

Prevention of Suicide is Everybody's Business



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防止自殺 人人有責

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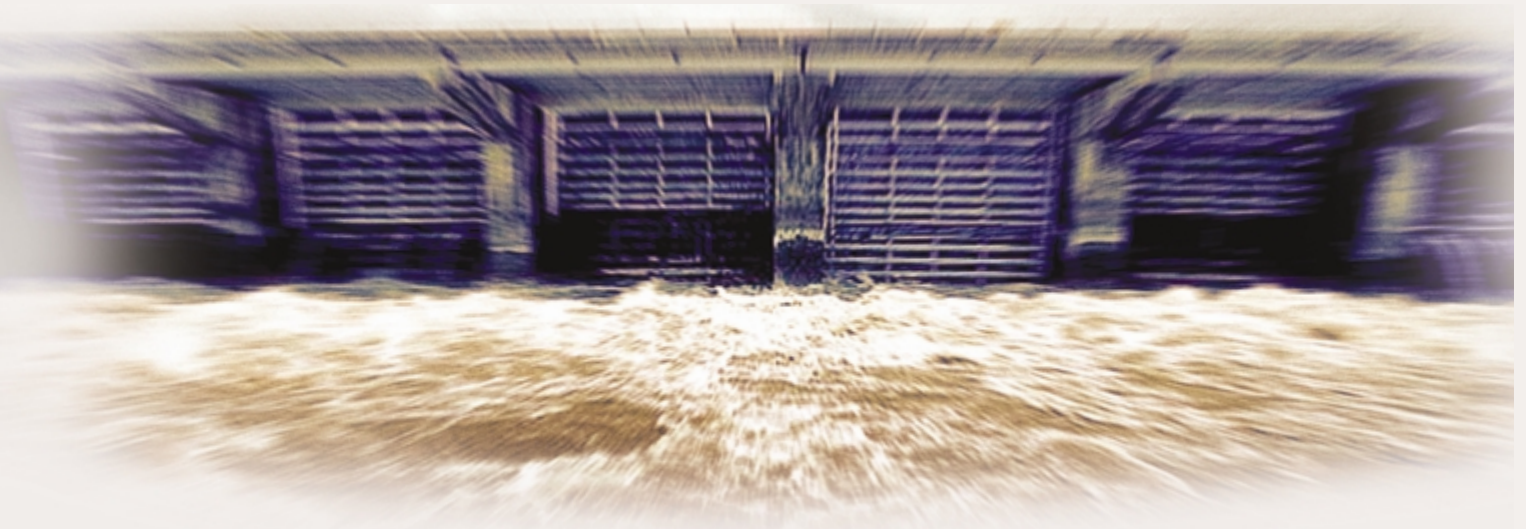
15 RTHK Suicide Prevention TV programme



香港大學
The University of Hong Kong



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



A public health approach for suicide prevention

Suicide has become a major public health issue in many countries according to Dr Jose Bertolote, Director of the Management of Mental and Brain Disorders of the World Health Organization. Suicide is the sixth leading cause of death in Hong Kong in 2003; the total number of suicide was 1,264 (HKJC Centre for Suicide Research and Prevention, 2005). The number of suicide deaths is more than the deaths from infectious and parasitic disease (1,047), endocrine, nutritional and metabolic disease (885) and traffic accidents (175). Hong Kong's suicide rate is at 18.6 per 100,000 and it is higher than the global average (14.5 per 100,000). It is at its historical high and the increasing trend is worrying. Suicide has caused the community dearly. Suicide is the leading cause of death among young people of aged (15-24). In term of the year of life lost (i.e. a death from a younger person cause more years of life lost than an older adult), suicide would rank the fourth. It causes much more years lost than the total deaths arising from digestive system and genitourinary diseases. Further, if we measure the loss of economic productivity caused by suicide, it ranks second immediately after the neoplasm. The number of suicides among middle age group (aged 25-49) has increased 70% since 1997.

The World Health Organization and many other countries have advocated a public health approach to deal with suicide. The initiative involves three levels: i) Universal, ii) Selective and iii) Indicative. The first level is to do with the general population, for example, restricting the means of suicide; the second level is for some particular high risk groups, for example, the unemployed; and the third level is dealing with the people with extreme high risk, e.g. suicide attempters. The public health approach of suicide prevention aims to prevent illness, disability, and premature death through early intervention and active intervention. This approach provides a strong framework for creating an effective and concerted effort across different sectors to prevent suicide.

The public health approach advocates a strong collaboration among various parties of suicide prevention in the local territory. These efforts need to be strategically coordinated to maximize their effectiveness.

A clear identified role of each sector of the community, better identification of service gaps, stimulation of new and innovative modes of service, and the development of evidence based guidelines for intervention and evaluation of program effectiveness are undoubtedly necessary.

It is heartening to see the increase in awareness of suicide prevention and collaboration in the suicide prevention work in the community for the past three years. The new Chief Executive, Mr. Donald Tsang has also mentioned suicide prevention in his policy address. We have learnt considerably about the risk and protective factors based on the research findings. It is the time to bring suicide prevention to the next level, from identification of risk factors to intervention. It would involve the whole community to carry out the work.

Comparing to other western countries, Hong Kong has nearly doubled the rates of UK (10.0), US (11.2) and Australia (12.2). Those countries have implemented national suicide prevention programs and strive to reduce the suicide rate in the next decade and treat suicide prevention as one of their national health priorities. It is time for Hong Kong to respond to the international effort and to satisfy the needs of the local community to prevent future loss of members of our community. Suicide prevention is everyone's business and we all can participate and make a difference for being a guardian angel to our family, friends and the community. The potential gain of suicide prevention is real since the community simply has spent considerable amount of resources in providing the medical and health services for the Deliberate Self Harm (at least 40 millions a year) and the loss of productivity due to over 1200 suicide deaths has cost the community more than 1.4 billion each year. It is certain that the overall quality and harmony of our community will be improved if the suicide rate is coming down.

Paul Yip
Director
November 2005



Community Development Suicide Prevention Programme on Cheung Chau Island

In March 2002, community representatives organized a community-based suicide prevention programme on Cheung Chau Island. Table 1 shows the components of the programme. 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 evidences 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 and were poisoned by excessive levels of carbon monoxide in a sealed room. Moreover, there were nine episodes of suicide pacts, resulting in 19 fatalities. However, after implementation of the Programme, the number of suicide cases has been decreasing (chart 1), revealing its effectiveness in preventing suicides adopting different levels of preventative strategies based on a public health approach.

長洲的社區防止自殺計劃

針對當時多宗自殺個案的出現，長洲地方人士於2002年3月自發組織了一個社區防止自殺計劃，有關的措施詳見（表一）。自措施推出後兩年，島內自殺個案大幅減少，這事例證明有效和適時的個人危機處理和社區「把關人」措施，有助防止自殺發生。我們分析自1998年至2004年共63宗自殺和56宗意圖自殺個案，絕大部份屬非島內居民（45宗自殺和39宗意圖自殺個案），63宗自殺個案中有37宗在渡假屋內發生，44宗屬於燒炭致命。另外，一共有9宗個案屬多於一個人的自殺，涉及共19人。不過，自以公共健康出發，以多層次介入的措施推出後，島內自殺個案便告減少（圖一）。

Chart 1: The suicide and attempted suicide cases on Cheung Chau Island from 1998 to 2004 (data from Cheung Chau Police Force)
1998年至2004年長洲的自殺和意圖自殺個案（資料由長洲警方提供）

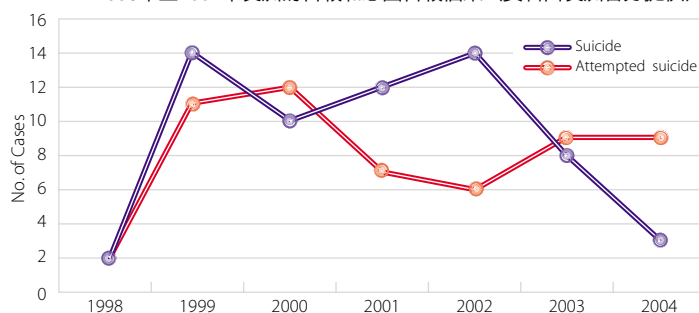


Table 1: Components of the Suicide Prevention Programme on Cheung Chau Island
長洲社區防止自殺計劃的範圍

Universal	<ul style="list-style-type: none"> • Problem definition and awareness <ul style="list-style-type: none"> Key stakeholders and providers to develop an action plan Reduce contagious effect generated by sensational publicity • Restriction of lethal means <ul style="list-style-type: none"> Refused to rent holiday flats to those who looked depressed • Education and training <ul style="list-style-type: none"> "Fortune-telling" training Poster messages • Assuring rapid access to care <ul style="list-style-type: none"> Place hotline numbers in all holiday flats • Enhance mental health literacy at schools
Selective	<ul style="list-style-type: none"> • Train gatekeepers, e.g., owner's of holiday flats, to refer those who may in need to social workers or police • Increased patrols by police • Approached tenants proactively
Indicated	<ul style="list-style-type: none"> • Round-the-clock hotline services for those who are at risk • Social workers (with suicide prevention training) and clinical psychologist were ready to provide counseling services in unconventional settings



Suicidality among the General Population in Hong Kong

This report summaries the key findings of the Prevalence Study, which is an in-depth investigation into the prevalence of suicidality and its associated risk and protective factors among the Hong Kong population, using a large, representative community sample. A two-stage, stratified random sampling method was employed. A total of 2,220 respondents constituted the core sample, which generated findings that represent a total of 4,759,000 people aged 15-59.

