

CSRP NEWSLETTER

April 2008



Suicide Research and Prevention in Times of Rapid Changes in the Asia Pacific Region Opportunities and Challenges

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



Foreword

By Paul Yip

The decreasing trend of suicides in Hong Kong since 2003 is indeed encouraging. The suicide rate has fallen from 18.6 to about 14.0 per 100,000 between the years 2003 to 2006, with the total number of suicides dropping from about 1,260 to less than 1,000. However, there are more challenges ahead of us. The mental well-being of the community is not improving despite a flourishing economy. Furthermore, the suicide rate in Taiwan and other Asian countries is worsening. Today we face a serious challenge to contribute more toward reducing suicides in our local community, region and internationally.

While the terrible social consequences of suicide continue to plague the Territory, we can all take heart in the fact overall the trend is getting better; albeit not as quickly as any of us would like. Moreover, many dedicated people from a wide range of disciplines are working hard to find practical and effective solutions to affect the underlying causes of suicides and restricting the means for carrying out such acts.

A few highlights in this issue include a report on the Centre, which has initiated research on survivors (families and relatives of suicide victims) which has long been one of the most neglected areas of suicide prevention. Due to support from Mr. Peter Lee of Henderson Land, we are now able to explore best practices to help survivors. We have also been working with various stakeholders in developing other innovative community suicide prevention schemes. We are very pleased as well to be involved in the suicide prevention community work being coordinated by Mr. Peter Morgan, district commander of the Eastern District of Hong Kong Police along with colleagues in the Hospital Authority, Social Welfare Department, Housing Department and Caritas Service. Suicide prevention strategies that utilize existing

community resources are certainly cost-effective and the Centre is monitoring and evaluating the relevant projects.

In addition our Centre has been invited by the International Association of Suicide Prevention to host the 3rd Asian Suicide Prevention Conference (Please see more details inside). Indeed, while countries in the Asia Pacific region are experiencing rapid economic and political changes, suicide has become one of the most pressing yet most overlooked public health problems. Suicide is still among the leading causes of death in many countries in this region and is the leading cause of death among young people. More than half of all suicides in the world occur in this region with its large population size. That's why the impact of effective suicide prevention strategies would affect a significant reduction in the overall number of suicides. Given such a scenario, this conference will serve as an important and timely opportunity for us to have more fruitful discussions on how to prevent suicides, taking into account specific Asian cultural contexts, and to help us do a better job overall in the life-saving business.

We hope that this conference will give birth to new, innovative ideas and joint collaborative efforts to combat the suicide epidemic for this region and globally. The HKJC Centre for Suicide Research and Prevention of The University of Hong Kong is honored to take part in this meaningful event which offers the potential to save lives not only in Hong Kong but also throughout the region and across the globe.

We do hope you will join this conference. Let's all work together to make a better world by making a difference in suicide prevention.





3rd Asia Pacific Regional Conference of The International Association for Suicide Prevention

Suicide Research and Prevention in Times of Rapid Change in the Asia Pacific Region Opportunities and Challenges

機遇與挑戰 – 劇變中之亞太區的自殺研究和預防工作

You are cordially invited to attend the 3rd Asia Pacific Regional Conference of International Association for Suicide Prevention, which will be held on 31 Oct to 3 Nov 2008. This Conference is organized by the International Association for Suicide Prevention (IASP), and The Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRП) of the University of Hong Kong. It is also co-sponsored by the World Health Organization. The theme of this Conference is "Suicide Research and Prevention in Times of Rapid Change

in the Asia Pacific Region: Opportunities and Challenges" which highlights the importance of suicide prevention amidst the latest socio-economic changes in this region.

Presentations on various aspects of suicide research and prevention for parallel sessions, workshops, symposia and posters are welcome. Submission, registration details and programme overview can be found on our website <http://csrп.hku.hk/iasp2008>

Hong Kong Convention and Exhibition Centre, Hong Kong
October 31– November 3, 2008

Conference Patron

Mrs. Selina Tsang, Wife of the Chief Executive, Hong Kong SAR

Organizers

The HKJC Centre for Suicide Research and Prevention, HKU
International Association of Suicide Prevention (IASP)

Major Sponsor

The Hong Kong Jockey Club Charities Trust

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World Health Organization

Important Dates

Deadline for Abstract/Poster Submission
April 30, 2008

Notification of Results
June 30, 2008

Deadline for Early Bird Registration
July 15, 2008

Deadline for Normal Registration
Sep 30, 2008

Organizers

IASP



Major Sponsor



香港賽馬會慈善信託基金
The Hong Kong Jockey Club Charities Trust

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World Health Organization

Distinguished speakers for Keynote Addresses and Plenary Sessions



From left to right and up to down
Dr Shigeru Omi (WHO), Prof Yueqin Huang (China), Prof Diego De Leo (Australia), Prof Lakshmi Vijayakumar(India), Dr Chiyi Hu (China), Prof Keith Hawton (UK), Dr Paul Yip (Hong Kong), Mrs Lakshmi Ratnayeke (Sri Lanka), Prof Michael Phillips (China), Ven Dr Jing Yin (Hong Kong), Dr Eric Chen (Hong Kong), Prof Murad M. Khan (Pakistan), Prof Brian Mishara (Canada), Prof Andrew Cheng (Taiwan), Dr Annette Beautrais (New Zealand), Prof Kees van Heeringen (Belgium)

- ◆ Suicide and its Prevention in the Overall Context of Public Health - Dr Shigeru Omi (WHO)
- ◆ The Advance of Suicide Study and Prevention in China - Prof Yueqin Huang (China)
- ◆ Suicide Prevention Strategies for the Asia Pacific Region - Prof Diego De Leo (Australia)
- ◆ Cultural and Religious Impact on Suicidal Behaviors
 - Suicide in Asian women - Cultural Aspects, Prof Lakshmi Vijayakumar(India),
 - How Closely are Attitudes about Suicide Related to Thoughts and Acts of Self-harm, Prof Michael Phillips (China),
 - Buddhist Perspective on Prevention of Suicide, Ven Dr Jing Yin (Hong Kong)
- ◆ Socio-economic Impact on Suicidal Behaviors
 - Patterns of Adult Suicides in Hong Kong; the Role of Socio-economic and Clinical Factors, Dr Eric Chen (Hong Kong),
 - Socio-cultural Factors in Suicide in Pakistan and Other Islamic Countries, Prof Murad M. Khan (Pakistan),
 - Suicide Risks Amongst the Migrants and Non-migrants Population in Shenzhen, China, Dr Chiyi Hu (China)
- ◆ Restriction to Means of Suicides
 - Pesticide Suicides: Safer Storage as a Means of Prevention, Prof Keith Hawton (UK),
 - Prevention of Suicides by Charcoal Burning, Dr Paul Yip (Hong Kong),
 - Pesticide Related Suicides in Sri Lanka - Preventive Strategies, Mrs Lakshmi Ratnayeke (Sri Lanka)
- ◆ Program Evaluation
 - Determining What Works in Preventing Suicides Approaches to Programme Evaluation in Suicide Prevention, Prof Brian Mishara (Canada)
- ◆ Evidence-based Intervention and Prevention of Suicidal Behaviors
 - The Influence of Media Coverage of a Celebrity Suicide on Subsequent Suicidal Behavior, Prof Andrew Cheng (Taiwan),
 - Youth Suicide: The State of the Science, Dr Annette Beautrais (New Zealand)
- ◆ High-risk Groups
 - Insights in the Suicidal Brain, Prof Kees van Heeringen (Belgium)
 - It takes a Community to Prevent Suicide, Dr Jerry Reed (US)

