



Responses of the Child Fatality (Youth Suicide) Review Panel and the Final Report

In response to the Child Fatality Review ("the Review Panel"), the Hong Kong Jockey Club Centre for Suicide Research and Prevention ("the Centre") of the University of Hong Kong would like to provide suggestions regarding concerns of the Review Panel of the Pilot Project on Child Fatality Review ("the Review Panel").

The proposed suggestions are based on the Public Health Approach model which consists of Universal (U)¹, Selective (S)² and Indicated (I)³ prevention interventions (US Department of Health and Human Services 2001; WHO 2010)

(U)1 **Formulating evidenced-based and holistic mental health programme with multidisciplinary cooperation**

- 1.1 There are abundant research findings from the Western countries on suicide prevention programme, however, cultural differences make it difficult to apply the standard methods developed from the West. Henceforth, formulating a locally evidenced-based suicide prevention programme is important with the support from relevant stakeholders and research centres in the community.
- 1.2 In the holistic perspective, besides taking care of those who are in pain, enhancing learners and their families, and teaching staff's mental health literacy is importantly prominent in suicide and self-harming prevention. A pragmatic mental health programme ("the Programme") packaging with evidence-based knowledge, application skills and attitudes trainings should be developed in each school with

¹ Universal is the first level affects everyone in a defined population regardless of the risk of suicide.

² Selective is the second level targets subgroups at particular suicide risk; there are a number of risk factors found related to suicide, such as mental illnesses, substance abuse, financial debts, unemployment, chronic pain for elderly, study stress, and access to suicide means.

³ Indicated is the third level for specific individuals who, on examination, have a risk factor or condition that puts them at very high risk, e.g. recent suicidal attempts.



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supports of multidisciplinary team such as the Social Welfare Department, the Education Bureau, the Hong Kong Police Force, hospitals in different clusters and also counseling and psychological professionals.

- 1.3 The Programme should involve trainings for frontline workers and gatekeepers on imminent support to the identified and unidentified vulnerable individuals and groups to receive advance professional referrals and services, especially in some districts and locality with higher youth suicide rate. A more focused effort should be made.
- 1.4 Peers are the closest social group to encounter their friends and schoolmates who mention about killing or self-harming. The Programme should also include peer support groups training to allow students to identify peers with suicide ideation and to offer emotional support and referrals.
- 1.5 Owing to the high resistance to help seeking and helping service utilization, more promotion and education on the effectiveness of mental health services should be concentrated. It is also one of the ways to de-stigmatize common taboo of "seeking help implies having psychotic problem".

(U) 2 Creating "Space" for adolescents

- 2.1 A tangible plan is needed to create more recreation space – including social, physical and environment recreations, in order to provide a conducive environment to have more positive and healthy lives
- 2.2 School curriculum needs to be revised with a view to create more space to the students and teachers to develop mental health well-being.
- 2.3 Parent education should be provided such that they can learn to raise their children in a healthy manner. A holistic child development is needed, rather than participating into too many after-school activities.
- 2.4 Furthermore, a concerted effort of the society response at the community level should be made. A friendly and healthy and working environment should be done such that parents would have

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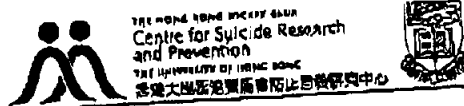
time to provide the necessary parental support and attention to their well being of children.

(U)3 Advocating injuries prevention – installing physical barriers

- 3.1 The youth self-harming behaviour are usually triggered by impulsivity leading to an irreversible outcome. To prevent injuries (both self-intended and by accident) in the future, installing physical barriers in some hot spots are needed to be reviewed.

(S)4 Identification of the targeted groups

- 4.1 Family relationship problems, school drop-outs, love relationship problems and study stress have shown to be the risk factors of self-harm and suicidal behaviour. Study also shows 7% of the children who had self-harm history will attempt suicide. These groups who are in high risk should be identified as soon as possible for earlier intervention (Yip et al., 2007)
- 4.2 Apart from workshops being held about study stress, family and love relationship, the school drop-outs should be provided with internship opportunities and vocational trainings. Some mentorship program in the community should be developed. In a similar age range, the unemployed youth has a 6-10 times higher suicide chance than those at work and at school, respectively
- 4.3 Adolescents are net-savvy and computer usage plays a major role in their life especially in social functioning. Apart from blog searching with suicidal ideation by the Suicide Crisis Intervention Centre, web support with relevant mental health information, forum sharing and service directories not only enhancing users mental health literacy but also allow helping professionals to reach out to them via tweeting and blog subscriptions.
- 4.4 The Resource Package on Student Suicide (published in 1992 and revised in 1997) should be revised again and be supported by updated evidence-based crisis management guidelines and intervention programs. It should be available in both printed and electronic versions.



(I)5 Introducing Mentorship Program -- Ensuring continuity of mental health and care services

- 5.1 We should not ignore that not a small amount of self-harming individual who have not been thoroughly described in the Report and the Review Panel meeting agenda. Mentorship program should be introduced to those who are being identified and discharged from clinical settings. Mentors will be trained to provide emotional support and problem solving skills thereby to reduce impulsivity to their mentees in a period of time. It is to ensure the continuity of follow up mental health and care services in the clinical setting has been properly taken care of.

Other Recommendations:

6. Conducting research studies of youth suicide

- 6.1 To understand more about youth suicide, psychological autopsy (PA) study of those young people is very much needed. It is death investigations dissecting the deaths' socio demographics, life circumstances, clinical, and other psychological variables measurable with control groups from the other unnatural deaths. The PA study can enhance helping professionals and stakeholders knowledge on suicide means and more on suicidal behaviours. Also, PA study with a suitable control can identify the risk and protective factors of the young generation in Hong Kong nowadays and which ease implementation of further intervention programs.
- 6.2 In addition to suicide prevention programme planning and development, series of longitudinal study on surviving family members, peers, teachers and neighbor should be invited to access on their mental health status (i.e. long term impacts of these tragic deaths) in a period of time.
- 6.3 Research forums and seminar should be held on a district or territory wide level to enhance the knowledge and skills in the community on how to deal with youth at risk,

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Conclusion:

The public health approach is needed to address the increasing number of suicides among our youth in Hong Kong. We are appealing to the Government to take the lead and involve relevant partners in the community to help vulnerable youth. Furthermore, it is shown that for those young people who have deliberate self harm history has increased the risk of suicide. The profiles of the young people with deliberate self harm share many similar characteristic of those with other deviant behaviors, for example, drug abuse, substance abuse, internet addiction. It is crucial to build up the mental wellness and to empower family and school so that our youth would have higher resilience in facing life adversities.

Indeed it takes a village to raise a child. It is time to act and a time to win their hearts before they break ours.

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