The results showed :

- 28.4% of the 15-59 population had life-time suicidal ideation, 6.5% had past-year suicidal ideation, 2.3% had made plans for attempting suicide in the past year, 1.7% had made past-year suicide attempt(s), and 0.2% had made a suicide attempt(s) in the past year that required medical care.
- The prevalence of past-year attempts (1.7%) among the general population in HK was alarmingly high compared with those reported in other countries (Table 2).
- 9% of the respondents, representing around 400,000 people aged 15-59 in Hong Kong, had serious depressive symptoms.
- All levels of suicidality generally decreased with age (Chart 2).
- Women had a higher prevalence rate across all levels of suicidality than men (Chart 3).
- Based on the multivariate analysis, risk factors associated with past-year suicidal ideation and attempts included: being separated, divorced, or widowed (OR = 2.950; $p < 0.01$), had received psychiatric consultation and treatment (OR = 5.313; $p < 0.001$), depressive symptoms (OR = 1.731; $p < 0.001$), irrational beliefs (OR = 1.352; $p < 0.05$), serious interpersonal conflicts (OR = 3.862; $p < 0.01$), distress from different aspects of life (OR = 1.251; $p < 0.05$), difficulties in seeking help from family and friends (OR = 1.647; $p < 0.05$), and self-blame coping strategies (OR = 1.321; $p < 0.05$).
- Protective factors included: reasons for living (OR = 0.614; $p < 0.001$).
- Only 21.6% of respondents, who had ever seriously considered or had attempted suicide, had ever sought help from a professional. Female respondents were more likely to have sought help.

香港一般人口的自殺行為

本報告總結研究的主要結果，我們採用具代表性的社區樣本，深入調查社區自殺行為及其相關的危機和保護因素。研究分兩階段，以分層隨機抽樣方式，主要樣本共2,220名受訪者，所得結論概括代表4,759,000名年齡介乎15至59歲人士。

結果顯示：

- 15至59歲人口中，28.4%在過往一生中想過自殺，6.5%去年曾想過自殺，2.3%去年曾計劃自殺，1.7%去年曾經企圖自殺，0.2%去年因自殺而需醫療照顧；
- 香港一般人口中曾企圖自殺的比率（1.7%），與其他國家同類記錄比較，屬於偏高（表二）；
- 受訪者中，佔9%亦即代表400,000名15至59歲的香港人，有出現嚴重抑鬱徵狀；
- 所有有關自殺念頭和企圖自殺的比率，皆隨年齡增長而下降（圖二）；
- 女性比男性有較高比率的自殺意念和行為（圖三）；
- 根據多變項回歸分析，過去一年曾有自殺意念的風險/保護因素包括：分離、離婚或喪失配偶 (OR=2.95; $p < 0.01$)、曾接受心理輔導和治療 (OR=5.313; $p < 0.001$)、抑鬱徵兆 (OR=1.731; $p < 0.001$)、不理性思維 (OR=1.352; $p < 0.05$)、極端惡劣的人際關係 (OR=3.862; $p < 0.01$)、各種生活壓力 (OR=1.251; $p < 0.05$)、得不到家人和朋友支援 (OR=1.647; $p < 0.05$) 和自我怪責 (OR=1.321; $p < 0.05$)；
- 保護因素包括生存意義 (OR=0.614; $p < 0.001$)。
- 曾想過自殺或有自殺行為的受訪者中，只有21.6%曾向專業人士尋求輔導，當中以女性佔多數。
- 自殺行為是個複雜問題，須從公眾健康著眼小心處理。預防策略包括教育公眾認識抑鬱症及其徵兆，對精神健康提高警覺，鼓勵有需要人士尋求輔導，建議傳媒對自殺新聞作恰當的報導。

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Suicidality among the General Population in Hong Kong

Chart 2 : Suicidal Ideation and Behaviours among 15-59 Population by Age Group (%)
15至59歲人口按年齡組別劃分的自殺意念與行為 (%)

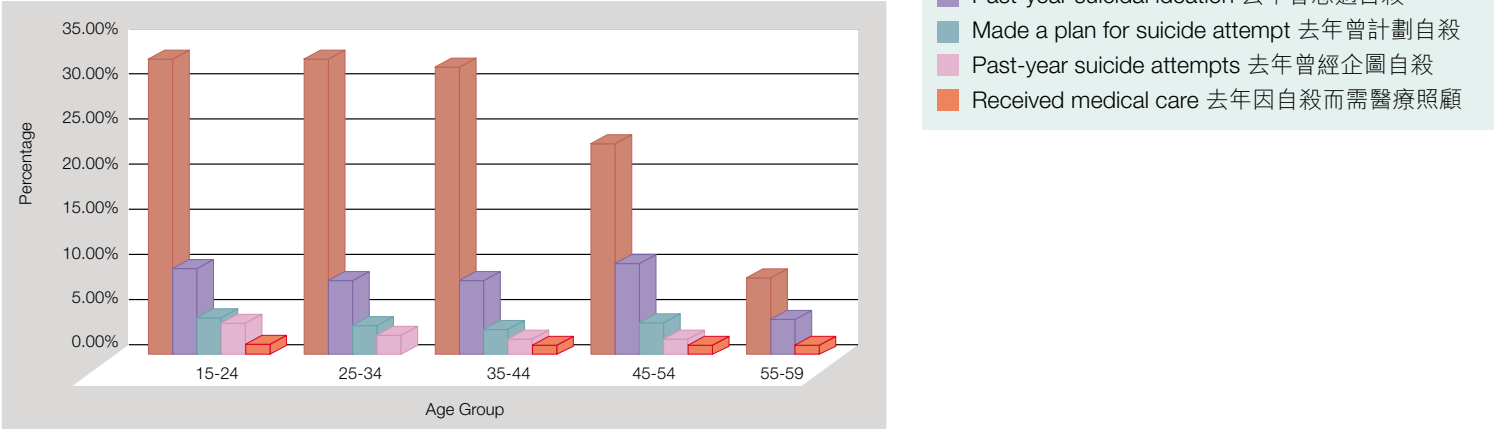


Chart 3 : Suicidal ideation and behaviour among 15-59 Population by Gender (%)
15至59歲人口按性別劃分的自殺意念與行為 (%)

