Newsletter FALL 2006

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

You've Made a Difference in Suicide Prevention

預防自殺 因您不再一樣

You Have Made a Difference

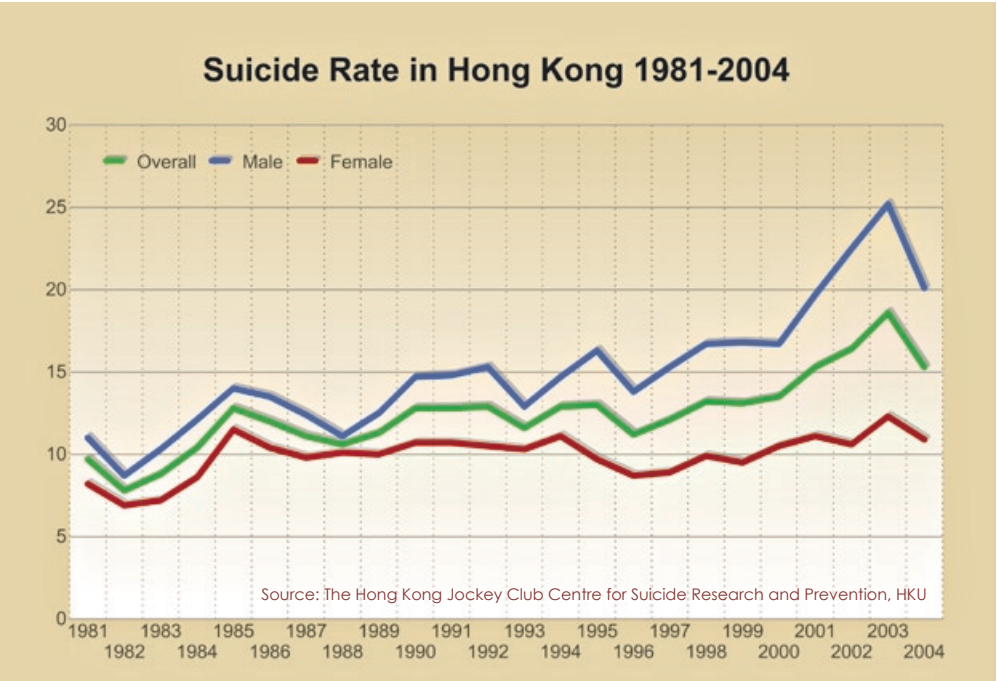
By the time you receive this newsletter, our Centre will have been in operation for over four years after being established in 2002. The Hong Kong Jockey Club Charities Trust and the Chief Executive's Community Project have supported the Centre's research and training/educational programmes over the past three years and nine months. A team of professional staff with multi-disciplinary backgrounds has been formed and designated to oversee numerous projects, including research, training and resource production. Now four years on, has the suicide rate changed for the better?

We are pleased to inform you that Hong Kong's suicide rate has dropped from an historical high of 18.6 per 100,000 (1,264 deaths) in 2003 to about 15.6 per 100, 000 (1,053 deaths) in 2004, and the provisional figure for 2005 was about 14.0 (960 deaths). Certainly, improvements in the local economy recently have created a more conducive environment for suicide prevention. However, suicide rates do not come down by themselves. A similar economic improvement was observed in Japan, however, the suicide rate still remains at a historic high level of 25 per 100,000.

Over the past four years, the community has grown more aware about depression, and some new innovative suicide prevention services have been developed and strengthened by the Government departments and a number of NGOs. The mass media have also made extra efforts in reporting news more responsibly. Also, awareness and detection of suicide risks among professionals have been improved through a host of workshops and seminars. One very encouraging trend as well is how Cheung Chau Island has organised a community-based suicide prevention effort and how the suicide rate on the Island has dropped significantly in recent years. All of these have been indispensable in reducing suicide numbers and contribution to an overall reduction in the suicide rate.

We want to continue to appeal to the community for help in sustaining suicide prevention efforts. Not every suicide is preventable, but certainly you can make a difference. Following our celebration of World Suicide Prevention Day on 10th September with this year's slogan of, "With Understanding, New Hope", it is a time for us to translate our knowledge into evidence-based and effective suicide prevention strategies to help prevent tragic deaths occurring our community. The Centre is also committed to participate in the suicide prevention efforts with The World Health Organization in this region and globally. We shall make a better world.

Paul Yip
Director
November 2006



18% Decline in Hong Kong Suicide Rate in 2004
2004年本港自殺率呈現近20年最大跌幅

Based on the data provided by the Coroner's Court, our analysis shows that there were 1,053 suicide cases in 2004, corresponding to a suicide rate of 15.3 per 100,000 people and a 18% reduction from 2003 (Table 1). The suicide rate in 2004 returned to the level in 2001, and the 18% reduction is the largest decline in suicide rate in the past 20 years (Chart on page 1). The decrease in the suicide rate of the middle-aged men (aged 40-59 years) was substantial – a decrease of 25%. An even greater decrease (33%) was found in the number of suicides by charcoal burning among middle-aged men between 2003 and 2004.

Here is a snapshot of suicide figures in 2004 :

- A total of 1,053 suicide deaths was reported in 2004. 665 of them were male and 388 were female;
- There was an 18% decrease in the suicide rate compared with 2003. By gender, there was 20% reduction in men and 11% reduction in women;
- Jumping from height (50%) and charcoal burning (22%) were the two most common suicide methods. There was a 29% reduction in the number of suicide deaths by charcoal burning compared with 2003;
- The number of suicide deaths of middle-aged men (aged 40-59 years) decreased by 25% and the number of suicides of elderly men (aged over 60 years) decreased by 21% (Table 2);
- The number of middle-aged men committed suicide by charcoal burning decreased by 33%.

However, the suicide rates of youth aged 15-24 years, middle-aged women aged 40-59 years, and elderly women aged over 60 years did not significantly improve in 2004 (Table 2). So special attention should be given among these demographic groups.

根據死因裁判庭提供的數據作出分析，於2004年度發生的自殺總數為1,053宗，自殺率是每十萬人有15.3宗，較2003的18.6宗下跌18%【表一】，回到2001年的水平，乃過去二十年最大跌幅；當中顯著的下跌來自中年男性（40-59歲），自殺個案減少達25%，中年男性以燒炭自殺的個案亦減少達33%。

以下是本港2004年自殺情況概覽：

- 自殺總數為1,053人，665宗為男性，388宗為女性；
- 較2003的自殺率下跌18%，男性自殺率減少20%，女性自殺率減少11%；
- 從高處墮下佔總數的50%，跟過往一樣，屬最常用的自殺方法；
- 燒炭是第二種最常用的自殺方法，佔總數22%，以宗數而言較去年下跌29%；
- 以性別／年齡組別而言，來自中年男性（40-59歲）的宗數跌幅最大，達到25%；其次男性長者（60歲以上）的跌幅達21%【表二】；
- 以中年男性（40-59歲）而言，燒炭自殺的宗數減少尤其顯著，達到33%；

另外，青年人（15-24歲）和中年（40-59歲）女性和女性長者（60歲以上）的自殺情況，並未有如其他組別般得到顯著的改善，這點亦都值得大眾正視。

Table 1 : Hong Kong Suicide Rate (2000 – 2004)
2000 - 2004 年本港自殺率的變化

	2000	2001	2002	2003	2004
Overall	13.5	15.3	16.4	18.6	15.3
Male	16.7	19.7	22.5	25.2	20.1
Female	10.5	11.1	10.6	12.3	10.9

