



Media and Suicide: Pitfalls and Prevention?

傳媒與自殺：潛在危險與預防方法

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The Hong Kong Jockey Club Centre for Suicide Research and Prevention has successfully organized many important events in the past years including 'World Suicide Prevention Day 2004: WHO's Global Initiative and Local Strategy' on September 9, 2004. At last year's World Suicide Prevention Day, we had successfully established a historical consortium of frontline suicide prevention organizations and the academic community in Hong Kong. Since then, there have been interactive and stimulating dialogues, strengthening the foundation for a fruitful relationship to combat suicide problems.

This year, we had the great pleasure to have the world-renowned expert, Dr. Jose Manoel Bertolote, who is the coordinator of suicide prevention strategy of World Health Organization and one of the leading scholars in the field of suicidology as our honourable speaker. We also had distinguished panelists, Mr. King-cheung Chan from the Hong Kong News Executives' Association, Dr. Dominic Lee from the Chinese University of Hong Kong, Dr. TW Wong from the Pamela Youde Nethersole Eastern Hospital and Dr. Christine Loh from the Civic Exchange, to share their views and expertise.

The Faculty of Social Sciences and the Hong Kong Jockey Club Centre for Suicide Research and Prevention are privileged to have the opportunity to host this meaningful event. One major mission of the University is to contribute our research findings and knowledge for the betterment of the community. This is objective for founding the Centre for Suicide Research and Prevention two years ago. I would like to take this opportunity to thank the Government, the Hong Kong Jockey Club, and friends of the Faculty for their unfailing support to the Centre. I fully believe that the team, led by Dr. Paul Yip, will maintain the momentum in conducting high quality research and providing professional advice to policy makers to adopt the best strategies to minimize suicides and enhance the wellbeing of the entire community as well as to the Region.

A recent issue of the New York Times' article – 'On a Bridge of Sighs, the Suicidal Meet a Staying Hand' reported a mid-30 man's story in China. This man became the voluntary guard of Yangtze River Bridge, watched and waited for the people committing suicide by jumping off. He has stopped 42 people from jumping since he began his voluntary work a year ago.

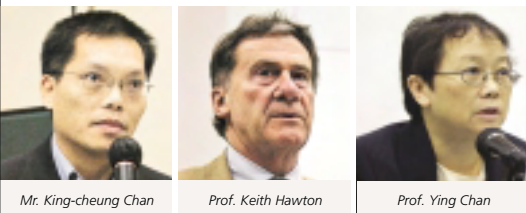
This story inspires me that everybody in the community can play a crucial role to contribute the work of suicide prevention. It has special meaning to us when Hong Kong is reaching a historical high rate of suicide, with 1,238 people death by suicide in 2003. We and the staff of the Centre are working on a public health approach which involves efforts from every sector of the community to create a momentum on suicide prevention. I sincerely extend a warm invitation to all of you to join this effort.

May I once again thank you for your support to the University, the Faculty and the Centre. This newsletter reports the recent development of the Centre and the news about Hong Kong suicide prevention effort. Enjoy reading!

Dr. James TH Tang

Dean of Faculty of Social Sciences
The University of Hong Kong





Mr. King-cheung Chan

Prof. Keith Hawton

Prof. Ying Chan

Media and Suicide: Pitfalls and Prevention?

Professor Keith Hawton, the professor of Psychiatry at Oxford University, has made a speech in the seminar "Media and Suicide: Pitfalls and Prevention". He has conducted a systematic review of the worldwide research literature on the topic of media and suicide; he has concluded that media reporting can lead to an increase in suicidal behaviour. We also announced two local research results on the topic of media and suicide: "Portrayal of suicide in Hong Kong's newspaper reporting" and 'A Case for Contagious Effect of Celebrity's Suicide'. The centre has published and launched a media recommendation manual for journalists in the event.

Our first research on media and suicide is to analyze the portrayal of suicide in Hong Kong's newspaper reporting. Our centre has analyzed five major local Chinese newspapers' suicide

stories reported in 2000. About 6% of the suicide cases appeared on the front page, 87% with photos or diagrams, and 93% mentioned the suicide methods in the headlines. This style of reporting did not comply with the principle of the World Health Organization's media guidance. This research result has appeared in the journal *Crisis*, v25, p161-168.

Our second research investigates the contagious effect. According to the data from the Coroners' Court and analysis from our centre, the number of suicides increased statistical significantly in April 2003. Analyzing the demographic of these suicide victims, the male suicide deceased, who were of age 25 to 39 and chose the same means as Leslie Cheung did, had increased as well. This result is consistent to the social learning theory; it is reasonable for us to assert that people in the community may imitate the incidence. On the other hand, several suicide notes mentioning Leslie Cheung were found in the files of the Coroners' Court. In our conclusion, it is reasonable to assert that the contagious effect is related to the increase of suicide rate.

傳媒與自殺：潛在危險與預防方法

牛津大學精神科學系教授Keith Hawton出席本中心舉辦的「傳媒與自殺：潛在危險與預防方法」研討會，透過多方面的引證和參考其他國家的經驗，確定了傳媒報導與隨後出現自殺個案間之關係。本中心亦發表了兩項有關本地傳媒與自殺的研究結果，包括本港報章自殺報導手法分析及傳媒報導名人自殺的效應，同日我們亦推出了一本供傳媒工作者參考的自殺新聞報導的建議。

我們第一項研究分析本港報章自殺報導手法，根據五份暢銷報章（佔八成本港的銷路）在2000年有關自殺死亡的新聞處理手法顯示，整年有約6%的自殺報導刊於頭版，全年有87%的自殺新聞包括相片或圖表，有93%在標題上列明自殺的方法。這種甚為普遍的報導手法與世衛的傳媒報導指引所訂有別，值得傳媒工作者的反思。有關結果已刊登於學術期刊 *Crisis*, v25, p161-168。

我們第二項研究本地名人自殺會否引起模仿效應。繼去年本中心提出對傳媒報導名人離世消息會引起模仿的擔憂，並呼籲大眾要關心身邊有情緒抑鬱人

仕後（詳見零三年四月五日明報論壇「悲傷之餘不要集體憂鬱」），我們再搜集多方面的資料，發現零三年四月份自殺宗數出現急升，而且發現四月份在男性、在25-39歲和在選擇跳樓輕生等組別的自殺宗數，同樣出現統計學上的明顯增加，這個情況亦與社會學習理論(social learning theory)所指相符，顯示社區有可能因模仿導致自殺；另外，我們翻查死因裁判庭的檔案尋找線索，發現當時有數名自殺者在生前或遺書中提及張國榮。歸納種種證據，本中心認為四月份自殺數字的大幅增加，有可能與模仿效應和傳媒廣泛報導有關。



Prof. Keith Hawton



From left to right: Prof. Ying Chan, Prof. Keith Hawton, Dr. Paul Yip and Mr. King-cheung Chan





From left to right: Dr. Christine Loh, Mr. King-cheung Chan, Dr. Tai-wai Wong, Dr. Dominic Lee and Dr. Paul Yip



Back Row (left to right): Ms. Frances Law, Dr. Dominic Lee, Dr. Eric Chan, Dr. HK Mong (Consultant Forensic Pathologist), Ms. May Chan (Chairperson of Hong Kong News Executives' Association), Ms. Susie Ho (Deputy Secretary for Health, Welfare & Food, HKSAR Government), Ms. Karen Laidler (Associate Dean of Faculty of Social Sciences, HKU)

Front Row (left to right): Prof. Ying Chan, Dr. Jose Bertolote, Ms. Elise Leung (International Advisor, CSRP), Professor Lap-Chee Tsui (Vice-Chancellor, HKU), Dr. Paul Yip

World Suicide Prevention Day 04: WHO's Global Initiative and Local Strategy

The International Association for Suicide Prevention (IASP), in official relations with the World Health Organization (WHO), announced the Second World Suicide Prevention Day to be held on September 10 with more than 50 countries holding special events to mark the occasion. The day is designated as an agenda for global and regional collaborative programme that focus on the worldwide suicide problem. In response to IASP and WHO's initiative, the Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRP) organized a seminar named 'World Suicide Prevention Day 2004:



From left to right: Ms. Elise Leung, Mr. Dick Lee, Dr. Paul Yip and Mr. Fred Ho

WHO's Global Initiative and Local Strategy' on September 9 2004.

