裁判庭的角色是研訊每一宗非自然死亡個案，並裁定死因。這些檔案的作用不單是為死因分門別類，更重要的是提供了預防自殺的基礎資料。檔案記載了自殺案件的基本資料，裁判庭必須在「排除所有合理懷疑」的情況下才能宣判案件屬自殺。

但是，因為有些個案並沒有明顯與自殺有關的證據，同時死因裁判庭需要時間進行研訊後才能確定死因，例如每年最後一季的自殺個案可能會於新一年才能進行研訊；故裁判庭所公佈的自殺個案未必能準確反映年度自殺數字，裁判庭公佈的只是該年度所裁定的自殺個案，而不等於那一年整體的自殺數字。在這情況下，要透過研究死因裁判庭的資料及統計處的死亡數字來監察自殺趨勢，自然也受到影響，故在引用這些數字時必須留意。

本中心竭力從死因裁判庭以及統計處收集資料，以統計年度自殺數字，有關資訊已上載於本中心網站。要精準資料的其中一個原因，是要準確地檢視預防自殺計劃的成效。

我們感謝死因裁判庭多年來的支持，亦建議死因裁判庭對每一個自殺個案作出深入研訊，尤其自2004年以來，死因庭對自殺個案的調查大減，以2006年為例，只有18%的自殺檔案包含詳盡的資料。從學術研究的角度看，我們對此表示深切關注。



Turn Research Findings to Life Saving Recommendations

將學術研究化作拯救生命的建議

Many empirical studies have found that a lot of suicides were the result of impulsive behaviour, especially in Asia, see Yip et al (Means restriction for suicide prevention Lancet, 2012). Hence, we advocate restricting access to the means of committing suicide: 1) The installation of screen doors at MTR stations 2) and limiting access to charcoal bags.

研究顯示，限制接觸自殺的工具或改變其用法，與降低自殺率有一定關係，故此，我們極力推動 1)港鐵公司安裝月台安全閘門，2)燒烤炭應收起來賣而不是隨處擺放。

LOCK CHARCOAL AS IF IT'S DIAMOND

Because the Most Precious Thing in the World is - LIFE.

炭包倘賣無

Suicide by charcoal burning is the major reason for the increase and decrease in Hong Kong's suicide rate in the past decade and the leading cause of suicide in Taiwan recently. Yet, it need not be so, according to CSRP's study.

The findings of a pilot study on restricting the sales of charcoal in Hong Kong were everything, Professor Paul Yip, the Director of CSRP, could hope for. The ways to reduce suicides were evidence-based. This study received international recognition. The only problem is that the results have yet to be put into territory-wide action to help Hong Kong people.

The Centre conducted a one-year study comparing suicides in Tuen Mun, where charcoal packs were removed from the open shelves of major retail outlets, with those in Yuen Long, where charcoal was sold openly as usual. The rates of charcoal burning suicides fell sharply in Tuen Mun, by 53.8 %, but similar results were not seen in Yuen Long. Apparently, the lack of easy access to charcoal frustrated potential suicides or made people think twice so that they did not follow through with their suicide plans. The results compared to an overall drop in Hong Kong's suicide rate of 5.7 % during the same period.

We have been negotiating with two major supermarket chains and some others for over a year to lock up all their charcoal.

"We are grateful for their participation in the study, but we are frustrated that they don't want to continue. It is not that difficult for them and we are protecting vulnerable members of the community," Professor Yip says.

"People say, why control charcoal? They can still jump off buildings. Yes, they can do that, but the point is that those, who attempt suicide, are usually not good at problem solving. Their cognitive thinking is different from us. So, if you take away a means of suicide that is appealing to them, they will have problems finding another means [of suicide]."

There is a precedent that product restriction can reduce suicides. Suicides in the United Kingdom fell after the sales of paracetamol were limited to packets of at most 24 tablets in the late 1990s, making it difficult to overdose on the product without multiple purchases.

"Evidence-based research has shown that restriction of means is one of the most effective measures to reduce suicides," Professor Yip says.

"We can't prevent all suicides but at least we can make a difference. We can help to reduce the number of tragedies."

We have yet to investigate on a territory-wide basis. However, an encouraging note, the New Taipei City of Taiwan has introduced a suicide prevention programme to reduce the increasing number of charcoal-burning suicide in the region.



「炭包倘賣無」的意思是「有沒有炭包賣」？香港人一定不習慣買炭要找店員；但是，在新北市，顧客們已需要問「炭包倘賣無」。為什麼要這麼麻煩？因為……

1998年11月一名中年婦女在香港燒炭自殺，自此，這種自殺方式像瘟疫般的在香港以至亞洲區傳播開來。

如何減低燒炭自殺個案，是本中心總監葉兆輝教授的關注。2006年他開始進行學術研究，建議將燒烤炭上鎖，店舖不要再把炭放置在客戶垂手可得的地方。在2006年7月1日至2007年6月30日，他們選定了屯門與元朗實行一項「燒烤炭上鎖」實驗計畫。這兩個新市鎮，各有50餘萬人，人口相當，自殺率也都高於香港平均數。

實驗期間，屯門的燒烤炭不再隨處擺放，顧客買燒烤炭需向店員索取；元朗的燒烤炭則維持開架販賣。

一年內，屯門的燒烤炭銷情只有微幅下降。但是，市民買上了鎖的燒烤炭所花的時間平均只需多花10分鐘。

實驗期間，元朗的燒炭自殺率仍然高企，屯門燒炭自殺率則急遽下降31.8%。

不過，這項研究計畫並未能持續下去，業者成本增加後的反彈，顯然是個阻力。但若因為利潤的考慮而忽略社區弱勢社羣的需要，實在令人感到有點唏噓。

當然，從各種研究看來，燒炭自殺的元凶絕不是燒烤炭，而是背後潛藏的社會問題未被解決，而尋短者背後潛藏的社會問題往往盤根錯節，在無法立即抓到元凶或斬斷病根前，最為有效的方法就是限制接觸自殺的工具。

燒烤炭上鎖與否，其實不是最重要的關鍵，關鍵的是有人為介入。在販賣過程，店員能夠多問一句，或許就能改變當時人無望的感覺。所以你的一句「你還好吧！」就是一條人命。

取材聯合報（2012-04-21）D2健康版「醫二三事」張耀懋《老闆，拿一包木炭》



The decade since the founding of the Hong Kong Jockey Club Centre for Suicide Research and Prevention has seen a remarkable growth in our understanding of the factors that contribute to suicide in Hong Kong, and has witnessed the continuing contributions of the Centre's staff to saving lives. It is wonderfully gratifying to consider how productive the Centre has become and appreciate that it is widely recognized around the world for its important research.

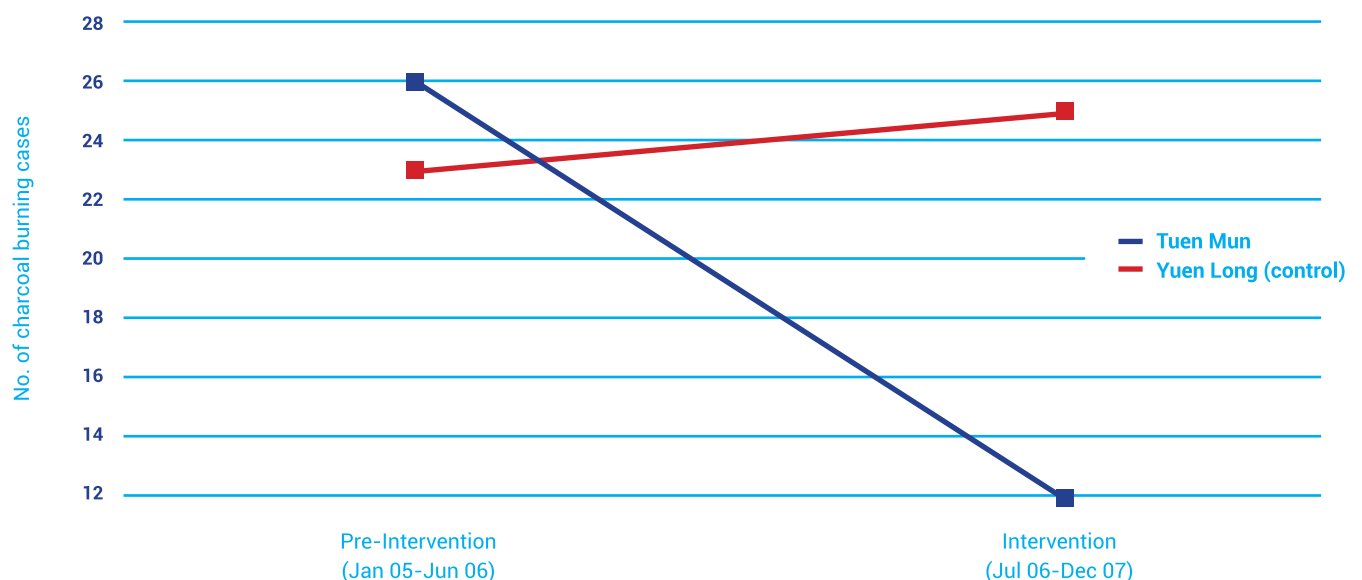
Eric D. Caine, M.D.
University of Rochester Medical Center
U.S.A.

Number of Charcoal Burning Suicide Cases

District	Period		Whole period total	18-month period % change
	Pre-Intervention (Jan 05-Jun 06)	Intervention (Jul 06-Dec 07)		
Tuen Mun	26	12	38	-53.8*
Yuen Long (control)	23	25	48	8.7
Other districts	249	140	389	-43.8
Overall	298	177	475	-40.6

* $P < 0.05$ for comparison between pre-intervention and intervention periods

Reference: Yip, P.S.F., Law, C.K., Fu, K.W., Law, Y.W., Wong, P.W.C., & Xu, Y. (2010). Restricting the means of suicide by charcoal burning. *The British Journal of Psychiatry*, 196, 241-242.





EASY RIDE

THE DOORS

Platform safety doors could save lives at MTR's Rail Line stations

落閘跳禁止

鐵路月台安裝閘門的重要性

A 27-year-old university graduate jumped to his death at Sha Tin railway station on the morning of 28 July 2011.

Sha Tin Station, a former Kowloon-Canton Railway (KCRC) station, is now operated by the MTR Corporation.

Our research has shown that railway suicides on the MTR network has dropped from 38 cases during a five-year pre-barrier-installation period to only seven cases in the five years of post-barrier-installation. There has also been a reduction in accidents from 131 to 42 along the MTR lines. Furthermore, our study has shown that if the loss of fare revenue, passengers' total waiting time and the lost lives due to premature mortality are taken into account, safety barriers are cost-effective based on international standard.

Prior to the railway merge with MTR, the KCRC had apparently resolved to retrofit automatic platform gates. They had decided to invest HK\$100 million to install safety barriers along the 13 East Rail Line stations, following several accidents on its tracks in 2005. They had made this decision without asking for an additional injection of funds from the Government. Lawmakers have called on the MTR to push ahead with the installation of safety barriers.

Despite the scientific evidence from the World Health Organisation, the International Association of Suicide Prevention and our research, the MTR is still reluctant to speed up the installation process. They see the connection between

the installation project and the Sha Tin-Central Link as a standalone programme.

If the construction of these gates is delayed for another 10 years, more lives will be lost. Very unfortunately, a few more suicides and accidents have occurred in the East Rail Line since then. It is anticipated that there will be further tragedies by accident or suicide along the Rail line until barriers are set up.

If the MTR claims to be one of the world's leading railways with respect to "safety, reliability, customer service and cost efficiency," it is difficult to understand why they do not support the best safety practices that will have a positive impact on the company's reputation. Nonetheless, the need to save lives should come before the desire to maximise profits.

The MTR has said that they will not start fully installing the screen doors on the East Rail and the Ma On Shan Lines until 2018 to 2020.

"It is unfortunate that the MTR Corporation delays installing screen doors on the East Rail and Ma On Shan Lines until the early 2020s. We believe that Hong Kong, as an international city, can do more," says CSR's Director, Professor Paul Yip, adding that the Centre will keep on advocating good practices to saving lives.