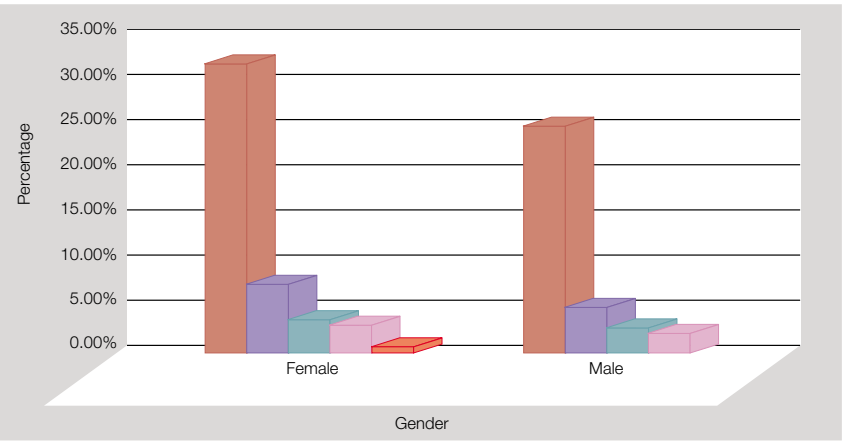
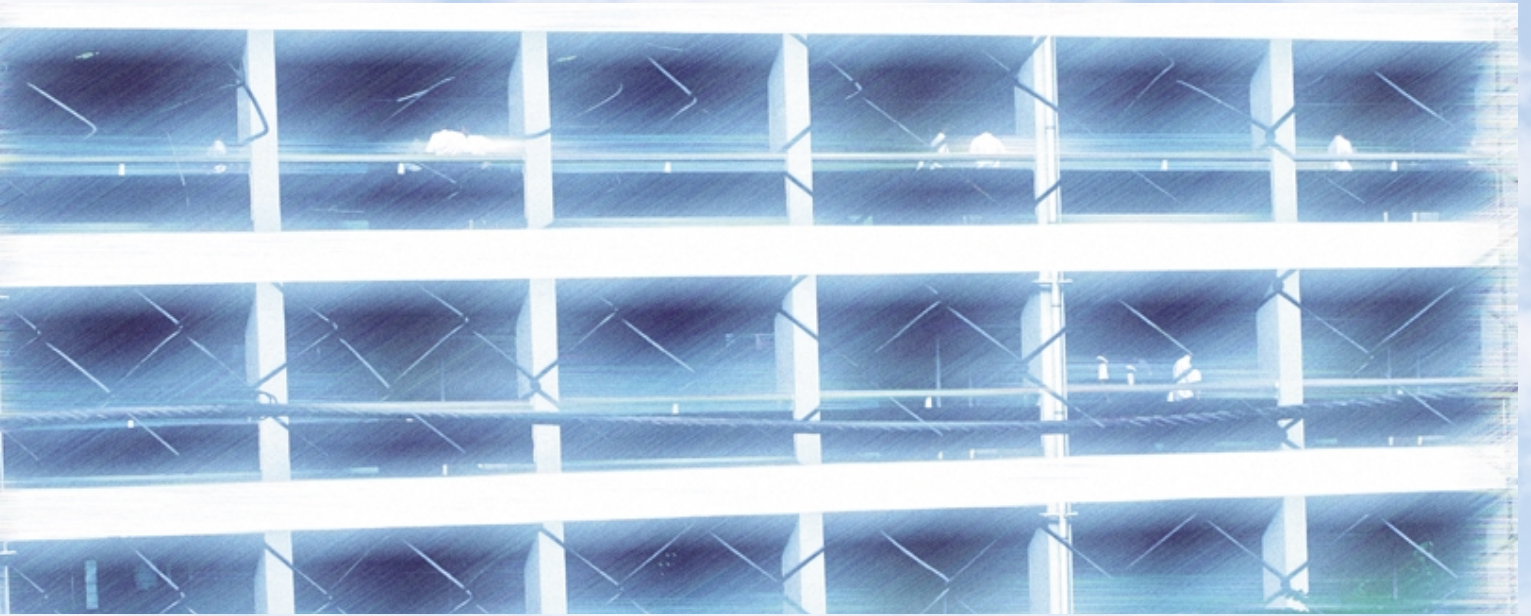


Table 2 : Past-year Prevalence of Suicide Attempts among the General Population in Selected Countries
比較不同地區在去年曾自殺比率

Country 地區	Study 研究	Age range 年齡範圍	Sample size 樣本數目	All 所有人 (%)	Men 男 (%)	Women 女 (%)	M:F ratio 男女比率
Hong Kong 香港	Prevalence	18-59	2,220	1.7	1.1	2.1	1:1.90
Australia 澳洲	Pirkis , Burgess & Dunt (2000)	18+	10,641	0.4	0.3	0.5	1:1.67
U.S. 美國	Crosby, Cheltenham & Sack (1999)	18+	5,238	0.7	0.7	0.7	1:1
U.K. 英國	Meltzer et al. (2002)	16-74	3,848	0.5	0.5	0.5	1:1
Denmark 丹麥	Kjoller & Helweg-Larsen (2000)	16-59	1,397	0.5	0.5	0.5	1:1
Finland 芬蘭	Hintikka et al. (1998)	-	4,868	1.0	1.1	0.9	1:0.82
Latvia 拉脫維亞	Rancans et al. (2003)	18+	667	1.8	-	-	-



Suicidality among Youth aged 15-19 in Hong Kong

This report is based on survey results of 715 respondents aged 15-19.

The results showed :

- 28.1% of the respondents reported life-time suicidal ideation; 6.2% reported past-year suicidal ideation; 3.1% reported making a plan for attempting suicide in the past year; 2.8% reported making suicide attempt(s) in the past year; and 0.3% reported making a suicide attempt(s) in the past year that required medical care. (Chart 4)
- The prevalence rates across all levels of suicidality were generally higher among female respondents and those with an educational level of F.3 or below. (Chart 5)
- All levels of suicidality decreased as household income increased and suicides were also more common among households receiving social security (CSSA). (Chart 6)
- Based on multivariate analyses, risk factors associated with suicidality include: serious problems with family members in the past 12 months ($OR = 3.679; p < 0.01$), stress over extra-curricular activities ($OR = 3.236; p < 0.05$), had chronic illness or long-term pain ($OR = 3.009; p < 0.05$), and poor coping styles ($OR = 2.042; p < 0.001$).
- Protective factors: responsibility to family as a reason for living ($OR = 0.357; p < 0.001$).
- The high percentage of past-year attempts and repeated suicidal behaviour is alarming. More support should be given to those young people who suffer under serious adverse conditions. In addition improving the strain on coping strategies is also of great importance to enhance young people's resilience.

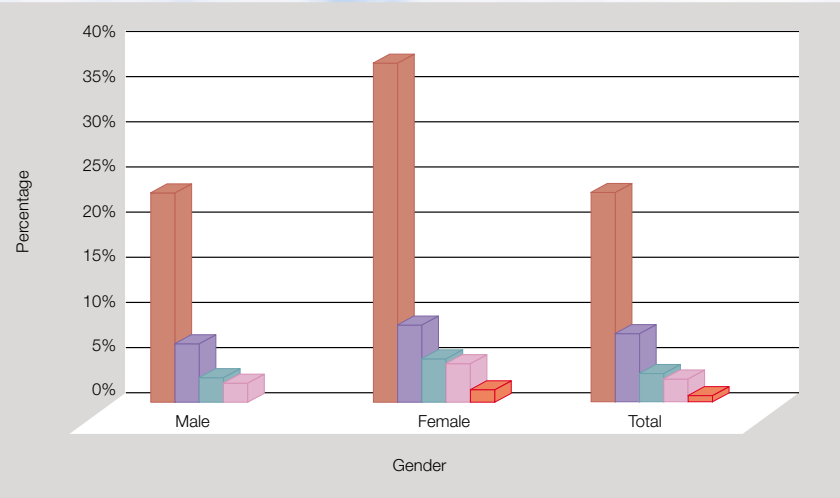
香港15至19歲青少年的自殺行為

本報告根據715名15至19歲受訪者的研究所得。

結果顯示：

- 28.1%受訪者在過往一生中有想過自殺，6.2%過去一年內想過自殺，3.1%曾計劃自殺，2.8%曾自殺，0.3%因自殺而需接受治療（圖四）；
- 女性在各種自殺意念和行為中的比率較高，中三或以下教育程度者佔多數（圖五）；
- 家庭收入愈高，各項自殺比率遞減，而接受綜援家庭的自殺率也較高（圖六）；
- 根據多變項回歸分析，與青少年人自殺行為有關的因素包括：過去12個月內曾與家人有嚴重衝突 ($OR = 3.679; p < 0.01$)，因課外活動而出現壓力 ($OR = 3.236; p < 0.05$)，慢性疾病或長期痛楚 ($OR = 3.009; p < 0.05$) 和較差的解決問題能力 ($OR = 2.042; p < 0.001$)。
- 保護因素：視生存為對家庭的責任 ($OR = 0.357; p < 0.001$)。
- 青少年人過往一年曾自殺的比率和重複的自殺行為，對我們來說是一個警號，這些處於惡劣環境的年青人需要更多支援；除了加強青少年人解決問題的能力，更重要的是強化他們面對逆境的能力和適應力。

Chart 4 : Suicidal Ideation and Behaviours among 15-19 Population by Gender (%)
 15至19歲人口按性別劃分的自殺意念與行為 (%)



- Life-time suicidal ideation 過往一生中想過自殺
- Past-year suicidal ideation 去年曾想過自殺
- Made a plan for suicide attempt 去年曾計劃自殺
- Past-year suicide attempts 去年曾經企圖自殺
- Received medical care 去年因自殺而需醫療照顧

Chart 5 : Suicidal Ideation and Behaviour by Highest Education Level Attained %
 15至19歲人口按教育程度劃分的自殺意念與行為 (%)