Table 2: Suicide deaths in 2004 (Age-gender specific)
2004年本港自殺宗數（按性別／年齡組別）

	Age Group	2003	2004	Difference	Change (%)
Male	15 - 24	56	58	2	3.60%
	25 - 39	220	182	-38	-17.30%
	40 - 59	316	237	-79	-25.00%
	60 +	232	184	-48	-20.70%
Female	15 - 24	38	37	-1	-2.60%
	25 - 39	114	94	-20	-17.50%
	40 - 59	135	126	-9	-6.70%
	60 +	143	130	-13	-9.10%

Back Row (left to right): Ulrich Hegerl (Germany), Prakarn Thomyangkoon (Thailand), Yoshitomo Takahashi (Japan), Yoon-Young Nam (Korea), Thambu Maniam (Malaysia), Boon Hock Chia (Singapore) and Murad Khan (Pakistan)
Front Row (left to right): Michael Phillips (China), Herbert Hendin (United States), Annette Beautrais (New Zealand), Armin Schmidtke (Germany), Jane Pirkis (Australia), José Bertolote (Switzerland), Danuta Wasserman (Sweden), Paul Yip (Hong Kong), Tran Thanh Huong (Vietnam), Lakshmi Vijayakumar (India) and Shuiyuan Xiao (China)

International Workshop on National Strategies for Suicide Prevention in Hong Kong November 5-7, 2006

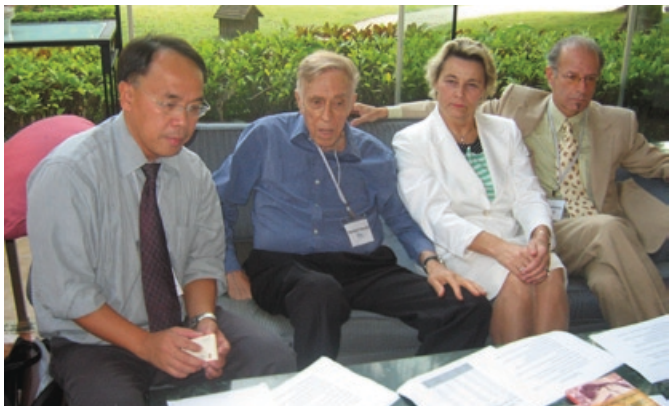
This workshop in Hong Kong was the culmination of the second phase of an ongoing project that brought together countries that have or are considering national strategies or plans designed to prevent suicides. This event was built on an earlier workshop held in Salzburg, Austria in 2004 attended by clinicians and researchers with expertise in suicide prevention from 14 countries and the World Health Organization. A paper entitled "Suicide prevention strategies: a systematic review", which was the outcome of the 2004 workshop, was published in the Journal of the American Medical Association in 2005.

In addition to China, Japan, and Hong Kong, representatives of the following Asian countries, India, Pakistan, South Korea, Vietnam, Thailand, Singapore and Malaysia, attended the workshop. The Euro-American representatives included people from America, Sweden, Germany and Switzerland.

The aims of the workshop were:

- To explore the many features surrounding suicide and suicide prevention that are of particular interest to individual countries in Asia;
- To examine evidence that points to the effectiveness of specific components in suicide prevention plans in Asia and other countries;
- To define performance indicators for progress in suicide prevention within such countries;
- To determine what research needs to be done to evaluate progress in different countries and cultural settings within Asia.

A series of papers will also be written based on the workshop's presentation and some pioneer suicide prevention projects in this region will also be launched in the future. Asia has more than half of the world population with more than 60% of the world suicides occurred in this region. Very little research was done. There is an urgency to develop cultural sensitive and evidence-based suicide prevention work in this part of the world. The Centre is working with the World Health Organization and the Suicide Prevention International in doing suicide prevention work in the region and globally.



(From left to right) Paul Yip, Herbert Hendin, Danuta Wasserman and Jose Bertolote

A Symposium on Suicide Prevention Making a Difference in Life-Saving Work

(From left to right) Domminic Lee, Herbert Hendin, Jose Bertolote, Danuta Wasserman and Paul Yip

"Among the 4 major interventions recommended by WHO as effective for suicide prevention reducing access to lethal methods is included. It refers to action destined to block, reduce or discipline access to methods used in suicidal behaviour (suicidal attempts and completed suicide); its application depends, to a large extension, on the knowledge of the methods prevalent in a given area for those behaviours. It is perhaps the intervention on which the most abundant and strong evidence exist."

Jose Manoel Bertolote, M.D.
Coordinator, Management of Mental and Brain Disorders,
Department of Mental Health and Substance Abuse
World Health Organization

"Suicide, attempted suicide, and suicidal thoughts have been subject to many powerful stigmas and sanctions, both religious and legal. Questions of suicide are surrounded by taboo and feelings of shame and guilt. There is ambivalence towards suicide and suicide prevention among politicians and policy makers……In suicide preventive work it is important to adopt an interdisciplinary approach that combines psychosocial, cultural, and biological aspects."

Danuta Wasserman, M.D.
Chairman of the Department of Public Health Science
Karolinska Institute, Sweden

A symposium on suicide prevention entitled "Making a Difference in Life Saving Work" was held on November 9, 2006 at the Lecture Theatre 3, G/F, William MW Mong Block, Faculty of Medicine Building, The University of Hong Kong.

The event was organized by the Hong Kong Jockey Club Centre for Suicide Research and Prevention, Faculty of Social Sciences, The University of Hong Kong and co-organized by Suicide Prevention International, the World Health Organization and School of Public Health, The University of Hong Kong.

Dr. Herbert Hendin, Dr. Jose Manoel Bertolote and Professor Danuta Wasserman presented international perspectives on suicide prevention. Dr. Paul Yip, Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention, The University of Hong Kong, discussed suicide prevention efforts in Hong Kong. We were honored as well to have Professor Lap-Chee Tsui, Vice-Chancellor, HKU and Professor Ian Holliday, Dean of Faculty of Social Sciences at the University of Hong Kong to present welcoming remarks.

"The rationale for the National Strategies for Suicide Prevention Project will be addressed as well as the advantages to be gained by international cooperation in such a venture. There will be a discussion of some of the socioeconomic, cultural, and religious differences that need to be understood and addressed in developing initiatives for suicide prevention. There will be a discussion of the need for measures to evaluate the efficacy of suicide prevention initiatives with examples of how this can be accomplished. Finally there will be a discussion of future plans for the project including the funding of demonstration projects."

Dr. Herbert Hendin, M.D.
President and CEO
Suicide Prevention International, USA

(From left to right) Cecilia Chan, Ian Holliday, La-chee Tsui, Danuta Wasserman, Herbert Hendin, Elsie Leung, Jose Bertolote, Paul Yip, Dominic Lee and Phillip Beh

Bereavement of Suicide Survivors in Hong Kong
自殺者家屬出現的哀傷

No empirical research on suicide survivors was conducted in Hong Kong. Information on this group is sketchy at best. 150 subjects were interviewed from the Centre's psychological autopsy study on suicide (Chen et al., 2006), subjects among whom were the family members, relatives, or close friends of those who had committed suicide between August 2002 and December 2004..After the making enquiries about the deceased's psychiatric, medical and family history factors, psychological factors, and social and life events, the participants were assessed on their perspectives about suicide, stigmatisation, as well as the psychological, social, and physical adjustments they had to make during the grieving process. This was the first ever empirical research study on suicide survivors in Hong Kong.

