



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

# Suicide Prevention in the Light of a Public Health Approach

## 公共健康出發 落實防止自殺

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# Director's Message



From left to right: Dr. Eric Chen (Associate Director), Professor Cecilia Chan (Associate Director), Dr. Dominic Lee (Associate Director) and Dr. Paul Yip (Director)

Hong Kong's suicide rate has increased from 9.6 to 16.6 deaths per 100,000 from 1981 to 2003 and is above the global average of 14.5 per 100,000. In 2003, it is estimated that about 1,200 people committed suicide, about 3 to 4 per day. It is also the leading cause of death for teenagers (15-24). During a momentous year like 2003, in addition to the outbreak of SARS and the economic upheavals, Hong Kong's community was also stricken by suicide incidents of celebrities, high unemployment and divorce rate, a 40% increase of middle aged suicides as well as more recent student suicides in the New Territories. The increasing suicide trend in Hong Kong has made prevention efforts much more challenging.

Prof Eric Caine and Yeates Conwell from the University of Rochester in a recent summit on "Moving Boundaries - Suicide Research and Prevention 2004" advocates a public health approach to suicide prevention by comparing traditional clinical models. *"A Public health approach is population and risk-factor oriented rather than traditional symptom or disease oriented. Physicians typically treat signs of illness, but not the risks. But risk reduction may be essential to preventing recurrence of illness."*

The World Health Organization (WHO) and the International Association of Suicide Prevention promote similar strategies. Diagnosing and providing treatment for suicidal persons are important but reduction of risk factors in the community at large would be even more cost-effective.

The HKJC CSRP focuses on public health and population-orientated approaches to prevention. Public Health inherently is a multi-disciplinary field, requiring a diverse array of skills and perspectives. Our aim is to facilitate the development of collaborative prevention efforts at multiple levels by conducting research in these diverse settings while fostering novel research designs and new methods of evaluation.

We shall adopt the following broad "core aims" in our strategic development in the future:

1. To reduce the suicide risks in the population, the Centre will develop, implement, and assess the use of novel research designs as well as measures, and extend the application of new theoretical and analytic approaches to suicide prevention, intervention and postvention research.
2. The Centre will serve as the epicentre for suicide prevention research work. The Centre will also work with NGOs and the Government to devise comprehensive, multi-layer and cohesive suicide prevention strategies. We shall work proactively with NGOs and others to identify and promote evidence-based suicide prevention efforts.
3. As a resource and collaborating centre, we will monitor and oversee suicide situations to provide training for frontline professionals, sharing the most updated research information to enhance the suicide prevention efforts. The Centre will also strengthen its international collaboration.

We are honoured to have a highly esteemed international advisory team to advise us and provide excellent and timely support. I welcome Dr. Dominic T.S. Lee of the Department of Psychiatry at the Chinese University of Hong Kong who joins us at the Centre as an associate director. All this demonstrates a genuine and free collaboration between our two universities. It is indeed our great pleasure as well to work with many NGOs in suicide prevention and with the Centre's staff who have been so dedication to their work.

We very much want to extend a warm invitation to all of you to contribute to our collaborative efforts in suicide prevention. It is everyone's business and we can all work together to reduce the highly regrettable number of suicide tragedies in our community.

A handwritten signature in black ink, appearing to read 'Paul Yip'.

Paul Yip  
Director  
April 2004





## How much do we lose from suicides in term of YLL?

Suicide in Hong Kong: Epidemiological Profile and Burden Analysis 1981 - 2001

Every person who kills himself or herself is not just a lost of a life. It also causes tremendous distress to family members, friends, and the community as a whole. Can we quantify this loss and its burden to society? How much we can compare suicide to the other causes of death in terms of loss?

The paper "Suicide in Hong Kong: Epidemiological Profile and Burden Analysis 1981 - 2001" addresses this question. It was published in the Hong Kong Medical Journal 2003, Vol. 9 No 6 December 2003, written by Dr. Paul SF Yip (Director of CSRP), CK Law (Centre of Asian Studies) and YW Law (Project Director of CSRP). It describes changes of the epidemiological profile of suicides in Hong Kong and the burden of suicides in terms of years of life lost between 1981 and 2001.

Analysing data on registered deaths of the Hong Kong population from 1981 to 2001 retrieved from records of the Census and Statistics Department, researchers found suicide ranked sixth as the leading cause of death and represented about 3% of all deaths each year. The suicide rate has since increased from 9.6 per 100 000 to 15 per 100 000 between 1981 and 2001.

The total years of life lost (YLL) due to suicide increased by 96.0%, from about 9,900 years in 1981 to 19,400 years in 2001, whereas the figure for all causes of death decreased by 14.0%, from 274 600 years to 236 700 years. The total share of years of life lost attributable to suicide deaths has increased from 3.6% to 8.1% and is still increasing, especially among the middle aged (30-59 years). The use of charcoal burning as a suicide method has increased from 6.0% before 1998 to more than 28.0% in 2001.

The researchers concluded that the burden on the years of life lost due to suicide is underestimated and overlooked. The increase of suicides in recent years has had a significant impact on the years of life lost and can be used as a useful indicator of performance in Hong Kong.

You can download a full version of this paper from [http://www.hkam.org.hk/publications/hkmj/article\\_pdfs/hkm0312p419.pdf](http://www.hkam.org.hk/publications/hkmj/article_pdfs/hkm0312p419.pdf)

### 自殺令社會損失多少？

1981年至2001年自殺在香港的流行病學狀況及負擔分析

一名輕生者失去了的，不單只是一條性命，對家人、朋友和社會的傷害也難以估計。從公眾健康的角度出發，我們能否量化這份對社會的損害？怎樣將自殺的損害與其他死因作比較？

本中心總監葉兆輝、策劃總監羅亦華和亞洲研究中心的羅智健，共同於香港醫學雜誌發表文章《1981年至2001年自殺在香港的流行病學狀況及負擔分析》（零三年十二月第九期第六號），正嘗試回答這個問題。文章描述1981年至2001年間，自殺在香港的流行病學狀況的改變，並以生命年期折損為單位，指出自殺帶來的負擔。

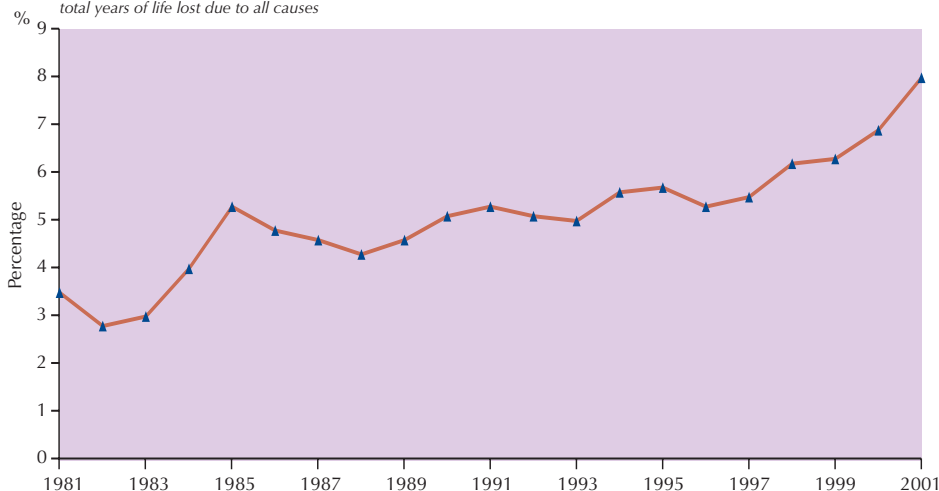
根據政府統計署的紀錄，並抽取期間的登記死亡數字，研究人員發現自殺是第六大死亡原因，佔全年死亡數字3%，自殺率在1981年至2001年間，由每十萬人中9.6人，上升至每十萬人中15人。

自殺引致的生命年期折損增加96.0%，由1981年的約9900年，增至2001年的約19400年；同期其他死因的整體生命年期折損則下降14.0%，由1981年的約274600年，下降至2001年的約236700年。自殺死亡帶來的生命年期折損比例，由3.6%上升至8.1%（見圖），並正繼續增加，尤其是在中年人組別（30-59歲）。以燒炭方式自殺的比率，由1981年的6.0%，增至2001年的28.0%。

研究人員的結論認為，自殺帶來的生命年期折損負擔被低估及忽略。近年自殺數字的上升對生命年期折損有重大的影響，並且可以作為香港整體表現的有用指標。

你可於下列網址下載本文的全文版本，[http://www.hkam.org.hk/publications/hkmj/article\\_pdfs/hkm0312p419.pdf](http://www.hkam.org.hk/publications/hkmj/article_pdfs/hkm0312p419.pdf)

Years of life lost due to suicide death as a proportion of total years of life lost due to all causes



### What is the YLL of suicide?

Years of life lost (YLL) for suicide is the number of years of life "lost" when a person dies "prematurely" from suicide. Let's suppose that a normally healthy person should live to be 75 but eventually dies at age 25, in this case the years of life lost is 75-25=50. YLL is an index adopted by World Health Organization (WHO) to measure premature mortality.

