

November 2010

CSRP NEWSLETTER

mind
map

stay connected

Knowing and Reason

Connecting the Disconnected

認知. 思考. 連繫
讓世上再沒有孤立的個體



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



Director's Message

總監的話

iPhone, e-mail, internet, Twitter and similar e-technologies connect our world more effectively and efficiently than ever. Simultaneously, even with the latest Web 2.0 creation, there are still people that are desperately and hopelessly disconnected in our community.

Despite the financial and economic hardship in 2008/2009, the suicide rate in 2009 remains similar to 2008 at 13.8 per 100,000. However, we have witnessed a significant increase in youth male suicide rate, a 30% increase from last year (11.7% and 8.9% in 2009 and 2008 respectively). Young males aged 15-24 who are unemployed and have dropped out of school seem to have the highest risk when compared to other age groups. What's more, suicide in the ageing population is also one of the greatest public health concerns.

**EVEN WITH THE LATEST WEB 2.0 CREATION,
THERE ARE PEOPLE THAT ARE DESPERATELY
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COMMUNITY.**

A suicide cluster study recently identified high suicide risk areas in a number of specific areas around Hong Kong. These clusters identify a flagrant example of the disconnection between social services aid and the disadvantaged group vulnerable to suicide risk in effect, during the course of 2011, we have created Mindmap to target this group to connect them to the necessary means of support within the community. It is one of the knowledge transfer programmes developed by the HKJC Centre for Suicide Research and Prevention (CSRP) to ensure that the research studies of suicide prevention can be well delivered to the community. Mindmap creates a mental health information hub to engage the community in suicide prevention and promote mental well being. The website also provides evidence-based information, feature articles and good practice models to further educate the public on this very serious issue. Your responses and suggestions will be much appreciated to make Mindmap work better for you. We are continuously striving for excellence in serving our thriving community.

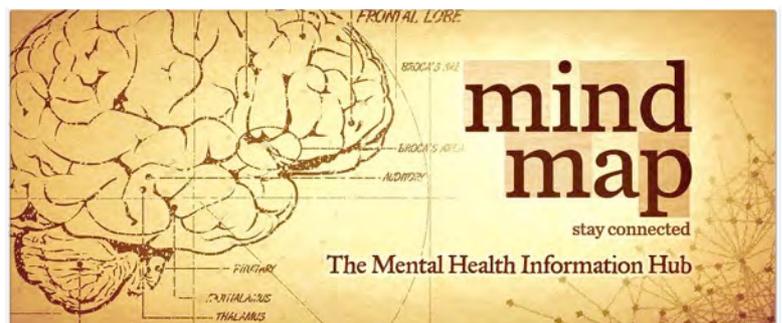
Everyone's life is precious. There are no second chances in life. We should cherish our lives and make the most of what we have. Mindmap is one of our proudest achievements, and we hope that it will become part of our community- to know, to understand, and to help saving precious lives.

iPhone, 電郵, 互聯網, 微博等網絡科技令世界人口前所未有地緊密連繫, 可是與此同時, 即使有了最新的web 2.0系統, 我們的社會裡仍有許多人無法與他人接軌, 陷入絕望與無助之中。

二零零八及零九年, 受到金融海嘯影響, 香港面對著經濟困境。雖然零九年自殺率維持在接近零八年水平的每十萬人13.8宗, 然而我們發現青少年男性自殺比率較零八年大幅上升了30% (零九年佔總自殺人數11.7%, 零八年比率為8.9%)。相比其他群組, 15-24歲失業及失學男性自殺風險最高, 而長者也是極需要關注的一群。

透過自殺群組研究, 我們亦界定了一些自殺風險偏高的地區和地點, 並發現到在這些區域, 社會服務明顯與弱勢社群脫節。有見及此, 未來一年我們致力創立Mindmap (www.mindmap.hk), 務求透過互聯網聯繫大眾, 特別是與社會脫軌的那一群。Mindmap是一個香港大學香港賽馬會防止自殺研究中心的知識轉移計劃, 以科學資訊提供社會預防自殺的信息。它是一個公眾精神健康資訊樞紐, 不但鼓勵社區人士加入防止自殺工作, 也致力推廣精神健康, 向公眾提供以實證為本的資料、專題文章以及成功的實踐模式, 作為一種知識傳送或交流。我們非常歡迎您的回應及寶貴意見, 它們會讓Mindmap做得更好, 而我們亦會精益求精, 繼續服務社區, 見證著社會的健康成長。

「生命無Take Two」, 人生無價, 我們每個人都該珍惜自己, 活出最好。Mindmap代表了我們的創見, 它將成為社會的一部份, 綜合智慧, 連接每個生命, 為認知、思考與生存導航。



From the Editorial Team

Is Suicide Preventable? A Community Response to Suicide Clusters

A 60-years-old man who tried to kill himself because of financial difficulties was severely injured after the charcoal he was burning caused his home to explode in October of 2010. Six young people who committed suicide by jumping off the same public estate building within a 3-month period had aroused public concerns on whether we have done enough to prevent these tragedies. These are only a few of the hundreds of suicide cases which happen in Hong Kong every year. People end their lives for different reasons. Some were mentally ill but most were just having difficulties in life and did not receive the appropriate help. Inconsequential of the fault being poor help-seeking behaviours or an inaccessibility to existing services, it had been already too late to save these lives when they were already so close to harming themselves.