我們一直推動香港鐵路公司在月台安裝自動閘門，以減低跳軌相關的傷亡。

我們明白，在鐵路沿線月台安裝自動閘門，成本不菲，不過，從公共衛生的角度看，本港鐵路的墮軌風險，無疑因港鐵於2002年開始為地下車站月台加裝自動閘門而大幅度下跌。中心過去統計和分析港鐵提供的數字，發現自從地鐵於月台加裝自動閘門後五年（2003-2007）的墮軌個案，比之前下跌超過三分之二。

同時，有別於其他交通事故，大多數的鐵路事故發生後，當局往往需要暫停部分、甚至整個鐵路系統，才可展開救援和善後工作，這無形中影響了數以萬計的乘客，造成的服務延誤均直接或間接影響整個社會和經濟發展。

根據過去的數據，我們發現地鐵自加裝自動閘門後，墮軌事故不但減少，因其引致的服務延誤時間，也大大縮減了1200分鐘，跌幅差不多為加裝閘門前五年（1997-2001）水平的70%。

為此，中心曾嘗試以世界衛生組織（世衛）所建議的方法，為地鐵加裝自動閘門工程進行一個成本效益的分析研究，以評估該項工程能否為社會帶來利益。

根據世衛的指引，任何促進健康的項目如果能以低於人均國內總產值（per capita gross domestic product）的三倍，便可界定為合乎成本效益。

研究結果顯示，加裝月台閘門所能增加的健康一年成本估計約為51萬元，仍遠低於世衛指引所要求的56.8萬元（本港2002年的人均國內總產值為18.94萬元）。因此，雖然加裝自動閘門無疑所費不

菲，但卻是一個物有所值的項目，令到整體社會的健康水平得以提升，生命有所保障。

我們希望港鐵不要因為月台閘門尚未成為國際的鐵路安全標準而卻步，其實加拿大多倫多鐵路局引用了我們較早前的學術論文，作為支持其為車站月台加裝閘門的理據。

可惜，2011年一份立法會文件則記錄港鐵預計要到2018至2020年才可在馬鐵及東鐵沿線月台加裝自動閘門。

本中心感到可惜，香港作為國際文明都市應力求進步，我們會鍥而不捨，繼續推動地鐵加裝自動閘門。每一次墮軌的事件，希望港鐵都能再一次檢視作為運輸營運者應作出對社會的承擔和責任。

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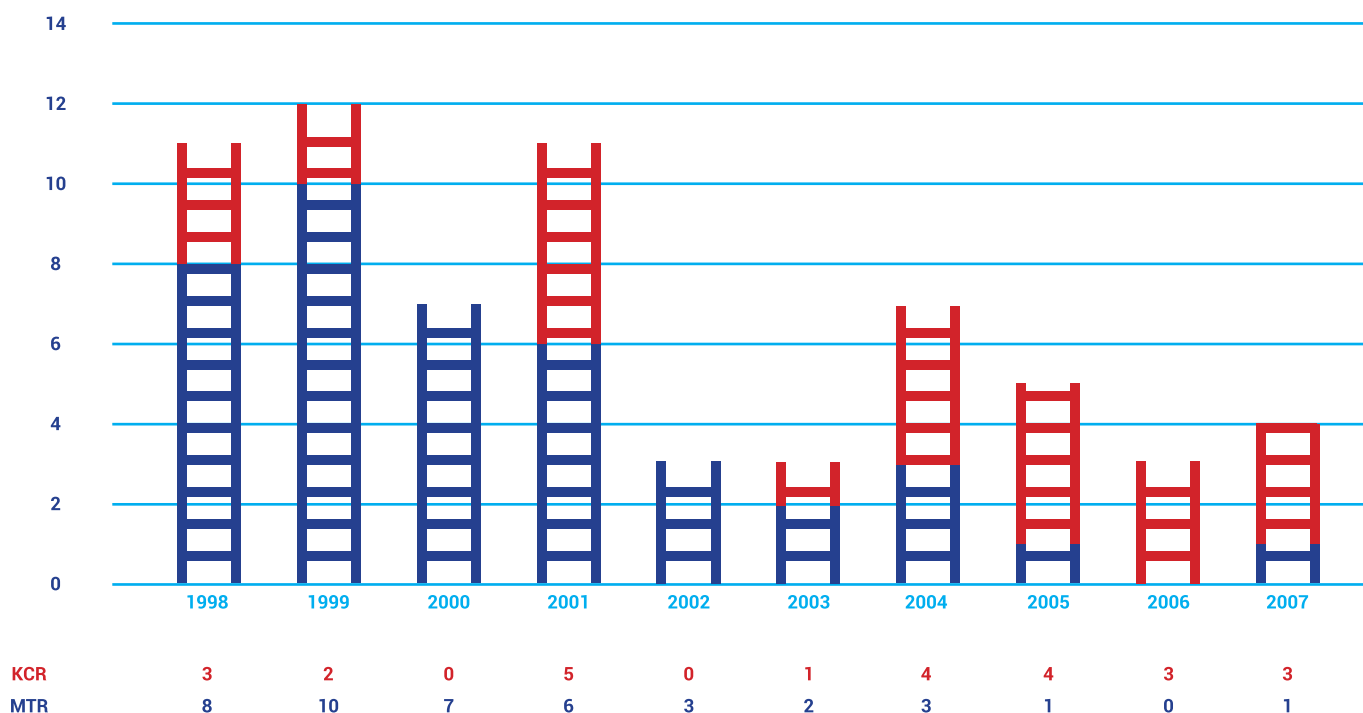
It has been a considerable pleasure being an International Adviser to Hong Kong University Centre of Suicide Research and Prevention from the time of its foundation. Among the many achievements at the centre I have particularly admired the research on media influences on suicide, tackling the charcoal burning issue, and helping people bereaved by suicide. When I have visited team members from the centre I have always been received very warmly and count them as friends. I hope this association will continue for many more years. Congratulations on reaching your 10th Anniversary. Keep up the good work. Wishing you all the very best for the future.

Professor Keith Hawton
Centre for Suicide Research
University of Oxford
U.K.

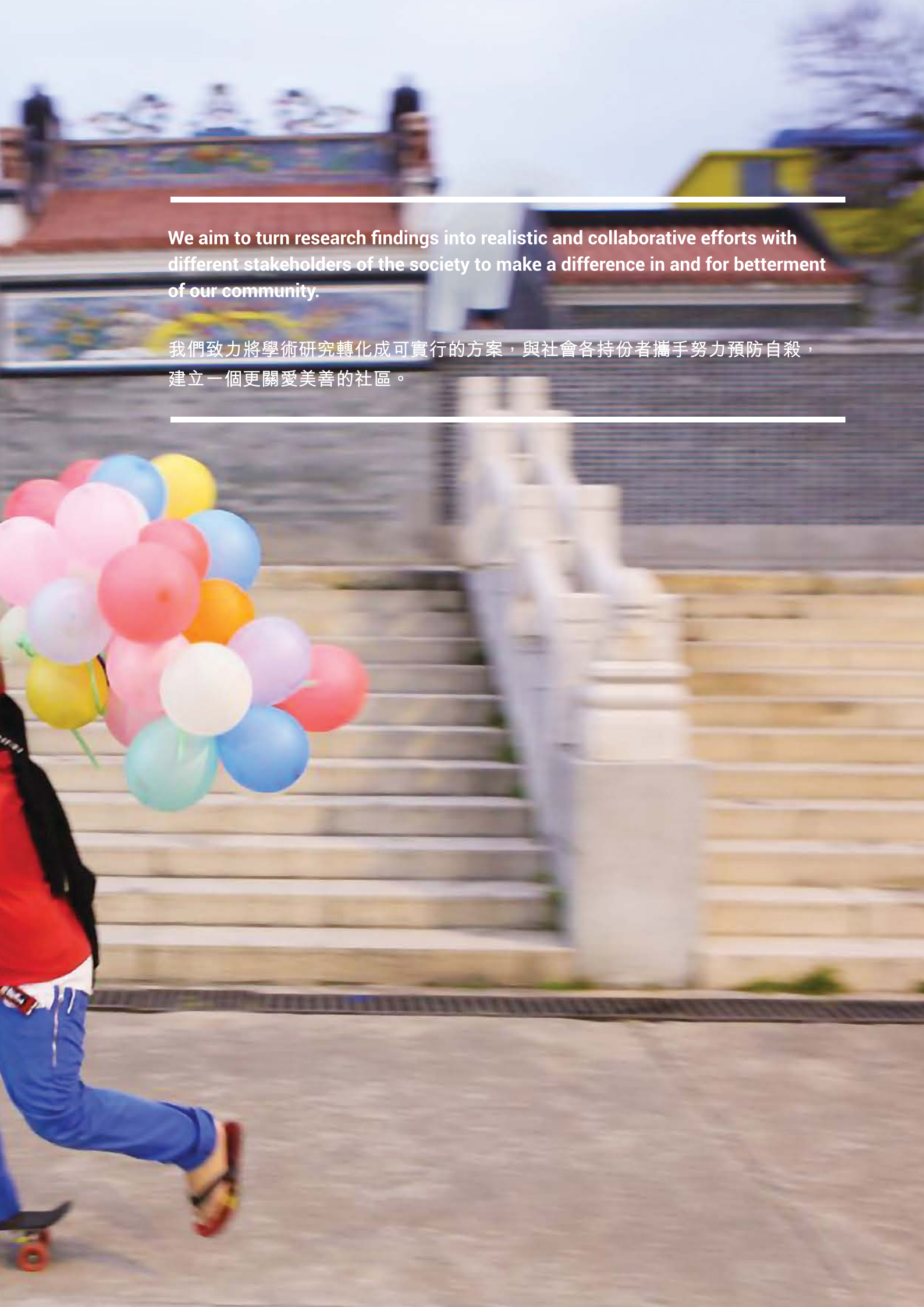
Number of Railway Suicides (%)

	Pre-Installment Period (1997-2001)	Post-Installment Period (2003-2007)
KCR	13 (25.5%)	15 (68.2%)
MTR	38 (74.5%)	7 (31.8%)

Reference : Law, C.K., Yip, P.S.F., Chan, W.S.C., Fu, K.W., Wong, P.W.C., & Law, Y.W. (2009). Evaluating the effectiveness of barrier installation for preventing railway suicides in Hong Kong. *Journal of Affective Disorders*, 114, 254-262.







We aim to turn research findings into realistic and collaborative efforts with different stakeholders of the society to make a difference in and for betterment of our community.

我們致力將學術研究轉化成可實行的方案，與社會各持份者攜手努力預防自殺，建立一個更關愛美善的社區。

WALKING THROUGH THE VALLEY OF THE SHADOW OF DEATH, WITH ANGELS

陪伴走過死蔭幽谷的天使

Mr Peter K. K. Lee, Vice Chairman of Henderson Land Development Company Limited is not only an entrepreneur but has a heart for suicide prevention. He was saddened by the suicide death of one of his good friends years ago. He is very keen to find out "WHY" people commit suicide and identify "WHAT" can be done to mitigate the problem. He has donated fund to the Centre for the "Peter Lee - Care for Suicide Survivors Project." The project has generated knowledge in understanding the physical and psychological needs of people bereaved by suicide, and investigated the efficacy of follow-up services especially tailored for them. In partnership with the HKSAR Department of Health, and the Department of Pathology at Queen Mary Hospital, this ground-breaking project developed and implemented a host of support services for suicide survivors in Hong Kong, including information, immediate psychological assistance, and medium-term counselling help. The service for survivors (family and friends of the deceased) has then been taken up by different non-government organisations (NGOs) since then.