Call for Abstracts and Related Information

Delegates are invited to submit abstracts for oral, poster, workshop and symposium. For oral and poster abstracts, please submit online <http://csrp.hku.hk/iasp2008>. For workshop abstract and symposium proposals, please send it to the Secretariat at abstract@iasp2008.com.

Guidelines

1. All abstracts must be submitted no later than April 30, 2008.
2. If your abstract cannot be accepted for an oral presentation, it will automatically be considered for a poster presentation.
3. The text of abstracts, which must be submitted on the abstract form, should be in English, limited to 250 words (excluding the title and author details). It should contain the title of the paper, the authors' names and details. The abstract should be in single spacing, Time New Roman 12pt. Use standard abbreviations. The abstract will be printed as submitted no proof-reading will be done by the organizers. Please note that as the contact person, you will receive all correspondence and are responsible for notifying all others involved in your presentation.
4. Delegates must clearly tick the category for which they are submitting their abstract.
5. Time allowed for each paper presentation - 13 minutes with 5 minutes for comments and discussion.
6. Workshop submissions should include an overview and abstracts of any individual presentations. The time allocated for a workshop is 90 minutes.
7. Symposium proposals should include an overview and individual abstracts from each of presenters. A symposium will ordinarily include 4 or more presenters and a chairperson who will be responsible for insuring that all abstracts are submitted on the abstract submission forms. Time allocated for symposia will be 90 minutes.
8. All presenters must register for the Conference.
9. Presenters will be responsible for setting up and removing their posters at the designated times. The organizers cannot be responsible for damage to or loss of materials. Poster size: Not to exceed 1m(H) x 0.9m(W).
10. The Scientific Committee will select, from the abstracts submitted, the oral papers, workshops, and posters for the programme. The papers accepted will be assigned to the various conference topics and the abstracts will be published in the Book of Abstracts. A separate area will be set aside for posters. The corresponding author will be notified of the Committee's decision on the submitted abstract(s) by June 30, 2008.
11. Six awards will be selected amongst the accepted oral and poster presentations. The award winners will be announced at the closing ceremony.
12. Submission of an abstracts does NOT constitute registration for the Conference. Please register separately by completing the online Registration Form.
13. All presenters / delegates are obligated to pay their registration fees before their contributions can be published in the Book of Abstracts. Otherwise, the contribution will not be included.





Mr. Peter Lee (second from right), Professor Lap-Chee Tsui (far right), Vice-Chancellor of HKU, Professor Ian Holliday (far left), Dean of Faculty of Social Sciences, HKU, and Dr. Paul Yip (second from left), Director of CSRP

Peter Lee - Care for Suicide Survivor Project 李家傑-關生希望計劃

Mr. Peter K. K. Lee, Vice Chairman of Henderson Land Development Company Limited donated HK\$3.5 Million to the HKJC Centre for Suicide Research and Prevention (CSRP), Faculty of Social Sciences, The University of Hong Kong (HKU) to help fund the “Peter Lee - Care for Suicide Survivor Project”. Following the ceremony, Mr. Lee and Ms. Sally Wu, Deputy Head of the Phoenix InfoNews Channel shared their insights into life and gave their perspectives on suicide prevention in a special “Dialogue for Life” session.

The “Peter Lee - Care for Suicide Survivor Project” studies on and provides for the physical and psychological needs of people bereaved by suicide, and investigates the efficacy of follow-up services specially tailored for them. In partnership with the HKSAR Department of Health, and Department of Pathology at Queen Mary Hospital, this groundbreaking project develops and implements a host of support services for suicide survivors in Hong Kong, including information, immediate psychological assistance, and medium-term counseling help.



(From left to right) Mr. Peter Lee and Ms. Sally Wu

香港大學社會科學學院香港賽馬會防止自殺研究中心獲得恒基兆業地產有限公司副主席李家傑先生的捐贈港幣三百五十萬元，推出「李家傑 - 關生希望計劃」。李先生與鳳凰衛視資訊台副台長吳小莉小姐，在支票頒贈儀式後的一個名為《生命對話》的環節中，分享對生命和防止自殺的看法。

李家傑 - 關生希望計劃的目的，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。該計劃並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、即時的關懷服務、短期的專業輔導及轉介等。

Project Progress

項目進度

- By the end of March, 2008, 2,226 suicide survivors benefitted from this programmesponsored by Mr. Peter Lee
 - Our Centre's staff provided an additional 884 sessions counseling and follow-up services
 - Our Centre's clinical psychologist provided 62.5 sessions of clinical counseling service
 - Positive feedback was received from the respondents. "... The service offered us very useful opinions. We were very satisfied...." and "... The researchers provided us information about funeral services and instant support at the mortuary. It was very helpful ..."
 - Other educational programmes include: exhibitions, media coverage and public discussions
- 截至零八年三月底止，共有 2,226 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
 - 除此以外，本中心員工額外提供了共 884 節的輔導及跟進服務
 - 本中心的臨床心理學家為自殺者家屬提供了 62.5 節的臨床心理輔導服務
 - 回應問卷的反應十分正面，部份如下：「... 關懷服務可以給我們意見，我覺得非常滿意...」及「... 於殮房即時得到研究員對有關辦理殮葬事宜的意見，我覺得很有幫助...」
 - 本中心亦透過展覽、傳媒報導及公開講座，進行有關的宣傳教育工作

「關<生>希望計劃」簡介

簡介

據研究顯示，一名自殺者至少為他／她身邊六位親人或朋友帶來心靈創傷。有見及此，香港大學防止自殺研究中心、香港大學病理學系瑪麗醫院與香港特區政府衛生署法醫科合作，進行一項針對自殺者家屬的研究計劃，我們的研究成員包括臨床心理學家、社會工作者及資深的研究員。我們誠意邀請閣下參與，請細心閱讀以下簡介；如有問題，請向香港大學防止自殺研究中心的研究員垂詢，他／她們會盡力解答。

目的

本計劃的目的是透過深入瞭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。所以，我們會邀請離世者的家人、朋友或親戚參與，我們深信您們寶貴的意見，將為其他遇上同類困境的家屬帶來幫助。