The honourable speaker of this seminar, Dr. Jose Manoel Bertolote, is the Coordinator of the Management of Mental and Brain Disorders, Department of Mental Health and Substance Abuse of WHO. He presented WHO's global initiative on suicide prevention and pointed out three areas of effective public health interventions for suicide prevention which include:-

- i Treatment of mental disorders
- ii Deglamourizing media reports
- iii Control of access to means, e.g., toxic substances (CO, pesticides, handguns)

During the panel discussion session, distinguished panelists Dr. Dominic Lee (Professor, Department of Psychiatry, Chinese University of Hong Kong), Dr. Tai-wai Wong (Consultant, Department of Accident & Emergency, Pamela Youde Nethersole Eastern Hospital) and Mr. King Cheung Chan (Executive Committee Member of the Hong Kong News Executives' Association) and Dr. Paul Yip (Director of Hong Kong Jockey Club Centre for Suicide Research and Prevention) expressed their views according to their expertise. Dr. Christine Loh, the CEO of Civic Exchange, was the moderator of this session.

全球防止自殺日2004: WHO防止自殺的策略與香港的回應

國際防止自殺協會(IASP)與世界衛生組織(WHO)宣佈，將二零零四年九月十日定為第二屆世界防止自殺日，全球五十多個國家將會舉辦相關的活動，致力將防止自殺的工作，提升至國際社會及地區性的公眾議題。

為響應世衛組織及IASP倡議的世界防止自殺日，香港大學香港賽馬會防止自殺研究中心舉辦了「全球防止自殺日2004: WHO防止自殺的策略與香港的回應」研討會，並於二零零四年九月九日舉行。

研討會的講者世界衛生組織情緒健康及濫用藥物部(精神病治療)主管Jose Manoel Bertolote博士於會上講述世衛的防止自殺策略，並提出三個有效的防止自殺介入方式，包括：

- 一 精神失常或抑鬱症的治療
- 二 傳媒報導與自殺
- 三 減低接觸自殺工具的機會，例如有毒物品(一氧化碳、農藥或手槍)



Representatives from Hong Kong Jockey Club

隨後多位講者在專題座談會上作出回應，講者包括：李德誠醫生(中文大學精神科學系教授)、黃大偉醫生(東區醫院急症室顧問醫生)、陳景祥先生(新聞行政人員協會執委)及葉兆輝博士(香港大學香港賽馬會防止自殺研究中心總監)，眾位講者皆在自己專長的領域中各抒己見。思匯政策研究所行政總監陸恭蕙博士則擔任專題座談會的主持。



1...2...3



Dr. Jose Manoel Bertolote



Cheer...launching of CSRP website

WHO's Global Initiative for Suicide Prevention

In 1999 the World Health Organization launched a global initiative for the prevention of suicide with the following objectives:

- To bring about a lasting reduction in the frequency of suicidal behaviours, with emphasis on developing countries and countries in social and economic transitions;
- To identify, assess and eliminate at early stages, as far as possible, factors that may result in young people taking their own lives.
- To raise the general awareness about suicide and provide psychosocial support to people with suicidal thoughts or experiences of attempted suicide, and to the relatives and close friends of those people who have attempted or completed suicide.



Ms. Elise Leung



Dr. James Tang



Dr. Christine Loh

世界衛生組織全球防止自殺策略

世界衛生組織在1999年宣佈了一項全球防止自殺策略，其中包括下列目標：

- 徹底減低出現自殺行為的機會，並特別注意發展中國家及正經歷社會及經濟轉型國家的情況；
- 盡早發現、診斷及排除所有可能導致年輕人了結生命的風險因素；
- 提高公眾對自殺問題的認識，並為意圖自殺、經自殺及自殺喪親者提供社會心理方面的輔導。

Report on Hong Kong 2002 Coroner cases of suicide deaths

2002年香港自殺情況剖析

In 2002, the total reported suicide deaths were 1107. In order to have a better understanding about the profile of this specific group, information was obtained from the Coroner office for our further study. The demographic information of the deceased, the nature of the suicide incidents, the risk factors that the suicide subjects might have encountered prior to their death were analyzed.

2002年，香港自殺總數達1107宗。為了更深入了解自殺人士的情況，本中心仔細分析死因裁判庭的檔案資料，收集人口資料、事件性質、危機因素及生前狀況等資料進行深入探討。

Gender and Age specific rates 年齡與性別分佈

	宗數 Suicide cases			自殺率（每十萬人） Rate (per 100,000)		
	Total 總數	Male 男性	Female 女性	Total 總數	Male 男性	Female 女性
< 15	8	3	5	0.7	0.5	0.9
15-24	111	69	42	12.5	15.4	9.5
25-39	301	205	96	17.0	25.9	9.8
40-59	398	280	118	19.8	27.9	11.7
> 60	269	168	101	26.4	34.4	19.0
Total 總數	1087	725	362	16.0	22.0	10.4

The overall suicide rate in 2002 was 16.0 with a higher male suicide rate. The gender ratio (M: F) of suicide rate in Hong Kong was approximately 2.1. The ages of the deceased ranged from 10 to 94, while the mean age was 46.9.

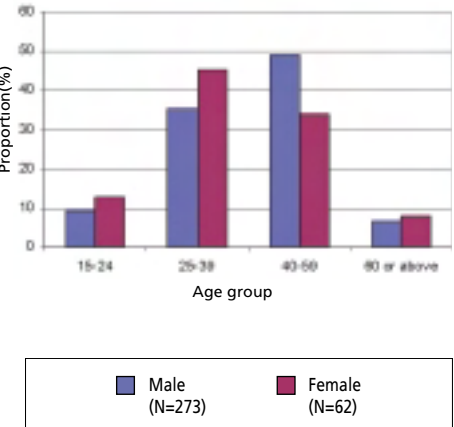
2002年整體自殺率是16.0，男性的自殺率較高，性別比例（男／女）是2.1，年齡屆乎10至94歲，平均年齡為46.9。

Employment status 職業狀況

Among the total number of suicide deaths, 35.8% were unemployed. This percentage was five times higher comparing with the overall unemployment rate of 7.3% of the year 2002 general labour force. Noted by genders, the majority of both male and female groups were middle-aged. The suicide females were mainly 25-39, while half of the suicide males were 40-59.

失業者佔整體自殺人數的35.8%，較2002年整體勞動人口的失業率7.3%為高。若按性別分析，男女組別皆大部份為中年人士；女性則以25-39為主，而男性則半數屬40-59組別。

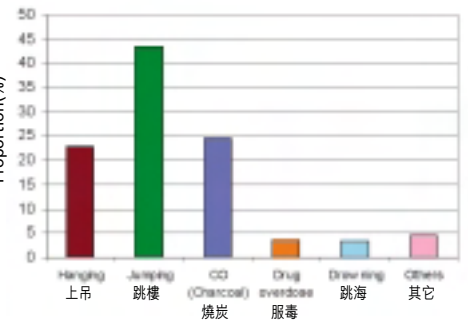
The proportion of unemployed among suicide death by age groups and genders 失業自殺者的性別與年齡分佈



Suicide methods 自殺方法

Proportion of suicide method used by genders in 2002

2002年自殺者採用的方法（性別）

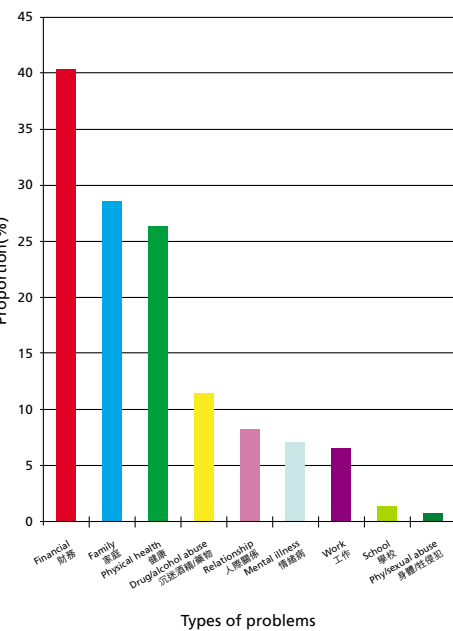


Jumping was still the most common method for all age groups. However, charcoal burning has replaced hanging as the second most commonest method used. It has increased from 3% in 1998 to 25% in 2002.