香港人認識的李家傑，是恒基兆業地產有限公司副主席；但他同時也是一位推動預防自殺的有心人。自殺是他心中的一個結，因為他的一位好友在多年前自殺過身了。他很想知道「為什麼」會自殺，以及「可以做什麼」預防自殺。

所以，在二〇〇七年三月，李家傑先生支持我們中心推出「李家傑－關生希望計劃」。

計劃的目的是深入了解剛失去親人的自殺者家屬的需要，並就相關服務進行研究。據研究顯示，一名自殺者至少為六位親友帶來心靈創傷。

計劃與香港特區政府衛生署法醫科及香港大學病理學系瑪麗醫院合作，為自殺者家屬提供一項試驗性的支援服務，包括提供處理哀傷的資料、即時關懷服務如為親屬解釋辦理喪葬的一般手續、短期專業輔導及轉介等，希望透過深入了解自殺者親屬善後時的心路歷程，發展一套切合需要和具成效的服務。



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Messages from Angels

It has been almost a year since I started working for the "Peter Lee - Care for Suicide Survivors Project. This project provides suicide survivors with grief counselling and follow-up services. For me, one of the biggest challenges of this project is to provide timely information and emotional support at the Kwai Chung public mortuary for survivors. Every survivor that I have met has his or her own personality and their responses to the suicide of a family member varies greatly; some will cry out loud, and some will remain wordless. All of these reactions are the very heart of the challenge because I never know how to start a conversation or build a rapport with them. As time goes by, however, I have come to realise that what survivors need is very simple: a listener who can offer them patience and care. Apart from bearing the pain of losing a loved one, survivors often have to face pressure from all around them. Many people in society believe that suicide is an inglorious incident and most survivors will stigmatise themselves with guilt and anger, which makes life more difficult for them to move on. Although suicide happens nearly everyday, society has not yet developed any specialist service for this group of people who are feeling most helpless when they are in need of someone to grab onto. Many people think that this job must have given me a lot of negative feelings and emotions, but the opposite is true. Survivors have actually given me the opportunity for greater self-reflection and a new perspective on life. A philosophical motto that I follow and wish to share with everyone after having met with survivors for almost a year is:

"To have been given life is already a great blessing, therefore we must live it to the fullest and bring as much positive energy as possible to ourselves and hopefully, to the world"

「我們主要駐留於葵涌公眾殮房，在那裏接觸自殺者家屬，為他們提供即時的關懷服務。對我來說，此乃我工作上以及人生上的全新挑戰。它不但讓我大開眼界，還助我思想、以及讓我的生命吸取到很多正能量。

每次接觸到自殺者家屬都是一個新的挑戰，他們來自不同類型的家庭，有的家境富裕，有的要靠領取綜援過活；他們對親友離去的反應亦很不同，有的哭得呼天搶地，有的默默無言。起初的我還是很不知所措，不知道面對他們時該用什麼開場白，但後來才漸漸發現他們所需要的其實很簡單，就是一個聆聽者。除了要接受喪失至親之痛，還要面對周遭的人的誤解，認為自殺是一件不光彩的事的想法，自殺者家屬所承受的壓力其實是我們不能想像得到的。差不多每天都看到有關自殺的新聞，可惜的是，社會暫時還未有任何專門服務可助這些同伴渡過難關，我們可為他們做的著實還有更多。

曾有一位婆婆帶著喪子之痛，跟還未到十歲的孫兒接受服務。頓失經濟支柱，哭腫了雙眼的婆婆問我往後的生活該怎麼辦，孫兒還在旁邊一臉無知的問婆婆他們身處何地。那刻我也搞不清什麼才叫悲劇。一般人都認為這樣的工作會帶來很多負面情緒，但其實這一年來於殮房裏我看到生命的可貴以及生命應有的色彩。若有朋友動輒怨天尤人，我會告訴他，能有氣有力的活著而身邊人亦安好的話，已是絕大的福氣。

Fiona and Kim

Research Project Officer

HKJC Centre for Suicide Research and Prevention

This programme lasted from March 2007 till June 2009. A total of 3,235 (1,170 families) suicide survivors benefited from this meaningful programme sponsored by Mr. Peter K.K. Lee. Of those who have agreed to counselling and follow-up services, our Centre has provided these services to 400 suicide survivors (of 266 suicide cases) and our Centre's clinical psychologists have provided custom professional counselling services to these suicide survivors.

本計劃由二〇〇七年三月開始，至二〇〇九年六月結束。期間，共有來自一千一百七十個家庭的三千二百三十五人受惠於李家傑先生贊助的「李家傑－關生希望計劃」所提供的服務。本中心為二百六十六個自殺個案約四百名自殺者家屬進行了輔導及跟進，本中心的臨床心理學家亦為自殺者家屬提供了臨床心理輔導服務。

"No matter who you are, being psychologically rich brings the true happiness and satisfaction. It can help people out of distress and feel the society's care for them so as to lead them to a new life. I think it is very meaningful."

「無論是什麼人，精神上的富有才是真正的快樂，真正的滿足。能幫助情緒受困擾的人走出困境，讓其感受到社會對他們的關愛，令他們從新走向新生活，我覺得十分有意義。」

- Lee, Peter Ka Kit 李家傑



According to a local surveillance study, the Centre has recorded 15,762 deliberate self-harm (DSH) cases attending the Accident & Emergency Department in hospitals between 1997 and 2003 in Hong Kong. Of those DSH admissions, the majority age groups were 15-24 and 25-39. Data collected at the Pamela Youde Nethersole Eastern Hospital shows that over 50% were readmission cases. Thus, early and appropriate intervention and services to these high-risk groups, especially young people, are imminent.

根據本中心之分析，香港於1997至2003年間，共錄得15,762宗因自毀行為入院之個案，其中大部份屬15至24歲及25至39歲的兩個年齡組別。中心與東區尤德夫人那打素醫院急症室合作的一項研究顯示，在因自毀行為入院的受訪個案中，超過一半以上曾在此之前有企圖自毀的記錄。由此可見，及早向這些高風險的人士，特別是年青人，提供適切服務實在是刻不容緩。

$2+1=$ **LIFE & HOPE**

Volunteer Mentorship Programme

$2+1=$ 生命與盼望

青年支援及拓展服務研究計劃

Although deliberate self-harm (DSH) behaviour is a common problem hidden in our society, it has not received sufficient attention by the general public. It is estimated that about 48 million Hong Kong dollars were spent in our public hospital system on hospitalisation and healthcare expenditure for persons who attempted self-harm in 2003. Since not all people committing DSH have received medical treatments, the actual loss and effects on the society as well as the emotional burdens on relatives, friends and colleagues are even more difficult to account for.

We hope to arouse public concerns thus have been launching a mentorship programme, which targets young people aged 18-34 years old with low to moderate levels of suicide risks, or those with emotional distress and DSH behaviour.

This group of young people has been referred from the Accident & Emergency Department (A&E) in hospitals. The aim of this programme is to enhance their problem-solving skills

and provide social support for service users after discharge. Another aim of the programme is to promote interdisciplinary collaboration between A&E services around Hong Kong to follow-up cases and make referrals accordingly to reduce DSH and suicidal behaviour after discharge.

In addition to the normal hospital services participants received, they received social support services from their matched volunteer mentors for nine months. The volunteer mentors are required to contact the participant at least four times a month, with the aim of improving the mentee's problem-solving skills. These volunteers underwent a stringent selection process and most of them had rich volunteering experiences. After selection, the volunteer mentors attended theoretical, skillset, and practicum training to gain an understanding of DSH behaviour. They learned to effectively listen and communicate with people in distress. The programme is still in progress, and the feedback received from volunteer mentors so far has been positive.



自毀行為是一種在社區甚為普遍但卻被忽視的公共健康問題。據估計，2003年香港用於自毀者的住院和醫療開支約有四千八百萬港元。由於不是所有自毀者都曾接受治療，確實的社會損失和影響、對親人、朋友和同事的精神影響，更是難以估量。

自2008年開始，我們舉辦「青年支援及拓展服務研究計劃」，服務對象為經由醫院急症室轉介、曾有自毀行為及有低至中度自殺風險的18至34歲年青人，由義務導師提供關懷支援。

整個計劃為期約九個月，針對加強年青人解決問題的能力及勇於面對挑戰的勇氣。義務導師須定期聯絡服務對象每月最少四次，具體與青年人接觸的時間及方法則視乎情況而定。

參與義務導師當中，不乏具有豐富義務工作經驗，他們認為此計劃與一般義工活動的不同之處，在於義務導師都必須經過嚴格篩選，接受專業培訓，讓他們了解到自殺者的特徵，在溝通、聆聽方面要注意的地方等。而計劃也設下了明確的成效指標，令義務導師更有信心為服務對象提供協助。

對義務導師之個人成長來說，這亦是一個寶貴的學習經驗。例如主修心理學的Lana參加計劃之後，才發現自己對自殺的觀念是錯誤的，例如過去她聽到朋友說想自殺，就以為最好不要提起這敏感的話題，原來這是不正確的。她也學會了接納別人的感受，不會再說：「這只是小事一宗，不要不开心了。」因為人人的感覺感受不同，每個人的處境也不同，心情也就不同了。當你接受、明白了別人為何不快樂，才能與對方一起想辦法，把事情解決。

「青年支援及拓展服務研究計劃」不但印證了義務導師的成效，也為日後的防止自殺義工計劃開創出新方向。在醫療與社福資源長期短缺的香港，「青年支援」的理念如得到進一步發揮，可望挽回不少絕望者的生命。

The study was to identify good practices of helping people who have deliberate self-harm behaviours (DSH). It aimed to provide a strong support network to strengthen the follow-up services to young DSH patients so as to enhance their psychosocial functioning after being discharged from hospitals. Around 100 young DSH patients aged 18-34 were recruited from the Accident & Emergency Department (A&E) of four public hospitals. With informed consent, the patients were assigned into two groups. The first one is the subject group, where patients would receive usual medical follow-up treatment provided by the respective hospitals plus volunteer mentorship service for a period of nine months. The second group is the control group, which consists of same number and type of patients but instead would just receive usual medical follow-up treatment provided by the respective hospitals.

為評估此項先導計劃的成效，本中心採納對照試驗 (Controlled Trial) 的研究模式，願意參與研究之青年將會被分配至以下其中一個組別：接受由受過嚴格訓練的義務導師提供的支援服務及由醫院提供的治療及復康計劃（研究組別）或只接受由醫院提供的治療及復康計劃（對照組別）兩個組別的參與者均會於研究開始、三個月後及九個月後接受評估。



1

Problem-Solving Skills Training & Mentorship Programme for Adolescents,

with a group of Form 2 to 3 students in Sham Shui Po who may have a mild to moderate level of emotional, behavioural, social or academic difficulties as mentees.

2

Youth Mentorship Programme for Primary School Students in Tin Shui Wai,

with a group of Primary 4 to 5 students from disadvantaged families as mentees.

In addition, we launched two more mentorship programmes supported by Wharf Limited and the Lions Club, with the same goal of utilising community resources to enhance adolescents and children's problem-solving skills. Target mentees may come from low income families, single-parent families, or with parents who have long working hours or have difficulties assisting or supervising their children.

除此，我們亦推出「青少年友伴同行」計劃，以及「友伴同行」學習計劃。兩個計劃的主要目標都是善用社區資源以培養區內青少年或兒童積極面對困難的態度、及提高他們解決問題的能力。「青少年友伴同行」計劃的服務對象為一群深水埗的中二至中三學生，而「友伴同行」學習計劃的服務對象為一群天水圍的小四至小五學生，他們在情緒、行為、社交或學習上或有輕微至中等程度的困難，及來自較需要社會支援的家庭，例如低收入、單親、父母需要長時間工作或在輔助或管教孩子上有困難的家庭。



香港

Cheung Chau



GOODBYE HOTSPOT!

長洲東堤小築熱點

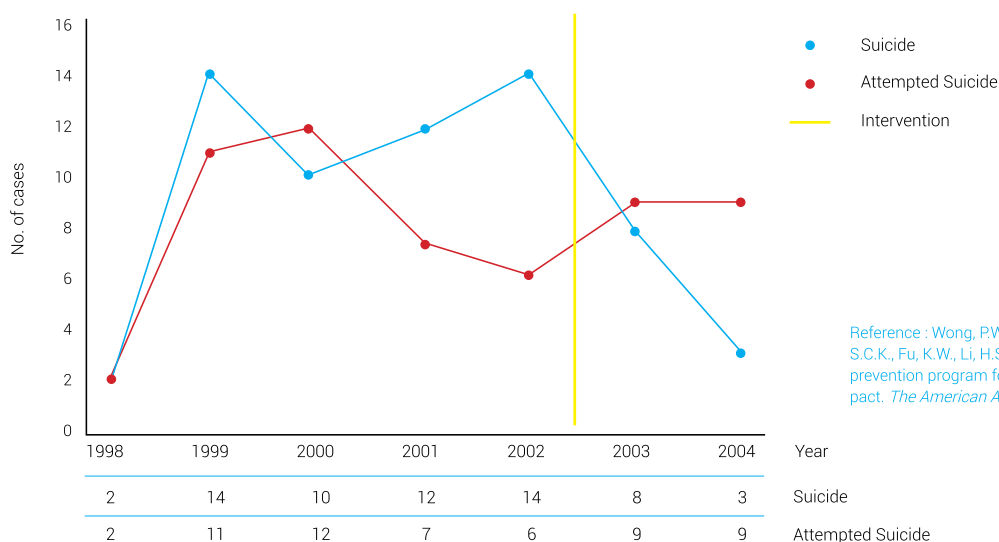
About a decade ago, Cheung Chau was once a “suicide hotspot”. People would bring their despaired souls to this island and end their lives in a place they have never lived. In late 2002, a prevention programme for visitor charcoal burning suicides and suicide pacts was launched by a group of Cheung Chau residents. The programme drew assistance from local residents, shopkeepers, and police as well as vacation apartment operators, psychologists, social workers and us. This first-of-its-kind community-based suicide prevention programme in Hong Kong was proven to be successful.