程序

這計劃（直至2008年6月）會為剛失去親人的自殺者親屬提供一系列即時的關懷服務，在事後的數天內，本中心人員會為親屬解釋喪葬時要辦理的一般手續；如親屬有需要，我們的研究員可以在親屬辦理葬事後，提供短期的專業輔導、小組支援或轉介至其他社區服務。我們希望透過協助自殺者家屬解決在善後時出現的困難，從而了解家屬的需要及評估服務的成效。所有研究和服務皆由本中心的工作人員提供。

自願性參與

參與這項計劃純屬自願。如有任何問題，您可以隨自己的意願選擇是否參加，或在任何時間終止。

資料用途及保密原則

所有收集到的資料只會在今次的研究中使用，並會以香港大學規定的保密原則處理，您及離世者的身份均不會公開。

「關<生>希望計劃」計劃聯絡人

香港大學防止自殺研究中心

香港薄扶林道

電話：2241-5013 傳真：2549-7161 電郵：csrp@hku.hk



Messages from Angels

天使的情書



It has been almost a year since I started working for the “Peter Lee Care for Suicide Survivor” project. This project provides suicide survivors with grief counseling and follow-up services. For me one of the biggest challenges of this project is to provide timely informational and emotional support at the Kwai Chung public mortuary for survivors.

Every survivor that I have met has his or her own character, and their responses to the suicide of a family member vary 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. However, as time goes by, I’ve 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 stigmatize 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 around me 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 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 possible, to ourselves and hopefully, to the world”.*

本中心因為得到李家傑先生的贊助，於2007年3月1日展開了一項名為《李家傑關生希望計劃》的服務研究，目的是為自殺者家屬提供輔導及跟進服務。我們主要駐留於葵涌公眾殮房，在那裡接觸自殺者家屬，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，還助我的思想以及生命吸收到很多正能量。

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遺囑渡過難關，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了服務。頓然失去了經濟之柱，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。那一刻的我已搞不清什麼才叫悲劇。一般人都認為這樣的工作定會為我帶來很多負面情緒，但其實這一年來於殮房裡我看到生命的可貴以及它應有的色彩。若有朋友動不動便怨天尤人，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 Yau
Research Project Officer
HKJC Centre for Suicide Research and Prevention

Messages from Angels

天使的情書

January 2007 was the first time I spoke to a suicide survivor. I sat inside the mortuary at Queen Mary Hospital, feeling anxious about how I should start the conversation and how the survivor would react. All I could remember were the tears and worries, sadness and guilt.

Sixty families and many more interviews later, I am still sometimes at a loss. The emotional ups and downs I have had the privilege to witness, however, have allowed me to view this taboo subject from different perspectives. More often than not, suicide death is just the tip of an iceberg, the culmination of years of problems running in a family. There are communication breakdowns, childhood traumas or mental problems. The ones who have turned to end their own lives often think death will be the end of all their problems. However, I have witnessed too many families for whom this is not the case. Suicide survivors still face many difficulties while many others suffer from a lack of community concern and resources to help them get through their hard times.

Nevertheless, I am very much impressed by the strength deeply rooted in these people. During the darkest times, some of the survivors have lost sleep and had problems even feeding themselves properly. However, when it comes to taking care of other family members, getting to work and taking up responsibilities, they show amazing efforts in accomplishing them all. One may be surprised by just how tremendous the resilience inside them can be. A mother who was overwhelmed by shame after losing her young son felt she could not go out without being judged by everybody on the street. She went to the market for groceries so that her husband and elder son could have a bowl of soup for dinner every night. Another lady went back to visit the place where she and her deceased father used to live. It was emotionally demanding, but the hope for closure gave her the courage she needed.

It is never easy to turn a new page in life on which loved ones will never leave their mark again. I have great admiration for the strength, courage and resilience demonstrated by all the survivors I have met and I would like to extend my warmest regards to them. I hope they know that even though what lies ahead of them may seem daunting, we are there to walk along with them. I hope they can someday be proud of themselves for what they have sacrificed for their families. And although their loved ones are not here anymore, memories will always stay, especially the pleasant ones.

In closing, I wish to express my gratitude to all of my colleagues, who have given me their unlimited emotional and practical support. Thank you so much.

還記得第一次在瑪麗醫院殮房接觸自殺者親屬時的擔憂——怎樣開始與他們對話，他們又會有怎樣的反應？轉眼到現在，面對過六十多個自殺者親屬的起落、迷茫，令我對這個忌諱的題目有了其他的觀點。

自殺事件往往只是家庭問題的冰山一角。有些自殺者家庭遇到溝通的問題，有些親屬受著精神問題的困擾。我深深體會到自殺事件並不是問題的終結。自殺者親屬仍然面對很多困難，但是他們卻缺乏社區的資源和關注。

然而，自殺者親屬的內在力量確令人十分深刻。就算是在最痛苦的時間，他們仍盡力照料其他家庭的成員，盡好在家庭及工作上的責任。有母親在失去次子後，感到羞愧於人前而不願外出，但是她還是堅持到市場買菜，只是為了每晚也能為丈夫和長子送上暖湯。

適應失去至親的哀傷、重投新的生活，是一件十分不容易的事。我敬佩自殺者親屬的那份力量、勇氣和堅持。在此，我祝福自殺者的親屬，希望他們能學會欣賞自己為家人所付出過的。至親雖然已經離去，但過去美好的回憶永遠存在。最後，感謝所有同事的幫助和支持（無論是知識或情緒上）。謝謝！！

Kim Chan

Research Project Officer

HKJC Centre for Suicide Research and Prevention





From Left to Right
Dr. Philip S.L. Beh, Dr. Paul S.F. Yip, Dr.
Kong-Lung Hau, Dr. Paul W.C. Wong



A Roadmap for Understanding and Helping People Bereaved by Suicide in Hong Kong

People bereaved by suicide are exposed to an elevated risk of suicidal behaviour themselves. Unfortunately, empirical research on these individuals in Hong Kong is non-existent and assistance for this group of people is also limited. This seminar helps foster interest and raise awareness of the public to acknowledge the needs of these individuals. The major aim of this seminar is to generate discussions on the planning and implementation of a proposed roadmap for understanding and helping people bereaved by suicide in Hong Kong.

Speakers

Dr. Philip S.L. Beh, Associate Professor,
Department of Pathology, HKU (Moderator)

Dr. Paul S.F. Yip, Director,
HKJC Centre for Suicide Research and Prevention, HKU
Topic: Postvention as one of the core strategies for suicide prevention

Dr. Kong-Lung Hau, Consultant Forensic
Pathologist, Forensic Pathology Service,
Department of Health
Topic: The role of forensic pathologists in helping people
bereaved by suicide

Dr. Paul W.C. Wong, Clinical Psychologist,
HKJC Centre for Suicide Research and Prevention, HKU
Topic: The needs to understand and help people bereaved by
suicide in Hong Kong

Evaluation Results

One-hundred and ten people registered and 51 evaluation forms were collected at the end of the seminar.