跳樓仍是各年齡組別中最常用的方法。不過，燒炭已取代上吊成為第二普遍的自殺方法，佔整體數字的比例由1998年的3%增至2002年25%。

Types of problems encountered (based on 366 detailed cases)

自殺者遇到的問題 (其中366份詳細個案)



Above diagram shows the types of problems encountered by the suicide deceased prior to their death. Over 40% of them had financial problems. Family and physical health problems were the second most common problems experienced by the deceased.

上圖顯示自殺者遇到問題的比例，超過40%遇上財務困擾，家庭和健康問題乃其他兩個最常出現的問題。

Web-based Statistics Query and Reporting System on Suicide (WSQRSS)

CSRP中心網上新服務 — 網上自殺數據查詢及匯報系統

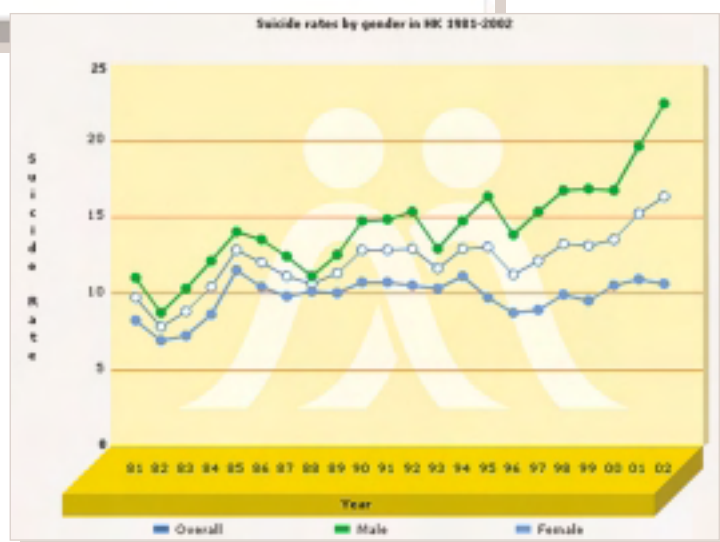
CSRP has launched a new web service, Web-based Statistics Query and Reporting System on Suicide (WSQRSS). It is an interactive, online database that provides customized statistics on suicide death and deliberate self harm (DSHs) in Hong Kong. General public can obtain the information for their interest. WSQRSS is an information platform for us to share our statistical research result to the general public, healthcare professional and policy maker, through a user-friendly, interactive and customizable interface. The data is useful for local and international research exchange and also for making informed public health decisions.

After entering the CSRP's website (<http://csrp.hku.hk>), first select "Statistics" and then "Customized Chart/Table" (the fourth tab from left). Various options are provided on the menu, click your choice and "Enter"; the desired chart/table will be displayed.

There are numbers of options to be selected, including types of suicide, data format, overall trend/particular year/geographic concern. User would also choose the data sources of different genders, age groups or suicide methods. These data can be displayed in either full-colour chart or table form (see output sample).

CSRP's website contains substantial information on suicide in Hong Kong. Research topics and materials such as Deliberate Self Harm, Indebtedness and Suicide, and Suicidality among Secondary School Students in Hong Kong are available. In addition, there are training course, publication, video and e-learning courses. All viewers are welcome to use this web service.

WSQRSS



圖表樣本 Output sample



CSRP Website

本中心在網頁上推出新服務—網上自殺數據查詢及匯報系統。該系統採用互動數據庫，用戶可按自己的要求選擇所需的統計數據，從而了解本港自殺和企圖自殺的情況。該系統有助公眾和醫務人員了解本港的自殺情況，亦有助學術交流，協助政策當局制定有關政策。

用戶瀏覽本中心網頁(<http://csrp.hku.hk>)，選擇「統計數字」，再選擇「自訂圖表」，即見上面的版面，再可按指示輸入選擇項目，選擇「提交」後，所需的圖表便現於眼前。

用戶可作多種不同的圖表選擇，包括自殺類別、數據種類、整體趨勢／按年分析／地區分佈，用戶亦可以選擇來自不同的性別、年齡組別或自殺方法的數據，最後也可選擇彩色圖表或表格列出數據。

另外，本中心網頁載有豐富的與自殺問題相關的資料，包括多項研究項目的資料（自殺行為、債務與自殺和中學生自殺行為研究）、培訓課程、出版及錄像和自學課程等。歡迎任何人士瀏覽。

他覺得四周的人和事，總在壓迫他.....



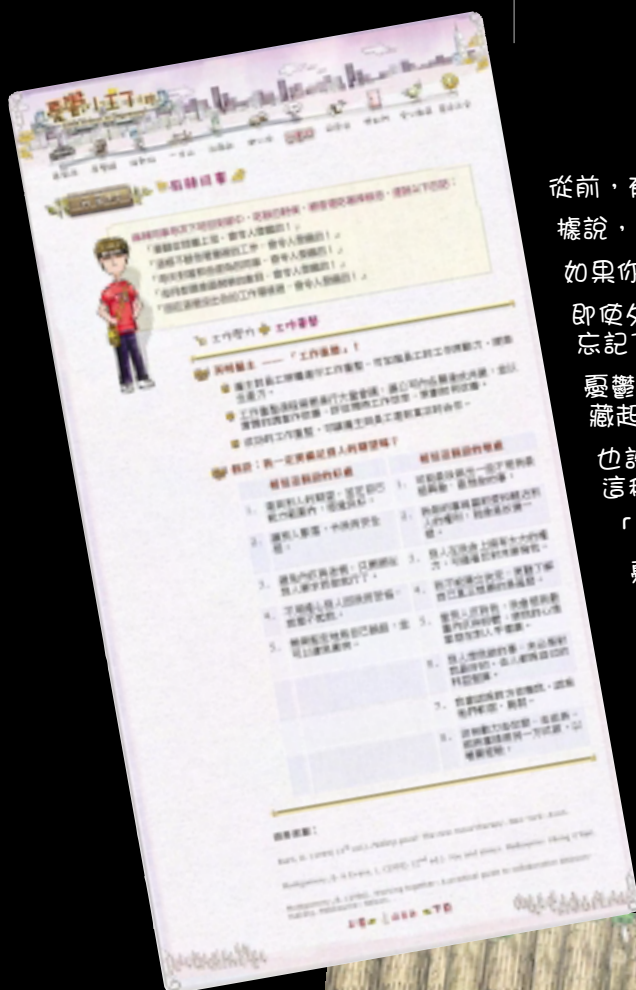
Little Prince is depressed – website for understanding depression

"Little Prince is depressed" is a content-rich educational website; it provides in-depth and easy-to-read information on depression (<http://www.depression.edu.hk>). It is the first-of-its-kind website for adolescents in Hong Kong. It contains materials based on scientific and evidence-based research results. Little prince, an original and attractive animated character, will lead you to walk through the entire story of depression.

Depression becomes a prevalent disease. However, most of the general public do not know what it is about, and would not recognize the need to seek help. "Little Prince is depressed" is designed for viewers who want to learn more about depression. The site consists of substantial information about depression and the skill to achieve mental healthiness as well. It also emphasizes the importance of seeking help.