In the Lancet letter on the need to rethink “suicide prevention in Asian countries”, Chen & Yip (2008) indicate that the availability and affordability of psychiatric services in Asia, impose barriers to the community and thus make these services ineffective towards suicide prevention. Studies have shown that less than half of those in the world who are considered suicidal would ever consult mental health services before they committed the act (Law, Wong & Yip, 2010). Improving medical treatment for patients at risk of suicide is necessary but not sufficient to significantly reduce the number of suicides. Given that high-risk individuals are almost imperceptible to detection, methods of prevention should best be focused on restricting access to the means of suicide and community-based prevention programs/strategies.

Since 1997, Hong Kong has experienced one of the most drastic changes in its suicide rate. The rate increased 12.5 per 100,000 in 1997 to 18.6 per 100,000 in 2003, a nearly 50% increase for the seven year period. However, it decreased significantly from 2003 until 2009 with an estimated rate of 13.8 per 100,000. Although we have yet to return to 1997's number of 12.5 in 1997, the reduction of 23.3% from 2003 to 2009 is a phenomenal improvement (<http://csr.p.hku.hk>). What can we learn

from this rapid fluctuation in the suicide rate from 1997 to 2009?

During the past few years, our Centre has been advocating a variety of preventative measures, those of which have included: restricting access to means of suicide, accurate and timely coverage of suicide news by the mass media, education to students about mental health literacy via school-based psycho-educational programmes, advocating the need to evaluate existing suicide prevention practices and the establishment of community-based suicide prevention programmes. The installation of platform screen doors in subway stations have also effectively reduced suicides but have not de-lethalized the image leading to the desirability of railway suicides. (Law et al., 2009). The experiment of limiting access to charcoal in local supermarkets has also demonstrated a strong correlation to reducing suicide rates through the burning of charcoal (Yip et al., 2010). Training sessions have been provided to frontline gatekeepers in past years including social workers, police officers, teachers and parents. In addition, along with the support of community collaborators, we await promising results in the reduction of suicide rates in a number of selected geographic communities, (e.g. Eastern District) (Wong, et al., 2010).

THE REDUCTION OF THE SUICIDE RATE FROM 2003-09 IN HONG KONG IS DUE TO DEDICATED COMMITMENT AND HARD WORK FROM STAKEHOLDERS AT ALL FRONTS IN THE COMMUNITY.

The reduction of the suicide rates from 2003-2009 in Hong Kong has been unusual and unique. It is not due to luck but to dedicated commitment and hard work from stakeholders at all fronts in the community. This tells us that community involvement carries a propitious benefit in the fight against suicide prevention and that increased education and support for community members will further our mission to end these unnecessary tragedies. We are indeed very pleased to have the opportunity to share with you these encouraging stories in this issue.

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From Cheung Chau to Eastern District

Building Safety Net for Lives — Helping Families in face of Deliberate Self-Harm

About a decade ago, Cheung Chau was once a “suicide hotspot”. People would carry their despaired souls to this Island and end their lives in a place they have never lived. Four years ago, in late 2006, 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 residents, shopkeepers, and police as well as vacation apartment operators, psychologists and social workers. It was proven to be successful.

The Eastern district adopted this same model with joint collaboration of a multi-disciplinary team. Initiated by police officers, academics, medical practitioners (emergency medicine specialist and psychiatrist), social workers, as well as a housing manager in November 2006, the programme, based

on a community approach to prevent deliberate self-harming behaviours as well as to assist suicide attempters and bereaved families of suicide was developed. The programme 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 a relatively stabilized suicide attempt and completed suicide trend at the beginning of the programme being initiated until 2008; and 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.