In general, many suicide survivors in our study reported suffering from psychological distress (i.e., loneliness, anxiousness, misery), physical pain (i.e., headache, back-pain), and stigmatisation. We are surprised that more than three quarters of them revealed they had gotten along well within the family and had become more empathic and supportive to other family members. Almost half of the survivors felt comfortable and welcomed the chance to talk and vent their feelings about the suicide. Table 3 on Page 7 shows the summary of the findings.

We first recommend understanding the"course"of bereavement after a suicide through a longitudinal study. The next step is to explore the establishment of a tailor-made support service. We should also be aware of the prevalence of suicide survivors developing psychological and physical problems themselves following their suicide bereavement. Finally, investigation should be made into the public beliefs about and attitudes towards survivors of suicide, as well as the extent and degree of social stigmatisation plus the effects of help-seeking behaviour from survivors.

Reference:
Chen EY, Chan WS, Wong PW, Chan SS, Chan CL, Law YW, Beh PS, Chan KK, Cheng JW, Liu KY, Yip PS. Suicide in Hong Kong: a case-control psychological autopsy study. Psychol Med. 2006 Jun;36(6):815-25.

目前，香港尚未有有關自殺者家屬的實證研究，而且社會給予他們的支援服務亦十分有限。據本中心進行的一項「香港人自殺成因探討」研究(Chen et al., 2006)，訪問了150名年齡介乎15至59歲的自殺者家屬，他們的親戚及朋友都是在2002年8月至2004年12月期間自殺身亡的。訪問除了問及自殺者的精神狀況、生理狀況、家庭背景因素、心理因素和社交及生活因素外，亦包括受訪家屬在哀傷期內對自殺的觀點、感覺、心理上、社交上和身體上的適應。這項也是香港首項關注自殺者家屬所面對問題的實證研究。

整體而言，很大部份自殺者家屬都在哀傷期內受到情緒困擾，例如感到孤單、憂慮、痛苦等心靈上的痛苦，但也有身體上的痛楚，例如頭痛及背痛。此外，他們也會因家人自殺而感到羞恥。不過，我們亦發現超過四分三的受訪者稱與家人相處融洽及變得更體諒和支持其他家庭成員，約一半受訪者認為參與這項研究讓他們說出對自殺的看法，感覺像鬆一口氣。研究結果詳情見表三。

因此，本中心建議：第一，要進行追蹤研究了解自殺者家屬面對的問題，研究有關的支援服務；第二，了解於自殺者家屬身上所衍生的社會、心理及生理問題。最後，我們還要了解大眾對自殺者家屬的看法和態度，例如是歧視對希望尋求協助的家屬構成的影響。

Table 3 : Different aspects of grief reactions of survivors of suicide
自殺者家屬出現不同的哀痛反應

項目	同意 Agree N(%)	強烈同意 Strongly Agree N(%)	合計 Total N(%)
自殺是一種羞恥 Stigmatization			
不會讓別人知道 Don't let others know	14(9.3)	47(31.3)	61(40.6)
害怕其他人覺得自己會步其後塵 Fear others that I will commit suicide	10(6.7)	43(28.7)	53(35.4)
心理上的 Psychological			
覺得孤單 Feel lonely	15(10.0)	32(21.3)	47(31.3)
覺得憂慮 Anxious	28(18.7)	36(24.0)	64(42.7)
覺得痛苦 Miserable	25(16.7)	42(28.0)	67(44.7)
對於能分享感到舒服 Feel comfortable to share	21(14.0)	44(29.3)	65(43.3)
社交適應 Social adjustment			
外出與親戚朋友見面 Visit relatives and friends	23(15.3)	89(58.7)	112(74.1)
與家人相處融洽 Get along with family	33(22.0)	87(58.0)	120(80.0)
體諒支持家人 Empathy and support to family	30(20.0)	86(57.3)	116(77.3)
身體上及實質上 Physical and tangible			
不能完成平常工作 Cannot cope with daily routines	15(10.0)	10(6.7)	25(16.7)
痛楚 Pain	17(11.3)	18(12.0)	35(23.3)
覺得籌備喪禮很辛苦 Preparation for funeral is a difficult task	15(10.2)	40(26.5)	55(36.7)

Do Less Harm : How Media Report Suicide News
傳媒與自殺新聞報導工作坊

Many people have expressed concern over the Hong Kong media's reporting conduct on suicide news and its potential negative consequences on the families of the deceased and to other vulnerable individuals. On 8th April 2006, a workshop for media professionals "Do Less Harm: How to Report Suicide News" was jointly organised by the Hong Kong Press Council and the Hong Kong Jockey Club Centre for the Suicide Research and Prevention, HKU. Over 80 media professionals and students in journalism schools attended the workshop.

Both organisations are working hard to promote a culture of professional media reporting on suicide news. With that in mind, we recommend the followings:

1. **Avoid publish photographs or suicide notes;**
2. **Don't report specific details of the suicide methods used;**
3. **Don't give simplistic reasons for why a suicide occurred;**
4. **Don't glorify or sensationalise suicides;**
5. **Avoid use religious or cultural stereotypes;**
6. **Don't apportion blame.**

In the workshop, a suicide survivor shared her experiences about dealing with the media's reporting of her family member's suicide death. With her permission, we published part of that interview. The original is in Chinese.

各界對傳媒處理自殺新聞的手法及趨勢，與及對自殺高危者構成的影響，深感關注。於二零零六年四月八日，香港報業評議會與香港大學香港賽馬會防止自殺研究中心舉辦「傳媒與自殺新聞報導」工作坊，共有八十名傳媒工作者和傳理學生參加。兩組織呼籲傳媒工作者應以負責任的態度報導自殺新聞，並提出六項自殺報導建議供傳媒參考。

一、 不應刊登自殺者照片或自殺遺書；
二、 不應詳細描述自殺的方式；
三、 不應簡化自殺的原因；
四、 不應美化或感性化自殺行為；
五、 不應強調輕生者的個人特質、背景或宗教；
六、 不應藉報道責備任何人。

一位自殺者家屬在會上講述了傳媒報導對她做成的影響。我們獲她的同意下，刊登她在會上部份的發言，原文為中文。

(From left to right) Prof. Huang Yu, Prof. Leonard Chu, Mr. Ping-wah Cheng, Ms. May Chan and Dr. Paul Yip

一天的故事
一生的遺憾
Story in One Day...
Followed by Lifelong Regret

問：你在報紙看到些甚麼，看到後又有甚麼感受？
答：我初時看見一份東方日報，我拿著報紙，第一個感受是震，心跳加速，我立刻拿一張白紙蓋著那張照片，那張照片是我弟弟躺在地上。我手不停地抖擻，心不停地跳，蓋著照片後便把它放在一旁。但是我仍不時需要找文件，當再看到這篇報導，心情仍然不能平伏，因為最近多次也出現這個情況，所以我乾脆扔掉那份報紙，現在我也沒有保存著。我不知道為何會有這樣的情形出現，只是一幅簡單的自殺圖片，不知原因為何。

問：那麼你的親屬有沒有出現同樣的情況？
答：我姊姊看到那份報紙會好心痛，她說那張照會永遠埋藏在她的腦中，即使我今天扔了這份報紙，仍然會有深刻的印象，想到弟弟躺在地上的情況，完完全全的記在腦中。