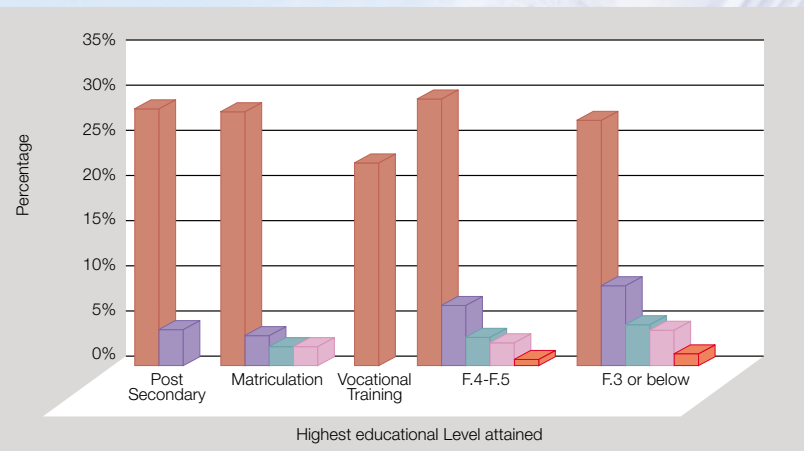
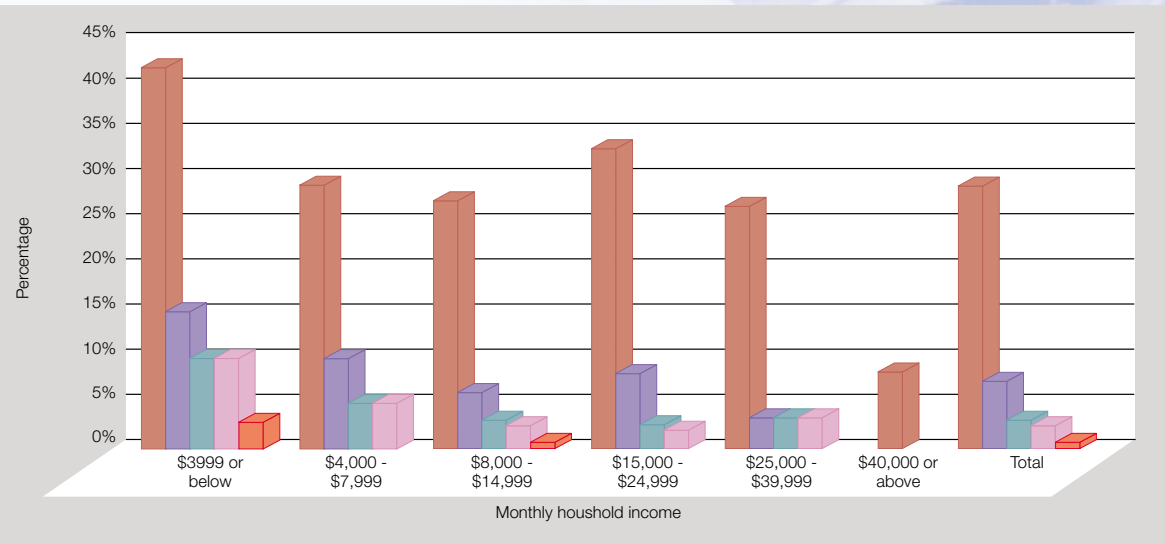


Chart 6 : Suicidal Ideation and Behaviours by Monthly Household Income %
 15至19歲人口按家庭月入劃分的自殺意念與行為 (%)





Psychological Autopsy Study of Suicides in Hong Kong

This report is based on the first psychological autopsy study (PA) among those aged 15-59 in Hong Kong and it examines the risk and protective factors for suicides. Using a case-control research design, 150 individuals who die by suicide and 150 randomly selected control subjects were compared. Three specific groups: the unemployed, housewives and school dropouts were under studied in depth.

The results showed:

- Six independent suicide-associated factors: 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 ($OR=0.27$; $p<0.001$). (Table 3)
- Psychiatric illnesses ($OR=48.21$; $p<0.01$) and male gender ($OR=14.42$; $p<0.05$) were the prevalent risk factors among those who were unemployed; on the other hand, social problem solving skills ($OR=0.27$; $p<0.05$) was found to be a protective factor of suicide among the unemployed. (Table 4)
- The suicide rate for housewives (6.3/100,000) was much lower than that of women (11.2/100,000) in 2003. However, risk factors for housewives seemed to be social isolation, indebtedness, low education level, and self-blame.
- Universal preventive strategies such as improving detection and treatment of psychiatric illnesses, increasing awareness of the importance of social support, promoting healthy financial management, and improving problem solving skills are recommended.

香港人自殺成因探討

這是本港第一個針對15至59歲死於自殺人士的成因研究，探討相關的危機和保護因素。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，並對其中三個組別：失業者、家庭主婦和失學青年，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 ($OR=7.29$; $p<0.01$) 和社會支援 ($OR=0.27$; $p<0.001$) (表三)；
- 失業人士中，精神病 ($OR=48.21$; $p<0.01$) 和男性 ($OR=14.42$; $p<0.05$) 是主要危機因素。另一方面，失業者若有較高的解決問題能力 ($OR=0.27$; $p<0.05$)，可成為自殺的保護因素 (表四)；
- 主婦自殺率每10萬人中6.3人，遠低於2003年的女性自殺率 (每10萬人有11.2人)。據估計，主婦的危機因素主要是與社會脫節、欠債、低學歷和自我怪責；
- 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。

Table 3 : Multivariate Model of Suicide-Associated Factors Comparing Deceased and Control Groups
與自殺有關因素的多變項回歸分析（比較自殺者／對照組別）

	Adjusted O.R. ^a	95% CI	
		Lower	Upper
Psychiatric Diagnosis 精神病			
No diagnosis 沒有	1.0		
At least 1 diagnosis 至少一項	28.67***	8.65	94.98
Previous Suicidal Attempt 曾經企圖自殺			
No attempt history 沒有	1.0		
At least 1 past attempt 至少一次	24.78**	4.04	152.00
Presence of Unmanageable Debts 欠債			
No debt 沒有	1.0		
Indebted 有欠債	10.08**	2.31	44.04
Employment Status 就業情況			
Currently employed 就業	1.0		
Unemployed or underemployed 失業	8.65**	2.29	32.74
Economically inactive 非從事經濟活動	0.88	0.21	3.65
Marital Status 婚姻狀況			
Currently married or cohabited 已婚或同居	1.0		
Separated 離異	0.34	0.04	2.87
Never married 未婚單身	7.29**	1.96	27.04
Social Support Content 社會支援	0.27***	0.13	0.56

a ***p<0.001; **p<0.01; *p<0.05

Table 4 : Multivariate Model of Suicide Associated Factors Comparing Deceased and Controls who were Unemployed
與自殺有關因素的多變項回歸分析（比較失業人士自殺者／對照組別的失業人士）

	Adjusted O.R. ^c	95% CI	
		Lower	Upper
Psychiatric Diagnosis 精神病			
No diagnosis 沒有	1.0		
Even had been diagnosed a psychiatric disorder 曾經有	48.21***	4.82	482.54
Gender 性別			
Female 女	1.0		
Male 男	14.42**	1.49	139.74
Social Problem Solving 解決問題能力	0.27*	0.08	0.93

a Taken into account of gender, living arrangement, psychiatric diagnosis, emotional treatment, social problem solving, social support content, healthy living style. 已考慮的因素：性別、居住情況、精神病患、情緒治療、解決社會問題能力、社會支援和健康生活方式。

b Impulsivity, psychiatric treatment, and frequency of social support were dropped due to many missing cases. 因太多遺漏個案，未有考慮衝動、接受精神治療及社交支援次數等因素。

c ***p<0.001; **p<0.01; *p<0.05

Report on Suicide Deaths in 2003

Documentation was made available from the Coroner's Court to examine the demographic patterns of suicide deaths in Hong Kong in 2003.

The results showed :

- A total of 1,264 suicide deaths were reported in 2003, a rate of 18.6 per 100,000 people. This was a 14.1% increase compared with 2002 figures (16.3 per 100,000) (Table 5).
- A higher prevalence was noted in males with the gender ratio (M:F) 2.1.
- The pattern of age-gender specific rates in 2003 was similar to that of 2002, where suicide rates increased with age for both genders.
- The elderly suicide rate recorded the largest increase, from 26.4 to 36.5 per 100,000 (38% of increase).
- Jumping from height (45.5%) and charcoal burning (25.6%) were the most common methods of suicide. The latter drastically increased from 1.8% of suicide deaths in 1998 to 25.6% of suicide deaths in 2003, and it was commonly found among the middle-aged group.
- The high prevalence of suicide deaths was commonly found in groups of persons living alone and unemployed.
- A higher proportion of the elderly (30%) who committed suicide were widowed, while a higher proportion of divorce (13%) was observed in the middle-age group.
- Only 34.8% of suicide deaths (aged 15-59) showed medical records of one or more psychiatric diagnoses. The percentage was far below what was diagnosed retrospectively through the PA Study (80%) of the CSRP. This suggests that people with psychiatric disturbances are unlikely to receive medical treatment before they commit suicide.
- A relatively higher proportion of deceased with suicide attempt (15%) history had attempted suicide within 1-3 months before the actual suicide incident.
- Seven out of 10 cases of suicide pacts (14 deceased) used charcoal burning as the suicide method.