#### 何謂「生命年期折損」？

自殺的「生命年期折損」意指，當一個人選擇自殺身亡，究竟有多少年「壽命」損失了。若某人應有七十五歲壽命，結果於二十五歲輕生死亡，「生命年期折損」就是75-25=50年了。「生命年期折損」這個指標，為世界衛生組織所採納，計算不同死因導致提早離世的損失。

## Deliberate Self-Harm in Hong Kong (1997-2001)

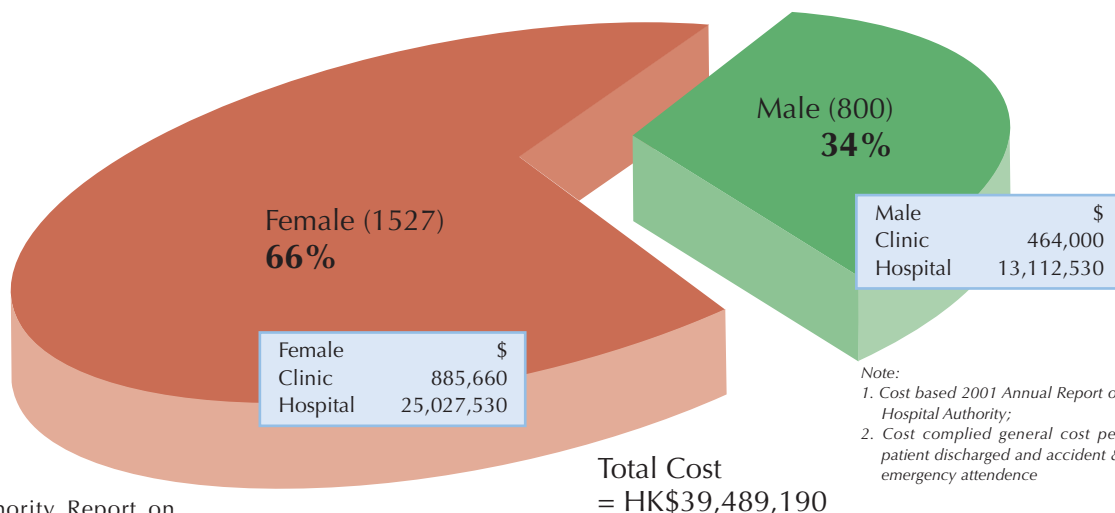
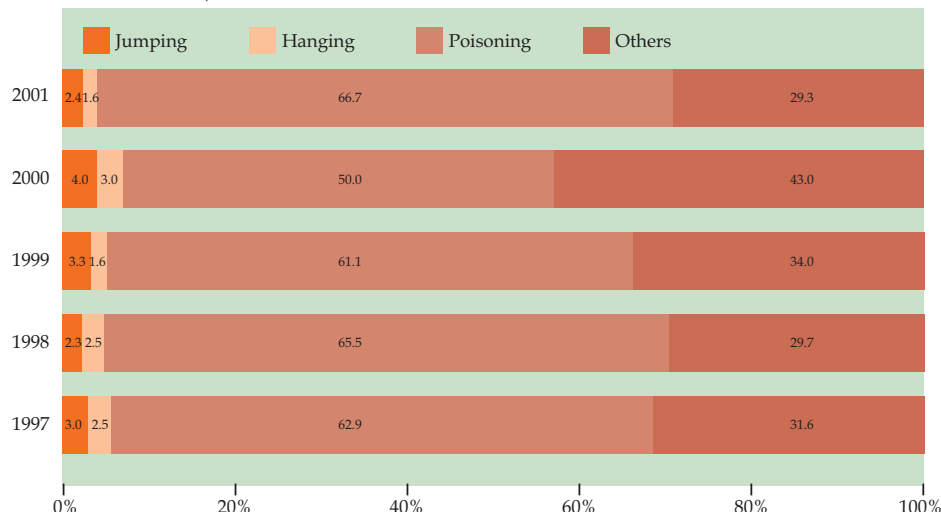
The Hospital Authority Report on Referrals to Accident and Emergency Admissions

Deliberate self-harm is an act of injuring oneself without a fatal result. How serious is this problem in Hong Kong?

The present study is based on data collected by the Accident and Emergency Departments of the Hospital Authority in Hong Kong, SAR for the period January 1997 to December 2001. The records compiled reports on all in-patients with diagnoses of deliberate self-harm (suicide attempts) upon admission and admitted to wards for medical treatment. The key findings are presented in the tables below. We are indeed grateful to the Hospital Authority of Hong Kong for providing us with this data for the study.

In addition, researchers want to raise the issue in terms of the estimated cost to society. According to the annual report of Hospital Authority, in the year 2001, the estimated unit cost per patient normally discharged and for those accident and emergency admissions were HK\$16,390 and HK\$580 respectively. Excluding the most severe cases involving long stays in hospital for additional treatment and follow up, DSH patients admitted to hospital in 2001, comprised 1,526 females and 798 males, the estimated total cost causing by DSH to society totaled about HK\$39 million. Compared with the estimated total cost in the year 2000, a significant 30% financial burden increase this year was added to society.

Method used for the period 1997 – 2001



Estimated cost of DSH brings to the society in 2001

GENDER	1997	1998	1999	2000	2001	TOTAL
Female	1296	1482	1351	1210	1527	6866
Male	618	732	730	630	800	3510
<b>TOTAL</b>	<b>1914</b>	<b>2214</b>	<b>2081</b>	<b>1840</b>	<b>2327</b>	<b>10376</b>

Number of DSH for the period 1997 – 2001 by gender

GENDER	1	2	3	≥4
Female	83%	12%	3%	2%
Male	86%	12%	2%	1%
<b>TOTAL</b>	<b>84%</b>	<b>12%</b>	<b>2%</b>	<b>2%</b>

Frequency Trials of DSH Referrals via Hospital Authority by Gender

If you would like a copy of the full report, please contact the CSRP at: 2241-5013.

### Note to readers:

Incidences of deliberate self-harm reported by the Hospital Authority underestimates the true attempt rate. Unlike studies of completed suicides, only those suffering from serious injuries or the consequence of lethal behavior in their attempts sought medical help from hospitals. They then received medical treatment under the current system. However, those with minor injuries or those involved in non-fatal attempts were seldom referred to hospitals and could not be included in our study. Attempters who were discharged against medical advice, constituted around 60 percent of the total attempts according to the records from the A&E admission. These cases were not available for the current analysis. As a consequence, this study limits its scope only to in-patient hospital admissions in Hong Kong, but the findings do enhance understanding of front-line workers and other NGOs on suicide-related issues.

## 自毀行為在香港 (1997年至2001年)

醫院急症室轉介服務報告

所謂「自毀行為」，就是自我傷害自己身體但不致喪命的行為。香港的情況究竟有多嚴重？

這個「自毀行為」研究是以醫院管理局急症室所提供之1997年1月至2001年12月的資料為依歸。資料包括所有被醫院診斷為因自毀而入院的病人。（有關研究發現的圖表刊於此頁）

除了分析有關數據外，這項研究並藉此帶出「自毀行為」所帶來的經濟負擔。據醫管局2001年的周年報告指出，用在每一名出院和每一名使用急症室人士的費用分別為港幣\$16,390和\$580。撇除那些因情況嚴重而需要留院作跟進的個案，2001年因自毀行為而入院的病人有1,526位女性和798位男性，總費用便高達港幣3千9百萬元。若與2000年同樣開支作比較，2001年的財政壓力便增添了30%。

若閣下欲索取全文，請與本中心聯絡，電話：2241-5013。

### 備註：

若僅考慮醫管局自毀行為的數據，是會低估企圖自殺的比率。有別於已自殺的人士，那些企圖自殺不遂而受傷的人士是不會轉介到醫院，所以未能收歸在我們的研究中，單有那些因自毀而嚴重受傷或做出致命行為的人士，才會到醫院接受治療。綜合以上資料，經急症室診斷為企圖自殺的，又因各種理由而拒絕留院的病人，佔急症室之企圖自殺紀錄的60%。因此，此研究所得的結果只局限於入院人士。但這些結果卻能帶給前線工作人員及各社會福利機構更多關於自殺的資料。





From left to right: Prof. Eric Caine, Prof. Yeates Conwell, Dr. Annette Beautrais, Dr. Paul Yip

## "Is Suicide Contagious?"

Dr. Annette Beautrais, a world renowned scholar and suicide researcher from the Canterbury Suicide Project, Christchurch School of Medicine and Health Science, New Zealand, examined the extent to which suicidal behavior might be contagious. In a public lecture called – "Is Suicide Contagious?" she said that research evidence showed that the introduction of media guidelines could help reduce suicide.