問：事後你亦比較過多份報章的報導，究竟與事實相符嗎？
答：我看過四份，當天看了東方日報。然後是蘋果日報、成報、大公報。成報指在我弟弟身上找到懷疑藥物。我第一個感覺就是，你說我弟弟會濫用藥物。而另一份報章就是蘋果，蘋果就說他下跌時就「頭爆肢折」。我當天在醫院裡認屍時，我弟弟面部有少許瘀傷，護士長跟我們說：你別看他左面，因為左面有少許瘀傷，就別看了，她說其他地方無事，她只說他裡面多處受傷而致命。我都是在三年後才將那報紙拿出看，才知道傳媒可以這樣瞎扯。還有，警察在我弟弟家中找到一張醫生紙，那張醫生紙上寫明他是一個嚴重抑鬱症病患者，有自殺傾向。那張醫生紙就是醫生給我們隨時在他出現特殊情形時，就會送他入醫院時用。警察那天亦搜到那醫生紙，但為什麼你們不報導懷疑他有抑鬱症，而是報導他懷疑有藥物？他身上亦無藥物。他沒有把藥物帶出外，醫生紙亦只放在家中。傳媒怎可以說我弟弟跌得這樣恐怖，再加上說他，難聽點，我第一身感覺就是說，你即是說我弟弟濫用藥物。

問：這件事你都是事後才發現，當時根本沒有心情去追究？
答：無啊，你只是好傷心，傷心到對其他事物全無興趣。並且很忙碌，要做他的後事，又要替他處理遺產，拿死亡証等，有很多很多事做，前半年會很忙碌。一個自殺者家屬，他無交待清楚所有事，你全部要自己去找，在家中找資料，所有事，其他人需要什麼你就要去找。報遺產你要去找，所有水電煤你要轉的又要去轉，你前半年至一年，是完全不能安定，安定不到的。大約一年後才能安定下來，心情才較一年前好，心沒有那麼的痛。如果在一年前，你的心會很痛的，你有時候一想起的話．．像我我便會蹲下來想，為什麼會這樣？問自己為什麼會這樣呢？現在心情已較好，因為證實了他的病，因為病所以這樣，心裡便會較為釋懷，經過三年已平復了很多。

問：藉著這個機會，面對傳媒學生，或是一些傳媒界的朋友，你有甚麼建議給他們，將來報導自殺新聞時要注意甚麼地方？
答：我希望他們真的不要拍照，因為近來的照片，是可以看到一些女性自殺者的內衣，她跌下來的一瞬間，衣物破了，但仍然把這些內衣拍出來，加上大特寫。你試想，死者也有尊嚴的，你連一個死者的尊嚴也奪去，真的有點說不過去。還有不要胡亂瞎扯。我看到弟弟的報導也只是一幅照片，也有這樣的感受，如果是一些連環圖，一些生死一線的連環圖，死者的家屬會有甚麼感受？還有希望你們不要大幅報導，只是把它們放在報紙的一旁。

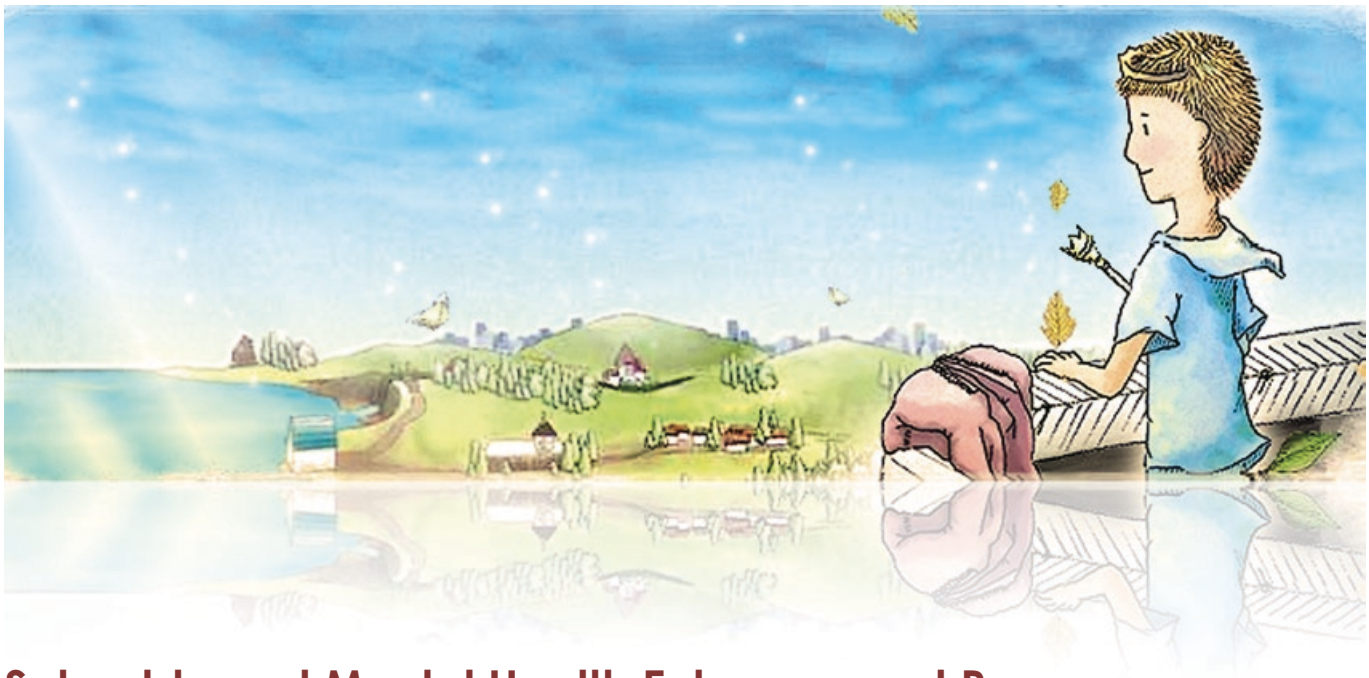
Q: What have you read in the newspapers? What did you think afterwards?
A: I read the Oriental Daily first. Holding the newspaper, I was shocked and my heartbeat quickened. I saw the picture of my brother lying on the floor. I immediately covered it with a white piece of paper. My hands were still shaking and my heart kept thumping. Whenever I read news reports about the incident, I couldn't calm down. This happened again and again and so I threw away all the newspapers. I don't understand how could this happen. It is simply a picture of a suicide death. I don't know why.

Q: Did any of your relatives experienced a similar kind of stress?
A: My older sister was distressed whenever she read the newspaper. She said the image always remained in her mind. I have already thrown away all the newspapers dealing with the subject. I still have an enduring impression of my brother lying on the floor. It's all in my memory.

Q: You have read the news reports on the same issue from several newspapers. Does their content reflect the truth at all?
A: I read four newspapers. I read the Oriental Daily on that day it happened. I then read the Apple Daily, Sing Pao and Ta Kung Pao three years later. Sing Pao reported that some suspicious medicine was found in my brother's body. And I felt the newspaper had presumed that my brother was a drug abuser. Apple Daily stated that he sustained "a cracked skull and fractured limbs" (disfigured body) after falling from the building. On the day of his death, I went to identify his body in the hospital. I noticed that there were small bruises on my brother's face. The nurse then said. "Please don't look at him from the left side as there are some bruises on the left sided of his face." The nurse also told us that several internal injuries were found on his body that might have caused his death. Other than these, there were no signs of injury. When I read the newspaper three years after his death, I realised how the newspapers had reported irresponsibly. Moreover, the police found a medical notice which clearly indicated that he was a severely depressed patient with suicidal intent. I don't understand why the media reported the issue about suspicious medicines selectively but said nothing about his medical history. As a matter of fact, he didn't carry any medicine with him and the medical notice was at home, too. I thought how terrible the media are!? The media wanted to convey the message that my brother was a drug abuser.