由東堤小築的故事 到東區計劃的成功

為生命築起安全網 — 「東區社區共融計劃」給社會的啟示

廿一世紀的今天，自殺已成為全球性問題，在傳媒的廣泛報導下，它就像傳染病般蔓延，防止自殺工作如何才能產生最大的效用，成為業界人士每天都在頭痛的問題。然而，在香港長洲這個於地圖上微如塵埃的小島，卻給了世界一個重要啟示：「生命就是一張網，眾人的關懷，就是生命的安全網！」

大家應該記得，大約在十年之前，長洲還被視為「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。那時候，一宗接一宗

駭人的自殺事件，使這充滿活力的小島突然愁雲慘霧。然而，大家可能不知道的是，就在幾年之間，長洲居民的守望相助，已把這段黑暗歷史改寫了。為了防止再有不幸發生，鄉委會、度假屋房東以至長洲居民聯手合作，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，成功令島上自殺數字大幅下降。這經驗給了研究人員重要的啟示，它建立起社區合作計劃的雛型，並於港島東區正式實踐。

「防止自毀——東區社區共融計劃」於2006年年尾實行，由香港警務署、社會福利署、房屋署、香港明愛、東區尤德夫人那打素醫院和香港大學合力建造出一個跨界別的社區防護網，並取得了良好成果。2006至2008年期間，東區錄得之企圖自殺及自殺數字相對穩定，分區自殺率下降9.1%，企圖自殺率下降6.7%，六十歲以上長者自殺率則下降了23%；在2009年，區內自殺數字進一步下降，計劃更獲得「亞太地區預防自殺優秀實踐獎」。

一個人的自毀傾向或自殺念頭不是一夕一朝形成的，呼籲珍惜生命並不足夠，管制售炭也只屬治標做法，未必直達問題核心。在現實的情況裡，除了環境突變或不愉快經歷的即時刺激外，自毀傾向還可能關乎一些長期精神及心理問題，例如抑鬱症、思覺失調、酗酒、毒癮及身體頑疾等，這些都需要各方專業人員的努力，包括醫護人員、精神科醫生、心理專家和學者等；而即使專業人員經已嚴陣以待，企圖自殺者卻未必會主動求助，必須有人及時發現個案，盡早作適當的評估、治理、轉介和跟進。因此，社工、教師、警員甚至屋苑管理人員都飾演著重要的角色。「東區社區共融計劃」的實行理念，正是把以上人士的角色有系統地接軌，並透過各種專業培訓和指引提高把關人員的警覺性，加上廣泛的公眾宣傳，使悲劇發生之前危機便已得以發現和化解。

若說生命是一張網，個人的自毀行為，定必對身邊的人影響深處，其中受害至深的固然是自殺者家屬。今年，「東區社區共融計劃」以「援助自殺者家屬」為主題，將服務對象延伸至自殺者家屬，透過類似的社區網絡，向他們提供適時的心理輔導，協助度過哀傷期，重新投入生活，同樣帶來令人鼓舞的成果。

「社交支持」、「希望感」和「生存的理由」都是自殺的主要保護因素，也就是說，自殺意欲可因而大大下降。假如我們能把人與人的心連結起來，有如堵塞的血管被打通，孤獨者不再孤獨，絕望者重見希望，欲放棄生命者找回生存的理由，那是多麼令人欣慰的事。「東區社區共融計劃」進一步證實了社區安全網的可行性，為未來的工作帶來重要啟示。我們期望同類計劃有機會擴展到其他地區，社福機構或學校在推行同類計劃時也可參考此種運作模式。我們作為社會的一份子，其實也可自動成為這生命安全網的一員，平時多留意身邊的家人、朋友、同事、鄰居以至陌生人，主動關懷、聆聽，微笑著伸出援助之手，讓愛在生命裡流通，那就誰都不必放棄自己了。

Reference:

Wong, P.W., Liu, P.M., Chan, W.S., Law, Y.W., Law, S.C., Fu, K.W., Li, H.S., Tso, M.K., Beautrais, A.L., Yip, P.S., (2009). An integrative suicide prevention program for visitor charcoal burning suicide and suicide pact. *Suicide and Life Threatening Behavior*, 39, 82-90.





《歲月神偷》——人情味也被偷走了嗎？

游思行

《歲月神偷》是六十年代的香港故事，上環永利街化身深水埗，街頭理髮，街尾造鞋，幾戶共分一個電話號碼，三餸一湯交替享用，一家人的事也就是整條街的事。電影令人感觸的，除了成長的苦痛和生活的艱難，就是所謂的「此情不再」。

我生長於八十年代的沙田，公共屋邨林立，家家戶戶都是孩子。我們天天跑出天井追逐，蹲在門口跟鄰家孩子玩耍，大門都是打開的。1124煮了糖水拿給1128，1128包多了幾個糰送給1118，誰家的孩子被罵，誰家爸爸有外遇，總會有人知道，後梯欄河是師奶們講心事的地方。

廿一世紀，一人一手機，我們的社區變得怎麼了？同是公共屋邨，聽聞的都是倫常慘劇、燒炭墮樓。中產生活富足，缺乏借鹽借糖的藉口，門戶總是打不開來。昔日父母心願是等兒女出身置業安居，離開屋邨後卻頓失一堆好鄰居，老人家終日躲在密封的大廈裡，深居簡出。舊社區的味道，總是令人懷念，然而，我不認為社會定必比以前冷漠。