In the subsequent two years following the implementation of the programme, the number of suicides decreased significantly. The results of this community-based programme have provided evidence for the potential effectiveness of timely in-person crisis intervention and community-based gate keeping as essential methods to preventing suicide at the community level. A detailed retrospective analysis of all 63 suicide cases and 56 attempted cases between 1998 and 2004 showed that most of the suicides and attempted suicides were carried out by non-residents (n=45 and n=39, respectively). Thirty-seven suicide deaths occurred in holiday flats. Out of the 63 suicide cases, 44 of them died by charcoal burning being poisoned by excessive levels of carbon monoxide in a sealed room. Nonetheless, there were nine episodes of suicide pacts,

resulting in 19 fatalities. After implementation of the Programme, however, the number of suicide cases has decreased, revealing the programme's effectiveness in preventing suicides by adopting different levels of preventative strategies based on a public health approach. Cheung Chau Island is a classic case to demonstrate how local community resources can be effectively utilised and deployed for betterment of the community. We all can be angels to those in need.

長洲東堤小築在香港人心中有一個特別的意義——大家應該記得，約十年之前，該處被視為「自殺勝地」，不少城市人拖著絕望的心出走離島，選擇在陌生的地方結束自己的生命。那時，一宗接一宗駭人的自殺事件，使這充滿活力的小島突然變得愁雲慘霧。不過，可能大家沒有注意，近年長洲的自殺率已經明顯下降，熱點不再！這，全賴長洲居民守望相助。二〇〇二年下旬，一群長洲居民決心重新編寫長洲的歷史，找來不同專業人士包括警方、社工、我們中心的同事，大家為預防自殺正式上課——現在，鄉委會、渡假屋房東以至長洲居民會聯手合作，不僅平日加緊留意面帶愁容的遊客，全心關懷並給予協助，必要時還會通報警方或轉介社工，成功令島上的自殺數字大幅下降。

長洲是成功的例子：適當的鼓勵、協助地區人士靈活運用社區資源，將可造福社區。我們每人也可以為防止自殺出一點力，成為守護社區的天使。



Reference : Wong, P.W.C., Liu, P.M.Y., Chan, W.S.C., Law, Y.W., Law, S.C.K., Fu, K.W., Li, H.S.H., & Tso, M.K. (2009). An integrative suicide prevention program for visitor charcoal burning suicide and suicide pact. *The American Association of Suicidology*, 39, 82-90.



THE EASTERN PROJECT

PREVENTION OF DELIBERATE

SELF-HARM

從過去到現在：

「防止自毀－東區社區共融計劃」

The Eastern District Inter-Departmental Working Group on the Prevention of Deliberate Self-Harm was formed in 2006. The intention behind this formation was to forge a multi-agency alliance with representatives from relevant non-government organisations (NGOs), academics and a number of Government departments within the Eastern District. The Working Group developed and pioneered a series of practical strategic suicide prevention initiatives within the community including a systematic evaluation of its effectiveness.

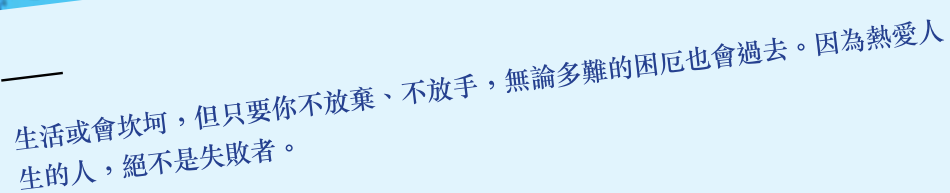
Chaired by Mr Peter Morgan, the then District Commander of Hong Kong Police Force (Eastern District), other representatives of the working group included Social Welfare Department, the Pamela Youde Nethersole Eastern Hospital, Housing Department and the University of Hong Kong.

This alliance is an example of how to make use of existing resources for suicide prevention. The commitment shown by the stakeholders in the Eastern District along with the leadership shown by the Hong Kong Police were two important ingredients in the success of this programme. The Centre has assisted in conducting an evaluation to assess the effectiveness of the overall programme in reducing the number of deliberate self-harm and suicide cases in the Hong Kong Eastern District.

The Eastern District project is a bottom-up rather than top-down project with joint collaboration and participation of a multi-disciplinary team consisting of police officers,


academics, medical practitioners (emergency medicine specialist and psychiatrist), social workers, as well as housing managers. The Chair of the project, Mr Peter Morgan, a fellow of our Centre, has been working as a police negotiator for a long time and works on dealing with crisis. He has a strong passion for saving lives by reducing the number of suicides and has continually demonstrated his exemplary leadership and commitment. The project was developed based on a community approach to prevent deliberate self-harm behaviours as well as to assist suicide attempters and bereaved families of suicide. It aimed to enhance the efficiency and effectiveness in preventing suicide attempts as well as to render timely assistance to attempters and bereaved families of suicide.

Empirical evidence has shown that at the beginning of the project being initiated until 2008, there was a relatively stabilised suicide attempt and completed suicide trend; and there was an obvious decreasing trend in 2009. The synergy derived from multi-disciplinary collaboration in a local community is effective to help the suicide attempters at the earliest possible time while also being empathetic to the bereaved families who have suffered from suicide. Improved communication and networking among various Government Departments and NGOs are critical for its success. We simply have to move our boundaries a bit more such that a safety net can be established for the vulnerable in our community. Everyone can contribute and make a difference.



生活或會坎坷，但只要你不放棄、不放手，無論多難的困厄也會過去。因為熱愛人生的人，絕不是失敗者。

Matthew (Cheung Kin-chung)
Secretary for Labour and Welfare
勞工及福利局局長張建宗

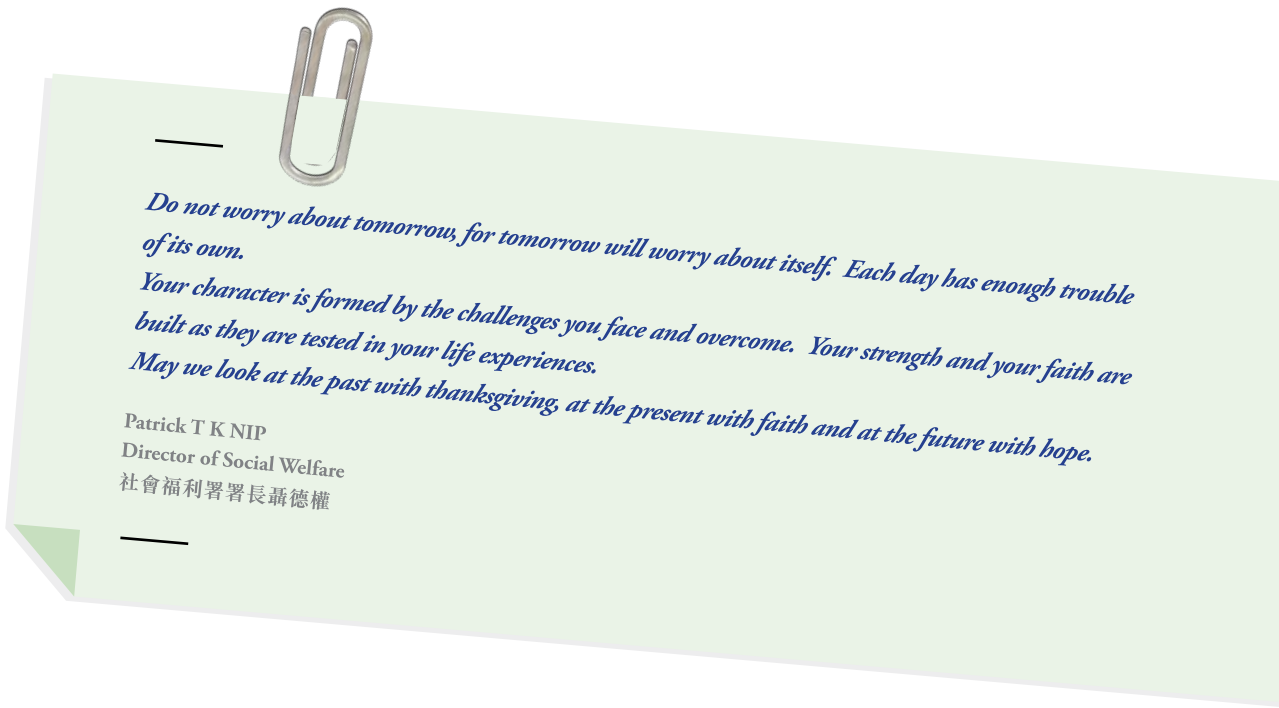


"I think the success of the Eastern project shows that you can do quite a lot with just a little. The main thing is ingenuity and application, and that was definitely seen in the Eastern project," said Mr. Peter Morgan, chairman of Eastern District Inter-Departmental Working Group, and District Commander of Police (Eastern District) in 2006 and Assistant Commissioner of Police (Service Quality Wing) in 2013.

「防止自毀－東區社區共融計劃」主席、二〇〇六年警務處東區指揮官孟義勤先生說：「我想東區計劃的成功，顯示我們只要用很少的資源，就能做到很多事情，最重要是創造力和如何運用，這些都在東區計劃中成功展示。」孟先生現為警務處助理處長（服務質素監察部）。

Riding on the experiences learnt from the Centre's first community project, Cheung Chau, the Eastern District project has again proven to be very successful. The community programme later spanned further to the North District of New Territories.

中心開展的第一個社區預防自殺計劃是長洲，長洲經驗讓研究人員獲得寶貴及重要的啟示，長洲建立起社區合作計劃的雛型，並在港島東區正式實踐，繼而推廣至新界北區。



Do not worry about tomorrow, for tomorrow will worry about itself. Each day has enough trouble of its own.

Your character is formed by the challenges you face and overcome. Your strength and your faith are built as they are tested in your life experiences.

May we look at the past with thanksgiving, at the present with faith and at the future with hope.

Patrick T K NIP
Director of Social Welfare
社會福利署署長聶德權

「防止自毀－東區社區共融計劃」源自2006年警方關注長者自殺現象。

在警方的統計數字（2006）發現，長者的自殺人數有明顯的上升，而青少年自殺個案亦有顯著的增長。因此，當時的警務處東區指揮官孟義勤先生接觸我們，共同研究自殺及自毀的現象，從而策劃減少自殺及自毀的可行方案。

承蒙食物及衛生局、健康護理及促進基金（非研究性質）於2010年撥款資助，推行為期兩年的「防止自毀－東區社區共融計劃」。計劃以社區為基礎，並聯同區內持份者及政府部門，組成跨專業的工作小組，共同為預防自殺行為、幫助有企圖自殺行為人士和自殺者遺屬提供專門而多元化的心理支援及介入服務。其目的旨在透過實證為本的方法預防自殺行為及自殺的出現，並給予企圖自殺或自殺行為者，及自殺者遺屬適時的支援。

參與成員包括：

- / 香港警務處柴灣及北角分局
- / 房屋署
- / 社會福利署（東柴灣及西柴灣綜合家庭服務中心）
- / 東區尤德夫人那打素醫院
- / 明愛筲箕灣綜合家庭服中心
- / 香港大學香港賽馬會防止自殺研究中心

各持份者以其專業的知識，向有需要支援的企圖自殺行為人士和自殺者遺屬提供支援。

中心的角色主要是收集並分析數據，研究以社區為本計劃的成效，並將所得與持份者分享。中心亦會向持份者介紹最新、最有效的防止自殺方案和知識，協助其前線工作。

前線的杜漸工作相當重要，故此，中心透過各項研究，協助參與機構完善工作效果，並積極推動預防式教育。針對各界別的實際需要，研究中心提供各式訓練與教育。例如很多輕生者都會選擇跳樓，故我們向房屋署的經理級人員和保安員分別提供訓練，處理企圖自殺的個案。我們又會派員到學校與學生接觸，透過座談會講解自殺、情緒困擾與心理健康之間的關係。

最讓人鼓舞是曾有兩名接受訓練的保安人員，成功勸止有自殺念頭的人士回頭是岸，並接受社會福利署或明愛的跟進服務。

中心一直相信社區的每一成員都是防止自殺的「守門員」，例如受過訓練的保安員，看到一些人神色可疑、似乎心事重重，又在樓梯、公眾地方無目的地徘徊，多加留神，一聲的慰問和及時的干預便有可能及時阻止他們輕生。



A COMMUNITY-BASED RESPONSE TO SUICIDE CLUSTERS

North District, YOU ARE NOT ALONE!