Dr. Annette Beautrais added that media coverage of suicides should be published with caution. "The evidence of the potential for harm is sufficient to warrant a prudent approach to risk minimisation. Further, there is convincing evidence that media guidelines can reduce suicides."

"World Health Organization (WHO) listed 'toning down reports in the media' as one of six key suicide prevention strategies. Many countries such as the USA, UK, Ireland, New Zealand and Australia have

developed some sort of guidelines for media reporting about suicide" - she said.

Dr. Beautrais used an example of the United States media guidelines, which were co-developed by journalists and suicidologists. "There is a need to seek a local solution to developing media guidelines within Hong Kong as part of a comprehensive suicide prevention strategy." She said.

The South China Morning Post ran a story on "Copycat Killings" by interviewing with Dr. Beautrais on January 29, 2004. The contagious effect of media reporting was brought to the public's attention at that time.

## 當自殺像瘟疫蔓延時？

國際自殺研究權威，來自紐西蘭Christchurch School of Medicine and Health Science的Canterbury Suicide Project首席研究總監Annette Beautrais博士，在香港大學的《自殺行為會傳染嗎？》公開講座上剖析自殺的傳染效應。她提出證據顯示，若為傳媒引入報導指引，將有助減低自殺率。



Annette Beautrais博士促請，傳媒應小心報導有關自殺的新聞。「傳媒不當報導自殺消息引致的傷害，已經令我們有足夠理由支持，引入減低悲劇發生的方法。從此而言，有事例證實引入傳媒報導指引，將有助減低自殺率。」

因此，世界衛生組織（WHO）已經視「淡化傳媒報導的影響」（toning down reports in the media）為六大防止自殺策略之一；不少國家如美國、英國、愛爾蘭、新西蘭和澳洲，皆已經為傳媒就自殺個案的報導作出指引。

Annette Beautrais博士更以美國為例，指出當地的傳媒指引是由傳媒與自殺研究學者共同參與所制定。她指出：「作為香港整體的防止自殺策略，我們有需要制定適合香港本地環境的傳媒指引。」

公開論壇後，南華日報更專訪Annette Beautrais博士，於零四年一月二十九日刊登題為“Copycat Killing”的專題文章，令自殺具有傳染效應的討論，正式提上公眾議題。

Dr. Annette Beautrais







## Symposium on "Managing Suicidal Patients with Imminent Risk"

### 《如何處理有即時自殺危險的病人》研討會

Jointly organized by the Hospital Authority and Department of Psychiatry, the Chinese University of Hong Kong, Symposium on "Managing Suicidal Patients with Imminent Risk" was held at the headquarters of the Hospital Authority on 3rd January 2004.

Prof. Eric Caine, Prof. Yeates Conwell and Mr. Jack Herrmann of the University of Rochester School of Medicine and Dentistry and Dr. Annette Beautrais from the Canterbury Suicide Project, the Christchurch School of Medicine and Health Science, New Zealand shared their experiences on how to manage suicidal patients with imminent risk to those in attendance including: doctors, nurses and relevant health staff of the Hospital Authority.

由醫院管理局和中文大學精神科學系合辦的《如何處理有即時自殺危險的病人》研討會，於二零零四年一月三日假醫院管理局大樓舉行。

來自美國Rochester大學醫學及牙醫學院的Eric Caine教授、Yeates Conwell教授、Jack Herrmann先生，與及紐西蘭Christchurch School of Medicine and Health Science的Canterbury Suicide Project的首席研究總監Annette Beautrais博士，向醫管局的醫生和護士分享處理有即時自殺危險病人的心得。

#### Their presentations included:

Managing Suicidal Patients with Imminent Risk – Background  
Managing Suicidal Patients with Imminent Risk – The Institutional View  
Managing Suicidal Patients with Imminent Risk – Individual Issues  
Managing Suicidal Patients with Imminent Risk – Postvention

by Dr. Annette Beautrais  
by Prof. Eric Caine  
by Prof. Yeates Conwell  
by Mr. Jack Herrmann

If you would like to have these presentations, you can make a request by email to: [csrp@hku.hk](mailto:csrp@hku.hk)



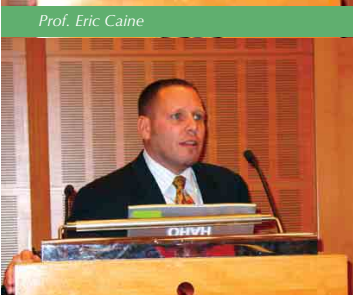
Dr. Ko Wing-man, Director (Professional Services and Public Affairs), Hospital Authority



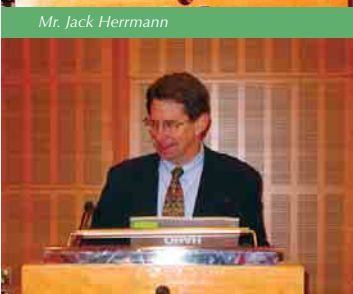
Dr. Annette Beautrais



Prof. Eric Caine



Mr. Jack Herrmann



Prof. Yeates Conwell

## HKJC CSRP First Meeting of International Advisors



In the first meeting of international advisors, the representatives from the University, HKSAR Government, Hong Kong Jockey Club and the international advisors have come together to develop a roadmap of the future suicide prevention work in Hong Kong. The CSRP are very grateful for their enthusiastic support provided by all parties.

Group photo of CSRP First Meeting of International Advisors

Back Row (left to right): Prof. Lap Chee Tsui (HKU), Dr. James TH Tang (HKU), Dr. Eric Chen, Prof. SW Tang (HKU), Dr. Paul Yip, Dr. EK Yeoh (HKSAR Government), Mr. William Yiu (HKJC) and Mr. Paul Tang (HKSAR Government)

Front Row (left to right): Prof. Yeates Conwell, Ms. Frances Law, Prof. Iris Chi, Dr. Annette Beautrais, Ms. Elsie Leung, Prof. Cecilia Chan and Prof. Eric Caine

# Research Seminar

## Suicide Research in China

Prof. Yueqin, Huang, MD, MPH; Professor and Director & Li Xueni, MD, Psychiatrist  
Institute of Mental Health, Peking University

From the abstract of Prof. Yueqin Huang: (Extracted by the newsletter editor)

Until now, suicide research in China lacked any real systematic controls. Most studies were small sample clinical observations or regional epidemic surveys. The results from these research projects were not consistent but tended to mirror global trends. For example the rate of suicide was higher in rural areas than in the cities. Attempted suicide rates were also higher for females than males with the proportion of suicides highest in those aged in their twenties and the lowest in the elderly over sixty. The most common reasons for suicide included interpersonal conflicts, psychiatric disorders and difficulties related to chronic diseases. The most common suicide methods were poisoning, hanging and drowning.

From 1995 until now, with the cooperation of the China Centers for Disease Control (CDC) and international organizations, research had been prioritised to a higher level with epidemiological analyses throughout the mainland implemented. Most of the results, however, replicate that of past research.

As for suicide prevention suicide prevention centers were set up in Nanjing (1991) and Beijing (2001), along with mental health hotlines operating in many cities. Rescue services run by community volunteers were also on the increase. A pilot project to gauge the efficacy of the suicide prevention programmes was ongoing with cooperation from the International Association for Suicide Prevention (IASP).

## Surveillance and Monitoring of Suicide Deaths and Suicide Attempts

Dr. Paul Yip, Director, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: In 2002 we recorded 1,109 suicide deaths in Hong Kong, a ratio of 16.4 per 100,000, marking a 10% increase from the previous year. This figure is about 13% higher than the world average of 14.5 per 100,000 and other developed countries. Suicide rates of males are higher than that of females with a significant increase over the last two decades, while elderly suicide rates remained the highest among all age groups. In contrast to suicide death, problems associated with deliberate self-harm (DSH) is more prevalent amongst the community and a significantly higher risk amongst young adults, contributing about 31.7% of the total suicide attempts for accident and emergency (A&E) hospital admission. The recording of DSH by the Hospital Authority probably underestimates the true scope of the attempt rate in the community with the situation probably much worse than figures would suggest.

Partnership and collaboration in suicide prevention is urgently needed to remedy the problem.