Q: After you discovered all this mis-information, were you in the mood to deal with it?
A: No, I was depressed and had no interest in anything else. Moreover, I was fully occupied with lots of things especially in the first half of the year, like handling the funeral, preparing his legacy and death registration etc. The relatives of suicide victims have to handle so many procedures and must figure out untold issues, for example, reporting the legacy and carrying out the application for name changing. A suicide survivor cannot relax at all during the first half of a year, you become completely crazy. After a year, I started to feel better and could calm my heart since the memory wasn't as painful as before. But still, sometimes when I felt hurt again and thought about it, I would squat down and think: Why did this? Why did this happen to me? For now I am much more relieved, because he was certified as having a mental disorder..I feel much more relieved to know that he died because of his sickness. After three years, I feel much better now.

Q: Would you like to share any thoughts to the attendees today. Do you have any advice for them? What should they be cautious about when reporting suicide news?
A: I hope and I feel very strongly they should not take pictures. Recently there was a suicide case in which a girl jumped from a building and her clothes were torn off the moment she hit the ground. The media still shot her naked body and enlarged the picture on the front page. Try to think about this. That lady deserves to have her dignity and it is unreasonable to exploit that. Moreover, please don't trivialise or mis-report the news. I had this feeling as there was only one side to my brother's news coverage. Can you imagine my feelings and those of his and her relatives when they saw an animation strip describing the whole process? Also, please don't give the story such big coverage, simply state it in a few paragraphs on a back page.



School-based Mental Health Enhancement Programme Based on a Cognitive-Behavioral Approach : Featuring the Comic Character of "Little Prince is Depressed" 憂鬱小王子抗逆之旅

Our Centre was honored to receive a grant from the Quality Education Fund in June 2006 to implement a school-based mental health enhancement programme for secondary schools. The objective of this two-year pilot programme was to develop a curriculum as part of the Comprehensive Student Guidance System to reduce the prevalence of depressive symptoms and enhance the mental well-being of adolescents in secondary schools.

The programme is designed to be implemented in 12 sessions based on a set protocol that has been in use by our clinical psychologists. This protocol applies to individual as well as group therapy and can be adapted in both school and hospital settings with children displaying depression and psychosis, as well as adults with depression, anxiety and drug problems.

About the cognitive-behavioral approach

While school-based skills training and cognitive-behavioural therapy are among the most impressive intervention approaches to prevent youth suicide (Gould et al, 2003), the cognitive-behavioural treatment approach was found to be the most effective amongst many treatment therapies for youth mental illnesses (Hoagwood & Erwin, 1997). In particular, the programmes enhance life skills for adolescents when they are faced with adverse life experiences.

2006年6月，優質教育基金撥款予香港大學香港賽馬會防止自殺研究中心，推行一個為中學生而設的精神健康推廣計劃。此計劃的目標是發展一個配合「全方位學生輔導體系」的課程，希望減低中學生出現抑鬱症徵兆的機會，並且促進青少年的精神健康。

有關課程共有十二堂，內容按照認知行為的心理治療方式而設計。此方法曾用於個人及團體治療，包括學校及醫院，與及運用在有抑鬱症的兒童身上。此外，對象亦包括患有抑鬱症、焦慮症或有濫藥問題的成人。

關於認知行為的心理治療方式

採用校本培訓方式和認知行為治療，都是最廣為接受的防止年輕人自殺的方法(Gould et al, 2003)。認知行為治療更被認為是眾多治療年輕精神疾病的方法中最有效的(Hoagwood & Erwin, 1997)。尤其是，認知行為的心理治療方式的目標是改進青少年面對逆境時的態度。

References:

Gould, M. S., Greenberg, T., Velting, D. M., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. J. Am. Acad. Child Adolesc. Psychiatry, 42, 386-405.

Hoagwood, K., & Erwin, H. D. (1997). Effectiveness of school-based mental health services for children: A 10-year research review. Journal of Child and Family Studies, 6(4), 435-451.

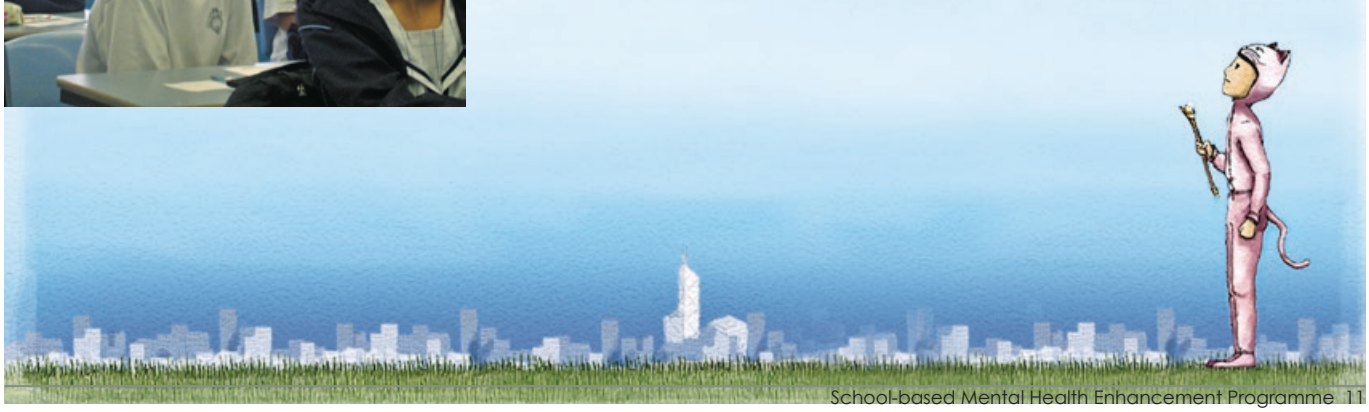
About "Little Prince is depressed"

"Little Prince is Depressed" (http://www.depression.edu.hk) is an innovative and interactive educational website that provides accessible, in-depth, easy-to-understand and evidence-based information on depression and common stressors among adolescents. It was named one of the top "Ten Healthy Websites" and received "The Most Creative Website Award" from the Television and Entertainment Licensing Authority in 2004.

"Little Prince is Depressed" also won the prestigious Silver Asian Innovation Award from the Asian Wall Street Journal and the Singapore Economic Development Board in September 2005. This award is given to the individuals or companies that have made significant contributions toward improving the quality of life for Asians.

關於憂鬱小王子

「憂鬱小王子」網頁(http://www.depression.edu.hk)是一個集創新及互動於一身的教育網站，提供一些平易近人、深入淺出及按照實証研究成果的有關抑鬱症的資料，並針對青少年常會遇到的問題。網站曾獲影視及娛樂事務管理處選為「2004年十大健康網站」及「最具創意」。網站也奪得了由《亞洲華爾街日報》及新加坡經濟發展局舉辦的「亞洲創新大獎」銀獎。此獎項是頒發給在亞洲區開發，並改進人類生活質素而作出貢獻的個人或團體。



Our Training Programmes

"Living is HOPE – The Role of General Practitioners in Suicide Prevention" seminar (1 June 2006)

Empowering doctors as gatekeepers is one of the key strategies for suicide prevention recommended by the WHO's guidelines. Our Centre has on-going collaborative efforts with general practitioners who serve as gatekeepers.