"Little Prince is depressed" consists of a number of modules:

- 1 Introduction – cause of depression, symptoms and how it relates to suicide
- 2 Scale – measure your level of mental health
- 3 Treatment – antidepressant, therapies and alternative methods
- 4 Healthy Life – how to relax, mood management and healthy life style
- 5 Sharing – how to deal with education problems, work stress and interpersonal relationship
- 6 Post Office – e-card and wallpaper



從前，有一個憂鬱小王子，無論遇到甚麼事，都只有憂鬱，一直憂鬱。

據說，曾經發生過一場可怕的暴風雨，改變了他的世界。

如果你認識他，你會知道那是一場怎樣的暴風雨。

即使外面的雨已停了，內心卻仍常起風暴，眼睛不時掉下淚來，他甚至忘記了怎麼笑。世界都變成憂鬱的，沒有希望，沒有意義，很灰。

憂鬱小王子很想有人告訴他出路在哪兒，但他卻用孤僻的外殼，將自己藏起來了。

也許憂鬱小王子並不知道，他其實患了一種情緒感冒。只要走對路，這種感冒是不難治好的。

「要向前走！」耳邊一股聲音對他說。

憂鬱小王子起程了。



他患上了一場情緒感冒...

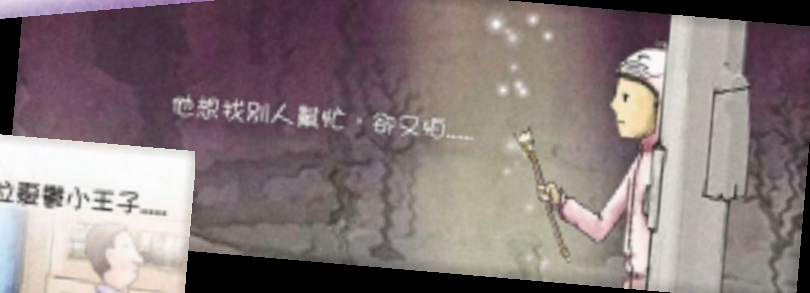
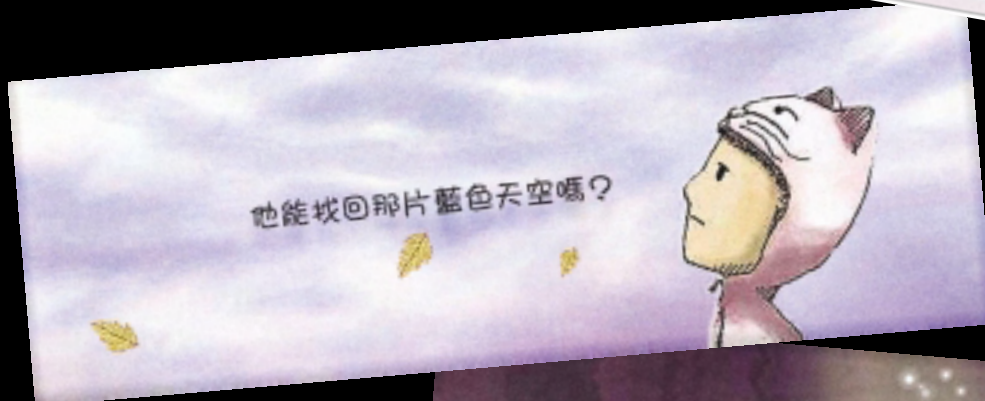
憂鬱小王子 — 深入淺出的認識抑鬱症網站

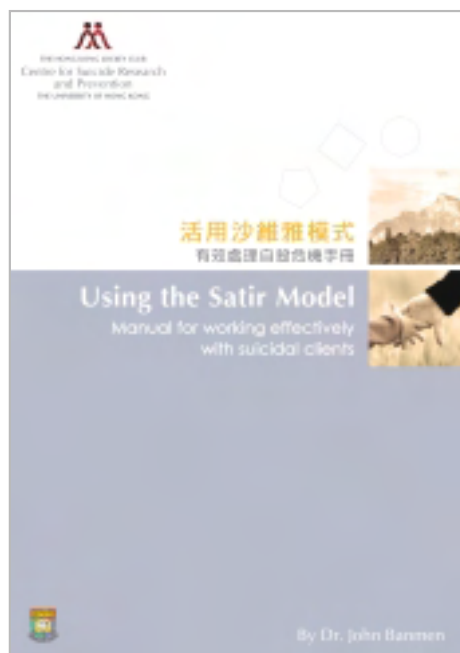
「憂鬱小王子」是一個內容豐富、深入淺出講解抑鬱症的教育網站 (<http://www.depression.edu.hk>)，乃是全港首個針對年青人需要的同類網站。網站以科學實證研究為依據，配以漫畫人物「憂鬱小王子」貫穿，帶領瀏覽者深入了解抑鬱之路。

抑鬱症日漸普遍，然而患者卻往往不知其然，遑論尋求幫助。本網站為讀者提供有關抑鬱症的詳盡資料及健康生活技巧，並倡議及早求助。

「憂鬱小王子」內容包括：

- 一 展覽館 — 淺析抑鬱症的成因和癥狀，與及和自殺的關係
- 二 探熱站 — 自我評估情緒健康
- 三 治療師 — 抗抑鬱藥、心理療法、另類療法
- 四 健心院 — 精神放鬆、憤怒管理及健康生活絕招
- 五 分享村 — 如何處理學業問題、工作壓力、人際關係
- 六 愛心郵局 — e-card及wallpaper





Using the Satir Model: Manual for working effectively with suicidal clients

活用沙維雅模式：有效處理自殺危機手冊

(English/Chinese 中英對照)

By Dr. John Banmen

This manual focuses on the Satir Model. Virginia Satir, the founder of the Satir Model, believed that people are capable of continued growth, change and new understandings. Her goal was to help individuals and families become more responsible for their internal as well as their external life experiences, to enjoy higher self-esteem and to improve their relationships with each other. Under her conviction, how can we facilitate healing in the family system so that suicidal clients can transform their despair into hope? Dr. John Banmen answers this question in this manual. This manual, which published in both Chinese and English, is the first of its kind to address suicide using the Satir Model.

本手冊集中討論沙維雅轉化取向系統為本治療模式，簡稱「沙維雅模式」。始創人維珍妮亞沙維雅認為每個人都有能力持續成長、作出改變和更新學習。她的目標是輔導個人和家庭，令他們對自己的內在和外生活體驗更負責，享受更高的自我價值，改善人與人之間的關係。究竟我們怎樣可從家庭系統着手，令有自殺傾向人士步出絕望？你可以在John Banmen博士的手冊中找到答案。本手冊是第一本以沙維雅模式探討自殺危機的手冊，全書中英對照。

Suicide Counseling in the Satir Model-Reflections on Clinical Practice

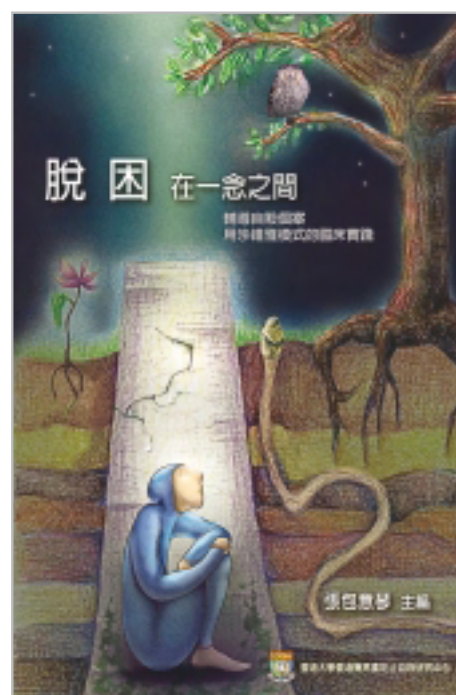
脫困在一念之間 — 輔導自殺個案用沙維雅模式的臨床實踐

(in Chinese 中文書)

Dr. Grace Cheung 張包意琴博士主編

The articles in three sections were selected from papers written by the participants as part of the course completion requirements ("One Year Certificate Programme on Suicide Prevention and Treatment" organized by CSRP). You will find a large amount of information about how course participants applied the Satir Model, how they conceptualized the Satir Model, how they used the model with particular client's and about their own experience with the Satir Model in dealing with suicidal clients. The book has many significant ideas to share with the reader. (Extracted from Dr. John Banmen's Preface)

書中十六篇文章，每一篇背後都有作者下過的苦功，都記錄了由理論到實踐、再由實踐到反思、每一步所經歷的艱辛。當我再一次由開始到結尾翻閱由印刷商交來的全部稿件，我為同工們能夠寫到這樣有觀點、有內容的文章感到興奮和自豪。他們在書中所分享的，包括沙維雅家庭治療模式的理論，運用沙維雅模式作引導、由案主所啟動的轉變，和同工對自己的介入所作的坦誠反省，都極具參考價值。（摘自編者序）



Understanding Adolescent Depression VCD+CDROM

「我有我價值」— 青少年抑鬱症初探 VCD+CDROM

(Cantonese with Chinese and English subtitle 粵語附中英文字幕)

Our center's psychologist, Mr. Paul Wong, has recently attended a death inquest of a secondary school student. He has suggested that it was very important to provide services to student with depressive symptoms.