愛 • 希望@北區心理健康促進計劃

Five suicide deceased cases in the age group of 15-24 had been reported in the North District from May to August 2010 and this has become a wake up call for not just the Social Welfare Department but the whole community.

Proposed by our Centre and supported by the Lotteries Fund, this project is a collaboration involving different government departments, community organisations, and the Centre who all work jointly to help prevent suicides in the region.

This project aims:

To mobilise existing resources within a community with a suicide cluster to increase the community social capital, to empower natural and professional support networks, and to provide good health practices for individuals with deliberate self-harm (DSH) / suicide risks;

To identify the level of efficacy of different kinds of measures before and after the project implementation through surveillance and monitoring of the problem and rigorous evaluation in an attempt to achieve the expected primary and secondary outcomes, such as reduced number of DSH and suicide incidents, higher level of mental health literacy in the community, etc.; and

To provide mentoring and tangible support (e.g. providing more job-training opportunities) for those who are at-risk, especially for the unemployed youth.

The project consists of four major components: community consensus; surveillance and monitoring; coordinated action strategies; and implementation and evaluation.

Learning from the experiences of the Cheung Chau and Hong Kong Eastern projects, three layers of strategies have been introduced to the stakeholders in the North District:

Universal Prevention Strategies

Action Strategy 1: Promoting Mental Health Literacy and Awareness

- Understanding the needs and wellbeing of the residents in the North through a community based survey
- Mental health promotional **booths and talks** etc.
- **Resource kits** including the importance of help-seeking, 24-hour counselling hotlines and relevant non-government organisations (NGOs) in the cluster
- **Home Visits** to promote community harmony

Action Strategy 2: Limiting Access to Suicide Means

Action Strategy 3: Promoting Job Recruitment and Skills Training



It is most pleasing to see how the Centre has been successfully engaging stakeholders in the community in its operation. It has developed into a research and education hub for suicide prevention, and has benefited local and global social work practices.

The innovation, dedication and commitment of the team are most commendable.

Dr. Sandra Tsang, JP
Head,
Department of Social Work and Social Administration,
The University of Hong Kong

Selective Prevention Strategies

Action Strategy 1: Gatekeepers' Training

- Tailor-made **training workshops** for all sorts of gatekeepers of potential high-risk groups

Action Strategy 2: Awareness Training for Volunteer Task Forces

Action Strategy 3: Organising Psycho-social Support and Educational Activities for People Bereaved by Suicide

- **Psycho-social and educational activities** provided to people bereaved by suicide / deliberate self-harm
- **Intensive training** for trainers (i.e. social workers)

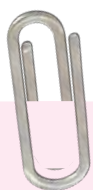
Indicated Prevention Strategies

Action Strategy 1: Ensuring the Existing Referral Systems being Reachable for the Community

Action Strategy 2: Development of Resource Kits for Families and Friends of Deliberate Self-harm Cases

Action Strategy 3: Development of a Volunteer Mentorship Programme





10th Anniversary of the Centre of Suicide Research and Prevention (CSRP) of the University of Hong Kong
Treating patients who harm themselves is a frustrating experience for many frontline doctors in the emergency department.
They keep coming back with yet another episode and it seems that our medical model is not helping. The Centre has
performed many good studies to shed light on this problem and provide new solutions to help these patients.
I look forward to more collaboration with the Centre.

Dr Tai-wai Wong
Consultant
Accident & Emergency Department
Pamela Youde Nethersole Eastern Hospital

計劃的緣起是一連串的不幸：2010年5月至8月期間連續有五個青年人在北區同一公共屋邨跳樓自殺，事件引起公眾以及社會福利署的關注。

計劃由本中心建議，獲獎券基金的撥款支持，多個跨政府部門、區內社會服務團體及本中心攜手於2011年在新界北區開展為期三年的「愛・希望@北區心理健康促進計劃」，包括共同組成一個跨專業的防止自殺聯席工作小組，藉著各小組成員的參與和互相配合，減低社區內的自殺風險。

每一個參與計劃的單位，都希望透過以社區為本的模式預防青少年自殺，減少區內的自殺及企圖自殺的個案。

汲取了過往在長州、香港東區這兩個社區項目的經驗，本計劃從公共衛生模式入手，策略周密地涵蓋三個層次，一）全面性策略，提升北區居民對防止自殺/企圖自殺的意識；二）選擇性策略，提升前線守門員（如保安員、家庭醫生等）的防範自殺的意識；及三）針對性策略，關顧企圖自殺的人，並提供適切的服務，以惠及該區所有居民，從而減低自殺率。

計劃目的

- 減低自殺率及企圖自殺個案
- 重整社區資源以提升社區資本
- 重構社區支援網絡

聯席工作小組成員名單

工作小組成員包括政府各部門代表、學術研究組織代表、各界別的非政府組織代表以及專業界別的代表。

政府各部門

社會福利署
房屋署
民政事務總署北區民政事務處
勞工處（青年就業）
香港警務處

學術研究組織

香港大學香港賽馬會防止自殺研究中心

專業界別

醫院管理局

非政府組織代表

基督教香港信義會社會服務部
香港小童群益會
香港青少年服務處
香港青年協會
香港路德會社會服務處
明愛粉嶺綜合家庭服務中心及樂晴軒
北區家長教師會聯會

「自殺，一個也嫌多」。我們衷心希望，透過這個為期三年的「愛・希望@北區心理健康促進計劃」能有效地減少自殺或企圖自殺的個案出現。我們相信，透過與不同的團體合作，並得到警方的鼎力支持和參與，定能為北區居民建構一個和諧、穩定的社區。

HOPE · MEDIA

希望·傳媒



Suicide is somehow like an epidemic disease, it is contagious and more susceptible people will get infected. The media has a unique role in preventing suicide and they can either halt or help its spreading depending how they are reporting suicide news. Over the decade, we have been working closely with the Hong Kong media to enhance the ecology of suicide news reporting in the media industry. Different workshops were organised for knowledge sharing. For example in 2012, the Centre and World Health Organization (WHO) co-organised a workshop - Consultation on Media and Suicide Prevention, Hong Kong. The workshop was well attended by editors, reporters and photographers of various news agencies. We are encouraged by their enthusiastic responses to assist in suicide prevention. Communication between media professionals and suicide prevention researchers is important.

In 2004, we published the booklet "Recommendations on Suicide Reporting for Media Professionals", which introduced the WHO's suggestion on suicide news reporting to the Hong Kong media.

In 2005, we collaborated with the Radio-Television Hong Kong to produce a six-episode television programme series called "Living is Hope", which aims at promoting suicide prevention. The series probed the issue of suicide and its related risk factors from various levels and angles with each episode focusing on a particular topic. The series also analysed problems encountered by different age groups and provided

the public with knowledge about suicide risk factors while explaining how to live and think more positively.

We would like to thank different media in the Greater China region for joining hands with us and publishing our 110 plus articles to arouse public awareness towards suicide prevention.

自殺猶如傳染病，故此傳媒在預防自殺這隊伍有異常重要及獨特的角色。處理手法的不同，可以撲滅、或者助燃這傳染病。由本中心成立開始，本中心一直積極與傳媒攜手合作，為培養自殺新聞處理手法良好生態出一份力。我們過去不時舉辦傳媒工作坊，互相交流。例如在二〇一二年，中心與世界衛生組織、新聞教育基金聯合舉辦了「記者·筆·自殺」工作坊，約二十五位國際、本地傳媒工作者包括管理層至前線記者聚首一堂，就推動改善傳媒報導手法分享他們寶貴的意見及經驗。

回顧過去，中心一直與傳媒業保持緊密合作，並早於二〇〇四年出版《自殺新聞報導建議》，向香港傳媒介紹世衛對自殺新聞報導手法的建議。

二〇〇五年，我們與香港電台合作推出一連六集的節目《活著就是希望》。節目不僅剖析各年齡層的自殺行為的原因，還介紹如何培養正面樂觀的人生態度，讓觀眾明白生命的意義不在於從未跌倒，而是每次跌倒都能站起來。

我們衷心感謝大中華地區媒體的支持，刊登了我們逾一百一十篇文章，共同為提高公眾對預防自殺的關注努力。



約十年前認識香港大學防止自殺研究中心總監葉兆輝教授，那時我們談及傳媒的報導與自殺的關係，傳媒如何能協助防止自殺。十年來，看到葉教授及他的團隊，為降低整體人口的自殺風險所作的努力及中心的研究成果。香港大學防止自殺研究中心在葉教授的領導下，工作得到世界衛生組織的認同，在中心成立十週年時，獲頒知識交流獎，可喜可賀。十年來，香港大學防止自殺研究中心喚醒我們尊重生命，提醒我們活著的意義，讓我們活得精采。祝願中心在以後更多的十年，繼續發光發熱，造福人類。

香港新聞教育基金副主席暨香港商業電台新聞及公共事務總監
陳淑薇

10th Anniversary Magazine 十週年紀念特刊

2013

NEWSPAPERS EFFORTS IN HELPING SUICIDE PREVENTION

報章對預防自殺的貢獻



In 2012, the local media reported a 'new' method of suicide - breathing in Helium gas. We deeply appreciate the actions of two major local newspapers for removing the once-attached Internet links to Helium access after we approached them.

二〇一二年，香港傳媒廣泛報導一種新的自殺方式：吸入氦氣。我們感謝本港兩家主要報章接受我們的建議，把其網站列出的市民接觸氦氣方法鏈結移除。

"The launch of media recommendations and awareness programs can change certain reporting styles of suicide news.

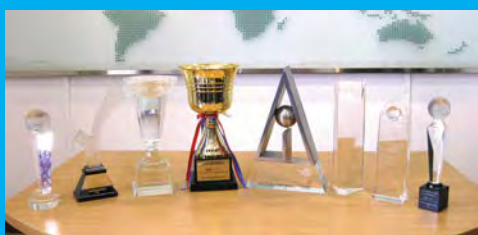
The change in reporting styles included the decreased use of pictorial presentations and avoidance of the circumstances of the death in headlines." - K.W. Fu & P.S.F. Yip (2008) Article: Changes in Reporting of suicide news after the promotion of the WHO media recommendations published in the Journal of Suicide and Life Threatening Behavior

E-ENGAGEMENTS

網上全接觸

In order to reach out to people who are curious about suicide but prefer more privacy or to do so from the convenience of their computer, we have created several e-platforms: Little Prince is Depressed, MindMap, and our Centre's main webpage, to engage them and deliver high quality information and research. With substantial support from the Quality Education Fund, we are also developing an online quest game, "Professor Gooley & The Flame of Mind" to provide an interactive web-based mental health learning experience for children and their parents.

我們透過不同的渠道預防自殺，所以積極開發了不同的網上平台，好讓重視私隱的一群或者網絡一族都能獲得預防自殺的資訊，例如「憂鬱小王子」，「MindMap」，本中心網站等。我們又獲得優質教育基金的支持，開發了為期十二星期，針對青少年的網上學習課程——《古里教授與思維之火》。參加者會以互動及遊戲形式去學習不同具科學實證支持有助青少年心理健康的知識及技巧。



Little Prince is Depressed 《憂鬱小王子》

• www.depression.edu.hk

MindMap 《心理健康資訊樞紐》

• www.mindmap.hk

CSRP's Main Website 本中心網站

• csrp.hku.hk

Professor Gooley & The Flame of Mind 《古里教授與思維之火》

• www.gooley.edu.hk

WEBSITE "LITTLE PRINCE IS DEPRESSED" -

Multimedia features, beautiful graphics and original music presented in innovative way helps to destigmatize depression

The "Little Prince is Depressed" (www.depression.edu.hk) is an innovative and interactive educational website that provides an in-depth and easily digestible information on depression, common stressors among adolescents, hands-on self-help practical tips, and referral information. It is a first-of-its-kind website for adolescents in Asia and probably in the world. It contains evidence-based information based on empirical research results, in three text versions: English, Traditional Chinese and Simplified Chinese. The website has been awarded the Silver Innovation Award by the Asian Wall Street and Singapore Government in 2005 and is an eight times winner for the Meritorious Websites Contest by Television and Entertainment Licensing Authority in Hong Kong. This website is one of the most comprehensive websites on depression.