2003年香港自殺情況剖析

根據死因裁判庭資料，我們研究2003年死於自殺的個案。

結果顯示：

- 2003年香港有1,264人因自殺死亡，自殺率為每10萬人18.6宗，與2002年每10萬人16.3宗比較，增長率為14.1% (表五)；
- 男性的自殺率較女性高，男女比例為2.1；
- 2003年的年齡性別比率與2002大致相同，男女的自殺率皆隨年紀愈大而上升；
- 長者自殺率從每10萬人26.4上升至36.5，大幅增長38%；
- 從高處跳下(45.5%)和燒炭(25.6%)是最常用方式，後者從1998年的1.8%驟升至2003年的25.6%，以中年自殺者較多採用。
- 自殺死者有兩種普遍情況：獨居和失業；
- 自殺的長者中30%是配偶已過世，而中年自殺者13%已離婚；
- 年齡介乎15至59歲的自殺者，只有34.8%有接受精神科診治的醫療記錄，比率遠低於本中心「香港人自殺成因探討」研究所指共80%自殺者有精神失常。這顯示許多精神受困擾的人士，在自殺前並無尋求治療；
- 自殺者當中有15%死前一至三個月內曾試圖自殺；
- 10宗多於一人自殺的個案有7宗(共14名死者)是以燒炭進行。

Table 5 : Number of Suicide and Suicide Rates by Age and Gender, 2003
2003年香港自殺率(按年齡和性別顯示)

	Number of suicide			Rate per 100,000		
	Male	Female	Both Gender	Male	Female	Both Gender
Under 15	1	3	4	0.2	0.6	0.4
15-24	56	38	94	12.6	8.8	10.7
25-39	220	114	334	28.7	11.9	19.4
40-59	316	135	451	30.4	12.7	21.5
60 or above	232	143	375	47.1	26.7	36.5
Missing	6	0	6	-	-	-
All Ages	831	433	1264	25.2	12.3	18.6

Source : Coroner's Court



DSH Patients via A&E Admission in 2004 2004年香港人的自毀行為

This report is based on inpatients admitted via the Accident and Emergency Departments of the Hospital Authority in HK.

• Patient statistics

1. 2,923 DSH patients (Male-1,338; Female-1,585)
2. Average age: 40.3 years (male); 34.8 years (female); 37.3 years (all)

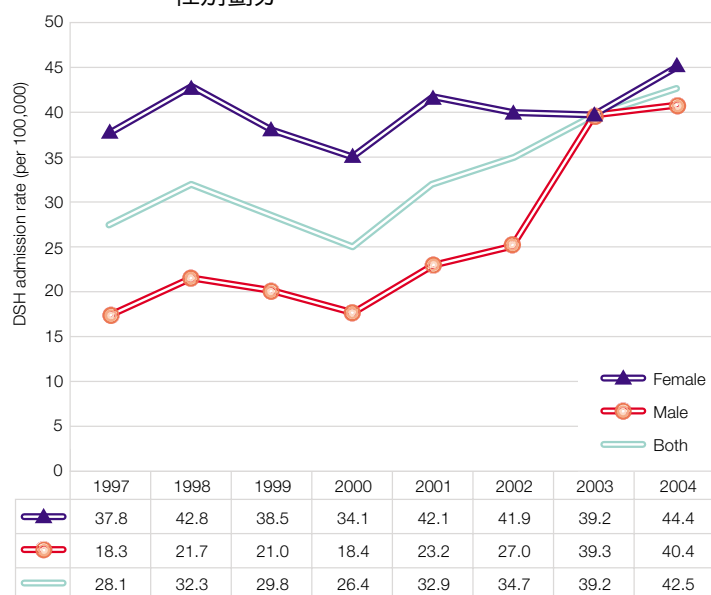
• Episode statistics :

1. 3,215 cases
2. Method used: Poisoning (80.7%); Cutting (3.2%); Charcoal burning (2.7%)

• Patient-days statistics :

1. 13,628 patient-days for DSH patients admitted in 2004
2. Estimated health cost related to DSH : HK\$44.4M [HK\$1.9M (A&E); HK\$42.5M (inpatient)]

Chart 7 : A&E Admission Rates for DSH In-Patients by Gender (1997–2004)
經急症室而住院的自毀人士(1997—2004) / 按性別劃分



以下研究結果是分析經醫院管理局急症室而住院人士所得

• 住院人士數字

1. 2,923名自毀人士 (男性 : 1,338 ; 女性 : 1,585)
2. 平均年齡 : 40.3 歲 (男) ; 34.8歲 (女) ; 37.3歲 (所有)

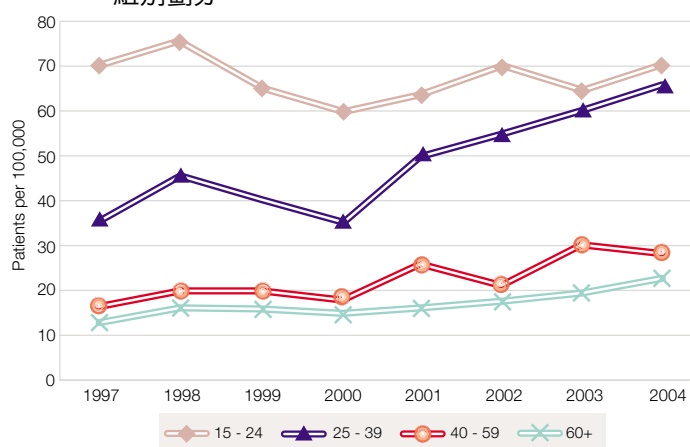
• 住院個案數字

1. 3,215個案
2. 使用的方法 : 中毒 (80.7%) ; 割脈 (3.2%) ; 燒炭 (2.7%)

• 住院日子數字

1. 13,628住院日子 (2004年)
2. 估計相關的醫療成本4,440萬港元 (190萬屬急症室成本 , 4,250萬屬住院成本)

Chart 8 : A&E Admission Rates for DSH In-Patients by Age Group (1997–2004)
經急症室而住院的自毀人士(1997—2004) / 按年齡組別劃分



Source : Hospital Authority , Hong Kong

以公共健康政策處理 抑鬱症的普及

葉兆輝 李德誠

香港大學香港賽馬會防止自殺研究中心近日發表的「精神健康社區調查」結果顯示，香港人抑鬱徵兆的普及程度，已達令人深表關注的水平。據本中心採用CES-D（流行病學研究中心抑鬱量表），隨機抽樣並以面談方式訪問2,220名年齡十五至五十九歲的人士，發現約百分之九年齡十五至五十九歲的香港人，在受訪前一周出現嚴重的抑鬱徵兆；若仔細分析，數據並且顯示出性別差異，女性較男性較多出現抑鬱徵兆；如若分析各年齡組別，則未見有統計上的明顯分別。

按照本中心的推算，約有四十萬名年齡十五至五十九歲的香港市民（誤差約正負五萬人），出現嚴重的抑鬱徵兆。當然，有嚴重抑鬱徵兆並不代表必定有抑鬱症，是否患病須由專業人士臨床判斷。

自殺的主要因素

過去的研究結果顯示，抑鬱症是一種主要做成社會負擔的疾病（burden of disease）。據世界衛生組織一項全球疾病負擔（Global Burden of Disease）研究顯示，抑鬱失常（depressive disorders）在眾多疾病負擔中排行第四，佔整體疾病負擔的百分之三點七。另外，澳洲衛生當局將抑鬱失常列為眾多非致命疾病負擔之首位，佔整體非致命疾病負擔的百分之八，相當於社會要每年付出三十億美元。

換言之，抑鬱症令社會負上重擔，虛耗人力資源，例如令工作人口的病假增加，員工士氣和工作效率因此下降，影響家庭及社交生活。更嚴重者，抑鬱症是自殺的主要危機因素之一，自殺做成生命的損失，並且影響自殺者親友的生活和心理，結果做成惡性的循環。

目前迫在眉睫的問題，是如何有效預防和控制抑鬱症的普及。不少社會人士在論及抑鬱症時，皆將注意力放在臨床診斷和治療方法之上。無疑，有效診斷和治療對患有抑鬱症的人士極為重要，服用抗抑鬱藥和進行認知行為或人際關係治療（或將服藥和治療結合），已被證實為有效的療法；另外還有一些療法亦已被證實對某些抑鬱症患者有效，例如運動或金絲桃屬植物。

須正視路氏定律

不過，對於社區內未經診斷卻出現抑鬱徵兆的社會人士，以及正面對着生活困難和壓力等危機因素的一眾市民，我們並未有足夠的針對措施，而這批市民是我們預防抑鬱症工作的主要對象。這次我們公布「精神健康社區調查」，其中一個主要目的就是揭示社區內存在一批為數不少的市民，正處於備受抑鬱困擾的危機之中，需要有關當局和人士的關注。