With this in mind, the seminar "Living is HOPE – The Role of General Practitioners in Suicide Prevention" was attended by over 70 medical professionals from the New Territories West, and other concerned parties. Our aim to provide these GPs with hands-on tips, and demonstrate to them that utilising community resources is one of the most important strategies we have in preventing suicides. Seminar speakers included Dr. Paul Yip, Dr. FK Tsang, Dr. CW Kam, Dr. KW Ching, Dr. WM Chow and Ms. Wendy Chau.

(From left to right) Dr. KW Ching, Dr. CW Kam, Dr. Paul Yip, Dr. WM Chow, Dr. Eddie Chan and Ms. Wendy Chau

Dr. FK Tsang (left) and Dr. Paul Yip (right)

Training workshops for HK Police Force officers (May 2006)

Eight sessions during this training workshop were held for over 300 police officers from the Tuen Mun District, who serve as one of the gatekeepers in the community. They play a critical role in intervening and preventing suicidal behaviour. Therefore, it is important for these people to understand the warning signs of suicide, as well as the do's and don'ts when handling cases. Moreover, they must know exactly what to do during critical moments.

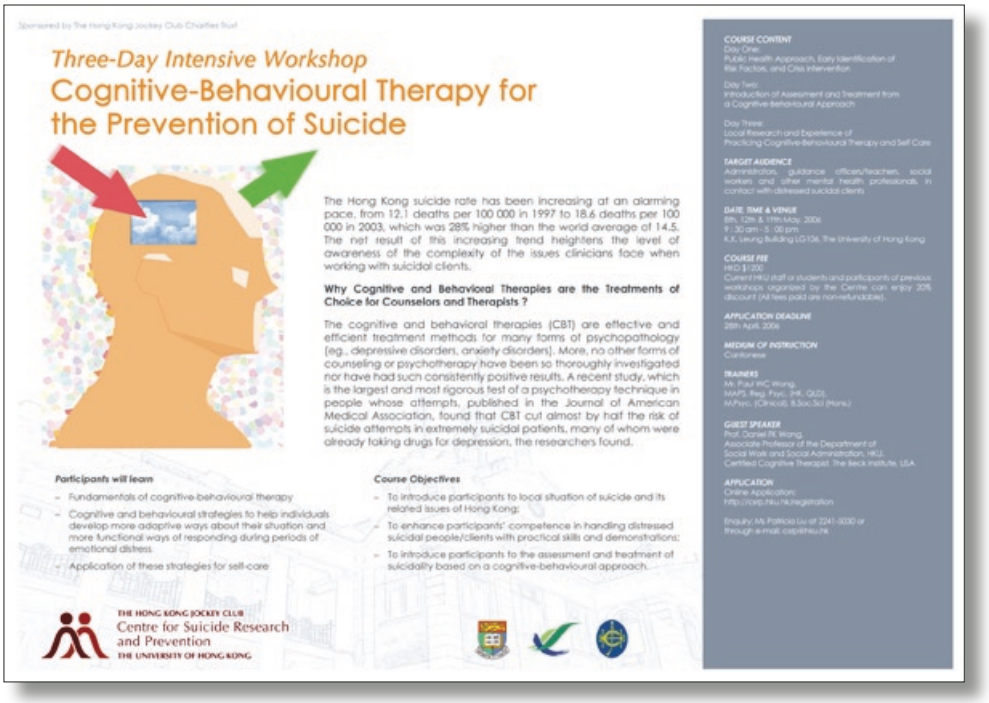
Three-day Workshop entitled "Cognitive-Behavioural Therapy for the Prevention of Suicide" (8, 12 & 19 May, 2006)

This intensive training course introduced the cognitive-behavioural approach, and a variety of cognitive and behavioural practices in handling distressed and/or suicidal clients. Participants learned the fundamentals of cognitive-behavioural therapy, as well as cognitive and behavioural strategies to help individuals develop more adaptive ways about their situation, functional methods of responding during periods of emotional distress and applications of these strategies for self-care. Most of the participants were social workers, nurses and teaching consultants. Our guest speaker, Dr. Daniel Wong from the Department of Social Work and Social Administration, HKU, also shared his research and clinical experiences. The participants were actively involved and opened up in-depth discussions.

Broadening Course "Stress, Depression and Suicide" for HKU students (Second Semester 2005-2006)

Organised and held by our Centre, this was the first broadening course open to undergraduate students at HKU. More than 170 students from the first year to final year, took the course. The aim is to disseminate mental health knowledge to students and raise their awareness. Topics about stress, depression, coping, problem-solving and positive psychology were covered. We also invited colleagues from HKU and guest speakers to share with students their clinical and research experiences.

All students are required to give their final group presentation in their tutorial classes. They have all displayed a unique level of talent and creativity in their presentations and assignments. We hope that university students are today better equipped with positive mindsets towards challenges. Enhancing resilience is one of our major goals.



Basics of Suicidology and its Prevention Special Study Modules for HKU medical students (June 19-30, 2006)

Although suicide is often mentioned in standard textbooks and course syllabuses in medicine, coverage is at best spotty. In view of this, a two-week study module utilising a bio-psychosocial model was held to give medical students a comprehensive overview of suicide and suicide prevention. Topics included: myths and facts about suicide, risk and protective factors of suicide, depression and suicide, and self-care.

These were the learning objectives of the module: 1.To increase medical students' knowledge about suicide and suicide prevention; 2. To enhance their awareness and self-understanding about stress and mental well-being; 3. To cultivate a positive attitude towards death and life; 4. To become familiarised with some of the behavioural techniques used in helping distressed patients.

"How to Link and Care with Tired Cops" to Carelinkers, Hong Kong Police Force (August 2006)

A seminar was held on "How to Link and Care with Tired Cops" in the first annual forum of the Carelinks Cadre among Hong Kong Police Force. We shared with Carelinkers recent trends about suicide in Hong Kong. All information was based on the most updated research and literature on the subject, giving the audience valuable tips on how to care for colleagues suffering from stress. The presentation was very well received with the Carelinkers engaging in a fruitful exchange of views and experiences with the speakers.

Publication list of CSRP (from Jan 2006 to Oct 2006)

Yip, P. S., & Liu, K. Y. (2006). The ecological fallacy and the gender ratio of suicide in China. *Br J Psychiatry, 189*, 465-466.

Ran, M. S., Chan, C. L., Chen, E. Y., Xiang, M. Z., Caine, E. D., & Conwell, Y. (2006). Homelessness among patients with schizophrenia in rural China: a 10-year cohort study. *Acta Psychiatr Scand, 114(2)*, 118-123.