Modules of the website:

- Introduction - cause of depression and symptoms
- Psychological scale - self-rated measure on depression
- Treatment - antidepressants, psychotherapies, and alternative methods
- Healthy lifestyles - how to relax, mood management and healthy lifestyles
- Sharing - how to deal with academic problems, work stress, and interpersonal relationships
- Interactive elements - e-card, e-quiz and wallpaper

"The whole idea of the "Little Prince is Depressed" is to destigmatise depression," says Professor Yip. "The Little Prince is just like you and me."



At the Centre for Suicide Research and Prevention (CSRP) in Hong Kong, Professor Paul Yip and his team have been at the forefront of modern suicide research and education since 2002. Their synergetic team and multidisciplinary approach in promoting suicide awareness and education have proven essential in combating suicide and suicidal behaviors on both national and international levels. One such effort included the creation of 'The Little Prince is Depressed' website. This initiative stimulates the de-stigmatization of mental illness and has received international recognition. The CSRP is one of the most prominent scientific institutions worldwide and continues to shape suicide research on the global scale.

Professor Danuta Wasserman, Professor of Psychiatry and Suicidology, Karolinska Institutet (KI), Head of the National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP) at KI, Director of WHO Collaborating Centre for Research, Methods Development and Training in Suicide Prevention, and President of the European Psychiatric Association (EPA).

《憂鬱小王子》網站

漫畫人物配合原創音樂 以創意令公眾了解抑鬱症

《憂鬱小王子》www.depression.edu.hk 是一個將創意和互動結合的教育網站，提供深入而簡單易明的抑鬱症訊息，包括年青人常遇上的困難、自助小貼士及求助資訊等，乃亞洲區首個針對年青人需要的同類網站。網站以科學實證研究為依據，配以漫畫人物「憂鬱小王子」貫穿，帶領瀏覽者深入了解抑鬱症。網站的資訊內容全面，有三種文字版本：繁體中文、簡體中文和英文，可供華人地區和英語世界的人士瀏覽。

內容

- 一) 展覽館 - 淺析抑鬱症的成因和癥狀，以及和自殺的關係
- 二) 探熱站 - 自我評估情緒健康
- 三) 治療師 - 抗抑鬱藥、心理療法、另類療法
- 四) 健心院 - 精神放鬆、憤怒管理及健康生活絕招
- 五) 分享村 - 如何處理學業問題、工作壓力、人際關係
- 六) 愛心郵局 - 電子賀卡及桌面壁紙

特點

- 一) 將文化意念、科技和科學知識結合，應用至公眾健康問題上；
- 二) 將學術科研與政策實踐融會貫通，將艱深的學術用語化為顯淺的文字；
- 三) 原創的漫畫人物和音樂，觸動讀者的情緒，我們進行的讀者滿意度調查證實採用漫畫人物和音樂的做法有效。

《憂鬱小王子》亦被證實有效傳播抑鬱症的訊息。研究證明，瀏覽網站後的人士對抑鬱症有更深入了解，並且更願意鼓勵身邊的朋友求助。葉兆輝教授說：「推出《憂鬱小王子》網站最重要的目標是希望公眾不要再對抑鬱症存有誤解，抑鬱病人其實好像我與你一樣。只要及早求助，抑鬱症是可以痊癒的。」

網站的貢獻在國際間亦備受肯定，2005年，該網站榮獲由亞洲華爾街日報、新加坡政府主辦的第八屆「亞洲創新大獎」銀獎。香港方面，在影視及娛樂事務管理處舉辦的優秀網站選舉中，《憂鬱小王子》自2004年以來連續八次獲選為優秀網站。



WELL-BEING ENHANCEMENT AT SCHOOL

校園抗逆之旅

From VIRTUAL to REAL world

Since 2006, the Quality Education Fund has funded the Centre for three mental health enhancement projects for adolescents.

In the first two projects (2006-2011), a twelve-week school-based mental health enhancement programme, the paper version of "Little Prince is Depressed" was developed and implemented in 14 secondary schools. Targets were Form 2 to 4 students. Our aims were to reduce their risk in developing depression, as well as to provide training for school teachers to ensure sustainability of the programme at schools when additional resources were not available. Altogether more than 3,000 students and 50 teachers had received training by us.

The results of the programme were encouraging as our evaluation studies indicated that students who had completed the programme showed positive development in terms of help-seeking attitude and self-esteem. Those who had more depressive symptoms before joining the programme showed improvement in coping skills for depression. When compared with students who had not received training, those with training exhibited significant improvement in their mental health literacy and their attitude towards mental illness was more positive, regardless of whether the programme was conducted by trained instructors with relevant educational background or school teachers. These results mean that school teachers could be an effective agent to deliver mental health knowledge to students, and the effect could be as good as trained instructors.

In addition, four schools have continued the programme after the two-year project period and the results of the pilot project have been published in an academic journal (Wong et al., 2012), which demonstrated successful knowledge exchange.

In order to increase the number of beneficiaries and make good use of the Internet, we have developed a twelve-week, web-based mental health programme for adolescents and their parents, "Professor Gooley & The Flame of Mind", which is our third QEF-funded project (2010-present).

This web-based programme aims at developing an e-learning curriculum to promote adolescents' mental wellbeing and mutual communication between parent and child. Apart from gaining knowledge and skills for reducing the risk of developing mental health problems, this programme also includes skills for mental health enhancement. The programme has launched in June 2012 and 33 secondary schools have joined the programme. This programme has been well received by students, teachers, parents and both local and overseas scholars.

Reference

Wong, P., Fu, K. W., Chan, K., Chan, W., Liu, P., Law, Y. W., & Yip, P. (2012). Effectiveness of a universal school-based programme for preventing depression in Chinese adolescents: A quasi-experimental pilot study. *Journal of Affective Disorders*, 142, 106-14.



從網絡走向現實世界

由2006年開始，我們獲優質教育基金撥款資助三個促進青少年精神健康的項目。

首兩個項目是把「憂鬱小王子」從網上帶到現實世界，我們設計了為期十二星期、以學校為本的課程，並成功在十四家中學推行。這計劃的服務對象是中二至中四學生，目標是減低他們出現抑鬱症的風險，並同時向老師提供相關培訓，讓本課程可持續地在學校推行。我們在這兩個項目共向三千多名學生及五十名老師提供培訓。

項目的成效是令人鼓舞的。我們的研究結果顯示，完成課程的同學對於尋求協助的態度以及自尊心都呈正面發展。那些在參與課程前呈現較多抑鬱症徵狀的同學，他們對於處理抑鬱的技巧亦見改善。相對於沒有獲得培訓的同學，獲培訓者在完成課程後對於精神健康的認識出現明顯進步，對精神健康的問題亦抱有較正面的態度——不論課程是經由有相關教育背景的導師或學校老師教授。這反映學校老師可以是向同學傳達精神健康資訊的成功媒介——絕對可以媲美曾接受相關訓練的導師。



A vibrant landscape featuring a lush green field in the foreground, a dense line of dark green trees in the middle ground, and a bright blue sky with scattered white clouds. The scene is captured in a wide-angle shot, emphasizing the vastness of the landscape.

Moving Boundaries

跳・動・破



CONNECTING THE DISCONNECTED: CYBER YOUTH

網中尋

Pilot Cyber Youth Outreaching Project (PCYOP)

In view of the rapid growth in the use of the Internet by young people, as well as the difficulty in reaching out to the growing group of potential at-risk youths through traditional services, the Social Welfare Department has commissioned three Non Government Organisations (NGOs) to each launch a pilot cyber youth outreaching project with effect from August 2011.

We are being commissioned by the Social Welfare Department to conduct an evaluative study of their Pilot Cyber Youth Outreaching Project (PCYOP) between Nov 2011 and Nov 2014. The services providers involve three NGOs namely, The Hong Kong Federation of Youth Group (HKFYG), The Boys' and Girls' Club Association of Hong Kong (BGCA) and Caritas Hong Kong. The evaluative study aims to adopt research methodologies to evaluate the effectiveness of the pilot projects, in order to recommend the way ahead for cyber youth outreach work ultimately.

The study will be both qualitative and quantitative in nature, covering all the three PCYOPs, namely Caritas's "Search'n Care Project", BGCA's "VR Nite Cat Project", and HKFYG's "eTouch Cyber Youth Outreach Project". The projects plan to engage at-risk youths via online means, provide online counselling and offline services where necessary. The major outcomes lie in emotional health, social skills, and risky behaviours. These projects are multi-level implementations targeting youths at different risk levels. These projects are expected to benefit thousands of youths who might not have been reached by the conventional means.

The Azalea (1972) Endowment Fund

In addition, the on-going generosity from the Azalea Endowment Fund has enabled us to develop projects that engage Hong Kong youth and enhance their mental health and wellbeing. The Azalea Endowment Fund truly marks the progress of Hong Kong's mental health initiatives in a web 2.0 world.

A mobile application (App) for a mental health literacy program is also currently being developed. This app is the first of its kind in the Chinese language market and will be a hallmark of high quality, scientifically supported information on depression and mental health for the general public.

Nearing a prototype right now is a one of a kind search engine that will improve the efficiency of finding distressed youth on the World Wide Web. This search engine automates the arduous task of scanning countless open online blogs for distressed and possibly suicidal individuals to kick-start the engagement process for helping these online users.

Moreover, we organize a series of workshops to provide training to local NGOs and educational institutions on the fundamentals of utilising the Internet to engage target end users via web 2.0 websites and social media. Ultimately, NGOs and educational institutions will be better equipped to more effectively find and engage end users online. This workshop follows proposed theme of the project "Excellence & Capacity building for Entrepreneurship & Leadership for the Third Sector" (ExCEL3) which consists of strategic marketing plans and Internet strategies to empower the third sector and boost capacity to cope with the constantly changing environment.

Happy birthday CSRP! Under visionary leadership of Prof Paul Yip, CSRP is standing out as one of the top centers in suicide research and prevention in the Asia Pacific region and in the world. All the best wishes to the creative, energetic and passionate team for an even more splendid future.

Wang, Xiangdong
Regional Adviser on Mental Health and Injury Prevention
WHO Western Pacific Region

PCYOP

社會福利署有鑑於兒童及青少年使用互聯網的情況非常普及，而主流服務難以接觸這群趨向隱蔽並可能成為邊緣青少年的服務對象，而相對於其他介入方法，這群青少年人較願意接受網上服務。

故此，社署委託了三間非政府機構，由二零一一年八月起各推行為期三年的網上青年外展試驗計劃。

我們對青少年的生活新模式亦非常關注，並獲社會福利署委託，對該三間機構推行的相關計劃進行評估研究，評估這些試驗計劃的可行性、成效及成本效益，並就網上青少年工作日後的发展路向提出建議。這項研究將於二零一四年年底或之前完成。

該三間機構分別為香港明愛、香港青年協會、以及香港小童群益會。她們由2011年下旬開始起各網上青年外展試驗計劃，採取多層面的介入策略，即預防、發展、支援及補救層面，利用電子郵件、短訊、MSN、ICQ、網誌、電子學習平台、社交網站Facebook及網上遊戲等各種網上途徑，主動接觸青少年，特別是邊緣或隱蔽青年，以及那些在網上參與援交及網上欺凌等偏差行為的青少年。經評估需要跟進服務的青少年，將會被轉介接受現有的主流社會服務，以便發揮更佳的服务協同效應。



杜鵑(1972)基金

另外，我們獲得杜鵑基金的持續支持，讓我們可以推出一連串青少年精神健康項目，在WEB2.0的世界有嶄新的發展。

我們正在開發智能手機應用程式——首個介紹抑鬱症及心理健康的中文應用程式。智能手機在香港青少年社群尤其流行，這正是測驗智能手機應用程式的最佳機會。

我們也正在利用最新的網絡內容搜尋技術，按網民在網誌等上載的內容搜尋受抑鬱困擾甚至有自殺念頭的人士，為搶救生命盡力。

同時，我們會為其他非政府機構、教育機構提供培訓，讓她們能夠更有效地使用互聯網接觸服務對象，善用社交網站等嶄新渠道發揮WEB2.0的優點。

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SPATIAL ANALYSIS OF SUICIDE IN HONG KONG

了解自殺的地理分佈

A better understanding into the spatial variation in the incidence of suicide may shed light on not only the causes of suicide but also possible approaches to its prevention. One of the main research topics we are actively investigating at the CSRP is whether suicide rates vary substantially across different communities of the city, as well as what characteristics of the communities may have influenced the incidence of suicidal behaviours. We have made effort to put together and link spatial information within data of different sources, including the Coroner's Court data for suicide, the population census data for area socioeconomic characteristics, and the Lands Department data for urban environments, in order to gain insight into the relationship between space and suicide in Hong Kong.