在公共健康研究中有一條名為路氏定律（Rose's Theorem），它指出：多數人處於低風險的情況，比少數的高危人士更容易引發問題。換言之，盡早向大多數人着手預防工作，比只針對少數屬於高危人士進行治療來得更有效用。公共健康與以治療疾病為本的模式不同，它從廣大市民及其危機因素着手處理社區健康問題，

並且減少個案重複發生的機會。據本中心的研究顯示，在二〇〇三年自殺的一千二百六十四宗個案有近三成生前曾有自殺記錄，而在一九九七至二〇〇三年需要入院的企圖自殺者中有約一成是重複發生的。

至於怎樣以公共健康政策處理抑鬱症問題，可以參考一些國際經驗，例如澳洲的BeyondBlue計劃或美國的Real Men Real Depression計劃。

歸納而言，我們可以做的有以下幾方面：一、提高社會人士對抑鬱症的認知，及早發現抑鬱徵兆；二、鼓勵市民及早求助和治理；三、向前線人員和專業人士提供評估病情的技巧和治療方式的培訓；四、進行本地有關抑鬱症或其他危機因素的研究；五、評估有關計劃和介入的成效，並加以改進。

市民也可出一分力

事實上，近年社會人士對抑鬱症的認知水平已經提高不少。傳媒經常作出相關的報道，政府也推出相應的精神健康教育，例如每年十月十日舉辦世界精神健康日的活動，此外一些娛樂界名人、民間組織和學術機構亦做不少深化工作。例如以介紹抑鬱症為題，去年獲選為十大健康網站的「憂鬱小王子」網站（<http://www.depression.edu.hk>），自網站推出六個月後，已經有達十萬個瀏覽人次，這顯示社會人士對抑鬱症資訊的需求殷切。加深市民對抑鬱症的認識，減少不必要的誤解，同時帶出有需要時尋找專業協助的重要性，是一項需要持續而且重要的預防工作。

我們希望強調，處理抑鬱症的問題絕非單只是少數醫務人員、專業人士或學術機構的責任，每一位市民也可以出一分力：第一步是好好認識抑鬱症和相關的徵兆，提高個人的抗逆力和懂得有需要時求助（求助資料見「憂鬱小王子」網站「回音谷」）；繼而掃除對情緒病的誤解，關心身邊的親友，並鼓勵出現徵兆的親友求助。

我們需要以多層面方式介入，以預防為本的公共健康政策來處理抑鬱症的問題，這是香港社會各界目前刻不容緩的工作。

刊於信報，21/5/2005





查找中上游的自殺問題

葉兆輝 陳友凱

在2003年，香港自殺人數已達1,264人，自殺率為每十萬人有18.6宗，創歷史新高。若再計及有自殺意念和企圖自殺的市民，自殺對公共健康的影響更深遠。本中心剛公佈本港首項針對香港人自殺意念和企圖自殺的社區調查結果，揭示了這個潛在隱憂。

調查是於2004年上半年在本港住戶中隨機抽出樣本，以面談方式成功訪問2,219名年齡介乎15-59歲的人士。結果顯示在該年齡組別中有6.6%市民在過去一年考慮過自殺，1.7%曾經企圖自殺。按此推算，香港約有25至35萬名15-59歲的人士在過去一年考慮過自殺，5至10萬人在過去一年企圖自殺。

香港市民在過去一年考慮自殺的普及率(6.6%)與其他國家分別不大，但過去一年企圖自殺的普及率(1.7%)則屬偏高。

若我們分析與考慮過自殺有關的危機因素，除了大眾較熟悉的精神健康因素如出現抑鬱或焦慮徵兆外，還有心理/社會因素：容易衝動、不理性的想法、無望、孤獨、缺乏解決問題的能力、缺乏應付逆境的信心、缺乏自尊、缺乏生存意義、社會支持、求助時遇上困難；健康因素：長期病患、長期痛楚、傷殘；個人因素：曾受到精神上、肉體上或性傷害、父母曾有精神病記錄；生活因素：吸煙人士、濫用藥物。

事實上，抑鬱與焦慮症等是自殺的重要危機因素，我們需要提高對抑鬱症的認知，鼓勵及早預防和求助，並且提供有效的治療。不過，我們更要正視造成抑鬱症普及的根本原因，處理背後各種心理、社會和個人因素。

我們就拿河水泛濫成災作個比喻。當電視報道河水泛濫的新聞時，每每出現軍民一心奮力向河堤堆沙包，或者救援人員努力拯救災民的影像，而我們的注意力也只集中在下游缺口或重災區。不過，我們更應該查找導致河水泛濫的「中上游」問題，是否因為沙土流失，是否上游過度砍伐樹木，還是過分耕種或開墾引致。因為若然問題一日不解決，泛濫問題仍會再次出現。

世界衛生組織與國際防止自殺協會倡議公共健康的防止自殺策略，包括精神健康教育，強化家庭關係，社區支援網絡，為醫務人員、社工、教師、傳媒等專業人士提供防止自殺的培訓，減少接觸自殺工具的機會和進行防止自殺研究等，便是處理「中上游」問題的防止自殺策略。

政府面對資源短絀的問題，若大量擴充抑鬱症的服務，一定會遇到很大的困難。我們應該採用公共健康的方式，改善其他可改變的危機因素，釋放社區的資源，強化家庭和社區的網絡，另外，每一位市民其實都可以出一分力，例如可以好好認識自殺和相關的徵兆，提高個人應付逆境的能力和懂得有需要時求助，關心身邊的親友，並且鼓勵出現徵兆的親友求助。這才是有效和長遠改善社會整體精神健康的措施。

處理泛濫問題，最重要是盡快疏導河道；今天的情緒抑鬱，有需要及早面對和處理。若到缺堤時才應付，實是勞民傷財。

Living is Hope

活着就是希望



RTHK programme "Living is Hope"

The CSRP has collaborated with the Radio-Television Hong Kong (RTHK) to produce a 6-episode TV programme series called "Living is Hope" (活着就是希望), which aims at promoting suicide prevention. The programme was broadcast on TVB Jade Friday night from 7:00pm to 7:30pm between 20 May and 24 June 2005. The series probed suicide and its related risk factors from various levels and angles with each episode focusing on a particular topic. It also analysed problems encountered among different age groups and provided the public with knowledge about suicide risk factors while explaining how to live and think more positively.

"Living is Hope" ranked 8th in the Television Programmes Appreciation Index Survey in Hong Kong 2005 carried out by RTHK. Moreover, it ranked first among new programmes in that particular survey.

Episodes :

Episode 1 - When I was fifteen...sixteen

Episode 2 - At Midlife

Episode 3 - Dusk never ends

Episode 4 - Wish You Would Stay Longer

Episode 5 - Emotional Cold

Episode 6 - Live Happily



活着就是希望

本中心與香港電台合作，推出一連六輯的防止自殺電視系列「活著就是希望」，向公眾提供防止自殺的訊息。「活著就是希望」於零五年五月二十日至六月二十四日期間，逢星期五晚上七時至七時半，在無線電視翡翠台播映。「活著就是希望」從不同層面探討本港的自殺問題，剖析各年齡階層人士所面對的困擾，讓公眾了解自殺的風險因素，並且介紹如何培養正面樂觀的人生態度。

「活著就是希望」並在2005電視節目欣賞指數第二階段調查中名列第八位，若論新推出節目則名列首位。

節目名稱：

第一集：十五、十六時...

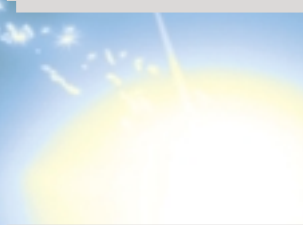
第二集：人生中途站

第三集：夕陽無限美

第四集：但願人長久

第五集：情緒感冒

第六集：活出快樂



Prof. CF Lee, Pro-Vice-Chancellors, HKU



Dr. York Chow, Secretary for Health, Welfare & Food, HKSAR government

Television Programmes Appreciation Index Survey in Hong Kong 2005

2005電視節目欣賞指數第二階段調查

Programme 電視節目名稱	No. of episode 播影次數	Appreciation Index 欣賞指數	Standardized error 標準誤差	Type 類型*	Compare to Phase 1 比較上一階段欣賞指數
1. 星期日檔案 (無線)	13	78.10	0.51	1	+0.33
2. 新聞透視 (無線)	12	77.72	0.47	1	-0.35
3. 鏗鏘集 (港台)	13	76.99	0.53	1	-0.16
4. 氣象萬千III (港台)	6	76.66	1.00	2	+2.42
5. 有線新聞 (有線)	-	75.63	0.88	1	+0.22
6. 新聞/財經/天氣報告 (無線)	-	75.45	0.45	1	-0.43
7. 警訊 (港台)	12	75.16	0.62	2	+0.54
8. 活著就是希望 (港台)	6	74.38	0.94	2	-
9. 有線財經 (有線)	62	74.14	1.43	1	+1.33
10. 醫學神探 (港台)	7	74.00	0.82	3	-

*節目類型：1=時事及公共事務 2=資訊性 3=娛樂性

*Type: 1=News and Public Affair 2=Information 3=Entertainment

資料來源：電視節目欣賞指數調查2005



Domestic Violence and Suicide: Prevention and Intervention Using a Public Health Approach

Local data seem to show that cases of domestic violence and suicide have been on the rise in recent years and warrant closer attention to enhance existing prevention strategies. In view of the fact that domestic violence and suicide share common risk factors, they can be addressed together using a public health approach. In response, we have created an intensive course that was divided into two modules aimed at incorporating the elements of risk assessment and management, as well as prevention and intervention. This course held in April and May 2005 was co-organised by Dr. Edward Chan Ko-ling, Lecturer at the Department of Social Work and Social Administration, HKU.