Of these 51 participants:

- 88.2% (n=45) found the seminar provided adequate or sufficient information
- 88.2% (n=45) found the issues discussed in the seminar useful or very useful
- 80% (n=40) were satisfied or very satisfied with the seminar
- 94.1% (n=48) believed that this seminar was helpful or very helpful in raising awareness of helping people bereaved by suicide
- 90.2% (n=46) agreed that this seminar was organised or very organised
- 82.9% (n=34) are interested in participating and working together on future projects to help people bereaved by suicide.

The Eastern District Inter-Departmental Working Group on the Prevention of Deliberate Self-Harm (PDSHWG)

The Eastern District Inter-Departmental Working Group on the Prevention of Deliberate Self-Harm (PDSHWG) intends to form a multi-agency alliance with representatives from relevant NGOs, academics and a number of Government departments within the Eastern District. The Working Group will develop and pioneer a series of practical strategic suicide prevention initiatives within the community including a systematic evaluation of its effectiveness.

The initiatives include:

1. Improving the existing referral system amongst hospitals, social welfare departments, NGOs and the police for people who display deliberate self-harm behaviour. This will ensure that high-risk groups will receive timely medical and psychosocial support;
2. Enhancing the knowledge and skills of gatekeepers on how to make referrals for suicide high-risk groups, i.e. police, housing managers and their staff, medical practitioners, teaching professionals and neighbours;
3. Identifying the hot-spot locations of suicides and examining the feasibility of reducing access to these areas;
4. Enhancing public awareness of suicide prevention amongst the community and encouraging mutual support at the

neighbourhood level; i.e. exhibitions, school seminars, and press conferences;

5. Developing support services for suicide survivors, i.e. support groups and referrals for counseling services;
6. Improving the surveillance and monitoring systems of suicides and suicide attempts through collaboration between hospitals and the police;
7. Evaluating the effectiveness of programmes by comparing the rates of suicide and suicide attempts before and after implementation of these preventive measures.

The Working Group was formed in 2006 and is chaired by Mr. Peter Morgan, Eastern District Police Commander. Other representatives include HKJC Centre for Suicide Research and Prevention of the University of Hong Kong (CSR), Social Welfare Department, the Pamela Youde Nethersole Eastern Hospital, and Housing Department.

This 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 police are two important ingredients in the success of this programme. The Centre is also conducting an evaluation to assess the effectiveness of the overall program.

A press conference was held on the World Suicide Prevention Day 2007 to introduce this project





Report on Hong Kong Suicide Deaths in 2005

Executive Summary

This comprehensive report contains research methods and findings relating to all suicide deaths in Hong Kong in 2005. All the basic demographic information about the suicide deceased were collected from the documentation of Coroner's Court. Among the 996 suicide cases in 2005, only 366 (36.7%) required death investigations (DI) by the Coroner. Only those DI cases with attached comprehensive police investigation reports, past medical histories and autopsy reports of the deceased supplied sufficient information for us to analyze the psychosocial and epidemiological background of suicide deaths in Hong Kong.

The major findings showed

- 996 suicide deaths were recorded in 2005, a rate of 14.4 per 100,000 people. This was a 7.2% decrease compared with 2004's figures (15.3 per 100,000 people).
- Males have a higher suicide prevalence than females; 18.5 per 100,000, as opposed to the female suicide rate of 10.6 per 100,000.
- The working aged demographic from 40-59 comprise the highest proportion of suicide deceased in Hong Kong (n=373, 37.4%), while the elderly (over 60) have the highest suicide rate among all age groups (27.6 per 100,000 people).
- Jumping from a height (49.8%) was the most common method of suicide in all sex and age groups. Charcoal burning (21.4%) and hanging (21.6%) were the other two most common suicide methods.
- Suicide rates in the group of divorced, legally separated or widowed category (33.7 per 100,000 people) were relatively high, especially for those in younger age groups.
- The unemployed group was another high-risk demographic with a high suicide rate of 158.4 per 100,000 across all sex and age groups.
- The estimated suicide rate for residents in public housing (suicide rate=19.7 per 100,000) in 2005 was 2.1 times and 1.8 times higher than that of those living in public subsidised sales flats (suicide rate=9.2) and private permanent housing (suicide rate=11.1) respectively.
- Physical health issues, family disputes and financial difficulties were the top 3 most common personal problems encountered by the deceased.
- The number of suicide cases involving death investigations (DI) have dropped dramatically from 676 (64.2%) in 2004 to 366 (36.7%) in 2005. Analysis with small or possibly unrepresentative samples may lead us to overlook many more important findings about suicide deaths in Hong Kong.
- A close correlation was observed between financial debts and gambling behaviour for those who committed suicide, particularly among young gamblers.