More than one hundred years ago, Morselli (1881), an Italian psychiatrist, presented the first series of 'suicide maps' in his book 'Suicide', demonstrating striking variations in suicide rates across and within European countries.

Durkheim (1897), one of the founders of modern sociology, also used maps to study suicide in relation to 'social forces', such as wealth and family structure, that possibly underlie geographic variation in suicide.

More recent studies have shown that there are prominent international variations in the incidence of suicide. For example, across Europe, national suicide rates differ more than 10-fold.

In East / Southeast Asian countries, the incidence of suicide varies widely from high rates in South Korea, Japan, Taiwan, Hong Kong and China, moderate rates in Singapore and Thailand, to low rates in the Philippines.

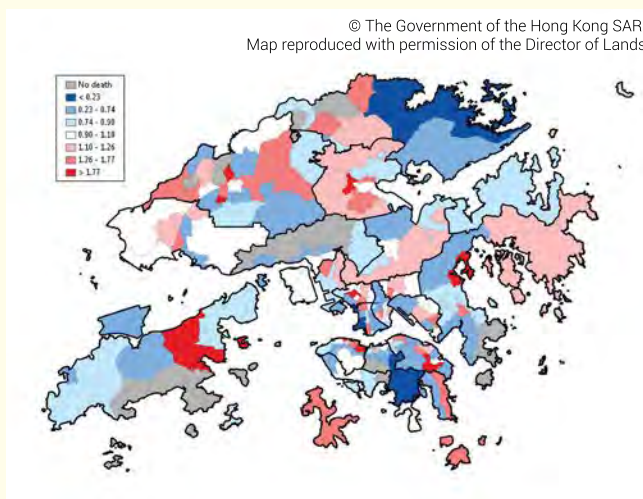


Figure 1 Standardised mortality ratio for suicide in Hong Kong (2006-2010)

At the CSRP, Dr. Shu-Sen Chang and Prof. Paul Yip have been actively working on several projects which relate suicide or self-harm to locations. Before we carry out any analyses or publish any results, we pay the greatest attention to ensure confidentiality for study subjects and data safety of the location information. Our analysis will be based only on aggregate data, i.e. the number or rate of suicide / self-harm; in contrast personal information e.g. residential address will be protected and not disclosed. The identification of any high-risk areas / communities is to better inform the allocation of limited resources; without such information, it is difficult to distribute resources in an efficient way and avoid further worsening inequalities that have already existed. We have endeavoured to address stakeholders' concerns of data safety and the impact on communities of findings from geographic analysis. We believe that a shared understanding into the strengths and



The suicide prevention centre created and lead by Professor Paul Yip in Hong Kong is and has been of paramount impact in generating suicide awareness. Paul and his great team have been pivotal in building a world-class agenda of research and prevention activities. Their influence has been enormous for their country and very relevant also at the international level. There is little doubt that the Hong Kong Centre for Suicide Research and Prevention represents today one of the leading institutions in the world in the fight against suicide and suicidal behaviours.

Professor Diego De Leo, DSc,
Director of the Australian Institute for Suicide Research and Prevention, and the
WHO Collaborating Centre for Research and Training in Suicide Prevention

limitations of spatial data and the usefulness of findings for policy making amongst the researchers, stakeholders, and data providers (i.e. governmental departments) is the key to make the best use of available data and findings generated from spatial analysis.

Small geographic units have greater internal homogeneity than large units and their aggregate socioeconomic characteristics are thus more likely to reflect the nature of social environment where people live. Thus we have attempted to depict spatial variations in suicide and identify their correlates across small areas in Hong Kong. Figure 1 shows spatial variations in suicide rates across approximately 200 small Tertiary Planning Unit groups in Hong Kong.

Anticipated results may provide important insights into the causes of suicide and inform prevention strategies that are timely, relevant, and can be potentially generalised to other similar Asian megacities. We hope to identify i) the overall spatial patterning of suicide in Hong Kong, ii) any 'hot spots' (i.e. places where there are concentrations of suicides or high suicide rates) or 'clusters' of increased risk, and iii) area factors that may influence local rates.

A detailed spatial analysis of suicide in Hong Kong will be of potential value to provide a better understanding of area factors that are associated with suicide as well as identifying high-risk communities, with implications for community-specific, geographically informed suicide prevention measures.

過往的自殺研究中，一項顯明但往往令人困惑的發現，是不同國家的自殺率有明顯的差異。同時，在一個國家或地區之內，自殺率也顯示出明顯的地理差異。如果能夠進一步了解造成這些差異的因素，不但能增加我們對自殺原因的認識，也可有助於自殺的預防。

香港大學防止自殺研究中心正積極進行相關研究，試圖了解在這個城市內的不同區域，自殺率是否有明顯的差異、那些地區可能是高風險區域，以及那些社區特徵可能與高自殺率有關。為了進行這樣的分析，我們正努力將數個不同來源的資料整併，包括死因審判庭的自殺資料、人口普查的區域社會經濟資料，和地政總署的測量資料，利用其中的地理資訊將其串連，首次進行香港的區域自殺研究。

早在百多年前，意大利精神科醫師 Morselli 首次出版了一系列的歐洲自殺率地圖。現代社會學的奠基者 Durkheim 也在他的知名著作「自殺論」中，利用地圖來研究自殺與社會因素的關連性。然而，自殺的地理分析在非西方國家相對少見。我們之前針對台灣資料的分析，發現自殺率有明顯的空間分布模式、城鄉差異，同時若干地區因素，如低收入和高單親家庭比例，與高自殺率有關。

在我們進行任何地理分析之前，我們非常重視私隱權和資料安全性的問題。我們的分析是以社區而非個人為單位，因此可以免除揭露個人地址資料的疑慮。辨認高危社區，將有助於資源的有效分配。我們相信，若研究者、社區人士，以及提供資料的相關單位，能夠對地理分析的價值與限制達成共識，將能發揮既有資料的最高價值，保障與提升公眾利益。

在分析上，小區域的自殺空間研究極具挑戰性，我們將使用高階的統計模型，來克服小區域估計不穩定，以及相鄰區域彼此相關的問題，提升研究結果的可信度。圖一是我們初步呈現香港200多個都市小規劃統計區的自殺率差異。

我們期待這樣的空間分析，可以增進我們對香港自殺潛在地理差異的了解，辨認高危地段，以及了解高危地區的社會經濟特徵。這樣的嶄新知識，可以補足我們過往著重自殺個人層次危險因子之不足，深入了解與自殺有關的社區環境因素。針對高危社區，我們也有機會發展因地制宜的預防策略，以增進社區精神健康和減少自殺行為，將有限的資源，進行最有效的分配與利用。

ATTEMPTED SUICIDE ON CHINESE MICROBLOG

自殺圖片在微博蔓延時

In China, local micro blogging sites, like Sina Weibo and Tencent Weibo, have rapidly grown to become major channels for Chinese Internet users to read, write, communicate, and forward 140-character maximum messages via a variety of technology platforms. These two leading micro blogging service providers in China each claim their user base reached 300 million in 2013. According to China Internet Network Information Center, the total number of Chinese micro bloggers reached 274 million by the mid-2012, comprising 51% of the total Internet users in China. The total number of micro bloggers will reach 400 million by the end of 2014.

Our Centre is interested in investigating the consequences of presenting deliberate self-harm behaviour through social media in China. Using a case study, we address the following questions: 1) How do Chinese micro bloggers respond to the self-presentation of deliberate self-harm behaviour? 2) How are such micro blog posts propagated in a social network? And 3) What are the suicide prevention implications?

We drew on a case study of a Chinese micro blogger who posted a wrist-cutting picture that was widely circulated in Chinese social media in 2011. We examined written reactions of a group of Chinese micro bloggers exposed to the post containing deliberate self-harm message and photo. In addition, we investigated the pattern of information diffusion via a social network.

We systematically collected and analysed 5,971 generated micro blogs and the network of information diffusion. We found that a significant portion of written responses (36.6%) could help vulnerable netizens through providing peer-

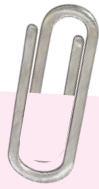
support and calls for help. These responses were reposted and diffused via an online social network with markedly more clusters of users, and at a faster pace than a set of randomly generated networks. Pattern of information diffusion is shown in Figure 1.

Diffusion of suicide related content across social media is a recent and rapidly growing phenomenon. There is not enough empirical data to suggest whether the benefits or harm brought by social media on suicidality outweigh one another. We, however, suggest that a suicidal attempt can be disrupted in time if social media is harnessed in positive ways. Researchers should closely monitor the effects of new media on individuals' mental health and suicidal acts. Clinicians who help suicidal individuals should explore their clients' use of social media and suggest ways to make social media one of the safety nets available to them when necessary. Moreover, an appropriate referral system needs to be established to provide follow-up support and services to individuals who have self-presented suicidal thoughts and / or behaviours online.

Social media is indeed a double-edged sword: on one hand, it provides a platform for some individuals to affect others by spreading suicidal thoughts or mimicking suicidal acts, but on the other hand it also plays a constructive role in early detection and rescuing people at suicidal risk. Further empirical research is needed in order to reveal how this population interacts with social media and what we can do to intervene effectively.

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*The decade whets sword, frost blade has tried much.
Congratulation to you today, all for the World.
May CSRP be sturdy and vigorous, fruitful and creative, being on the scroll of fame.*

和唐·賈島《劍客》詩：“十年磨一劍，霜刃未曾試。今日把似君，誰為不平事？”
——願香港大學自殺研究和預防中心枝繁葉茂，碩果累累，造福天下，名垂青史。

Huang Yueqin (黃悅勤)
Director
The National Center for Mental Health
Chinese Center for Disease Control and Prevention
中国疾病预防控制中心精神衛生中心主任

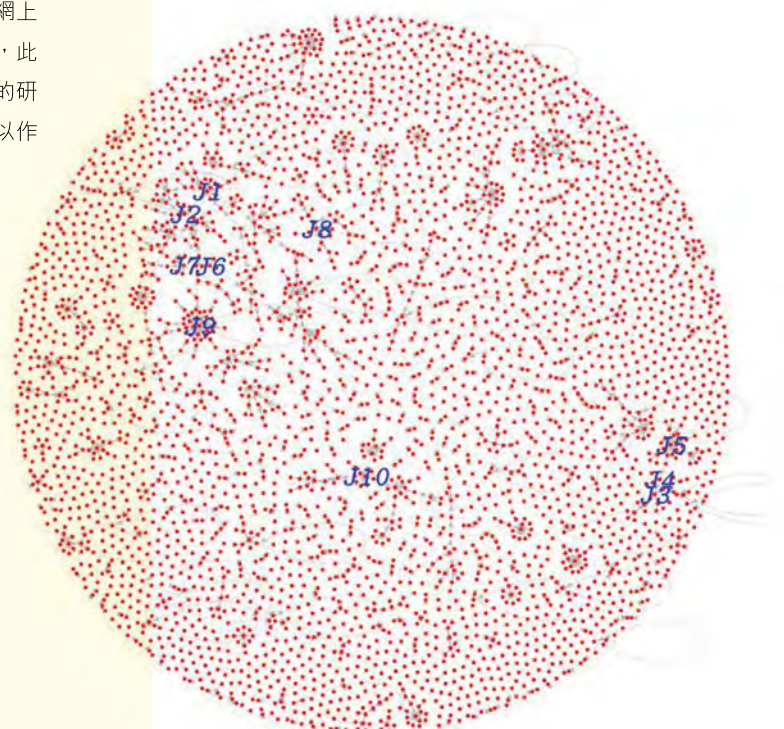
微博在中國發展迅速，這個社交媒體在短短數年間，成為中國人主要訊息交流的互聯網工具。在2012年中，全國有超過二億七千多萬名微博用戶，佔總上網用戶一半以上。