預防和介入家庭暴力與自殺：從公共健康出發

近年本港的數字顯示家庭暴力與自殺個案持續上升，此現象促使我們深入理解現行的習慣。家庭暴力與自殺實際上有共通的危機因素，而且可以「公共健康」角度應付。有見及此，我們於二零零五年四、五月舉辦這課程，並分為兩個單元，分別談及危機評估和處理、預防及介入，再討論如何把它們實行。此課程與香港大學社會工作及社會行政學系講師陳高凌博士聯合籌辦。

Youth Suicide Prevention: A School Personnel Training Approach

Youth suicide is recognised as a growing public health problem. One of our studies conducted in 2001 showed that 21% of school students had considered suicide within the year. For this reason, school personnel play a strategic role in student suicide prevention since children spend more time in school than in most other structured environments outside the home. Because suicide has a prolonged devastating impact on many people, this two-day intensive workshop held in July, 2005 aimed to equip school personnel with the necessary knowledge on how to deal with student suicides and how to undertake crisis intervention within the school community. Together with our training staff, Dr. Chan Sai Yin, a specialist in psychiatry, was invited to share with us his valuable experience.



預防青少年自殺：從學校同工角度出發

青少年自殺已被認定為公共健康的問題。我們其中一個於二零零一年進行的研究顯示，21%的學生曾經在那學年內想過自殺。因學生花在學校的時間遠遠較其他家庭以外的環境為多，所以學校同工在預防青少年自殺的問題上扮演十分關鍵的角色。有見自殺是一個長遠而傷害性極大的問題，我們於二零零五年七月舉辦此工作坊，希望帶給學校同工關於處理學童自殺和於學校發動危機介入的知識。除了本中心的培訓人員外，精神科醫生陳世賢更與學員分享寶貴經驗。

One-year Certificate Course on Suicide Prevention and Treatment 2004-2005

This one-year course ended in September 2005. Trainees worked throughout the year to acquire the necessary knowledge about the Satir Model to deal with suicidal clients through lectures, practicum sessions, group supervision, and trio-meetings. During their last meeting, they were tested using a vignette examination designed to distinguish whether the trainees learnt the core concepts of the course and how they put the theories into practice.

「防止自殺與治療」一年證書課程2004-2005

這個為期一年的證書課程於二零零五年九月正式完結。我們的學員在這一年透過課堂、實習、小組輔導和三人小組自我學習，學習如何運用「沙維雅模式」的概念幫助有自殺傾向的人。最後必須通過模擬考試，以測試他們的學習進度和能否實際運用各主要概念。

Deliberate Self-Harm

Guide for You, Your Families, Friends, Colleagues, and Clients

Included :

- What is Deliberate Self Harm?
- DSH in Hong Kong
- Who are more likely to engage in self-harm?
- Why do people harm themselves?
- What can I do to stop my DSH behaviour?
- If I am taken to a hospital, then what?
- How effective are different treatments for DSH?
- What if others tell me that they have DSH?
- What if my clients disclose their DSH behaviour to me? (for healthcare professional)

處理自我傷害行為實務指引

給你、你的家人、朋友、同事及有需要的人提供協助

內容包括：

- 甚麼是自毀行為？
- 自毀行為在香港
- 甚麼人會有自毀傾向？
- 為甚麼人要傷害自己？
- 如果我有自毀傾向，應該怎樣做？
- 如果我被送到醫院，跟著又如何？
- 治療對減少自毀行為有何效用？
- 若有人告訴我他/她自毀？
- 萬一我的病人向我透露自己的自毀行為？（只適用於專業人士）

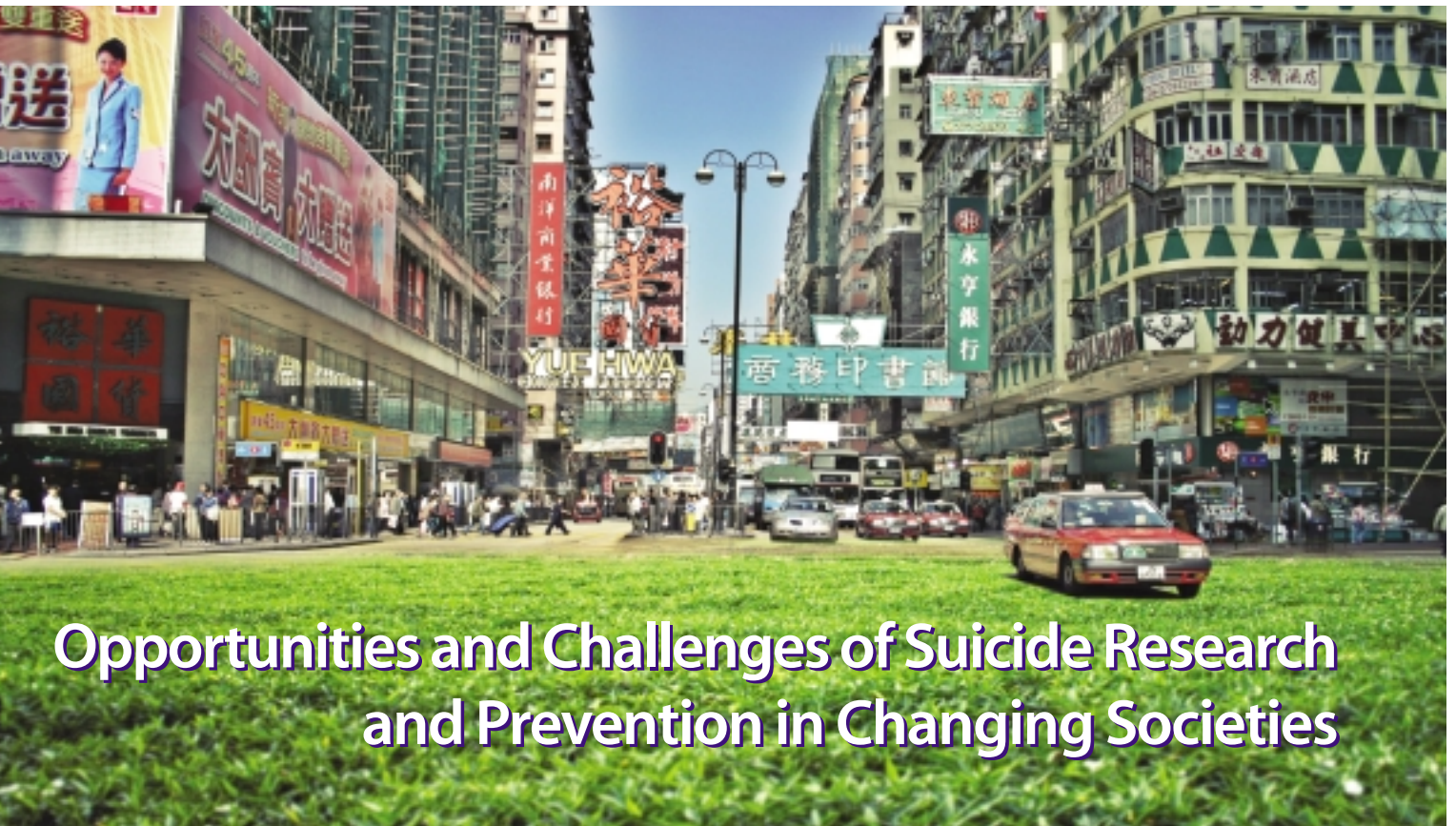
Assessing and Managing Potentially Suicidal Patients:

Practical Guidelines for Doctors

In the spirit of holistic care in medicine advocated by the medical and health care community, doctors' care for their patients should be extended beyond treating bodily illnesses, also to attending to patients' psychological pains. Both local and overseas studies show that many suicidal people do not seek help from mental health professionals. Hence, primary care professionals are one of the important gatekeepers to identify these suicidal patients. We hope the evidence-based and practical guidelines provided in this manual can assist doctors to raise the awareness and strengthen their knowledge and skills in assessing and managing suicidal patients; thereby making a significant contribution in suicide prevention.