網上社交是人際連結的另一模式，我們的朋友不是少了而是多了，交流不是膚淺了而是深入了，電子生活的重要性不容忽視。俗語有云：「家家有本難唸的經」，有些事情當面難以啟齒，但在網絡社區，誰也不難找到傾

訴對象。即使長者不上網，今時今日要撥通電話聯絡遠近親人，也一定容易多了，而願意學電腦的長者更是令我敬佩。

或許有一天，當人類生活進入新紀元，我們會懷念從前的icq、msn、facebook、twitter、微博，懷念那份不一樣的人情味。無論身處哪個時代，人都可以關心人，也需要被關心，只要輕輕把門推開，遞上一碗糖水，無論是真實是虛擬的，還是一樣甜。



香港需可持續發展的人口政策 面對整體精神健康的挑戰

葉兆輝 香港大學社會工作及社會行政學系教授 2010年8月4日刊 明報 A29版

最近訪問了澳洲墨爾本和新南威爾斯大學，與當地學者研究人口政策和促進精神健康的課題，剛碰着澳洲正值舉行因工黨轉換領袖引發的選舉。8月21日，澳洲將選出下一屆總理，在短短30多天的選舉期間，我看不到街上有很多橫額和有關選舉的宣傳品。澳洲人對選舉興趣不大，上周兩黨領袖在電視的辯論時段也要讓路給烹飪比賽決賽，實在令筆者大開眼界，但人口政策和精神健康卻成為兩黨爭取選票的議題，並登上新聞頭條。

澳洲政府重視家庭發展

澳洲政府對人口政策一向十分重視，早幾年前因生育率下降而提出不少鼓勵生育的方法，包括生育獎金、母親有更長的產假和幫助首次置業人士購買房屋。又因大城市人口不斷增長，所以透過政策和經濟誘因，協助偏僻地方發展，投入2億澳元改善當地交通和環境設施，減輕城市集中發展帶來的壓力。他們注意到人口數目和質量的改變，更重要是隨着國家本身發展的需要，建立可持續的人口政策。

澳洲正面對的不是人口老化，因為經過有效的政策鼓勵下，每位婦女的總和生育率回升至1.9，而香港只有1.0（總和生育率需要有2.1，人口才可健康地更替）。

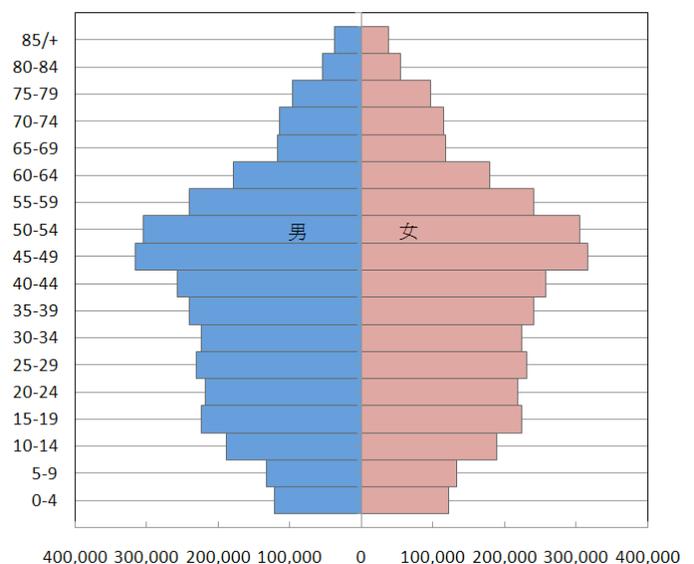
現在澳洲人口發展的挑戰是政策和公共設施的改善滯後，跟不上人口流動和發展造成的交通擠塞和樓價脫離大眾購買能力的問題。他們強調，人口發展不應影響現在本地居民的生活質素，所以提出減慢人口增加的速度，由原來每年的2.0%減至1.4%。澳洲政府設立了一個專門統籌人口發展的部長，處理人口政策的釐訂和實施。再者，父母產假（parental leave）也提升為選舉議題，鼓勵父母共同承擔照顧兒童的責任。澳洲政府對家庭發展的重視，無論從選舉的議題和政府的落實，都可見一斑。

另一方面，因澳洲年輕人的自殺問題嚴重。政府提出額外撥款2億多澳元，改善防止青少年自殺計劃，反對黨自由黨更提出更大的財政承擔，反映整個國家對精神健康的重視。澳洲自殺率是每10萬人有11人，香港是14人左右，但我們從未看到香港政府在這兩方面作過什麼長遠的計劃和願景。