The purpose of this VCD+CDROM is to provide knowledge on adolescent depression and to encourage adolescents to seek help when they encounter problems in their lives. Understanding adolescent depression becomes crucial for school teachers, social workers, parents, and students to facilitate early detection and intervention. Depression is a highly treatable illness; seeking help is the first step to beat depression

本中心心理學家黃蔚澄最近在一名中學生的死因聆訊中指出，及早向有抑鬱情緒徵狀的中學生提供幫助，乃是一項十分重要的工作。

不少中學生出現情緒抑鬱，學校老師、社工、家長以及學生，如能認識青少年抑鬱症的症狀，可及早為有需要的青少年提供轉介及協助。這套VCD+CDROM讓大家更了解青少年抑鬱症，並且鼓勵遇上困難的青少年勇於尋求協助。抑鬱症是可以痊癒的，及早求助，就是破解抑鬱的第一步。

"Suicide Prevention Plans" Students and Teachers' Guide

「防止自殺計劃」— 學生教師手冊



This guidebook (approximately 60 pages) is especially prepared for schoolteachers and staff responsible for organizing suicide prevention activities at school. It has drawn its materials from both local and foreign research results. It is our belief that professionals of other public health sectors and those who are interested in the subject of suicide prevention will also find this book useful and practical.

此手冊(約60頁)特別為負責校內防止自殺活動的教師和職員撰寫，取材自本地及外國的研究結果，同時亦訪問本港某些相關專業教育人士。其他公共衛生專業人士及對防止自殺課題感興趣的團體，也能在本手冊中找到實用的資訊。

Middle Age Manual

中年人應變手冊

(in Chinese or English 備有中文版或英文版)



We have published this series of manuals for middle-aged people. Documented in these materials are true stories, evidence-based information and recommendations on ways to tackle the challenges encountered by the middle-aged. They are "How to Beat Depression", "Managing Financial Debts and Unemployment" and "When Marriage Turns Sour".

Website: <http://csrps.hku.hk/middleagemanual/index.html>

一套三冊的中年人應變手冊內容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。主要章節：

《破解抑鬱》：認識抑鬱症 / 預防抑鬱情緒指引 / 治療抑鬱有良方 / 做過健康快活人

《債網藍圖》：衝出債網的真實故事 / 重整債務方法 / 調整消費 / 理財模式

《婚變逢生》：如何面對配偶有婚外情 / 幫助你反思的練習 / 專家提供的處理婚外情良方

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Please make your cheque payable to: The University of Hong Kong. (Enquiries: 2241 5013)



Should Suicide Black Spots be put under High Security Measures? (10/6/2004 Sing Pao Daily)

In the past 4 years, there were 3 deaths caused by suicides' climbing over fences and jumping from high floors in the Times Square. To prevent further similar incidents, the property management of Time Square decided to raise the height of fences in the sixth to eighth floors and will also increase security patrolling of these floors. We believe these safety measures will help to prevent the tragedy occurs.

Among the high-risk group of suicides, there is certain tendency of sudden impulse or attempt by glimpse of thought, and sometimes stimulated by surrounding factors. If by chances any of this high-risk person walks pass the suicide black spots, higher fences or barriers do help to alleviate the impulsive feeling and reduce the occurrence of "contagious effect".

Our Centre further substantiates the above argument with massive evidences and literatures

as well as local experiences. To take precautions against easy access to the suicide spots, or keep the suicidal group from any means of suicide helps to decrease the suicide rates. According to our studies, since MTRC started to install sliding doors on the platforms in 2002, the suicide rate of jumping railways for the same year has decreased to 0.27%. Comparing with the rates of 0.78% to 1.38% noted from the period of 1997 to 2001, it shows a drastic drop of over 60%.

In 2000, the Ministry of Health of New Zealand published the *New Zealand Youth Suicide Prevention Strategy*, it also included a series of Best Practice preventing people from access to suicide spots.

Restriction of access to means and high spots of suicide has been proven effective both locally and internationally. Suicide prevention work will be carried out more successfully through education, training of professionals and to understand mental illnesses, etc. Keep the suicidal group from high-risk areas will enhance the chances of saving lives.



自殺黑點應高度設防嗎？

銅鑼灣時代廣場在過去四年，一共發生了三宗高層跨越欄杆的自殺事件；近日該物業的管理當局，為了防止再有悲劇發生，決定加高六樓至八樓的欄杆，並增派保安人員巡邏，我們認為此舉有助減少悲劇發生。

在自殺高危的群體中，有一部分的人輕生行為是一時衝動或一念之差，受當時外間事物刺激，才作出自殺的行為。若自殺高危人士行經一些曾經發生多次自殺事件的地點，有可能增加其自尋短見的機會，若在該處加上一些圍欄或障礙，可以即時減低這股瞬間衝動，避免出現所謂自殺傳染效應(contagious effect)的機會。研究防止自殺的文獻中有大量佐證，說明阻止接近自殺地點或工具，有助減低自殺率，從本地經驗也看到同樣效果。據本中心研究所得，自香港地鐵公司在2002年始在月台上加裝閘門後，自殺率從1997年至2001年介乎0.78%至1.38%，下降至2002年的0.27%，跳軌輕生的自殺率驟降超過60%。

紐西蘭政府衛生部在2000年提出的「紐西蘭青少年人防止自殺策略」(*New Zealand Youth Suicide Prevention Strategy*)中，亦有包括一系列阻止進入自殺地點的可行措施(Best Practice)。

無論是外國或本地的經驗，設立阻止接近自殺地點或接觸自殺工具的措施是有效的。當然，防止自殺的工作還需要從多方面著手，包括教育、培訓專業人員和認識情緒病等。若然能阻止輕生者接近自殺高危險點，便可增加有效干預的機會，可說是達到治標和治本的功効。



Reduce Family Tragedies in Less Fortunate Regions

(24/4/2004 Ming Pao Daily)

Tin Shui Wai is recognized as a less fortunate community; the region is made up with a high proportion of lower income residents, families receiving Comprehensive Social Security Assistance (CSSA), new immigrants from the Mainland and ethnic minorities. According to the figures provided by the Hong Kong Police Force and Social Welfare Department, the number of domestic violence in Tin Shui Wai, including spouse battering and child abuse, is the highest in Hong Kong. Besides, data in our Centre also indicate the suicide rate of the northwestern New Territories, including Tin Shui Wai and Tuen Mun, is well above average. Tin Shui Wai has the highest elderly suicide rate (over 60 years old) among all other regions, and there is a highest youth suicide rate (25 or below) in Tuen Mun.

This region is evidently in great need of more social supports. The government should look into the actual demands and tailor the services provided to suit the residents' needs. The rigid *social workers-to-residents* ratio should not be the single factor when the government allocates social resources.

Among the 1,100 suicide deaths in 2002, 40% of them were unemployed. Unemployment has always been a suicide risk factor. As a large number of residents in Tin Shui Wai are either new immigrants or families receiving CSSA, the government should tackle this social matter with a multi-departmental approach: to implement pinpointing solutions, to provide strengthening supports, to assist the unemployed or CSSA subjects for employments, and to help the new immigrants integrate themselves into the community.

Social tragedies are seldom caused by one single problem. Suicide may involve with family or financial problems, and even youth drug abuse. To eliminate time wasting referrals of files traveling among different official offices, the integrated family services attending the complicated families matters might better serve the needs.