Figure 1 : Proportion of suicide deaths by method used, 1981 - 2005

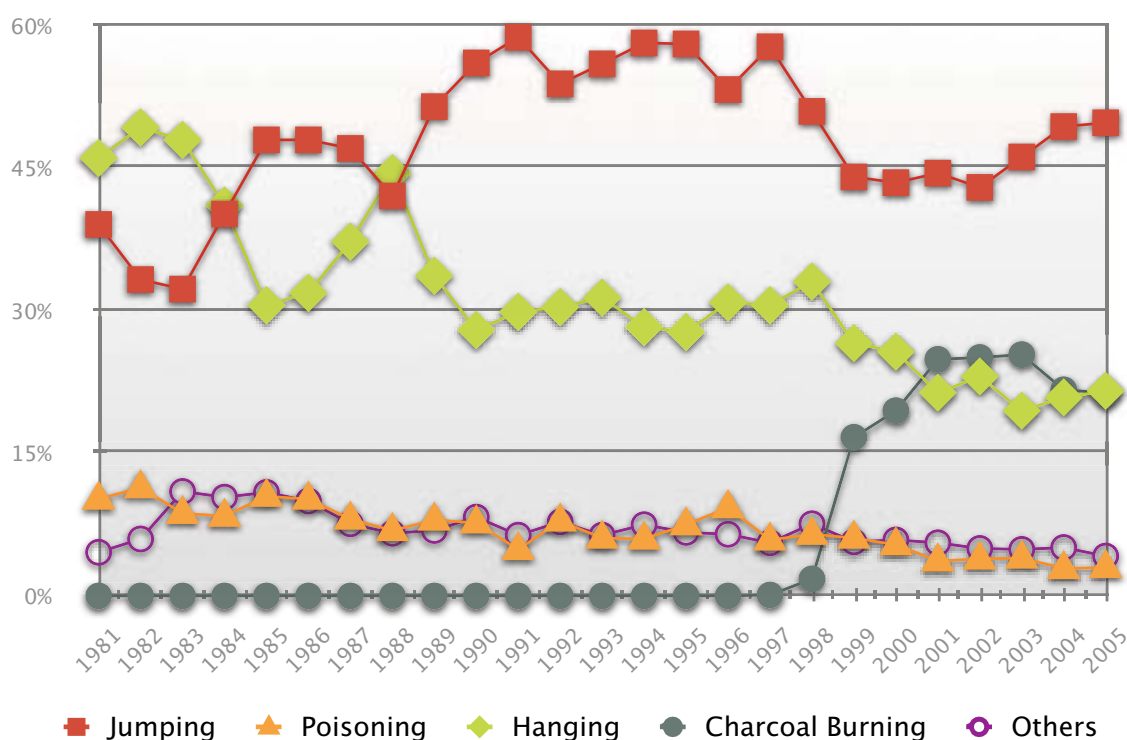
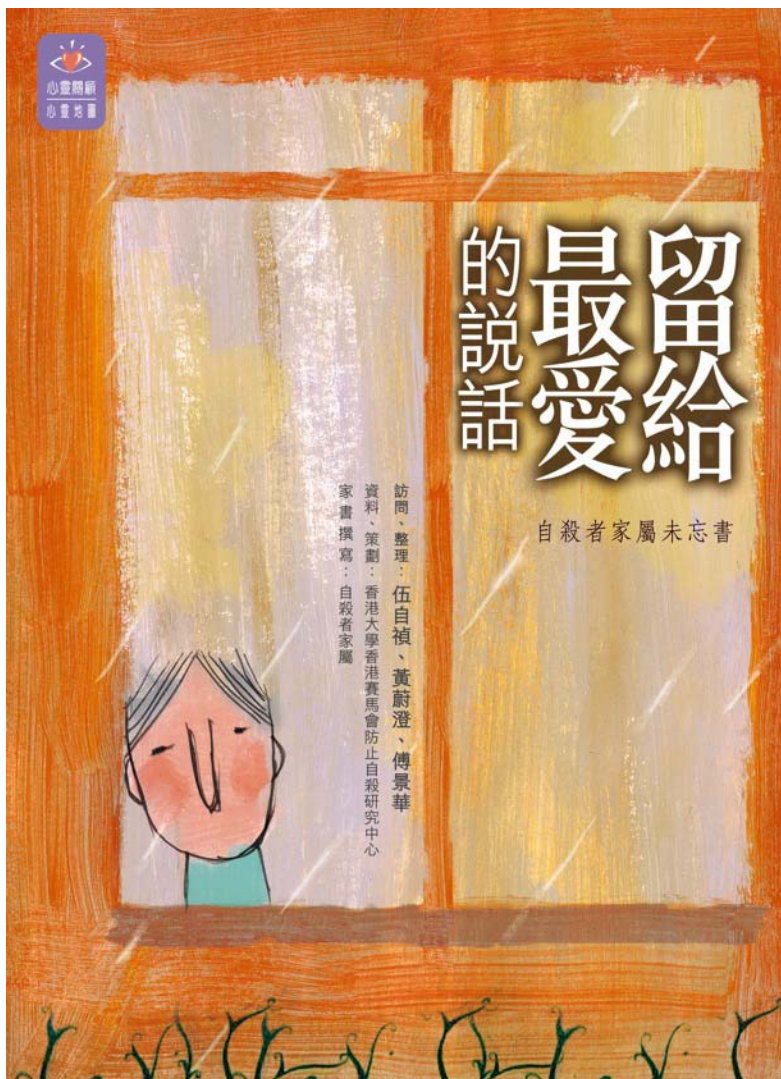


Table 1 : Suicide rates (per 100,000) by age and sex, 2004 and 2005

Age group	Sex				Both sexes	
	Male		Female			
	2004	2005	2004	2005	2004	2005
Below 15	0.2	0.4	0.0	0.0	0.1	0.2
15 – 24	12.8	9.7	8.3	4.4	10.5	7.0
25- 39	24.3	19.2	9.9	12.8	16.3	15.6
40 – 59	22.1	21.9	11.2	11.1	16.5	16.3
60+	36.5	35.8	23.8	20.1	29.9	27.6
All Ages	20.1	18.5	10.9	10.6	15.3	14.4



Presentation at the Hong Kong Book Fair
(From left to right) Mr. Leslie Ng, Mr. King-wa Fu, Dr. Paul Wong and Ms. Muriel Ma



《留給最愛的說話——自殺者家屬未忘書》

訪問、整理：伍自禎 黃蔚澄 傅景華
出版及發行：突破出版社

臨床心理學家黃蔚澄博士曾在兩年間，經常在公眾殮房接觸剛有親友自殺離世的家屬，邀請家屬參與一項防止自殺的研究，他和其他研究員與150位進行詳細訪談，剖析自殺者生前的經歷，透視自殺行為的背景和近因，與及了解自殺者家屬處理傷痛的心路歷程。

本書收集了黃蔚澄、伍自禎和傅景華訪問九位受親人自殺打擊的過來人的故事，家屬除了親述故人往事，更要藉本書讓更多人明白到自殺的後遺症，警惕大眾要注意精神健康的問題，並且帶出「我們要好好活著」的訊息。

書中並載有家屬寫給離世親人的「隔世家書」，對致愛獻上最真摯的心意。此外，黃博士亦會為每一個故事作寄語，提醒大家要關心身邊有需要的親朋，並且要認識和提昇精神健康。

最痛苦的不辭而別，莫過於自殺。家屬不甘心，自怨沒有早點發現並阻止；他們也擔心，以自殺結束生命的人，最終會在

裡找到安息之所？自殺的人已經走了，家屬仍然倖存，面對著深深的悲慟、哀愁、困擾……他們仍然有一些話，要留給他們最愛的——

‘The Belated Dialogues between Suicide and their Families’

By Leslie Ng, Paul Wong & King-wa Fu
Publisher and Distributor: Breakthrough Ltd.

This book includes nine people who have told their own stories, showing us that by not hiding the truth from themselves and others they have learnt to live with suicide. The book also details the reasons for suicide and offers evidence-based information on suicide, and its prevention while offering practical help for readers.