香港人口老化問題逐漸浮現，包括經濟活動人士減少而老年人口不斷增加，老年人口的經濟和健康情況也不理想，需要政府不斷資助，但政府對怎樣利用新移民幫助本地發展也是乏善足陳。引入的投資移民原來是在2003年樓市低迷時作出的政策，但面對內地的龐大資金，樓價不斷被推高，已脫離正常的購買力，對整體本地居民的生活素質帶來的傷害比收益大。但政府不積極面對市民基本的住屋需求，住在私樓的市民為了一層四五百呎的樓宇，窮大半生之力，為發展商打工，面對長時間工作和沉重的生活壓力，那又從何說起生活素質和精神健康呢？本地市民的精神健康實在有待改善。當然，市民也應盡本分，不斷提升自己的競爭力和減少參與對精神健康有害的活動（例如賭博、濫藥等），但政府確實需要提出實質的改善方法，不要尸位素餐，今屆政府可能只有一年多時間，但大多數香港市民都會留下來的，我們需要繼續健康和有尊嚴地活下去。

澳洲的Human Development Index 排行世界第二，悉尼和墨爾本都並列在世界十大滿意城市之一，澳洲政府對人口政策和精神健康的關注，都是其中的因素。港府在這兩方面府在這兩方面着實需要向澳洲多多學習！

香港人口金字塔 2009



Reference:
Hong Kong Census and Statistics Department, HKSAR 2010

From Research to Practices

Restriction of Suicide Means

CONTROL CHARCOAL SALES AND save lives

Suicide by charcoal burning is the major reason for fluctuations in Hong Kong's suicide rate and the leading cause of suicide in Taiwan. It needn't be so, according to a HKU study.



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

Professor Yip and his team conducted a one-year study comparing suicides in Tuen Mun, where charcoal packs were removed from the open shelves of major retail outlets, to those in Yuen Long, where charcoal was sold openly as usual. Charcoal burning-related suicides fell sharply in Tuen Mun, by 31.8 per cent, but similar results were not seen in Yuen Long. Apparently, the lack of easy access to charcoal frustrated potential suicides or made them think twice, and they didn't follow through. The results compared to an overall drop in Hong Kong's suicide rate of 5.7 per cent during the same period.

Encouraging as the results were, though, they have not yet had much impact on charcoal access in Hong Kong. Wellcome Supermarket dropped the system of restricted access after the study period and Park'N'Shop has yet to extend it to its other stores.

Professor Yip, who is Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention, has been negotiating with these two major supermarket chains and others for well over a year to lock up all of their charcoal.

"We are grateful for their participation in the study, however, we are frustrated that they don't want to continue. It is not that difficult for them and we are helping vulnerable members of the community," he 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 very appealing to them, they will have problems finding another means.

"The whole rationale is to make it more difficult and buy time. Once we have bought time, we have an opportunity. Their family members and friends can intervene before they do anything, and they can also seek help."

Burning charcoal, which can lead to carbon monoxide poisoning, is appealing to potential suicides because it is considered easy and clean and it can be done at home. Eighty per cent of charcoal suicides are

committed at home, which adds to the imperative to control sales.

"Charcoal burning started with one person in Hong Kong in 1998 and by 2003, 320 people committed suicide this way. All other causes had very little change, only charcoal burning went up. By 2009 the number had come down to about 120. I would say 60-70 per cent of the rise and fall in Hong Kong's suicide rate has been exacerbated by charcoal burning. The situation is even worse in Taiwan," he says.

There is a precedent that product restriction can reduce suicides. Suicides in the UK fell after 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 making 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."

The results of Professor Yip's study have been published in the *British Journal of Psychiatry* and reported in the *British Medical Journal* and the publication of the International Association for Suicide Prevention. ■

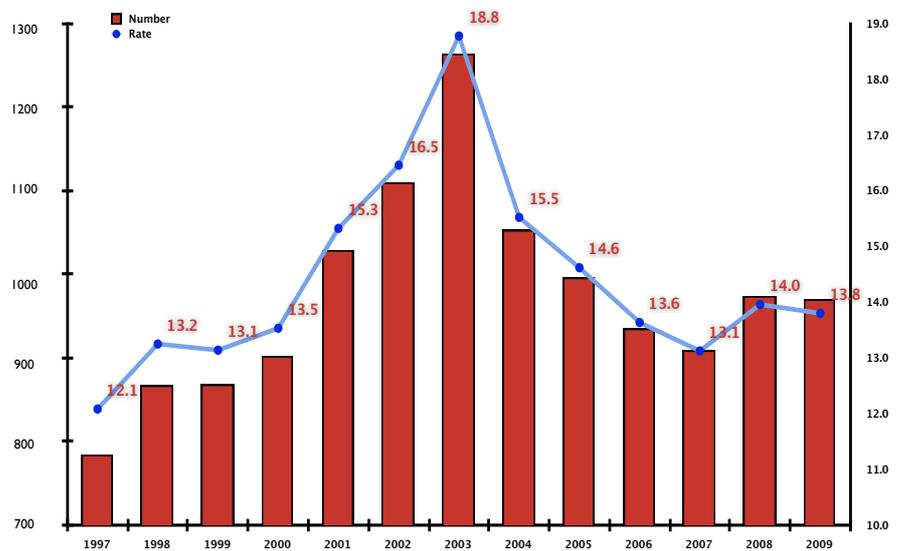
Reference:

Bulletin, The University of Hong Kong 11(3), pp 21.
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, *British Journal of Psychiatry*, 196(3), 241-242.