在2011年，有一名微博用戶上載了一幅割脈自殺的照片，並被廣泛轉發，本個案分析研究的目的有三：一）了解微博用戶怎樣回應這帶有自殺訊息的微博？二）其傳播網絡和路徑是怎樣形成？三）對防止自殺工作有何意義？

我們仔細分析5,971條微博訊息及作出分類，結果顯示36.6%的訊息帶有支持和幫助的意思，而訊息的傳播方式較多透過用戶群進行，步伐亦較隨機產生的網絡為快。傳播網絡圖見圖一。

雖然本研究並非分析網絡對自殺行為的影響，但數據顯示社交媒體可為有自殺風險者帶來正面幫助。研究人員須繼續了解新媒體對人的精神健康和自殺行為的影響，醫護人員亦有必要了解病者的網上使用模式，甚至考慮透過社交網絡為病者提供一種「安全網」，此外亦可提供轉介和支援的機會。了解新科技的應用是一個重要的研究課題，公共健康從業者和傳媒工作者可考慮制定相關的指引以作回應。

圖一：傳播網絡圖
Figure 1 Pattern of information diffusion

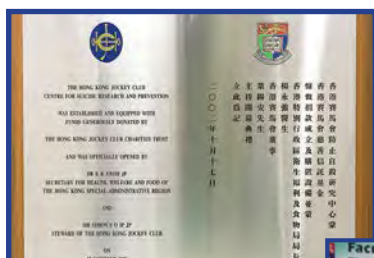


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OUR FIRST DECADE MILESTONES



Inaugurated, located at University Drive No. 2

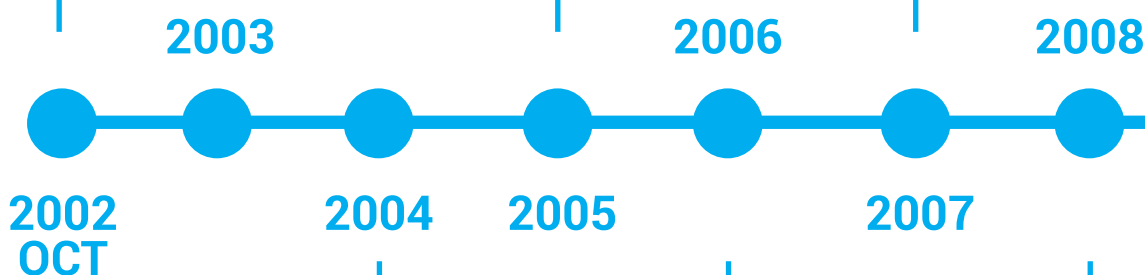


Press conference during SARS period



Launched "Peter Lee - Care for Suicide Survivor Project"

"Little Prince is Depressed" website honoured with "Ten Healthy Websites 2004", "Most Creative Website Award", and "Asian Innovation Award"



Hosted "Moving Boundaries: Preventing Suicide 2004" International Conference in Hong Kong



Organised "International Workshop on National Strategies for Suicide Prevention" in Hong Kong



The 3rd Asia Pacific Regional Conference of International Association of Suicide Prevention (IASP) held in Hong Kong





Awarded the second Quality Education Fund (QEF)

Outstanding Researcher of the University of Hong Kong

Stengel Research Award by IASP

Outstanding Research Student Supervisor of HKU

2010

2009

2011

2012

2013

Awarded the third QEF - "A web-based mental health programme for adolescents with parental involvement"

Office relocated to Hong Kong Jockey Club Building for Interdisciplinary Research, Sassoon Road



The Faculty Knowledge Exchange Award of HKU



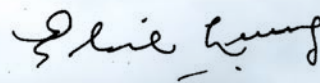


“Adversity is not a dead end, but giving up on life is”. One of the most effective strategies in promoting suicide prevention is to increase awareness of the risk factors that lead to suicide behaviours. This requires leadership of relevant professions and joint efforts of the community. The Hong Kong Centre for Suicide Research and Prevention has advocated the Public Health Approach to understand and prevent suicide through its work in research and public education. On the occasion of its 10th Anniversary, I wish to congratulate the Centre on its invaluable contribution that has helped cultivate a mentally healthy environment in the community.”

CARRIE LAM

Mrs Carrie Lam Cheng Yuet-ngor, GBS, JP
Chief Secretary for Administration, The Government of the Hong Kong SAR
香港特別行政區政務司司長林鄭月娥

I offer my heartiest congratulations to the Centre for Suicide Research and Prevention on its 10th Anniversary. How time flies. A group of enthusiastic young people from different professions including social workers, doctors, judiciary and others decided to join together to help preventing suicide and to help the family members of the victims and have worked wonders in Cheung Chau, Tin Shui Wai, Tuen Mun, and North District for old people and young students. It has formulated a good link with the International Association for Suicide Prevention and has assimilated expert knowledge from all over the world. With a modest sum of seed money, it has carried out numerous projects, provided innovative promotional materials, and training the trainers in suicide prevention, because it has a very dedicated staff working under the leadership of Prof. Paul Yip, who is taking the lead in suicide prevention locally and internationally. I am sure that the Centre will make even greater success in the next decade.



Leung Oi Sie, Elsie, GBM, JP
Chairperson of the International Advisory Committee of CSRP
香港大學香港賽馬會防止自殺研究中心
國際顧問委員會主席梁愛詩女士

*May I extend my warmest congratulations to the Centre for
Suicide Research and Prevention on its 10th Anniversary.
I am sure the Centre will continue working closely with the
community in trying to understand and prevent suicide
through interdisciplinary research and education, and bring an
enduring message of hope and encouragement to society.*

十載耕耘，「研究中心」努力與社會攜手抗鬱，匯集社科教研力量，讓絕望者看到曙光，令這城市滿載希望；我衷心希望它繼續發熱發光。

徐立之

Professor Lap-Chee Tsui
Vice-Chancellor
The University of Hong Kong
香港大學校長徐立之教授

SELECTED PUBLICATION

OF THE CENTRE

The 32 selected papers out of the over 100 papers published by our Centre have demonstrated the breadth and depth of the Centre's research in the past decade. It involves, surveillance and monitoring, risk and protective factors, intervention study and program evaluation which form the core-components of a public health approach for suicide prevention. It is a collective effort of our colleagues, research students and collaborators who are very passionate for suicide prevention.

• Wong, P.W.C., Fu, K.W., Yau, R.S.P., Ma, H.H.M., Law, Y.W., Chang, S.S., & Yip, P.S.F. (2013). Accessing suicide-related information on the internet: A retrospective observational study of search behavior. *Journal of Medical Internet Research*, 15(1), e3.

• Yip, P.S.F., Caine, E., Yousuf, S., Chang, S.S., Wu, K.C.C., & Chen, Y.Y. (2012). Means restriction for suicide prevention. *The Lancet*, 379(9834), 2393-2399.

• Yip, P.S.F., Chen, Y.Y., Yousuf, S., Lee, C. K., Kawano, K., Routley, V., Park, B.C., Yamauchi, T., Tachimori, H., Clapperton, A., Wu, K.C. (2012). Towards a reassessment of the role of divorce in suicide outcomes: Evidence from five pacific rim populations. *Social Science & Medicine*, 75(2), 358-366.

• Yip, P.S.F., Huen, J.M.Y., Lai, E.S.Y., (2012) Mental Health Promotion: Challenges, opportunities, and future direction. *The Hong Kong Journal of Mental Health*, 38(2), 5-14.

• Wong, P.W., Fu, K.W., Chan, K.Y., Chan, W.S., Liu, P.M., Law, Y.W., & Yip, P.S.F. (2012). Effectiveness of a universal school-based programme for preventing depression in Chinese adolescents: A quasi-experimental pilot study. *Journal of Affective Disorders*, 142(1-3), 106-114.

• Cheng, Q., Chang, S.S., & Yip, P.S.F. (2012). Opportunities and challenges of online data collection for suicide prevention. *The Lancet*, 379(9830), e53-e54.

• Yip, P.S.F., Caine, E.D., Kwok, R.C.L., & Chen, Y.Y. (2012). A decompositional analysis of the relative contribution of age, sex and methods of suicide to the changing patterns of suicide in Taipei City, 2004-2006. *Injury Prevention*, 18(3), 187-192.

• Zhang, Y., Law, C.K., & Yip, P.S.F. (2011). Psychological factors associated with the incidence and persistence of suicidal ideation. *Journal of Affective Disorders*, 133(3), 584-590.

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• Yip, P.S.F., Hawton, K., Liu, K., Ng, P. W. L., Kam, P., Law, Y.W., & Wong, T. (2011). A study of deliberate self-harm and its repetition among patients presenting to an emergency department. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 32(4), 217-224.

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• Law, Y.W., Wong, P.W.C., & Yip, P.S.F. (2010). Suicide with psychiatric diagnosis and without utilization of psychiatric service. *BMC Public Health*, 10(1), 431.

• Yip, P.S.F. & Law, Y.W. (2010). Towards evidence-based suicide prevention programmes. World Health Organization: *West Pacific Region*:1-73

- **Yip, P.S.F, Pitt, D., Wang, Y., Wu, X., Watson, R., Huggins, R., & Xu, Y.** (2010). Assessing the impact of suicide exclusion periods on life insurance. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 31(4), 217-223.
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THE CSRP TEAM AND FRIENDS





CSR Christmas Party



Easter party at Victoria House



Education Bureau Student Suicide Seminar



IASP Delegates at HKU



HKU100 Gala Dinner



Ms. Brigitte Lin Ching Hsia 林青霞



Dr. Shu-Sen Chang at the Press conference



Inauguration Ceremony with HKJC representatives



Meeting with Hon. CHAN Kin-por



Seminar by Dr. Ying-yeh Chen



Seminar by Jens Kandt from London School of Economics



All-China Women's Federation



Seminar by Prof. Wei J. Chen



World Suicide Prevention Day Press Conference with Hon. Joseph Lee



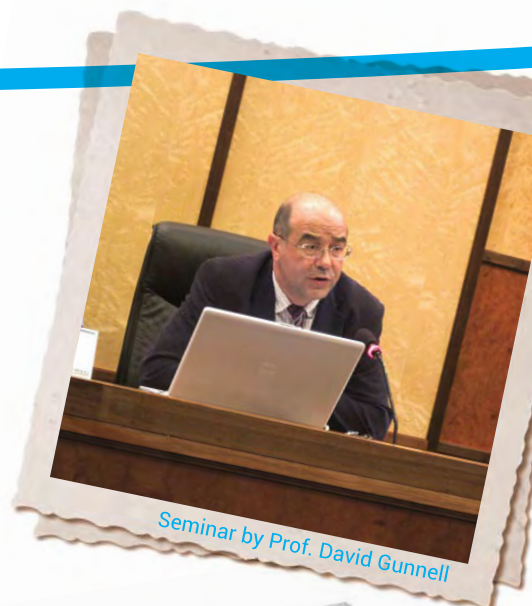
Dr. Wang Xiangdong, WHO



Mentorship program for
Nam Wah Catholic Secondary School



DSH Seminar at North District Hospital



Seminar by Prof. David Gunnell



Seminar by Prof. Konrad Michel



Seminar at Hospital Authority

兩岸四地自殺預防與生命教育研討會 2011.0



Seminar in Tsing Hua University



Easter Bunny's Journey of Hope



Prof. Arthur Kleinman



Sino Group



Lawrence Fung's Group



Working group of North District Project



Singapore Ministry of Education



Mr. Patrick Nip of Social Welfare Department



World Suicide Prevention Day 2011



Taipei Suicide Prevention Centre



Mrs. Selina Tsang



Seminar by Prof. Jonathan Sterne



Seminar by Prof. Stephen Platt



CSRP Team with Dr. Frances Law



Outstanding Researcher Award 2011



Visit Disneyland with mentors and mentees



Reception dinner with WHO representatives



CSRP Team 2010



Hidden Heroes - The dedicated mentors



Mr. Peter Morgan and the Police Negotiation Cadre



Teachers for Mental Health Enhancement Program



Prestigious awards for the "Little Prince is Depressed" website (2005-2011)



Hong Kong Police Force, Mr. Lau Tat Keung



Workplace Mental Health 101



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The University of Hong Kong**

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