Dr. Paul Yip

Dr. Gracemary Leung

Prof. Yueqin, Huang

Dr. Samuel Ho

Ms. Ka Liu

## Images of Death

Dr. Samuel Ho, Associate Professor, Department of Psychology, HKU

From the presentation of Dr. Samuel Ho: (Extracted by newsletter editor)

There are three types of death related to suicide and murder: Murder – Suicide (An individual committing suicide because she or he had killed another), Suicide – Murder (A person killing another because she or he decided to commit suicide), and suicide murder (A person engaging in a suicide murder has decided he or she can control more through his or her death than through life, e.g. a suicide bomber). A Proquest newspaper search on death related to suicide and murder showed a high percentage of suicide – murder incidents of Asians. Incidents involving non-Asians were predominantly murder – suicides. In another study, students in HK used interpersonal metaphors to describe death and experts speculate that the collective culture of the Asia helps lay the groundwork for suicide – murder process.

## Leung's Suicide Assessment Tool

Dr. Gracemary Leung, Director of Psychological Service Unit, HKU

Abstract: In Hong Kong, we have been using translated versions of suicide risk assessment instruments. The Centre for Behavioral health has offered a small grant for the pilot scheme of a new Chinese assessment tool. This short presentation will include the basic working model behind the construction of this Chinese tool. The methodology and statistical analysis on the reliability and content validity of Leung's suicide risk assessment tool will be presented and a brief description will be given on how to use it.

## How to Make Use of the Household Survey Study's Data on Suicidal Behavior

Ms. Ka Liu, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: Because the majority of people who attempt suicide do not seek professional help, studies samples of communities are of great importance. Effective and early intervention policy calls for (1) an accurate estimation of the extent of suicidal behavior in the general population, and (2) an understanding of the associated risks and protective factors. The Prevalence Study 2003-2005 is a longitudinal household survey that is currently being conducted by the HKJC Centre for Suicide Research and Prevention. 3,000 subjects, including 800 people aged between 15 and 19, will be interviewed using a questionnaire covering demographics, interpersonal relationships, psychological factors, stress, life events and coping. A follow-up study will be undertaken after 12 months.

The Prevalence Study's data will provide clues to prevention and intervention by showing the prevalence of suicidal behavior among the general population as well as enhancing our understanding of the problem of suicide. It will be used to inform clinicians and other health-care professionals about the assessment and treatment of suicidal behavior.

## The Unique Nature and Difficulties in Conducting Psychological Autopsy Studies in HK

Dr. KK Chan, Research Officer, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: Psychological Autopsy (PA) is a retrospective research method to gather information on a deceased person's life. The Centre for Suicide Research and Prevention is now conducting a PA Study on suicidal death between those aged 15 to 59. This presentation introduces the study design, the scope of the interview and the data collection method. It also addresses the unique nature and difficulties in conducting PA studies in Hong Kong.

## Suicide Ideation in Patients with Early Onset Psychosis

Ms. Heidi Chan, Department of Psychiatry, HKU

From the abstract of Ms. Heidi Chan: (Extracted by newsletter editor)

The present study focuses on suicidal ideation in early onset psychosis patients. The clinical and psychological profiles of patients with and without suicidal ideation were comprehensively explored. In addition the possible relationships between the disorder, risk factors, and suicidal ideation were also investigated.

89 in-patient and out-patient subjects with early psychosis, aged between 15 to 27, were recruited from an early intervention programme. A set of comprehensive ratings was used to assess the clinical and psychological profiles in these patients.

The findings suggested that there were differing clinical and psychological profiles between suicide ideators and non-ideators among the early onset psychosis patients. Suicidal ideation in patients with early onset psychosis shared some psychological risk factors with normal controls, while they also had some specific risk factors. Also, It suggests a possible role of psychosis in causing excessive suicidal ideation, through the negative effect of clinical factors and treatment-related elements. Additional psychological risk factors and intensification of mediating psychological risk factors of suicidal ideation are also at play here as well.

## Suicide and the HK Railway System: Characteristics of the Victims and Effectiveness of Barriers

Ms. Wincy Chan, HKJC Centre for Suicide Research and Prevention, HKU

Abstract: Between 1997 and 2002, 54 suicides occurred at two railway stations in Hong Kong. Data on these fatalities showed that the majority were male (79.6%) and middle-aged (mean age = 44.5 years, SD = 14.24). 35 (64.8%) suffered from at least one mental illness with a prevalence toward psychotic disorders (42.9%). Jumping onto the tracks was a relatively unpopular method used by suicidal attempters in Hong Kong. Of the total number of suicide deaths, railway suicides ranged from 0.78% to 1.38% in 1997 to 2001, with a drop at 0.27% in 2002. The installation of platform screen doors at some of the subway stations may have contributed to this decrease. Despite the high construction costs, the screen doors were also effective in saving energy as well as helping to prevent suicides. Since victims were more likely to choose an easy location barriers at least to the rear end of all platforms might have been able to eliminate most subway suicides. Learning from this experience, additional recommendations such as the redesign of physical structures at high-risk suicide locations could be implemented. Future studies on the mental health of train drivers as well were also recommended to understand the consequences of railway suicides in Hong Kong.





Dr. James TH Tang, Dean of Faculty of Social Science, HKU



From left to right: Michael Wong (The Samaritan Befrienders HK), Siu Sau Lin (ELCSS-HK), Angie LAI Fung-yee (Caritas Family Service), Mrs. Eliza Leung (Moderator), Louisa Lee (HKSCH Welfare Council), Tze-Leung YIU (Tung Wah Group of Hospitals), Dr May-ming Lau (SPS)

## Summit for "Preventing Suicide 2004" broke through the boundaries between academic study and front liner staff

International distinguished suicide researchers and local frontline suicide prevention organisations got together at The University of Hong Kong to discuss the best ways of collaborating to prevent suicides. This Summit entitled – "Preventing Suicide 2004" was organised by our centre.

At the Summit, Prof. Eric Caine and Prof. Yeates Conwell from The University of Rochester School of Medicine and Dentistry contributed their views on how to build closer working relationships between research institutions and frontline suicide prevention organisations. They pointed out that it was crucial to establish and evaluate suicide prevention efforts (please refer to the abstracts). Six representatives from frontline suicide prevention service providers, including Suicide Prevention Services (SPS), the Tung Wah Group of Hospitals, the HKSCH Welfare Council, the Caritas Family Service, ELCSS-HK and The Samaritan Befrienders, Hong Kong shared and discussed their local experience in suicide prevention.

## 學術結合實踐 — 防止自殺2004會議

國際防止自殺學者和本地前線防止自殺組織代表齊匯聚香港大學，參與由本中心主辦的《防止自殺2004會議》，討論如何攜手防止自殺的工作做得更好。

會上，Eric Caine教授和Yeates Conwell教授分享研究心得，協助前線工作者和研究機構建立緊密的合作，並提出建立評核機制的重要性（詳見摘要）。六個提供前線防止自殺服務的組織代表亦同時分享本地的經驗，組織包括生命熱線、東華三院、香港聖公會福利協會、明愛家庭服務、信義會生命天使教育中心和香港撒瑪利亞防止自殺會。

## "Establishing and Evaluating Comprehensive Suicide Prevention Efforts" by Prof. Eric Caine

Summary: (written by the newsletter editor)

Public health includes the health of the individual in addition to the health of entire populations. The health of individuals and groups relies upon proper social policies and programmes as well as national, regional and community efforts that are, at once, coordinated yet diffuse. The public health approach is population and risk-factor-oriented rather than a study of the traditional symptom or disease oriented approach whereby physicians typically treat only the signs of illness, not the risks. But risk reduction may be essential to preventing recurrence of illness. However, shifting the population average rather than focusing exclusively on the worst cases requires distinctive approaches with prevention of disease expression the desired outcome.

## "Establishing and Evaluating an Agency-Level Partnership for Suicide Prevention: The Senior Health and Research (SHARE) Alliance" by Prof. Yeates Conwell

Abstract: Suicide in older adults will become more common in future decades. Anticipating that change, comprehensive programmes must be designed that incorporate strategies across the spectrum of preventive interventions, including: universal, selective and indicated programmes. Collaborative and step care strategies for the diagnosis and treatment of late life depression in primary care practices are also important examples of the indicated interventions. They represent, however, only part of the solution. Selective and universal approaches designed to address the social needs of seniors must be adopted as well. This presentation describes the rationale and preliminary design and evaluation targets of a partnership for research and clinical programming between investigators, mental health providers, and social service agencies in Monroe County, NY, USA that has as its goal the reduction of suicide risk in the elderly population.