In order to achieve effective integrated family services, we have to fulfill the fundamentals: established infrastructure of social service organizations, strengthened management, quality services, sufficient trainings and timely evaluations. Furthermore, the frontline social workers are the most important. Provide them with on-the-job trainings, which should include the use of assessment tools on domestic violence and suicide risk. The needs should receive the government's prior attention.

減少倫常慘劇從地區入手

天水圍是弱勢社群聚集的地方，家庭平均收入偏低，綜援戶、新移民和少數族裔人士佔整體比例偏高。據警方和社會福利署資料，天水圍的家庭暴力個案(包括虐待配偶和兒童)居全港首位。另外，據本中心的數字，包括天水圍和屯門在內的新界西北的自殺率偏高，老人(60歲以上)自殺率最高的地區是天水圍，屯門的25歲以下青少年自殺率則列全港第一。

從此可見，該區居民對社區支援的需求甚大，政府應配合地區人口的特性，提供針對性的社會服務，不應僵化的以單一的「社工/居民」比例來分配資源。

在02年的1,100多名自殺離世者中，失業人士佔高達四成。失業一直是自殺的風險因素之一，天水圍以綜援戶和新移民居多，政府應以跨部門視野，提出針對性方法，加強協助綜援戶尋找工作 and 幫助新移民融入社會，除可紓緩區內社區和家庭問題外，對防止自殺和減少家庭暴力肯定有幫助。

由於社會悲劇鮮以單一社會問題呈現，例如自殺問題會包含家庭或財政問題，也可涉及青少年濫用藥物，綜合社會服務正可提供以家庭為本的全面及整合式服務，省卻耗時的機構間轉介，對危急待救的當事人來說，綜合社會服務會較為合適。

不過，綜合社會服務模式要行之有效，必須確立整個社會服務機構的基礎建設，強化管理架構、質素保證、培訓以至成效檢討等各步驟；此外，前線社工的角色尤其重要，為他們提供專業的在職培訓，包括家庭暴力及自殺風險危機評估工具，政府刻不容緩。





Our Training Programmes 培訓課程

Why is training so important in suicide prevention?

The major aim of our training programmes is to build up a specialized curriculum in suicide prevention. Through offering training to personnel who have contacts with suicide ideators, attempters or survivors, valuable experiences can be culminated and an indigenous curriculum can be carved out. Target participants for training includes social workers, psychologists, health-care professionals, police, mass media personnel, judicial personnel and teachers. Diversified training methodologies are adopted in our training programmes, for example, systematic lecture presentations, skill practice sessions, role play, e-learning, etc. Various topics have been included in our training programmes, such as suicide prevention for different age groups, suicide intervention for special high-risk groups and suicide postvention strategies. In addition, we incorporate "train the trainers" courses in our programmes to ensure that trainees can transmit knowledge gained to their parent organizations. Manuals and other resources are also produced so that our expertise can benefit a larger audience.

Suicide is a complex issue and an unfortunate reflection of the deterioration in quality of life in urban living especially during rapid social disintegration. Our Centre provides a platform to raise public awareness, to contribute to the understanding of the underlying problems and to develop innovative and strategic programmes in suicide prevention. We believe that prevention is better than cure. The University is in a pivotal position to coordinate its academic expertise and outside professionals to play a significant role in suicide studies, in preventing suicide tragedies and training professionals to build a better Hong Kong.

Professor Cecilia L.W. Chan 陳麗雲教授

Associate Director,
Hong Kong Jockey Club Centre for Suicide Research and Prevention



Prof. Cecilia Chan



Dr. John Banmen - Using the Satir Model: working effectively with suicidal clients

Seminar on "Using the Satir Model: working effectively with suicidal clients"

Working with suicidal clients has always been a challenge to frontline professionals. This seminar focused exclusively on how to apply the Satir Model to engage effectively with suicidal clients and empower them to choose life instead of death. Dr. John Banmen, Director of Training for the Satir Institute of the Pacific and an internationally renowned therapist and trainer talked to us on this important topic. Dr. Banmen has been conducting training on the Satir model since 1980s in Hong Kong, Taiwan, China, Singapore, the United States, Canada, Korea, the Czech Republic, Slovakia, and Thailand. The seminar was held in October 2004.

The following topics were covered:

- 1 How to engage with suicidal clients
- 2 How to help clients cope with their sense of hopelessness, anger and guilt
- 3 How to empower clients to choose to live life

「活用沙維雅模式：有效處理自殺個案」培訓講座

對於專業醫務人員或社工而言，處理有自殺傾向的當事人絕非易事。本講座集中講述運用沙維雅模式來處理自殺個案的技巧，令對方重拾生存的意志。講者John Banmen博士乃國際知名的治療師和培訓人員，是Satir Institute of the Pacific的培訓總監，他在演講中討論這個重要的課題。John Banmen博士自八十年代始，已經在香港、台灣、中國、新加坡、美國、加拿大、南韓、捷克、斯洛伐克和泰國等地進行有關沙維雅模式的講學。本培訓講座已於04年10月舉行。

他的演講包括以下題目：

- 一 如何處理有自殺傾向的人士
- 二 如何處理當事人的無助、憤怒和內疚
- 三 如何協助當事人重現生機

Seminar on the Assessment and Interventions for Domestic Violence and Suicide

In response to the tragedy at Tin Shui Wai in March, a training seminar on the Assessment and Interventions for Domestic Violence and Suicide was organized on May 27, 2004. The speakers at the seminar were Dr. Edward Chan Ko Ling, Lecturer of the University of Hong Kong, the Department of Social Work and Social Administration, Ms Margaret Wong, Director of Harmony House, and Ms. Natalie Tong, Training Consultant of CSRP.

「家庭暴力或自殺：如何評估與處理」培訓講座

最近天水圍的一宗由家庭暴力引致的倫常悲劇，導致一家四口死亡，事件震撼全港。有見及此，我們於二零零四年五月二十七日舉行「家庭暴力或自殺：如何評估與處理」培訓講座，集中講述評估和處理受家庭暴力或自殺影響人士的技巧。講者有香港大學社會工作及社會行政學系講師陳高凌博士，和諧之家總幹事王鳳儀小姐和香港大學香港賽馬會防止自殺研究中心訓練顧問唐靜思小姐。

V-care action

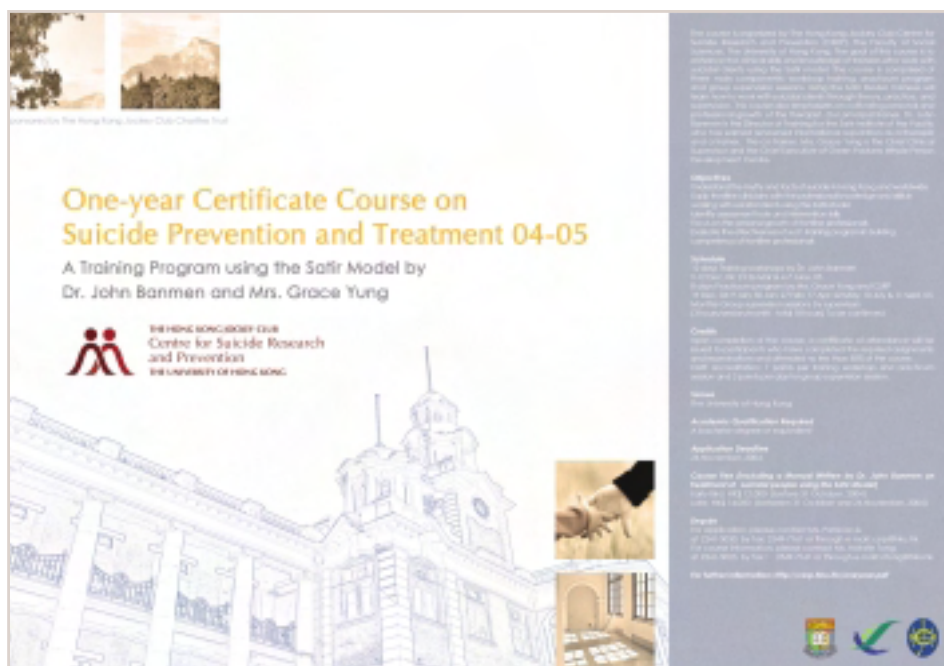
We are not only offering training courses, but are also actively participating in assisting frontline service organizations. Our center is delighted to provide professional support to the Agency for Volunteer Service's newly launched programme "V-care action". Our Associate Director, Prof. Cecilia Chan, is also appointed by the Agency as the honorable consultant of the event.