From University to Community Collaboration for Suicide Prevention



23.3% of Suicide Rate Decrease from 2003 to 2009



Suicide prevention is possible with all the efforts and contributions of the community and stakeholders. The suicide rate has found a 23.3% reduction from 2003 to 2009.

Knowledge Exchange Activities and Society Collaborations

MERITORIOUS WEBSITES AWARD 2009

Mar 21, 2010

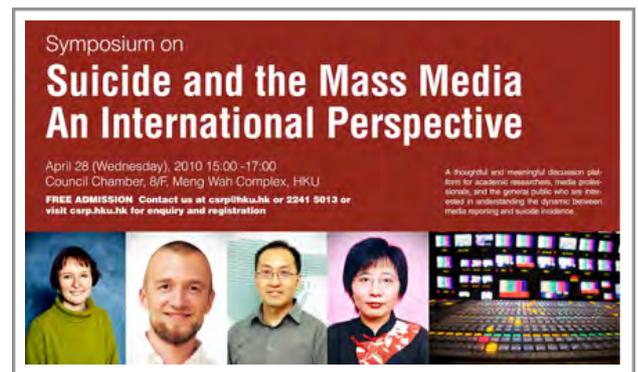
Our creative website, Depressed Little Prince (www.depression.edu.hk), was being selected the sixth time as one of the ten most Meritorious Websites by Television and Entertainment Licensing Authority (TELA) since 2004. Targeting young people, the website educates what depression is via a character called Depressed Little Prince and therein to promote mental well-being.



SYMPOSIUM ON SUICIDE AND THE MASS MEDIA

April 28, 2010

Professions (Prof Jane Pirkis, Prof Thomas Niederkrotenthaler and Dr King-wa Fu) from Australia, Austria and Hong Kong were invited to give three presentations regarding the media influence towards suicide in the University of Hong Kong. Three professions pointed out that research evidence shows presentation of suicide news and information can influence suicide act. Guidelines of reporting were implemented in the above three places. However, in Hong Kong there is very limited research looking into the influence of the Internet and suicide behaviours. Recent emerging way of mediating suicide (e.g. animated suicide stories) prompts Hong Kong to concern.



BEST PRESENTATION AWARD

May 15, 2010

“Helping Families in face of Deliberate Self-Harm” in Eastern Community. The collaboration of multidisciplinary team has gradually making changes to the community of Eastern District. Initiated by police officers, academics, medical practitioners (emergency medicine specialist and psychiatrist), social workers, as well as the housing manager in November 2006, a programme based on community based multidisciplinary approach to prevention of deliberate self-harm behaviours as well as the assistance to suicide attempters and bereaved families of suicide is developed, aiming to enhance the efficiency and effectiveness in preventing suicide attempts as well as to render timely assistance to attempters and bereaved families of suicide.

The team won the best presentation award on the HKEC Symposium on Community Engagement.

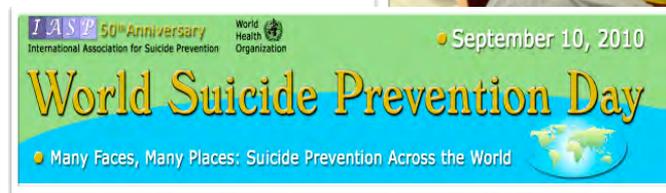
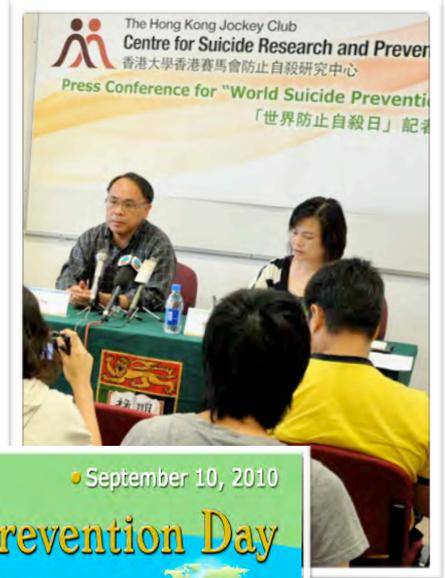


Knowledge Exchange Activities and Society Collaborations

WORLD SUICIDE PREVENTION DAY 2010

Sep 10, 2010

In remarking the World Suicide Prevention Day 2010, the HKJC Centre for Suicide Research and Prevention has been honored to host different activities in two consecutive weeks in September. Two well-known clinical professions, Dr Konrad Michel and Prof Bob Montgomery were invited to share their professional experience in HKU in Sep 6 and Sep 16. On the 9th, a press conference was also held addressing suicide numbers in the previous year.