Prof. Eric Caine, Prof. Yeates Conwell, Mrs. Eliza Leung







## Educational video - "I am Worthy for Being Who I am"

Suicide among secondary school students is becoming a growing concern with the majority of adolescent suicides associated with depression. Understanding adolescent depression is crucial for teachers, social workers, parents and students to facilitate early detection and intervention.

That's why CSRP created the educational video - "I am Worthy for Being Who I am". It's purpose is to provide knowledge about adolescent depression and to encourage adolescents to seek help when they encounter problems in their lives. The key message is "Depression is a highly treatable illness; seeking help is the first step to beating it."

We are honored to have the well-known RTHK DJ Mr. Roland Leung and Mr. Ricky Fan to serve as the presenters of this video.

The video is also designed as part of the health curriculum in schools or in youth settings to help educate and raise awareness about issues of mental health for students in Form 3 or above. It is best to present this programme in a context whereby students can ask questions and ask for help afterward. You can also use this video as a tool to

stimulate discussions on positive coping skills, seeking help and regaining a sense of self-value. It is, therefore, highly recommended that group discussions follow right after the showing of the video. Facilitators of the group discussion can be school teachers or social workers. The practical guideline for group discussion, discussion outlines and the evaluation forms are also provided in an accompanying CD-ROM for the facilitators to refer to.

If you are interested in previewing a 1-minute trailer of this video, please click on the url: [mms://csrp2.hku.hk/video/1min\\_chinese.wmv](https://mms://csrp2.hku.hk/video/1min_chinese.wmv). For the full version and the discussion tool set, please contact our Centre at 2241-5013 to place your order.

### 教育錄像系列第二輯： 《我有我價值》

中學生自殺問題日益嚴重，已引起廣泛關注。不少選擇輕生的青少年，都曾出現情緒抑鬱。因此，老師、社工、家長以及學生，如能認識青少年抑鬱症的徵狀，將可及早察覺有需要的青少年，並向他們提供轉介及協助。

本著這個宗旨，本中心製作這套錄像《我有我價值》，正希望大眾能夠更了解青少年的抑鬱症，並且鼓勵遇上困難的青少年勇於尋

求協助。這套錄像是主旨是：「抑鬱症是可以痊癒的，及早求助，就是破解抑鬱的第一步。」

本教材更獲得著名的香港電台節目主持人梁奕倫先生和范振峰先生的協助，擔任片中的主持人，向青少年人介紹破解抑鬱的方法。

本錄影教材適合作為學校或青年人的健康教育課程的一部份，有助提高中三或中三以上的學生對精神健康的認識。使用本教材時，必須配合一個容許學生提問和尋求協助的環境。本教材提出正面的應對方法、鼓勵尋求協助和自我價值肯定等話題，特別為引發學生的討論而設。我們建議學生在觀看錄像後，透過小組方式作深入討論，教師或社工可擔任引領討論的帶組員。本教材亦附設一套實務指南、討論大綱和回應問卷，供帶組員參考。

我們更備有《我有我價值》一分鐘精華網上版本，有意觀看者請瀏覽 [mms://csrp2.hku.hk/video/1min\\_chinese.wmv](https://mms://csrp2.hku.hk/video/1min_chinese.wmv)。如對本教育錄像教材有興趣，可致電本中心 2241-5013 查詢。



"It is very well structured, moving from professional input to personal stories and experiences, and includes an illustrative case history..... The messages contained within the video about suicide, risk factors, help-seeking, treatment and the more positive message of the value of life are all very meaningful and appropriate."

“《我有我價值》是一部結構細緻的影片，當中有從專家的意見到個人經驗的故事，更有仔細的個案經歷描述……片中提到的自殺、風險因素、求助、處事手法和對生命價值的正面態度，既有意思也恰到好處。”

Dr. Annette Beautrais Ph.D

Principal Investigator, Canterbury Suicide Project of the Christchurch School of Medicine, New Zealand

Editor-in-Chief for "Crisis", the Journal of Crisis Intervention and Suicide Prevention



### "Enrich your knowledge about financial debt" e-learning tool

People in financial debt have a higher risk of suicide within the society. According to data from the Coroner's court, an estimated 1,100 suicide deaths occurred in 2002. Amongst all suicide deaths, 24.7% of them involved financial debts and were most prevalent in middle-aged people. In addition, according to research conducted by our Centre and the CUHK, suicide deaths by men using burning charcoal, were found to have a higher prevalence of debt (67%) than suicide by other means. Their debt problems were most often related to credit card abuse and gambling.



The above facts form the basic rationale for our launching the "Enrich your knowledge about financial debt" e-learning tool (<http://csr1.hku.hk/rich/index.htm>). Our targets are those people who have less experience in managing their financial debts. This animated e-learning tool is presented in a user-friendly way. When the viewer enters a page, a number of simple questions will appear for the viewer to answer. Following the test, viewers can gain a better understanding on his/her habit of using credit cards and controlling their consumption behavior. From this, the viewer can learn to correct their attitudes about debt management.

This tool consists of six modules: "Knowing how on using credit card, Poor credit card user, Smart credit card user, Finding a way out from debt and Are you a smart debt manager?". Anyone with access to the Internet will benefit from this e-learning tool.

In a review from the Ming Pao Health Page about our e-learning tool, the publication notes that- "I believe the CSRP spent a great deal of effort in creating this web site. It has surprisingly rich contents and many technical terms and definitions about credit cards have been simplified, making it ideal for the viewer..... the topic about Compulsive shopping is a MUST READ session."

Don't forget. While you complete the navigation or leave the web site, please fill out the evaluation form and provide us with your valuable opinions.



「富」學士 「窮」學士



### 輕鬆理財「富」學士課程

不少香港人陷入債網，成為自殺的高危因素。據分析死因裁判法庭於自殺死亡的數據，2002年死於自殺的人數約有1,100位，當中與債務問題有關的佔24.7%，中年人（40至49歲）更是高危組別。另外，根據本中心與中文大學合作的一個燒炭自殺研究發現，燒炭人士中有財政問題的人士比起用其他方法自殺的為高，燒炭個案中，更有67%的自殺者是與信用卡借貸及賭博行為有關。

有見及此，本中心特別針對欠缺理財經驗的高危族群，提供輕鬆理財「富」學士課程 (<http://csr1.hku.hk/rich/index.htm>)。「課程」以輕鬆手法帶出正確的理財觀念。學員先接受一個簡單測試，自我了解使用信用卡的習慣，與及是屬於那一類的消費理財模式，繼而獲得正確的理財訊息。

「富」學士課程共分六部份：信用咭大搜查、窮學士入門、富學士入門、窮途不等於末路和富學士大測試。「富」學士歡迎任何學歷任何背景的人士到網上上課，click上網站便可！

明報健康版「健康悅讀」欄中曾介紹這個「富」學士課程，指出「這網頁相信花了該中心人員不少心機製作，內容比想像中豐富得多...網頁把信用卡各種非常「技術性」字眼的含義加以說明，是一大優點...」，「『富』學士入門」一欄中談及「狂熱消費行為」的部分，實在值得一看。」

別忘記，讀畢本課程或離開網站時，要填寫調查表格，給予我們寶貴意見！





## Training programme for student suicides

Following our study on the prevalence of suicidality among secondary school students in Hong Kong (for details, please refer to the CSRP Newsletter, Fall 2003 issue), our next step is to share our evidence-based knowledge of suicide prevention with the community.

Suicide is the leading cause of death for the youth aged 15-24 in Hong Kong. There were four student suicide cases from the same secondary school in Tin Shui Wai, New Territories within a two and half year period, raising public concern about student suicide.

In collaboration with the Education and Manpower Bureau, a series of four training courses and seminars were organised in November and December 2003 for school principals and teachers from primary and secondary schools around the territory. The training programme was a part of the collective response to the growing trend in student suicides in Tin Shui Wai and North New Territories districts. Evidence-based knowledge and practical skills of suicide prevention were shared and discussed. It proved to be very helpful and vital in easing students' pressure as well as treating students with suicidal risks.

In addition, a one day training workshop for school teachers was held on November 11, 2003 with 40 teachers from different

secondary schools in attendance. The programme emphasised how to conduct suicide risk assessments, as well as how to handle suicide attempts with proper crisis management skills and how to care for students who were disturbed by suicides at their schools. Another 3-day training workshop for social workers involved with youth was also held on November 28th, and December 5th and 12th, 2003 attended by 20 social workers. This workshop provided greater opportunities for skills application through role plays and case study discussions.