支援《同心者》義工行動

除了開辦培訓課程，我們並且積極支援前線服務機構。本中心協助義務工作發展局舉辦《同心者》義工行動，並且提供專業支援，本中心副總監陳麗雲教授更擔任該計劃的榮譽顧問。

Intensive Workshop on Middle-age Suicide Crisis Management

Given the increase of suicide numbers among the middle-aged population, the Centre also organized a 3-day intensive training workshop for this specific topic in May 2004. The workshop emphasized on issues of unmanageable financial debts and extramarital affairs. Experienced social workers from the Caritas and the Tung Wah



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

Group of Hospitals Healthy Budgeting Family Debt Counseling Centre were invited as guest presenters at this workshop.

中年人自殺危機工作坊

中年人的自殺數字不斷上升，本中心於零四年五月籌辦了為期三日的「中年人自殺危機工作坊」。此工作坊集中討論婚外情和未能承擔的債務。

Workshop on Elderly Suicide

In June, the Centre and HKU SPACE jointly organized a workshop on Elderly Suicide. A multidisciplinary team presented at the workshop. The speakers included a psychiatrist, a clinical psychologist and social workers. They talked about issues on suicide assessment, crisis management, depression among the elderly, grief, and bereavement among suicide survivors.

預防長者自殺工作坊

6月，本中心與香港大學專業進修學院合辦「預防長者自殺工作坊」。一如以往，來自各方的專業人士為此工作坊作客席講者，包括：精神科醫生、臨床心理學家和社工，他們談及自殺評估、危機處理、長者抑鬱症、悲傷和喪親者的哀痛輔導。

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

The course, started in December 2004, is the third time that CSRP runs this certificate course. The goal of this course is to enhance the clinical skills and knowledge of trainees who work with suicidal clients using the Satir model. The course is comprised of three main components: workshop training, practicum program and group supervision sessions. Using the Satir Model, trainees will learn how to work with suicidal clients through theory, practice, and supervision. This course also emphasizes on cultivating personal and professional growth of the therapist. Our principal trainer, Dr. John Banmen is the Director of Training for the Satir Institute of the Pacific who has earned renowned international reputation as a therapist and a trainer. The co-trainer, Mrs. Grace Yung is the Chief Clinical Supervisor and the Chief Executive of Green Pastures Whole Person Development Centre.



「防止自殺與治療」一年制證書課程 2004-2005

我們於2004年12月開始第三屆的一年制「防止自殺與治療」證書課程。課程以「沙維雅模式」為基礎，讓學員從理論、實習和小組輔導中學習，加強他們處理有自殺傾向者的臨床技巧和知識。另額外著重培養學員的自我和專業發展。課程包括三個主要部份，工作坊培訓、實習和小組輔導環節，集中引導受訓的心理治療員的專業成長。本課程的主要導師John Banmen博士是享譽盛名的治療師和培訓員，副培訓員容曾萃薇女士是青草地全人發展中心行政總裁兼首席臨床顧問。





International Exchange 國際交流

National Suicide Prevention Strategies: An Introduction Workshop

In August 2004 the American Foundation for Suicide Prevention convened a workshop named "National Suicide Prevention Strategies: An Introduction Workshop" in Salzburg, Austria, comprised of representatives involved in National Suicide Prevention programs from 15 countries



National Suicide Prevention Strategies: An Introduction Workshop



Dr. Paul Yip

and the WHO to review suicide prevention activities in their countries. The workshop brought together representatives of countries that have national strategies or plans designed to prevent suicide. The goal of this initial workshop were

to examine the evidence pointing to the effectiveness of specific components in the various plans, to define performance indicators for national progress in suicide prevention, and to determine what research needs to be done to evaluate such progress in different countries and cultural settings.

Our director Dr. Paul Yip was invited to join the workshop and contributed his research findings to the discussion. He has made four presentations, "Confronting Cultural Barriers to Means Restriction in Hong Kong and Taiwan", "Screening Programs in School - Experience in Hong Kong", "Improving Portrayal of Suicide in the Media" and "A Case for Contagious Effect of a Celebrity's Suicide".

The finding of the workshop will be compiled in a report and distributed worldwide. It is anticipated that the report will contribute to the modification and improvement of existing national strategies, stimulate research that will further those improvement, and encourage the development of promising suicide prevention strategies in countries that have not yet undertaken such an initiative, like Hong Kong. An ongoing taskforce will be set up that will meet regularly by telephone conference, and will organize subsequent workshops at least every two years.



Group photo



Left to right: Yoshitomo Takahashi, MD, Lars Mehlum, MD, Paul Yip, PhD

國際防止自殺策略工作坊

於2004年8月，美國防止自殺協會(American Foundation for Suicide Prevention)舉辦了一個名為「國際防止自殺策略」的工作坊，地點為奧地利的薩爾斯堡(Salzburg)。是次會議包括十五個國家和世界衛生組織的代表，共同檢討各國的防止自殺工作的成效。在工作坊當中，各國代表綜觀不同的防止自殺策略的長短，目的是制定實證方法檢視不同計劃的成效，設定各項評審表現的準則，並且釐定在不同國家和文化背景下所需開展的研究計劃。

本中心總監葉兆輝博士應邀出席工作坊，並且發表研究結果。他發表的四個講題包括：「衝破文化障礙：在港台地區進行限制自殺方法」、「審查學生自殺危機：香港的經驗」、「改善媒體報導自殺的描述」及傳媒報導名人自殺的效應。

工作坊的討論結果將結集為文，並會在期刊上發表。我們預期報告有助改進目前的防止自殺策略，引發更多的研究意念，並且鼓勵其他未有防止自殺策略的國家效尤，香港也可以藉此好好學習。此外，有關人士亦會舉行工作小組，並定期作電話會議交流，及每兩年舉辦同類的工作坊。



International Exchange 國際交流

Suicide Prevention through Collaboration: Asia Pacific Perspectives 共同合作 防止自殺：亞太區的視野

The First Asia Pacific Regional Conference, organized by IASP and the Royal College of Psychiatrists of Thailand, was held on 6 to 8 October 2004 in Bangkok, Thailand. The main frame of the conference was "Suicide Prevention through Collaboration: Asia Pacific Perspectives". Dr. Paul Yip, Ms. Frances Law and Ms. Wincy Chan have attended the conference and presented our center's the most updated findings of research. The abstract of their talks are listed as follow: Suicide Prevention in Hong Kong.

國際防止自殺協會與泰國皇家精神科學學院於2004年10月6至8日假曼谷舉辦第一屆亞太區論壇，主題是「共同合作 防止自殺：亞太區的視野」。本中心葉兆輝博士、羅亦華小姐和陳筱筑小姐出席並發表最新研究結果。以下是發表結果的摘要：

Suicidality among High School Students in Hong Kong, SAR 香港高中生的自殺傾向

Presented by Dr. Paul Yip

Suicide is the leading cause of death in Hong Kong SAR for the youth aged 15-24. This study examined the prevalence of suicidality among secondary school students in Hong Kong using a representative, territory-wide sample of 2,586 students. Suicidal behaviors can be conceptualized as a spectrum of self-destructive behaviors. Cumulative logit model analysis indicated that a range of factors, such as unhappy family life, were associated with increasing levels of suicidality. Use of illicit drugs, inhalants, and tobacco differentiated attempters from ideators. The implications of the research findings are discussed. This research result has appeared in the journal *Suicide and Life-Threatening Behavior* 34(3) Fall 2004.

Suicide Prevention in Hong Kong 香港的防止自殺工作

Presented by Ms. Frances Y.W. Law

Suicide prevention services in Hong Kong have been mainly provided by the health care and teaching professionals, social services and volunteers in accordance to their own professional or agencies' operational protocols. Some services or programs might be duplicated, fragmented and developed without an adequate assessment of the problem. Besides, there was also a lack of well established training curriculum for helping professionals in handling patients or clients with suicidal intent. There was still a lack of collaboration among different service providers, including those from the social welfare, medical health and the educational sectors.