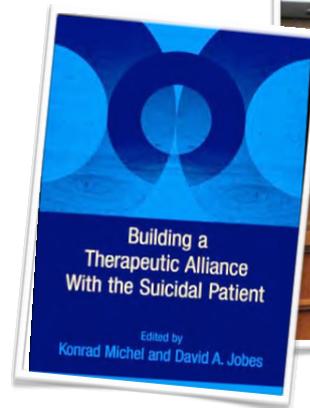
DR KONRAD MICHEL

(MD, MRCPsych, Switzerland)

Sep 6, 2010

Seminar: Follow-up of Suicide Attempters - The Role of the Therapeutic Alliance

Dr Michel gave a presentation on therapeutic relationship enhancement based on the patient-oriented understanding of the suicidal experience.



PROF BOB MONTGOMERY

(PRESIDENT OF AUSTRALIAN PSYCHOLOGICAL SOCIETY)

Sep 16, 2010

Seminar: Psychological responses to disasters

Prof Montgomery gave a presentation on the usefulness of Psychological first aid to immediate alleviate psychological pain at patients suffering from traumatic events.



CSRP VISITS & EVENTS



APRIL 23, 2010

A VISIT BY IDEA CENTRE LED BY THE CHAIRMAN, DR LAWRENCE FUNG 馮紹波博士 (MIDDLE) AND MEMBERS TO EXPLORE HOW TO HELP OUR YOUTH TODAY WITH MS. ELSIE LEUNG 梁愛詩女士 (LEFT 4), THE CENTRE ADVISOR AND THE CENTRE STAFF.



AUGUST 27, 2010

WE ARE HONOURED TO RECEIVE MADAM MENG XIAO SI 孟曉駟博士 (MIDDLE), VICE-CHAIR OF ALL-CHINA WOMEN'S FEDERATION AND PEGGY LAM PEI YU-DJIA 林貝聿嘉女士 (RIGHT). HIGHER WOMEN SUICIDE RATE ESPECIALLY IN RURAL AREA IN MAINLAND IS A MAJOR CONCERN.



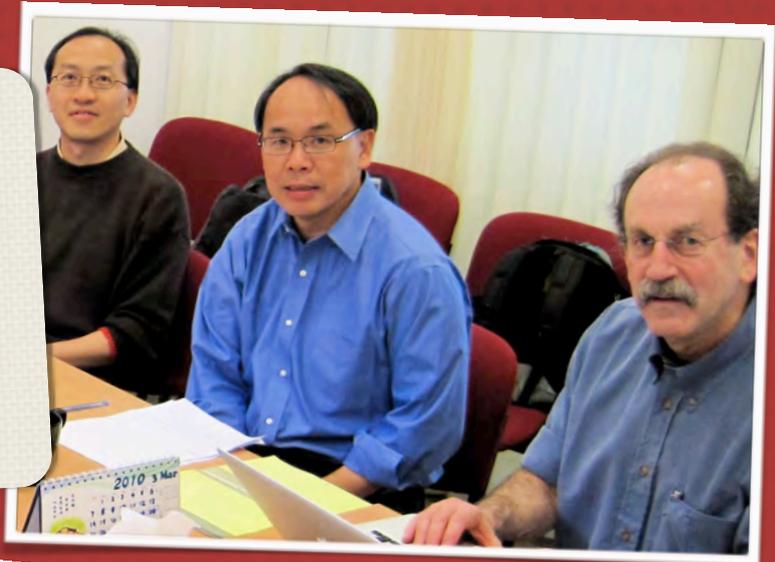
SEPTEMBER 9, 2010

"MANY FACES AND MANY PLACES FOR SUICIDE PREVENTION" PRESS CONFERENCE. PACKED PRESS MEETING TO LEARN ABOUT THE LATEST SUICIDE TREND IN HONG KONG.

CSRP VISITS & EVENTS

MARCH, 2010

PROF ERIC CAINE (RIGHT) FROM UNIVERSITY OF ROCHESTER VISITED OUR CENTRE SHARING HIS RECENT WORK ON RELATIONSHIP BETWEEN UNEMPLOYMENT AND SUICIDE, WITH DR KING-WA FU 傅景華博士 AND PROF PAUL YIP 葉兆輝教授 (FROM LEFT).



JUNE 10, 2010

A TALK GIVEN BY MR GREGORY LAU 劉達強先生 (LEFT) SHARING HIS EXPERIENCE BEING A POLICE NEGOTIATOR AND APPLICABLE SKILLS TO CONFLICT RESOLUTIONS.