An e-learning module on "Student Suicide Prevention" (<http://csrpl.hku.hk/sss/>) was also developed and launched two days after media coverage of four student suicides in a Tin Shui Wai secondary school on November 12, 2003. This module aimed to provide practical tips and evidence-based preventive strategies for school principals and teachers when handling suicide crisis in a school setting. Topics included "Facts and figures about student suicides", "Identifying suicidal risk factors", "Postvention", "Sample statements and letters for school staff", "Do's and don'ts for parents", and "Help lines". EMB has also uploaded the hyperlink of this module on their homepage.

## 為教育界提供專業培訓

繼上期介紹的中學生自殺問題地域抽樣調查結果公佈後，本中心下一步的計劃就是將從研究中所累積的經驗和知識帶入社區。

在十五至二十四歲人士組別中，自殺一直是頭號殺手；天水圍某中學在兩年半以來發生四宗學生自殺事件。以上種種皆令公眾對學生自殺問題更為關注。

面對新界北和天水圍日益嚴重的學生自殺問題，本中心較早前與香港特區政府教育統籌局合作，於零三年十一月至十二月向四百名關注自殺具有傳染效應問題的教育專業人員，提供一共四堂的培訓課程，包括科學實證的知識和實用的技巧。參加培訓的教育專業人員對該項課程反應不俗，認為有助減輕在處理學童自殺危機時所造成的壓力。

另外，我們於零三年十一月十一日為老師舉辦了一個為期一天的工作坊，共有四十名來自不同中學的老師參加。工作坊集中向老師講解有關評估自殺危險的方法、處理校內出現自殺危機的應變管理及安撫校內被自殺消息影響的學生。另外，一個專為青少年社工而設的工作坊於十一月二十八日、十二月五日和十二日舉行，一共有二十名社工參加，工作坊透過角色飾演和個案討論的活動，令參加者掌握處理青少年自殺問題的技巧。

另外，當去年十一月份上述天水圍中學出現四名學生自殺的傳媒報導後，我們迅即製作及推出一個「防止學生自殺實用指引及對策」網站 (<http://csrpl.hku.hk/sss/>)，該網站為校長和老師提供處理校內出現自殺危機時的實用技巧，與及具有研究支持的預防措施，題目包括有《青少年自殺數據資料》、《甄別高危學生：辨認自殺高危因素》、《學校善後工作》、《通知書範本》、《如果你的子女有朋友不幸自殺，該如何處理》及《熱線電話》。教育統籌局網頁亦載有「防止學生自殺實用指引及對策」網站的連結。

## Middle age manual on - "How to Beat Depression"

Suicide among middle aged people in Hong Kong has become a major concern. Within a short span of just six years the suicide rate for those aged between 30 to 59 has risen by 60%; from 11.7 in 1997 to 18.7 persons per 100,000 in 2002. This dramatic increase within such a short period is both alarming and distressing.

Based on the data from the Coroners' Court, factors such as relationship problems, unemployment and financial debts have all been identified as risk factors closely associated with suicide of the middle aged.

In response to these concerns, our center has published the series of manuals for middle-aged people to help them deal with the challenges they face. Documented in these materials are true stories, evidence-based information and recommendations on ways to tackle the challenges encountered by the middle aged.

The first of the entire collection "How to Beat Depression" is now in print. The other two pieces - "Managing Financial Debts and Unemployment" and "When Marriage Turns Sour" will be out very soon. If you wish to learn more about these manuals please call 2241-5013.

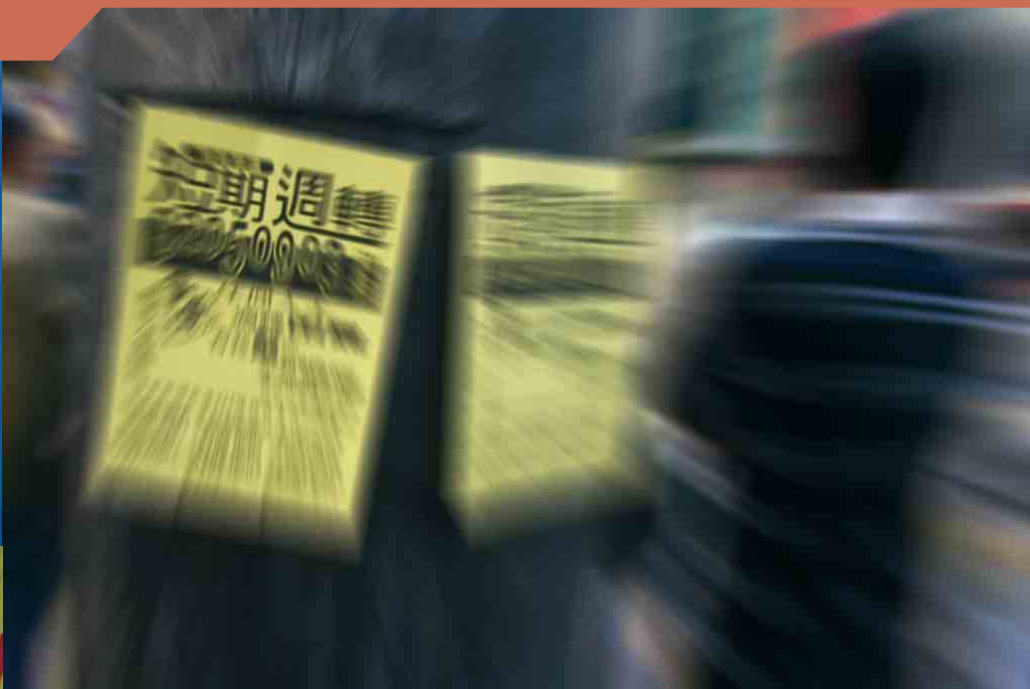
## 《破解抑鬱》中年人應變手冊

近年，香港中年人自殺問題轉趨嚴重，引起社會人士極大關注。短短六年間，年齡介乎30至59歲中年人，自殺率較以往有明顯升幅；由97年的每十萬人當中有11.7的自殺個案，升至2002年的18.7，其增幅達60%，增長速度驚人，情況令人擔憂。

根據死因裁判庭提供的數據，及香港大學香港賽馬會防止自殺研究中心之研究顯示，中年人自殺與感情、失業及負債等問題有莫大的關連。

有見及此，本中心特別編製了一套應變手冊，針對中年人面對的種種挑戰而設，並且提供真實個案、實證的資料及處理問題的建議等。這系列的中年人應變手冊共分三冊，分別為《破解抑鬱》、《債網藍圖》以及《婚變逢生》。《破解抑鬱》經已面世，後兩者將於短期內推出。





While the Hong Kong banking industry is actively exploring business opportunities in the RMB credit card market, issues of over-indebtedness due to poor credit should be put on the agenda as well. The Hong Kong Monetary Association should also take into account its regulatory regime. For example, we may consider reforms proposed by the UK Parliamentary, which included a "Summary Box", warning sign, credit limit and enforcement of regulators, to benefit consumers as well as society at large.

Hong Kong should consider adopting a legal framework like the Consumer Leasing Act in the US or the Truth in Lending Act and Consumer Credit Act of 1974 in the UK, rather than rely on existing non-legal binding codes of practice.

Credit card borrowing is a common and problematic financial dark spot for the general public. Hong Kong and mainland people should both learn smart credit management habits."

### 規管信貸措施防過度借貸

信報財經新聞於二月三日及五日刊登由本中心總監葉兆輝博士和執行編輯傅景華撰寫的《規管信貸措施防過度借貸》和《香港須檢討無抵押貸款規管》文章。文章內容節錄見下：

「若信貸市場可以向健康和負責任的方向發展，這對香港金融中心的運作、信貸評級

和市民的身心健康都產生正面的作用；同時，亦可遏止由因財務問題而起的自殺個案，減低生命折損年期和相關的經濟損失。

香港銀行界積極為進軍人民幣信用卡業務作預備，筆者亦希望業界關注因信貸而起的過度消費問題，金融管理局也應研究目前的監管機制。例如，近期英國國會建議為信用卡業界引入劃一欄目表述、「警告字句」、為信貸額設上限和強化監管機構等措施，是從整體社會和消費者利益出發的改革政策，值得香港和內地銀行界和監管機構借鏡。



香港也可以考慮把業界自律的做法納入正式的法定機制，參考美國《消費者信貸法》（Consumer Leasing Act）或《可信貸款法》（Truth in Lending Act）、英國《消費者信貸法》（Consumer Credit Act 1974）的經驗。

使用信用卡是市民處理財務的一個盲點，希望本地和內地的市民都會審慎的處理信用卡和借貸的問題。」

### Consumer credit regulation to prevent over-indebtedness

Dr. Paul Yip (CSRP Director) and King-wa Fu (CSRP Managing Editor) published two articles "Consumer credit regulation to prevent over-indebtedness" and "Review of the regulations on unsecured loans" (both in Chinese) in the Hong Kong Economic Journal, 2nd and 5th February 2004 respectively. The following are extracts from the articles:

"If Hong Kong wants to develop its credit market in a more healthy and responsible direction, it should send positive signals about its role as a financial centre, its credit rating and its citizen's mental health. This can help prevent suicides resulting from financial debt as well as years-of-life loss (YLL) and economic suffering.