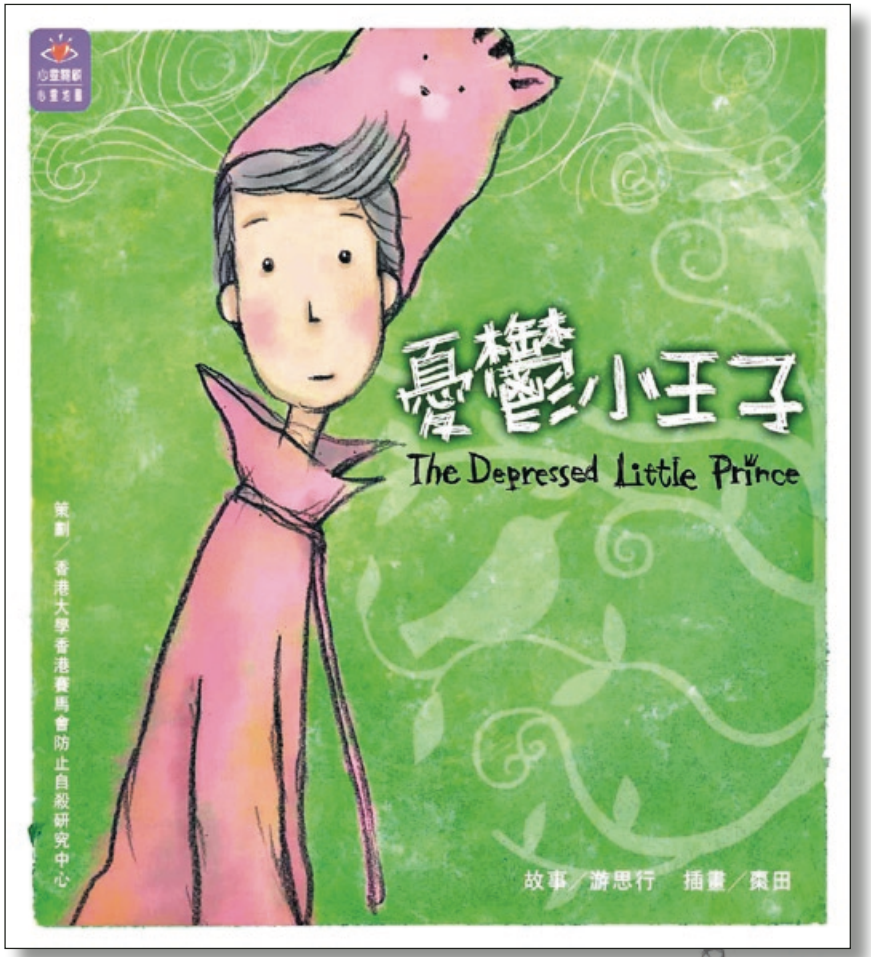
Yip, P. S., Yang, K. C., & Qin, P. (2006). Seasonality of suicides with and without psychiatric illness in Denmark. *J Affect Disord, 96*(1-2), 117-121.

Chen, E. Y., Chan, W. S., Wong, P. W., Chan, S. S., Chan, C. L., Law, Y. W., Beh, P. S., Chan, K. K., Cheng, J. W., Liu, K. Y., & Yip, P. S. (2006). Suicide in Hong Kong: a case-control psychological autopsy study. *Psychol Med, 36*(6), 815-825.

Cheung, Y. B., Law, C. K., Chan, B., Liu, K. Y., & Yip, P. S. (2006). Suicidal ideation and suicidal attempts in a population-based study of Chinese people: risk attributable to hopelessness, depression, and social factors. *J Affect Disord, 90*(2-3), 193-199.

Yip, P. S., Fu, K. W., Yang, K. C., Ip, B. Y., Chan, C. L., Chen, E. Y., Lee, D. T., Law, F. Y., & Hawton, K. (2006). The effects of a celebrity suicide on suicide rates in Hong Kong. *J Affect Disord, 93*(1-3), 245-252.

Yip, P. S., & Cheung, Y. B. (2006). Quick assessment of hopelessness: a cross-sectional study. *Health Qual Life Outcomes, 4*, 13.



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這是一個動人心弦的故事，
故事正是從他的名字說起……

「你叫什麼名字？」
「我叫憂鬱。」

憂鬱小王子已經好幾個月沒有睡覺了。
他用一身貓衣裳，把自己密密地包裹住。
他深深相信，他就是世界上最孤獨的人。
沒有目的地，也沒有目的，
他要去一個沒有人認識自己的地方。

「你多久沒有感到快樂過呢？
……別擔心！到一步山去尋回你的快樂吧！」

跟著憂鬱小王子上路，快樂，是可以尋回的！

"You Have Made a Difference" Happy Hour Reception (30th June 2006)

Prof. John Bacon Shone (left) and Ms. Elsie Leung (right)

Dr. Paul Yip (left) and Mr. Paul Tang (right)

Ms. Sandra Lee (left) and Dr. Paul Yip (right)

A special "Happy Hour" reception was held on 30th June 2006. In the party, the Centre Director Dr. Paul Yip presented the future challenges and opportunities for suicide prevention in Hong Kong. He also expressed the great appreciation to all those who have contributed their efforts making a difference in suicide prevention. The Centre will continue the works and do the best for the suicide prevention. We are honored to have Ms. Sandra Lee, Permanent Secretary for Health, Welfare and Food (Health and Welfare), Mr. Paul Tang, Director of Social Welfare and Ms. Elsie Leung, International Advisor of CSRP to be our honorable guests. Prof. John Bacon Shone, Acting Dean, Faculty of Social Sciences of the University of Hong Kong, presented a souvenir to Ms. Elsie Leung to appreciate her special contribution to the Centre.

Bring Hong Kong Experience to Taiwan (August 2006)

Our director Dr. Paul Yip was invited to share the Hong Kong's suicide prevention experience in a seminar organized by the Taipei City Government. Dr. Yip not only presented the updated suicide research findings in Hong Kong, but also made a number of suggestions about the public health suicide prevention strategies to Taiwan, included public education, restriction of access to suicide mean, responsible media reporting and early identification of mental illness etc. He also had a meeting with Dr. Yen-Jen Sung, the Commissioner of Health for Taipei City Government.

Front Row (from left to right) Prof. Andrew Cheng, Dr. Yen-Jen Sung, Dr. Paul Yip and Dr. BH Chia

推動在職精神健康刻不容緩

葉兆輝、羅智健、傅景華
香港大學香港賽馬會防止自殺研究中心
刊於明報11/1/2006

近日本港多宗自殺個案皆涉及專業人士，例如醫生和教師，情況叫人憂慮。研究指出，失業是自殺的風險因素，非在職人士比在職人士的自殺率高出6倍之多，相對地在職人仕本應可令自殺風險減低。不過，據本中心的研究數據，香港自殺人士的在職背景於97年後已不斷轉變。

本中心分析過去近10年香港自殺率後發現【表】，若按在職自殺人士的職業組別劃分，過往(90-94年)以文員、服務工作及商店銷售人員等的自殺率較高，97年後(98-03)已延伸至經理、行政及專業人員。相對而言，專業人士的自殺率升幅比非專業人士高。在職業組別當中(不計其他類別)，以從事經理、行政或專業人員男性員工的增幅最大(近3.7倍)，而從事相同職位的女性員工增幅也高達2.7倍。上述屬收入較高的在職人士的自殺率大幅上升，皆較文員和非技術工人的增長為大，原本在職專業人士所產生的保護功能不斷減少。

【表】香港1990-1994年與1999-2003年自殺率(每十萬人)（按職業組別劃分）

職業組別 (15-59歲)	性別	90-94 平均自殺率	99-03 平均自殺率
經理, 行政工作, 專業及輔助專業人員	男	2.31	8.48
	女	2.25	6.13
文員, 服務工作及商店銷售人員	男	10.93	10.58
	女	4.47	5.00
非技術工人及其他技工	男	5.50	11.02
	女	2.26	4.38
15-59歲人仕	男	13.90	21.80
	女	9.57	10.49

教師自殺率 與其他在職或專業 人士相比沒顯著分別

我們估計，這個自殺者在職背景的改變，與九七金融風暴引發經濟倒退有關，在職人士就算能保住飯碗，但公司在減省人手後令工時增加，承受沉重工作和心理壓力；此外，近年香港一系列社會和經濟改革，導致醫生和教師等過往被認為屬於穩定的專業工種，工作壓力也大增。儘管近一兩年香港經濟好轉，職位空缺增加令失業率下降，但這並不等於在職人士可鬆一口氣，在職人士的工作量並沒有因而明顯減少，工作壓力仍然沉重。