Awards and Honour

《憂鬱小王子》網站

“Little Prince is Depressed” Website
<http://www.depression.edu.hk>

- 2007 Meritorious Websites Award
- 2006 Meritorious Websites Award
- 2005 The Silver Winner of the Asian Innovation Award
- 2004 Ten Healthy Websites and Most Creative Website Award



《憂鬱小王子》繪本（突破出版社）

香港教育城「十本好讀2006」
 我最喜愛的心靈讀物

2007年「十年往事，十本回憶」
 我最喜愛的十本社關書籍

《留給最愛的說話－自殺者家屬未忘書》
 （突破出版社）

第十九屆中學生好書龍虎榜
 60本候選好書



Little Prince is depressed won in the 2006 Meritorious Website Contest



Academic Publications 2007

1. **Wong, P.W.C., Chan, W.S.C., and Beh, P.S.L.** (2007). What can we do to help and understand survivors of suicide in Hong Kong? *Crisis*, 28, 183-189.
2. **Fu, K. W., Liu, K., & Yip, P.** (2007). Predictive validity of the Chinese version of the Adult Suicidal Ideation Questionnaire: Psychometric properties and its short version. *Psychological Assessment*, 19(4), 422-429.
3. **Yip, Paul S. F., Yang, Kris C. T., Ip, Brian Y. T., Law, Y. W., Watson Ray** (2007) Financial Debt and Suicide in Hong Kong SAR. *Journal of Applied Social Psychology* 37 (12), 2788–2799
4. **Yip, Paul S. F. Lee, Dominic T. S.** (2007) Charcoal-burning suicides and strategies for prevention. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*. Vol 28(Suppl 1), 2007, pp. 21-27
5. **Chen EY, Chan WS, Chan SS, Liu KY, Chan CL, Wong PW, Law YW, Yip PS.** (2007) A cluster analysis of the circumstances of death in suicides in Hong Kong. *Suicide Life Threat Behav.* Oct;37(5):576-84
6. **Chan WS, Yip PS, Wong PW, Chen EY.** (2007) Suicide and Unemployment: What are the Missing Links? *Arch Suicide Res.* 2007;11(4): 327-35.
7. **Huggins RM, Hall P, Yip PS, Bui QM.** (2007) Applications of additive semivarying coefficient models: monthly suicide data from Hong Kong. *Biometrics*. Sep;63(3):708-13.
8. **Fu, K. W., & Yip, P. S. F.** (2007). Long-term impact of Celebrity Suicide on Suicidal Ideation: Results from A Population-based Study. *Journal of Epidemiology and Community Health*, Jun;61(6):540-6
9. **Liu, K. Y., Beautrais, A., Caine, E., Chan, K., Chao, A., Conwell, Y., Law C, Lee D, Li P, Yip PS.** (2007). Charcoal burning suicides in Hong Kong and urban Taiwan: an illustration of the impact of a novel suicide method on overall regional rates. *Journal of Epidemiology and Community Health*, 61(3), 248-253.
10. **Ran MS, Chen EY, Conwell Y, Chan CL, Yip PS, Xiang MZ, Caine ED.** (2007) Mortality in people with schizophrenia in rural China: 10-year cohort study. *British Journal of Psychiatry*. 2007 Mar;190:237-42
11. Cheung YB, **Liu KY, Yip PS.** (2007) Performance of the CES-D and its short forms in screening suicidality and hopelessness in the community. *Suicide and Life-Threatening Behavior*. 2007 Feb; 37(1):79-88.



Academic Publications 2007

Charcoal burning suicides

Epidemiology & Strategies for Prevention

Liu, K. Y., Beautrais, A., Caine, E., Chan, K., Chao, A., Conwell, Y., Law C, Lee D, Li P, Yip PS. (2007). Charcoal burning suicides in Hong Kong and urban Taiwan: an illustration of the impact of a novel suicide method on overall regional rates. Journal of Epidemiology and Community Health, 61(3), 248-253.

Abstract

Following the first case in Hong Kong in 1998, the method of committing suicide by charcoal burning has spread to other communities. This aim of this study was to examine the impact of charcoal burning suicides on both overall suicide rates and older-method suicide rates in Hong Kong and urban Taiwan. Trend analysis of the overall and method-specific suicide rates between 1997 and 2002. Comparison of age and gender profiles of those who committed suicide by charcoal burning and other methods of suicide. Suicides by charcoal burning increased rapidly within five years in both Hong Kong and urban Taiwan. This increase was not paralleled by decreases in suicides by older methods and led to an increase of more than 20% in the overall suicide rates. Those in the 24-39 age range were more likely to choose charcoal burning than other methods. The lack of parallel decreases in the suicides rates of older methods with the rise of charcoal burning suicides suggests limited substitution between the methods. The preponderance of the rise in suicide deaths associated with charcoal burning suggests that its invention, followed by wide media dissemination, may have specifically contributed to the increase in suicides in both regions. As a similar increase was found in urban Taiwan as in Hong Kong, charcoal burning suicide should not be viewed as merely a local health problem and has the potential to become a major public health threat in other countries.

Yip, P. S. F. Lee, D. T. S. (2007) Charcoal-burning suicides and strategies for prevention. Crisis: The Journal of Crisis Intervention and Suicide Prevention. Vol 28(Suppl 1), 2007, pp. 21-27

Abstract

This paper examines the emergence of a new method of suicide in Hong Kong by carbon monoxide poisoning generated by the burning of charcoal. In just 6 years, it has become the second most common means of suicide after jumping from heights. The profile of these charcoal-burning suicide victims is different from that of other suicide deaths. It seems that a significant proportion of the increase in the number of suicides for the period is attributable to the charcoal burning. The effect of mass media reporting and strategies on how to contain the contagious effect of charcoal-burning deaths are discussed.

Wong, P.W.C., Chan, W.S.C., and Beh, P.S.L. (2007). What can we do to help and understand survivors of suicide in Hong Kong? Crisis, 28, 183-189.

Abstract

Survivors of suicide or people bereaved by suicide are underresearched and underserved. This report contains preliminary data, collected from a psychological autopsy study, which examines the characteristics of suicide survivors in Hong Kong. This paper considers the preliminary data currently available and attempts to suggest a way forward toward understanding and help for this underrecognized group of individuals in Hong Kong.



當數字變成生命 香港防止自殺工作十年回顧

葉兆輝 香港大學香港賽馬會防止自殺研究中心總監

刊於信報財經新聞2007年5月19日

在過去十年，香港的自殺率由一九九七年開始上升，到了二〇〇三年的歷史高位；在九七年每十萬人有十二人自殺，增加至〇三年的十八點八，亦即是自殺死亡人數達到一千二百多人。自殺在香港人的死因中排行第六，倘以生命年期折損（Year of Life Lost）計之，情況更加嚴重，排行升至第四。自殺亦是年輕人（十五至二十四歲）的頭號殺手。

各方努力自殺率漸降

值得安慰的是，自殺率在〇四年開始有下降的趨勢，估計到〇五的自殺人數約有一千人，自殺率為十四點五。與〇三年比較，減少了兩成。近年的經濟改善或與自殺個案下降有關，但並不能完全解釋，反觀經濟情況同告改善的鄰近地區，如台灣、日本和南韓，他們的自殺率仍維持在高水平，甚至呈現歷史高位。