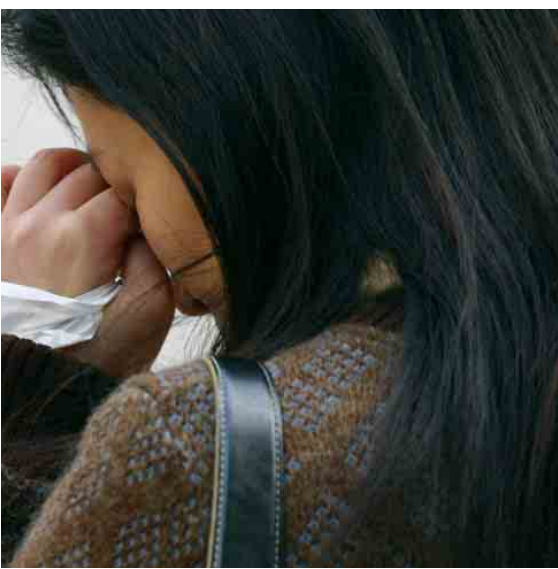






Photo from Ming Pao Daily News



Photo from Ming Pao  
Daily News

## Electric Barbecue and Suicide Prevention

Mr. Paul Wong, the psychologist of CSRP, published an article "Electric barbecues and Suicide Prevention" in the Ming Pao Daily News, on 11th February 2004. The following is an extract from that article:

"Other similar international studies also show that there was some relationship between either restricting the means of suicide or modifying the means of suicide and a decrease in suicide rates. For instance, it was discovered that the detoxification of domestic gas in the United Kingdom and the Netherlands accompanied a decrease in its use as means for suicide. In the 1950s in the US, when domestic gas was detoxified, there was also a decrease in its use for suicides. In Oxford, researchers saw a link between British sales of paracetamol and rates of attempting suicide with the drug. In Washington USA, fencing in a bridge known for suicides not only reduced the number of suicide attempts but also appeared to lower the total number of bridge suicides in the city as a whole.

So how can we apply this screen door, detoxification of domestic gas and fencing-in bridge knowledge to the new barbecue system? First of all, we can learn that restricting the availability of the means for suicide can reduce suicide cases. Secondly, we are not just talking about saving the lives of those who want to end their lives, we are also helping those who need to go through the pain and grief of losing someone in their lives. Thirdly, it would be irrational to expect our healthcare professionals to do all the prevention work. I honestly believe that it takes the entire community to prevent suicides.

Yes, people like myself who got so used to the traditional charcoal barbecue method might find it hard to adapt to the new electricity method. However, when we are tossing the coin between helping others or even saving lives, I am sure most people in Hong Kong will choose the former. I can't emphasise this point strongly enough that it takes a 100% community's effort to prevent suicides, and this is one example in which everyone can participate."

## 無火燒烤 有助防止自殺

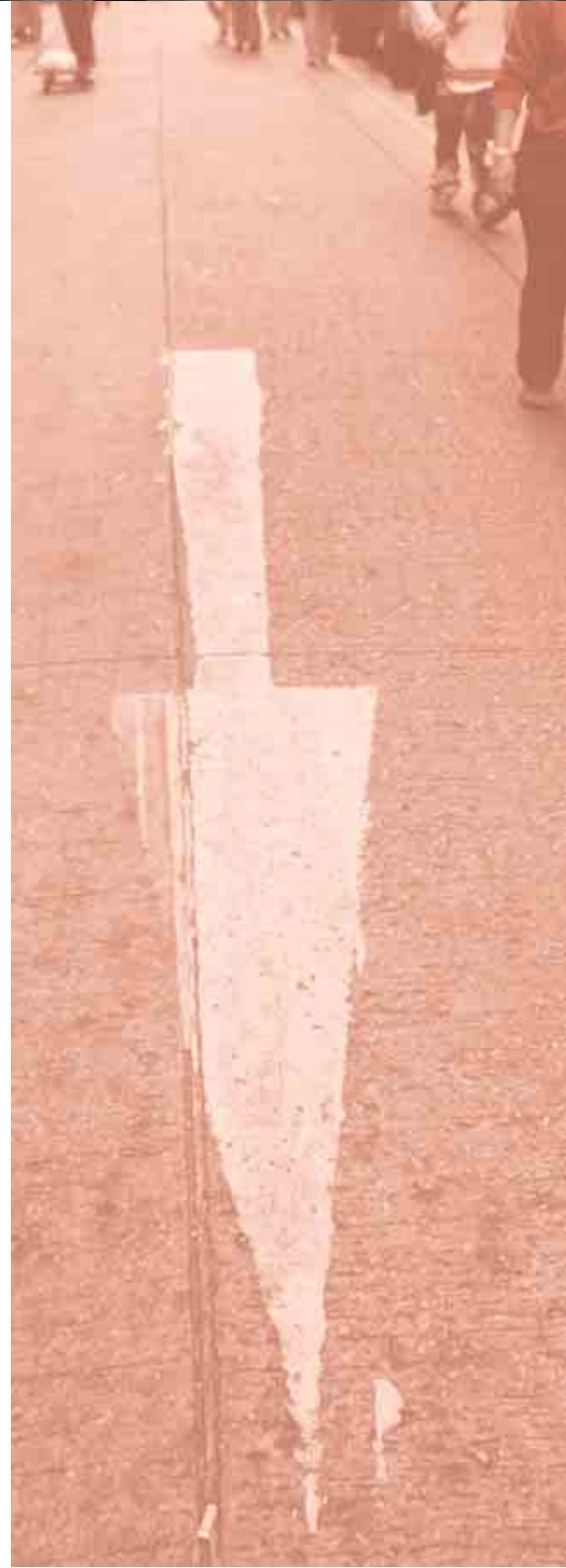
明報於二月十一日刊登由本中心心理學家黃蔚澄撰寫的《無火燒烤 有助防止自殺》。文章內容節錄見下：

「其他國家類似的研究也顯示，限制接觸自殺的工具或改變其用法，與降低自殺率有一定關係，這研究反駁了有指輕生者「想死就一定有辦法死」的說法。

例如，英國和荷蘭曾為家用氣體燃料解除有毒成分，結果自殺的個案下降，50年代美國的情況也一樣。牛津大學的研究證明，英國限制出售過量服食可致命的鎮痛藥 paracetamol 後，自殺情況受到控制，在美國華盛頓一個屬自殺熱點的大橋上，加上圍欄後不單降低在該橋輕生的數字，全市跳橋輕生的個案也受控。

那麼，我們可以怎樣汲取上述例子的經驗，應用在電燒烤爐上？首先，我們知悉限制接觸自殺的工具有助防止自殺，我們便可盡量以電燒烤爐取代用炭，市場上出售炭的機會少了，意圖輕生者便較難接觸到自殺工具。再者，措施不單救了意圖輕生者一命，也避免輕生者的親友要承受痛楚。三者，防止自殺，人人有責，除了醫務人員外，整個社會也可出一分力。

沒錯，很多人像我一樣，習慣了風味炭燒，霎時間難以接受電爐燒烤。不過，在救人一命和改變喜好間權衡輕重，筆者相信大部分市民會選擇前者。說到防止自殺好像是個大命題，其實每一位小市民也可以盡一點力。」





## Front page suicide coverage makes matters worse

Dr. Paul Yip and Frances Law, Project Director of CSRP, published an article "Front page suicide coverage makes matter worse" in the Ming Pao Daily News on 15th November 2003. The following is an extract from that article:

"According to research conducted by our Centre, most suicide notes written by secondary school students pointed out that academic difficulties were not the main reason for their death but rather disturbed interpersonal relationships. Yet, these youngsters were not cowardly or weak. They just felt helpless, tired and had emotional disturbances. Some of them also encountered family problems like divorced parents and unemployment. These were all factors they were powerless to change. Parents, teachers and friends could not see the warning signs and provide immediate intervention. Each suicide victim communicated in suicide notes a sense of hopelessness, but nonetheless wished that parents and friends would forgive them. So, should we place the blame on them?

If we compare youth suicide rates of western countries and that of Hong Kong within the same age group, the category of student suicides is lower than that of the unemployed or even employed students. Of course, "one live lost is still too many." If suicide prevention were carried out everyday by teachers in school, fewer tragedies would happen. Moreover, it is also not necessary for the media to report

widely on student suicide cases as this will produce a labeling effect and create greater pressure on teachers, students and parents. Understanding and support are really what they need.