目前，香港資方普遍對員工精神健康不太重視，鮮有推出針對措施。精神健康應屬於職業健康的主要部分，我們呼籲資方為保持人力資源的生產力、士氣和精神健康水平，有必要提供全面和有效的在職精神健康介入。另外，精神健康的推廣教育工作亦十分重要，例如糾正「工時長等於好員工」的錯誤觀念、給予員工充分休息機會、鼓勵員工互助和增加對抑鬱症的了解等。

據我們所知，世界衛生組織正草議一份於辦公室或工作間提供防止自殺介入的指引，包括管理層和員工如何幫助有自殺傾向的同事、建立健康的辦公室和鼓勵求助措施等，值得香港有關當局借鏡。

香港人力資源寶貴，社會應好好珍惜。當社會經常強調提升競爭力，增強經濟效益，鼓勵用最少的人力做最多的工作時，卻罔顧了員工的身心健康和家庭生活，最終導致員工健康和生產力受損，結果得不償失。任何一名較高學歷的專業人士或行政管理人員的損失，對整體社會人力資源的影響重大；同樣，任何人的損失對社會也是重大損失，本中心估計，香港在03年因自殺引致人力資源的經濟損失達14億港元。此外，自殺做成的傷害會牽連其他人，家人及朋友的工作、社交和精神健康也受影響。

傳媒對於近日數宗自殺個案作出大篇幅、傾斜且煽情的報道，有可能引致有抑鬱或有相似背景的人士模仿；有關團體將自殺問題簡化為單一的政策原因(例如教育改革、醫療改革)，以及政府冷漠的態度，以上等等皆對解決自殺問題沒有幫助。我們需要全面了解問題，任何一些不經過思考的條件反射，只會製造更多噪音和煙霧，無助我們向有需要人士施予援手，實在令人遺憾。

教師壓力 的確十分沉重

根據教育專業人員協會提供的數字，過去6年共有12名教師自殺，如以香港約有5萬名教育專業從業員計算，即是教師的自殺率大約為每10萬人中有4人，與其他在職人士或專業人士相比，沒有顯著的分別。不過，在職教師在過去數年所面對的壓力的確十分沉重，我們應正視教師處理複雜的教務和學生問題，提供更多教學的支援，並且改善師生比例的問題，這些都是大家必須面對的問題。

再者，自殺的成因是複雜和多層面的，各方面以合作、互信和互諒的精神，認真地探究箇中真正的原因，才有助解決問題。

強化服務更重要 談三人自殺案

葉兆輝、羅亦華、傅景華
香港大學香港賽馬會防止自殺研究中心
刊於信報 07/07/2006

日前天水圍有三名女子一同自殺，這宗悲劇叫人感到十分惋惜。據報，三人均有精神病記錄，而且其中一位曾在醫院接受治療。根據本中心的研究結果，本港自殺者當中有近八成患有精神病。精神病患者屬於自殺的高危人士，要避免他們走向絕路，是防止自殺工作的重要一環。

今次慘劇是相當罕見的事件，但事主遇上的問題卻甚為普遍。根據一項於本港精神科醫院所做的研究，將出院後自殺的病人與沒有自殺的病人作對照，發現有以下四個風險因素：過往曾企圖自殺、失業、缺乏家庭支援和沒有適時接受藥物治療＊，這些因素正與今次悲劇的事主們的背景吻合。當我們以為經濟復甦，人人生活安　定的時候，社會上卻仍然有些需要關顧的弱勢社群，而他們往往都是被忽略的一群。

從報道得知，至少一位事主有接受過社會福利署和醫院管理局提供的服務，所以我們不應該認為這純粹是個資源不足的問題。據世界衛生組織Mental Health Atlas 2005，香港雖然在比例上較少精神科醫生和心理學家，但在精神科病床、精神科護士和社工的數目上，實在不比美、澳、日和新加坡等地為低【表】。雖然不同地區的情況和專業資格的條件有別，但數據提醒我們，是時候檢視目前用於精神健康的資源調配是否得宜。

我們不禁要問，既然事主已經進入了政府服務的系統內，究竟向事主提供服務的公務人員是否有足夠的知識和技巧，處理與精神病患者有關的個案呢？不同的政府部門，例如社會福利署、醫院管理局、警方或勞工署等，又是否有充份的協調和互相通報，確保精神病患者獲得適切的服務呢？

增強「守門人」策略

另一方面，我們發現並不是所有有需要的人都會向政府求助。據本中心的研究資料，只有兩成有自殺風險的人士會求助，我們應反問為何政府提供的服務未能吸引到有需要的人士採用？若然不少高危者對求助和接受轉介欠缺動力，又怎樣去填補這個服務的「缺口」，跟進這班有自殺風險但又不願主動求助的人士呢？

不少國家推行的防止自殺計劃，都會包括守門人（Gatekeeper）策略，向所有有機會接觸到自殺高危者的專業人士，包括醫生、社工、護士、警方、教師和有關的公務人員等，提供辨認高危者和基本的輔導技巧，並且提供適當的轉介，讓這班站在最前線的專業人士把守好第一關。

據二〇〇四年十一月發表的天水圍家庭服務檢討小組報告所建議，處理「複雜」的虐偶個案時要召開個案會議，以統籌各專業部門的服務；報告亦建議在不違反事主私隱的情況下，讓各政府部門分享個案資料，以達致及早預防之效。

提高整體社會精神健康

要做好防止自殺的工作，針對自殺高危者固然重要，但提高整體社會的精神健康更是不可或缺，這正是配合世界衛生組織倡議用公共健康的方式來進行防止自殺的工作，有關工作包括提高市民（尤其是年輕一代）對精神健康的認知和解決問題能力、對意圖自殺者提供的危機處理及熱線服務、生命教育、為專業人士提供培訓、改善傳媒的自殺報道、減少接觸自殺工具的機會和繼續進行防止自殺研究等。

近年本港自殺率稍見下降，但社會上的風險如精神健康水平和家庭問題仍然嚴峻，防止自殺工作者固然要努力不懈，更加要拿出關懷和愛心；社會上其他群體亦可扮演重要角色，例如商界可拿出他們的創富技能，協助精神病康復者投入就業大隊，也可用慈善基金來協助改善服務和進行基礎研究。社會各階層一條心，每人多走一步，救急扶危，才可以成就和諧社會的真諦。

表：五個地區的精神健康資源比較

每十萬人計	香港	新加坡	澳洲	日本	美國
精神科病床數目	7	6.1	3.9	28.4	7.7
精神科醫生數目	2	2.3	14	9.4	13.7
精神科護士數目	46.4	10.4	53	59	6.5
心理學家數目	1.4	1	5	7	31.1
社工數目	173.5	3	5	15.7	35.3

資料來源：世界衛生組織 Mental Health Atlas 2005

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Dr. Phillips is the Executive Director of the Beijing Suicide Research and Prevention Center and Director of the Research Center for Clinical Epidemiology at Beijing Hui Long Guan Hospital. He is currently the principal investigator on a number of multi-center collaborative projects about suicide, depression and schizophrenia. Dr. Phillips also runs a number of research training courses each year, supervises Chinese and foreign graduate students, and helps in the coordination of the WHO's mental health activities in China. He has promoted increased awareness of China's huge suicide problem and advocates improving the quality, comprehensiveness and access to mental health services around the country.

Yoshitomo Takahashi, M.D.

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