筆者相信，近幾年來各方面為防止自殺作出的努力，包括部分傳媒自殺報道的情況改善，才會出現這個下降的現象。

筆者在過去十年有機會參與防止自殺的工作。還記得在〇二年，每天都有自殺新聞的出現，長洲東堤小築三人自殺，家庭的倫常慘劇令人感到悲哀。當時，筆者問自己：「香港是否真的病了？」

及後，港大的社會科學學院積極回應當時的狀況，籌組了一個跨學院和跨學科的防止自殺研究中心，召集了一群社會學、精

神科、心理學和公眾健康的學者共謀對策，筆者亦獲邀出任總監一職至今，當時還更得到特首社區基金和馬會慈善基金的支持，給予三年的營運經費。研究中心為香港全面開展對自殺行為的深入研究，更提供培訓和網上教學工作。

自殺問題本身涉及多方面因素，亦包括生理、心理和社會範疇，除了個人層面外，亦與整體社會環境互相影響。在這幾年內，本中心在這方面不斷努力進行研究，提供多項研究的數據，倡議有科學實證支持（evidence-based）的防止自殺工作，務求令整體社會對自殺的認知和理解不斷提升。

筆者一直從事生物統計學的研究。無論是人口轉變、出生率下降、遊行人數或自殺數字，背後都代表一些我們不能忽略的訊息。原本面對的是一堆堆有關死亡的數字，但當數字變成生命，看到自殺數字背後代表着的生命。在研究和互相交流之下，筆者感受到自殺對整個社會所帶來的傷痛和財政負擔。每年有一千人自殺，約有一萬多宗企圖自殺，更有超過一萬人受自殺影響，這種情況在我們的城市每一年都不斷發生。

其實，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。有很多自殺個案背後原因複雜，甚至令人費解，但若能將這些悲傷的事情變成祝福，變得更加有意義，使我們還活着的更曉得愛惜和尊重生命，這些正

是筆者和本中心同事的工作動力，繼續參與這方面的研究和推廣。

締造健康心靈生活

我們不會僅躲在象牙塔內做研究，或純粹滿足於出版學術論文，我們更會走入社會，和其他志同道合的人推動防止自殺工作，包括在中學進行精神健康課程的試點研究，及與醫務人員及法醫合作進行為自殺者家屬提供輔導的成效研究。在這過程中，筆者發現其實社區有很多隱藏的潛力，只要得到適當的引發和協調，有很多持份者（stakeholder）都願意多走一步，為社會貢獻。

所以，防止自殺除了是針對性的藥物治療和心理治療之外，個人培養良好的生活習慣、健康的身體、獲得家人和朋友支持和諒解，組織良好社區和人際網絡和建立家庭友善的工作間等，都對社會的精神健康有所幫助。在未來的日子，防止自殺的工作仍然充滿挑戰，香港的經驗更可供其他國家借鏡，作為社區的一份子，你和我的參與正可以推動防止自殺的工作。預防自殺，因你不再一樣！

全面檢討社會服務 資源分配及成效

葉兆輝、羅亦華、黃蔚澄、傅景華

香港大學香港賽馬會防止自殺研究中心

刊於明報2007年10月25日

看到天水圍再次出現倫常慘案，感到十分無奈——無奈的是心裏有着一種聲嘶力竭後的無力感。

包括本中心在內的多個團體和學者，過去數年先後道出精神健康和社會福利服務制度的流弊，提出不少切實可行的方案，天水圍家庭服務檢討小組報告也提出不少建議。可惜，正如勞工及福利局長張建宗所言，「政府仍然做得不足」。無論質還是量，最根本的問題未有改變，也顯示政府針對問題的決心不足。

人力資源問題癥結？

與過去數宗慘案一樣，事主和家人均正接受醫療及社會服務，並已由多位社工跟進。

所以我們要先仔細檢視目前服務的成效，研究如何透過現有不同服務的配合來提高成效，而非蓋棺定論的說純屬資源不足問題。

尤其目前政府資源充裕，以一筆過撥款增加部分資源，對政府而言並不困難（政府剛宣布投入6000萬加強精神健康服務），但若這僅為回應輿論而貿然向一些未必具成效的地方增加資源，既解決不了問題，並造成浪費，更令缺乏成效的服務存於制度之內，隱藏了真正的社會問題，亦對既有服務造成壓力。

據世界衛生組織《Mental Health Atlas 2005》所述，香港雖然在比例上較少精神科醫生和臨牀心理學家，但社會工作者及精神科護士的數目，不比美、澳、日和新加坡等地為低。人力資源是否問題的癥

結？還是政府對家庭問題認知不足，不能對症下藥，以致藥石亂投？雖然這只是其中一種指標，未必全面反映真相，但仍值得政府正視。

政府不同部門，如社署、醫管局、警方或勞工處等，是否有充分的協調和通報，確保當事人及家人獲得適切服務？還是只懂割裂地按自己的職權處理當事人單一的問題，忽略整體評估及其家庭的需要。

我們可以想像以下模擬處境：醫務社工向患者查詢家庭狀況，患者直言家人患有精神病，但已接受治療；家中經濟環境很差，但已申請綜援；子女無人照顧，但學校社工已跟進。醫務社工見患者的其他問題已有部門跟進，手頭還有大堆個案，加上資源有限，雖知個案具風險，唯有將檔案蓋上。試想，假如每個個案均能檔案互通，不同部門的職員能在交換資訊後，再作總體的風險評估，情況會否不同？並可在社區內找出更多高危的家庭，避免慘案再現？

基於世衛組織倡導增強社區聯繫的理念，本中心與東區的政府及社區組織主動組織，希望增強各部門對有需要人士的了解和聯繫。在東區警方指揮官的帶領下，組織該區的非政府及政府組織，加強社區聯繫，運用地區資源，發揮最大協同效應。透過警方、社署、醫院及地區團體的網絡，緊密轉介高危個案，確保當事人接受跟進服務。

上述的社區聯繫並不涉及額外資源，但需要眾團體群策群力，目標一致。另外，長洲社區透過組織和聯繫，減少自殺的個

案，亦是將社區資源組織起來發揮效用的最佳例子。

過去政府所作的局部檢討（如天水圍家庭服務檢討小組），權責範圍根本不足以觸及服務制度的根本問題，亦沒有權力和資源跟進政府是否落實各項建議，更遑論檢討服務成效。結果類似問題依舊，前線專業人員仍然受壓，投入資源或等於亂石投林，毫無功用。

目前，醫療和社會服務工作分散於不同政府部門，缺乏綜觀全局的整體願景，對精神健康及防止自殺工作亦欠長遠承擔，施政報告亦未有關注精神健康和生活壓力問題。我們建議政府成立有實權及資源調配能力的機構，全面檢討醫療和社會服務資源及成效，準確掌握實況，提出適切措施，繼續就本地情況進行成效研究和建立有效監測系統。