The success of suicide prevention requires different parties to work together. Media definitely plays a very important role. But if they presume that front-page stories will arouse social awareness, the media are just fooling themselves."

## 頭版報道學童自殺幫倒忙

明報於十一月十五日刊登由本中心總監葉兆輝和策劃總監羅亦華撰寫的《頭版報道學童自殺幫倒忙》。文章內容節錄見下：

「據本中心研究，中學生在遺書所留下的心意，主要提及的都是關於人際關係出現問題，學習問題並非主要的原因。另外，他們也不是什麼懦夫、弱者，而大都是受到情緒困擾，感到無助和乏力。部分是在成長過程中遇到家庭問題，如父母離異、失業，這都不是他們可以解決的。而身邊的家人、朋友和老師未能及時發覺，發揮彼此守望的作用。在遺書中，他們都表達一種無望和無奈的心情，並且要求父母、家人和朋友原諒。難道我們要責怪他們嗎？」

據本中心的監察系統清楚指出，在同一年齡組別中，在校的學生自殺率比失業和就業的為低，青年人自殺率也比西方國家低。當然，一個自殺仍然是太多，其實學校乃每天都接觸這群年輕人的場所，透過學校，有很多機會進行多項預防自殺措施，減少悲劇。所以面對學生自殺的問題，傳媒不需要大肆報道，否則對學校產生一種標籤效應，這對學校老師、學生和家長都構成很大壓力。他們所需要的是諒解和支持。

防止自殺工作，需要多方面努力，傳媒當然可以扮演重要角色，但若他們以為採用頭版報道可引起社會關注，這很可能是「幫倒忙」而已。」

## Other 其他

### Ming Pao three-day series on "Concern About Suicide"

Ming Pao Health Page published a three-day series on "Concern about Suicide" from 16th to 18th February 2004. Dr. Paul Yip (CSRP Director), Dr. Dominic Lee (CSRP Associate Director) and Frances Law (CSRP Project Director) were honored to share their views on suicide prevention.

### 明報「關注自殺」系列

明報健康版於二月十六至十八日，連續三天刊出「關注自殺系列」。當中，葉兆輝博士（中心總監）、李德誠博士（中心副總監）和羅亦華（中心策劃總監）接受明報記者的訪問，分享對香港防止自殺工作的看法。

### Suicide prevention on the air

Our Centre took part in delivering messages of suicide prevention over the airwaves. The Health Programme of Metro Radio interviewed Natalie Tong (CSRP Training Consultant) to discuss the best ways to prevent suicide on 11th January 2004. Dr. Paul Yip (CSRP Director), and Dr. Dominic Lee (CSRP Associate Director) also spoke on a radio programme of Commercial Radio on 15th February 2004.

### 空氣中的防止自殺訊息

透過大氣電波，本中心積極向社區宣傳防止自殺的訊息。本中心訓練顧問唐靜思接受新城娛樂台節目「防範放未然」的訪問，討論防止自殺的方法；另外，葉兆輝博士和李德誠博士則接受商台節目「政好星期天」的訪問，探討香港的自殺問題。



## ICORTHA Programme

We support international collaboration in joining hands on suicide research. Funded under the International Clinical, Operational, and Health Services Research and Training Award (ICOHRTA), two scholars, Dr. Mao Sheng Ran and Dr. Lena Zhong from the University of Rochester School of Medicine and Dentistry, are working as post-doctoral fellows, leading research projects and conducting seminars in our Centre. ICOHRTA is a programme under National Institutes of Health (NIH), which supports training to facilitate collaborative, multi-disciplinary, international clinical, operational, health services and prevention science research between U.S. institutions and those in other countries. For details of this programme, please visit the web site: <http://www.fic.nih.gov/programs/ICOHRTA.html>

## ICORTHA計劃

本中心一向致力促進國際防止自殺研究的合作。兩位來自美國Rochester大學醫學與牙科學院的冉茂盛博士和鍾月英博士，透過參與ICORTHA計劃，來到本中心擔任博士後研究員，協助本中心的研究工作和推動學術交流。ICORTHA是美國健康協會（NIH）轄下的計劃，協助美國院校與其他地區的學者進行臨床、健康服務和預防工作的交流和培訓。有關詳情，請瀏覽網頁<http://www.fic.nih.gov/programs/ICOHRTA.html>

## Second Annual World Suicide Day 2004

The International Association for Suicide Prevention (IASP) believes that stopping suicide should be on the main agenda for global and regional collaborative programmes. At the same time, action must be taken locally starting with you and me. This is why the World Health Organization

and IASP will celebrate the second World Suicide Prevention Day on September 10, 2004 – to underline our responsibility for saving lives at risk.

We share the same vision with the IASP. Last year, we formed joint efforts with several frontline service providers, signing an agreement on the objectives and future actions to be taken in Hong Kong. This year, our Centre will continue to support this meaningful event. Details of the programme will be announced in the coming months.

## 第二屆世界防止自殺日

國際防止自殺協會（IASP）相信，防止自殺可以提上全球性和區域性合作的議程；該會透過在各地進行的活動，宣傳防止自殺的工作，由你我做起的訊息。這個就是世界衛生組織和IASP，每年九月十日舉辦「世界防止自殺日」的源起。

本中心與IASP的想法一致。與去年一樣，我們會繼續支持這項具有意義的活動，有關詳情容後公佈。

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This newsletter is published twice a year in the spring and fall by us. If you wish to receive future issues of this newsletter either in electronic form or a hard copy, please email us at: [csr@hku.hk](mailto:csr@hku.hk).

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或小冊子版的《中心快訊》，可電郵給我們[csr@hku.hk](mailto:csr@hku.hk)

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### Our new members 我們的新成員:

#### Dr. Dominic Lee 李德誠博士

Newly appointed Associate Director, CSRP (Effective from 1st March 2004)

Dr. Dominic Lee studied medicine at the Chinese University of Hong Kong and received four distinctions and two gold medals during his studies. He graduated with an honours degree MBChB(Hon) in 1991. Following his internship, Dr. Lee furthered his psychiatric training at the University of Cambridge. He also received a Freeman Fellowship from the Harvard Medical School to study medical anthropology and social medicine in 1999, and was subsequently appointed Lecturer of the Harvard Medical School. He earned his Research Doctorate Degree (MD) in 2000, and was promoted to Professor at the Chinese University of Hong Kong in 2003.

#### Dr. Mao Sheng Ran 冉茂盛博士

Post-doctoral fellow, CSRP 博士後研究員

Mao-Sheng Ran, M.D., PhD, is former Associate Professor of Psychiatry at the Institute of Mental Health, West China Medical School of Sichuan University. He was an ICOHRTA Fellow at the University of Rochester Medical Center during 2002-2003. As a practicing psychiatrist, he also has medical degrees from the West China Medical School of Sichuan University, and a PhD degree from the University of Hong Kong (in social science). He is also a Committee Member of the Transcultural Psychiatry Section of the Chinese Psychiatry Association, and Association of Chinese Mental Rehabilitation. His research interests include social and community psychiatry, suicide, as well as family intervention and he has published over 60 scholarly articles. Recently his focus has been on the study of suicide among those with mental disorders, especially schizophrenia and mood disorders.

#### Dr. Lena Zhong 鍾月英博士

Post-doctoral fellow, CSRP 博士後研究員

Lena Zhong, Ph.D, obtained her doctorate degree from the University of Hong Kong. Since September 2002, she has been doing a three-year post-doctoral fellowship under the auspices of the Fogarty International Center, National Institutes of Health, USA. She was at the University of Rochester Medical Center for the first phase of her fellowship until January 2004 when she joined the HKJC Center for Suicide Research and Prevention to continue her fellowship. She is studying the gender differences in suicidal behavior among the Chinese population.

#### Prof. Iris Chi 齊鈺教授

Member of International Advisory Committee 國際顧問委員會成員

Our former Associate Director Prof. Iris Chi has joined the University of Southern California as the Frances Wu Chair Professor of Chinese and the Chinese American Elderly School of Social Work. As of 1st March 2004, Prof. Iris Chi is a member of our international advisory committee and will continue to support our center from international perspective.

### Our team

Back Row (left to right): Dr. Lena Zhong, Natalie Tong, Kris Yang, Dr. K K Chan, Dr. Dominic Lee, Dr. Eric Chen, Dr. Paul Yip, Paul Wong, Dr. Maosheng Ran, Anthony Yau, K W Yim and K W Fu

Front Row (left to right): Kathy Leung, Christine Kam, Patricia Liu, Ka Liu, Prof Cecilia Chan, Wincy Chan, Frances Law and Pasu Au Yeung





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