It is suggested adopting the public health model in preventing suicides from universal, selective and indicated levels. Proposed strategies include but not limited to improving training of suicide prevention among gatekeepers, promoting mental health literacy among the general population and non-sensational media reports on suicide, limiting or discouraging the access to suicide means, improving the surveillance and monitoring system on suicide, supporting vigorous research studies, developing evidence-based interventions, recruiting high risk service users innovatively and strengthening the continuity of care for people with suicidal ideation and attempts.



The First Asia Pacific Regional Conference of the IASP



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

香港鐵路的自殺：分析輕生者背景及屏障的效用

Presented by Ms. Wincy Chan

Objectives

This study aimed to investigate the profiles of railway suicide victims in Hong Kong between 1997 and 2002, and to measure the cost-effectiveness of the recently installed platform screen doors on suicide prevention.

Materials and methods

This study investigated suicide deaths by "jumping or lying before moving object" in Hong Kong between 1997 and 2002, as identified by the ninth and tenth revisions of the International Classification of Diseases (ICD-9 and ICD-10). Data were obtained from the Coroner's Court and Railway District of the Hong Kong Police Force. Generalized cost-effectiveness analysis was performed.

Results

Between 1997 and 2005, 54 individuals jumped onto railway tracks in Hong Kong. Data on these fatalities showed that the majority was male (79.6%) and middle-aged (mean age = 44.5 years, SD = 14.24). 33 (61.1%) suffered from at least one mental illness with a prevalence of psychotic disorders. More than half of the victims chose the most convenient station to jump and railway suicides out of all suicide deaths dropped from 1.38% in 2001 to 0.27% in 2002. Analysis also showed cost-effectiveness of the intervention.

Conclusion

The results showed that the screen doors were cost-effective to save lives from the railway tracks. Since victims were more likely to choose a location of higher availability and substitution effect on the tracks was unlikely, barriers walled-in to the platforms would be able to eliminate most railway suicides.

Research Seminar 學術交流

Challenges in Evaluation of Suicide Prevention Activities and Particularly Evaluating Telephone Help

評估防止自殺工作成效的挑戰：
熱線服務為例

Presented by Prof. Brian Mishara

Abstract

Evaluation of suicide prevention activities presents special challenges since suicide occurs infrequently, evaluations cannot control for other important experiences in people's lives and due to ethical concerns involved trials with control groups. After discussion of these challenges, we present examples of several different suicide prevention programmes evaluated in Canada, including the effects of training for helpers, a programme to prevent suicides in the police force and a mental health promotion programme. We then focus on the methodology and results of the evaluation we undertook of the "Hopeline Network," which provides telephone help for suicidal persons by 150 suicide prevention centres in the USA over the toll free 1-800-SUICIDE telephone number.



Prof. Brian Mishara

About Speaker

Brian Mishara is Professor in the Psychology Department and Director of the Centre for Research and Intervention on Suicide and Euthanasia (CRISE) at the University of Quebec at Montreal. His numerous publications in English and French in the areas of suicidology and gerontology include research on the effectiveness of suicide prevention programmes, studies of how children develop an understanding of suicide, theories of the development of suicidality, issues on euthanasia and "assisted suicide," and evaluations of helpline effectiveness. Besides his university activities, Professor Mishara was a founder of Suicide Action Montreal, the Montreal regional suicide prevention centre and the Quebec Association of Suicidology.

Risk factors for suicide — Evidence based on Danish longitudinal population registers

自殺風險因素：從丹麥長期人口登記資料系統得到的證據

Presented by Dr. Ping Qin

Abstract

Suicide is a complicated phenomenon that can be resulted from many factors in life. Studies addressing risk factors for suicide can provide important evidence for making strategies to prevent suicide. Since the personal identification number was introduced in Denmark in 1967, it has been widely used in various national registers, making linkage of individual data across registers almost 100% correct. The existence of personal longitudinal information has provided great potentials and unique opportunities for medical research as well as for suicide research. In this lecture, Dr. Qin presents the findings from her own studies about risk factors for suicide in Denmark – the relative importance of a large range of factors including family structure, socioeconomic and demographic factors, health status and family history.



Dr. Ping Qin

About Speaker

Dr. Ping Qin has finished her Medical education in 1989 at Tongji Medical University in Wuhan, China, and later obtained a Master Degree in Biostatistics. She was a lecturer at Tongji Medical University before leaving to Denmark for her PhD studies in 1997. She earned her PhD in Epidemiology at the University of Aarhus and is currently working as an Associate Professor at the National Centre for Register-based Research, University of Aarhus in Denmark. She has been working on the epidemiological research on suicide and psychiatric illnesses by using data from various Danish longitudinal population registers since 1997 and has now published a number of papers on high-ranked international journals, including "Suicide risk in relation to family history of completed suicide and psychiatric disorders: a nested case-control study based on longitudinal registers" which published in The Lancet in 2002.





Back Row(left to right): Dr. KK Chan, Paul Wong, Kris Yang, Dr. Brandford Chan, Natalie Tong, Dr. Maosheng Ran, Dr. Shengming Yan, Dr. Susanna Lai Yeung, April Yeung, Patricia Liu, Wincy Chan, Brian Ip, Christina Kam, Stephen Law, King-wa Fu
Front Row(left to right): Frances Law, Prof. Keith Hawton, Dr. Paul Yip, Dr. CW Kam



YOUR SUPPORT 支持我們

To better understand suicide in Hong Kong, our Centre is planning to deploy a series of new research projects. Additional resources are therefore needed, and we welcome external supports. We invite your helps, either in manpower, brainwork, your passion or your donations. If you are interested in extending any kind of supports to us, please feel free to contact our Project Director Ms. Frances Law (Tel: 2241 5013).

本中心為了更了解本港的自殺情況，正計劃開展多項新的研究項目，此等均需要額外的資源。我們歡迎你作出支持，包括你的勞力、你的腦力、你的熱誠或者你的金錢。若你有興趣支持我們，請聯絡本中心項目總監羅亦華小姐（電話：2241 5013）。

Our new members 我們的新成員

Dr. Susanna Lai Yeung 勵楊蕙貞博士

Senior Training Consultant 高級培訓顧問

Dr. Lai Yeung received her Ph.D. in Clinical Psychology from HKU. She is a registered psychologist, Associate Fellow of the Hong Kong Psychological Society, and Associate Fellow of Hong Kong Professional Counsellors Association. She has extensive working experiences in private practice, universities and various settings including the Psychology Department at HKU, and the Psychological Services Section of EMB, HKSAR. Her expertise goes beyond counseling and teaching; she is also a prolific writer, and conducts frequent talks and trainings both locally and abroad.

Dr. Brandford Chan 陳浩洋博士

Post-doctoral fellow 博士後研究員

Brandford Chan has his undergraduate and graduate training in biology and molecular genetics. After he finished his bachelor and master degrees in Texas, USA, he came back to Hong Kong working on his PhD in the Department of Community Medicine of the Faculty of Medicine of HKU. His thesis was the application of the Stage of Change model on the general intention to promote health among the general population of Hong Kong. Now working as a postdoctoral fellow in CSRP, his research interests include examining suicidal behavior and its related factors at a general population level, and the epidemiology of suicidal behavior. Brandford's pastime hobby include movies, jazz, and leisure reading.

Dr. Shengming Yan 鄺盛明博士

Post-doctoral fellow 博士後研究員

Dr. Yan earned his PhD Degree in 2003 from The University of Hong Kong. After his graduation, he received mental health and suicide research training as an ICOHRTA fellow at the University of Rochester Medical Center for more than one year. As a sociologist and gerontologist, his main research interests focus on the depression, suicidal ideation and associated behavior among older adults, as well as the socio-cultural factors leading to suicidal ideation and behaviors among other age groups.



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思卓設計顧問有限公司

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: csrp@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》，可致電郵給我們 csrp@hku.hk。

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