庫房充裕更待何時？

現時庫房資源充裕，若不進行上述工作，更待何時？我們熱切期待政府大手投資基建刺激經濟的同時，貫徹胡錦濤總書記倡議的科學發展觀：「第一要義是發展，核心是以人為本，要求是全協調可持續，方法是統籌兼顧。」政府多談要義「發展」，少談核心「以人為本」，怎樣協調？如何可持續？並兼顧統籌呢？

政府應認清問題，同時在實踐上投放資源改善地區硬件配套，加上軟件配合，培育社區互助守望精神，鞏固地區網絡，互補不足，重建社區力量，放下「親疏有別」的歧見，鼓勵集思廣益，這才有助新香港人找出新方向。



Training Programme and Events

The Advanced Training Course on Treatment for Depressed and Suicidal Individuals Using the Satir Model (March – December 2007)



Dr. John Banmen and the trainees

This advanced course focused on how to assist clients who had depressed moods or suicidal ideation by transforming their despair into hope. 30 trainees including social workers, counselors, teachers and clinical psychologists attended workshops conducted by Dr. John Banmen, R.Psych., director of training for the Satir Institute of the Pacific, on how to set positive directional goals and how to resolve unmet expectations of clients. The case demonstrations by Dr. Banmen were very helpful among trainees. Mrs. Grace Yung, The chief clinical supervisor and the chief executive of the Green Pastures Whole Person Development Centre, was the trainer of the Phase I workshop and the 8 practicum

sessions focusing on working with different age groups and debriefing after suicides in the community. Trainees also practiced and applied what they learned in the course during small group supervision sessions and clinical placement at Hong Kong Satir Centre for Human Development.

Stress management workshop conducted by Prof. Fan Fu Man



Stress management for mainland graduate students (20 Jan 2008)

Veteran Chinese psychologist, Prof. Fan Fu Man from the Tsinghua University was invited by the Graduate School and CSRP to conduct a Stress Management Workshop for about 40 mainland post-graduate students of HKU.

Talk at Hong Kong Baptist University (22 Jan 2008)

About 20 BU students attended this seminar organised by the Sociology Association. Dr. Paul Wong presented a topic about suicide.



Dr. Paul Wong visited the Hong Kong Baptist University

Training Programme and Events

Visit to Tin Shui Wai (22 November 2007)

A visit to Tin Shui Wai was organised by the HK Civic Association and the CSRP. Mr. Hilton Cheong-Leen, President of HK Civic Association; Mr. Frederick LYNN; Chairman of the HK Civic Association; Dr Paul Yip and Ms Frances Law visited two schools in Tin Shui Wai, the Old Queen Elizabeth School, Old Students' Association Secondary School, and Lee Shau Kee Primary School (the Hong Kong Federation of Youth Groups), to understand the needs and concerns of the students and their parents.



Training for the Housing Authority

Training for the Housing Authority (6 July 2007)

Training for housing management officers of the Housing Authority organised by the Eastern District Inter-Departmental Working Group on the Prevention of Deliberate Self-Harm (PDSHWG)

Our Centre Director Dr. Paul Yip received La Trobe University Distinguished Alumni Award for his outstanding work in Population Health (especially on Suicide Prevention) from Professor Paul Johnson, Vice-Chancellor of La Trobe University, Australia (19 March 2008)

Mr. Leon Lynell, International Officer of La Trobe University (Left)
Mr. Liang Shugen, Consulate General of the People's Republic of China in Melbourne (Middle)
Paul Yip (Right)



Training Programme and Events

Other Training Activities

Date	Event	Description
17 Jan 2007	Training for Eastern District Police	About 80 front-line police officers from the Eastern District attended this training to enhance their knowledge about suicide prevention among police officers.
18 Jan 2007	Training for Castle Peak Hospital	About 150 psychiatric nurses from the Castle Peak Hospital attended this 3-hour training session.
27 Jan 2007	Training for SKH Mac L	About 40 social workers from SKH Mac L. attended this one-day training session, covering youth and elderly suicide.
Spring 2007	Broadening course 2007 – Stress, Depression, and Suicide	About 180 undergraduates enrolled in this course to increase their knowledge about stress, depression and suicide.
22 March 2007	Talk on mental health and drug abuse for Chinese Foundation Secondary School, Chai Wan	About 800 F.1 – F.7 students attended this seminar about mental health, drug use and saying “no” to drugs.
16 & 23 April 2007	Awareness talks on mental health for railway staff	Awareness talks on mental health for KCRC railway staff were conducted, with around 100 members in attendance.
13 July 2007	Training for Social Work Association on elderly depression	This workshop was conducted by Dr. Paul Wong and about 30 social workers attended.
23 August 2007	Training for Caritas Family Welfare – Western District	About 40 social workers from the Western district attended this workshop to increase knowledge about suicide and suicide prevention.
10 September 2007	Mental Health Training series for Hong Kong Police Force’s Balance and Wisdom	About 100 police officers attended this seminar on the topic of Suicide Bereavement.
17-24 September 8 & 15 October	Training for Police Care-linkers	Three training sessions for the Police Care-link Carde covered suicide prevention in the police force, suicide prevention for gamblers, and setting up a volunteer service in the police force. About 30 Care-linkers attended this training programme.
19 September 2007	Training on suicide prevention for general practitioners	suicide prevention training for general practitioners by Dr Paul Yip - organized by the Pamela Youde Nethersole Eastern Hospital
5 December 2007	Talk at Cathay Pacific on Stress Management from a Cognitive-Behavioural Therapy perspective	About 20 front-line and office staff from CX attended this seminar.
13 December 2007	Easter District Schools’ disciplinary teachers	About 40 disciplinary teachers from the Eastern District attended this workshop to enhance knowledge about youth suicide prevention and drug use in the Eastern Districts.
19 Jan 2008	Survivors sharing section for people from the Eastern District	This sharing session was the first of its kind district-wide gathering conducted in Hong Kong. It was a joint effort with the police, Caritas, Social Welfare Department, and CSRP. About 15 families affected by suicide attended.



About Us

Welcome to our new Associate Directors



Dr Philip BL Beh

MBBS HK; DMJ (Clin et Path) Lond; CTLHE HK;
FHKCPath; FHKAM (Pathology)
Associate Professor, Department of Pathology
The University of Hong Kong
Research Interests: homicide & homicide-suicide, sexual
assaults, forensic pathology



Professor Karen A. Joe Laidler

B.A., M.A., Ph.D. Calif. Davis
Professor, Department of Sociology
The University of Hong Kong
Research Interests: drugs, gangs & delinquency,
gender, race & crime

Updated news of Friends of CSR

Dr. Ka-Yuet Liu

After receiving her doctorate at Oxford University, Dr. Liu is now a lecturer in Sociology and Postdoctoral Research Scholar at the Institute of Social and Economic Research and Policy (ISERP), Columbia University. We wish her every success in this new position.

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Dr. Paul Yip

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