SEPTEMBER 9, 2010

OUR CENTRE WAS BEING INVITED TO ATTEND SEMINAR ORGANIZED BY HK POLICE FORCE PSYCHOLOGICAL SERVICES. THE SPEAKER, PROF C.L. LEE 李焯芬教授 (MIDDLE), GAVE A TALK ON "STRESS AND LIVING ATTITUDE" TO REMARK THE IMPORTANCE OF SUICIDE PREVENTION.



Recent Publications

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3. **Fu, K.W., Chan, W.S.C., Wong, P.W. & Yip, P.S.F.** (2010). Internet addiction: prevalence, discriminant validity and correlates amongst adolescents in Hong Kong, *British Journal of Psychiatry*. UK, *The Royal College of Psychiatrists*, 196, 486-492.
4. Law, C.K., **Yip, P.S.F.** & Caine, E.D., (2010). The contribution of charcoal burning to the rise and decline of suicides in Hong Kong from 1997-2007. *Social Psychiatry and Psychiatric Epidemiology*.
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13. **Fu, K.W. & Yip, P.S.F.** (2009). Estimating the risk for suicide following the suicide deaths of three Asian entertainment celebrities: A meta-analysis approach. *Journal of Clinical Psychiatry*, 70, 869-878.
14. **Wong, P.W., Chan, W.S.C.**, Lau, T.K., Morgan, P.R. & **Yip, P.S.F.** (2009). Suicides by Jumping from Iconic Bridges in Hong Kong. *Crisis*, 30, 79-84.
15. **Chan, W., Law, C., Liu, K., Wong, P., Law, Y. & Yip, P.** (2009). Suicidality in Chinese adolescents in Hong Kong: the role of family and cultural influences. *Social Psychiatry and Psychiatric Epidemiology*, 44, 278-284
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Announcement

Warmest Welcome to our new Associate Director, Dr LO Tak-lam, William

Dr William Lo is Consultant Psychiatrist & Chief of Service of Kwai Chung Hospital in Hong Kong and Honorary Clinical Associate Professor of the Family Medicine Unit, Faculty of Medicine of the University of Hong Kong.



Acknowledgment

The Centre is very grateful to the following donors and organizations for their generous support.

Donors / Organization	Areas of Designation	Amount (HK\$)
Mr Stephen TSANG Chi Pon	Youth Mental Health Programme	35,000
Dr CHOW Chun-bong, BBS, JP	Research studies on youth	100,000
Quality Education Fund	Web-based mental health enhancement programme	2,936,200
Dr FUNG Siu Por, Lawrence, GBS	Youth Mental Health Programme	100,000
Consulate-General of France	Population Health studies	57,692
Ms Dana CHU in the memory of late Ms CHAN Mo Yung	Training activities	50,000
Mr Peter LEE Ka Kit, JP	XXVI World Congress of the International Association for Suicide Prevention, Beijing 2011	1,000,000
Quality Education Fund	School-based mental health enhancement programme	2,000,000

Special thanks to

Ms Julia K.L. Lam, Honorary Consultant for the project of Volunteer Mentorship Program, helping out young adults with deliberate self-harm behaviours.

Ms. YouSeeHand (游思行) and Mr. Pasu Au Yeung for their creative contributions and support.

Your Support

To better understand suicide in Hong Kong, our Centre is planning to deploy a series of new research projects. Additional resources are therefore needed, and we welcome external support. We invite your help, either in manpower, brainwork, your passion or your donations. If you are interested in extending any kind of support to us, please feel free to contact our colleague Ms Sophia CHAK (Tel: 2831-5232).

支持我們

本中心為了更了解本港的自殺情況，正計劃開展多項新的研究項目，此等需要額外的資源。我們歡迎你作出支持，包括你的意見或者你的資助。若你有興趣支持我們，請聯絡本中心同事翟素素小姐（電話：2831-5232）。



CSRP Team Photo: 2nd Row (From left) Rickey Yau, HuiPing Zhang, PeiLian Chi, Emily Cheng, Yi Zhang, Jacqueline Weng, Gary Ip, Jenny Huen, Raymond Kwok, Sophia Chak, Carmen Lai, Carmen Lee. 1st Row (From left) Eliza Lai, Prof Paul Yip, Frances Law, Dr Karen Cheung.

The Hong Kong Jockey Club
 Centre for Suicide Research and Prevention
 Faculty of Social Sciences
 The University of Hong Kong

Editor-in-chief

Prof Paul Siu Fai YIP

Editorial Team

Ms Sophia CHAK

Dr King-wa FU

Ms Frances Yik Wa LAW

Dr Paul Wai Ching WONG

T 2831 5232

F 2549 7161

E c srp@hku.hk

W <http://c srp.hku.hk>

A 2/F, The Hong Kong Jockey Club Building for Interdisciplinary Research, 5 Sassoon Road



www.depression.edu.hk



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