- The primary objective of this manual is to provide practical guidelines for doctors in assessing and managing potentially suicidal patients.
- The manual also provides basic facts and practical skills about suicide that are relevant to medical practice. Hence, it is brief and pragmatic in its approach. It does not aim to cover everything related to the topic.
- Resource information and reference list have been included to provide the reader with further information beyond this manual.
- An overall objective of the manual is to align doctors in the early detection, assessment, intervention and prevention of suicide.





Opportunities and Challenges of Suicide Research and Prevention in Changing Societies

Summit for "Opportunities and Challenges of Suicide Research and Prevention in Changing Societies" (8 January, 2005)

Distinguished international suicide researchers and local experts from the US, New Zealand, Mainland China, Taiwan, Japan and Hong Kong gathered at the University of Hong Kong to exchange ideas on the opportunities and challenges facing with respect to suicide research and prevention. Every experience around the world helped shed new light at this Summit, providing valuable insights on how to move forward. The Hon. Ms Elsie Leung, Secretary for Justice of HKSAR and member of the International Advisory Committee of the CSRP, opened the Summit with a keynote speech. Dr. EK Yeoh, former Secretary for Health, Welfare & Food, HKSAR government and member of International Advisory Committee of the CSRP, served as moderator for the panel discussions.



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



Dr. EK Yeoh, JP, member of International Advisory Committee of CSRP



(From left to right) E.K. Yeoh, Annette Beautrais, Eric Caine, Yeates Conwell, Hu JiZe, Andrew Cheng and Paul Yip





Mr. Paul Wong, Training Consultant, CSRP



Prof. Cecilia Chan, Associate Director, CSRP



Speakers: Wincy Chan, Brian Yip, Steve Law and Ka Liu (From left to right)



Seminar on the " Implications of the Research Findings into Suicide and its Prevention" (2nd September, 2005)

After three years of rigorous studies on suicide and its prevention in Hong Kong, our Centre has compiled an extensive and thought-provoking Final Report, which reveals useful findings on suicide completers, suicidality among the general population, the epidemiology of suicide, and reviews on a few noteworthy suicide prevention activities developed in recent years. This seminar was held to help convey the research findings to officers-in-charge and other front-line suicide professionals in Hong Kong and generate discussion and prospective directions for effective suicide prevention.





(From left to right) Dr. Brandford Chan, Dr. Paul Yip and Dr. Eric Chen

Press conference for "The Prevalence Study of Suicidal Behavior among People Aged 15-59 in Hong Kong" (14th May, 2005)

We announced the result of the captioned study in a press conference dated 14th May 2005. This study was the first ever population-based prevalence study on suicidal behaviour in Hong Kong. We also collaborated with the Radio-Television Hong Kong to produce a TV suicide prevention programme called "活著就是希望", with the aim of providing suicide prevention education to the general public.

Press conference for "World Suicide Prevention Day 2005" (9th September, 2005)

The International Association for Suicide Prevention (IASP), in official cooperation with the World Health Organization (WHO), announced that the Third World Suicide Prevention Day will be held on September 10th as an agenda for global and regional collaborative programmes focusing on worldwide suicide-related problems. Numerous national and local events like conferences, meetings, concerts and events with spiritual or cultural content have also been announced and organised all over the world in order to increase public awareness under the theme of "prevention of suicide is everybody's business".

While announcing our most recent research findings, we noted the analysis of the Coroner's Court's data in 2003. Among the 1,264 suicide deaths that year, 45% had communicated their suicidal intent with others prior to death. 70% had communicated their intention often or within a week prior to their death. Most had expressed their intentions to their spouses and children (46.8%), siblings (9.0%), friends or colleagues (7.6%) or parents (6.9%).



21 International Events

WHO West Pacific regional meeting (15-19 August 2005)

Suicide has become a serious threat on public health in East Asia and Oceania countries. In view of that, Dr. Shigeru Omi, the Regional Director for the West Pacific (WPRO) of WHO, organized the first meeting in the Regional Office at Manila, the Philippines from 15th to 19th of August 2005. The objective of the meeting was to figure out the role of WRPO and also the future roadmap for suicide prevention in the Region. Dr. Omi made an appeal to various governments in this region to implement a strategic plan for suicide prevention. Dr. Paul Yip, Dr. Steve Law and Mrs. Ka Liu were invited to attend the meeting with other experts on suicide research and prevention. In the meeting, the WHO has advocated a public health approach to deal with suicide. A much closer collaboration among the countries in this region is called for. Prof. Huang of China CDC is establishing collaboration work with the centre in one of the NIH sponsored project. Prof. Takahashi highlighted the contagious effect of media reporting on suicide.



Prof. Shigeru Omi, Regional Director of the West Pacific, WHO (middle), Prof. Y. Takahashi (far right)



Prof. Yueqin Huang (far left), Prof. Y. Takahashi (second from left)



Prof. Lars Mehlum, President of IASP (second from right)

IASP World Congress 2005 (13 to 16 September 2005)

The 23rd IASP World Congress was held on 13 to 16 September 2005 in Durban, South Africa. The overall theme of the Congress was "Scaling the Summit: Preventing Suicidal Behavior in Diverse Cultures". Dr. Paul Yip, Mr. Paul Wong, Mr. King-wa Fu and Ms. Ka Liu were invited to present the most updated research findings in the Congress' Scientific Programme.

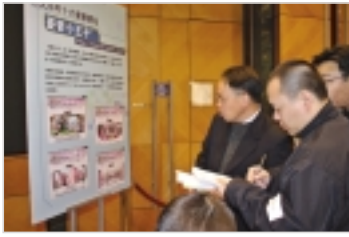
The topics of presentation were listed as follow:-

1. Prevalence of suicidality among the general population in Hong Kong - Ka Liu
2. Suicide in three Chinese communities: China, Taiwan and Hong Kong - Paul Yip
3. Community development suicide prevention program in Cheung Chau Island - Paul Wong
4. A population study on associated risk and protective factors for vulnerable people influenced by celebrity suicide and media - KW Fu



Dr. Jose Manoel Bertolote, WHO (middle)





Our team: Pasu Au Yeung, Jessie Cheung, Paul Wong and Paul Yip (From right to left)

Ten Healthy Websites 2004 and Most Creative Website Award (20th February, 2005)

The "Little Prince is Depressed" won an award as one of the top "Ten Healthy Websites 2004" and earned the unique "The Most Creative Website Award" distinction from the Television and Entertainment Licensing Authority of the HKSAR Government for its creativity and efforts during 2004 in establishing healthy and interesting websites for today's young generation. The adjudicators expressed their appreciation for the creativity, attractiveness and timeliness of the website.

"This creative website introduces the various aspects of depression with beautiful graphics and relaxing music", was extracted from the statement issued by the Television and Entertainment Licensing Authority of the HKSAR Government, dated 20/2/2005.



Asian Innovation Award (27th September 2005)

The Hong Kong Jockey Club Centre for Suicide Research and Prevention at the University of Hong Kong, has won the Silver Award of the 8th Asian Innovation Awards in September 2005 for its website "Little Prince is depressed". The Asian Innovation Awards, organized by the Asian Wall Street Journal and the Singapore Economic Development Board in conjunction with Global Entrepolis @ Singapore 2005, is Asia's premier honor for individuals and companies who create new ideas, methods or technologies, or apply existing knowledge in unique, creative ways to improve the quality of life or productivity. The award was presented at a gala dinner at Suntec Singapore International Convention and Exhibition Centre on 27th September 2005 by Singapore's Senior Minister, Mr Goh Chok Tong.



Dr. Paul Yip (third from left), Mr. Goh Chok Tong, Singapore's Senior Minister (second from right)



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 Project Director Ms. Frances Law (Tel: 2241-5013).

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，此等均需要額外的資源。我們歡迎你作出支持，包括你的勞力、你的腦力、你的熱誠或者你的資助。若你有興趣支持我們，請聯絡本中心策劃總監羅亦華小姐（電話：2241-5013）。

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這份《中心快訊》每年出版兩次，分於上下半年面世。若你希望未來定期收到電子版的《中心快訊》，可致電郵給我們 csrp@hku.hk。

Order form of CSRP Publications

Book	Price (HK\$@)	Order amount
Using the Satir Model: Manual for working effectively with suicidal clients 活用沙維雅模式：有效處理自殺危機（中英對照）	HK\$100	
脫困在一念之間－輔導自殺個案 用沙維雅模式的臨床實踐	HK\$58	
中年人應變手冊 《破解抑鬱》 《債網藍圖》 《婚變逢生》	HK\$65 per set HK\$25 HK\$25 HK\$25	
『我有我價值』－青少年抑鬱症初探VCD+CDROM	HK\$40	
『防止自殺計劃』學生教師手冊	HK\$50	
Total :		

Name : _____ Tel no : _____

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