

For discussion on
14 November 2016

Legislative Council Panel on Education

Final Report of the Committee on Prevention of Student Suicides

Purpose

This paper informs Members about the Final Report submitted by the Committee on Prevention of Student Suicides (Committee) to the Government on 7 November 2016.

Committee on Prevention of Student Suicides

2. In response to the spate of student suicides in the 2015/16 school year, the Committee was set up on 30 March 2016 to (i) study the possible causes of completed student suicides; (ii) formulate responsive measures if the causes identified are related to the inadequacy of work on the education front and/or in other areas; and (iii) propose to the Secretary for Education short-term, mid-term and long-term measures to prevent student suicides at primary, secondary and tertiary education levels.

3. The Committee was chaired by Professor Paul YIP, the Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention at the University of Hong Kong, with members comprising school, parent, youth and student representatives; professionals from the healthcare and social welfare sectors; as well as representatives of different government bureaux and departments.

4. A progress report providing some preliminary recommendations for timely implementation at the commencement of the 2016/17 school year was submitted by the Committee to the Secretary for Education in July 2016. On 7 November 2016, the Committee submitted the Final Report with an executive summary at **Annex**. The full English version of the Final Report is accessible at the link of [http://www.edb.gov.hk/attachment/en/student-parents/crisis-management/about-crisis-management/CPSS_final_report_en.pdf].

5. Members are invited to note the recommendations in prevention of student suicides as proposed by the Committee in the report and offer views. The Government will duly consider the recommendations and follow up as appropriate.

Education Bureau
November 2016



Committee on Prevention of Student Suicides

FINAL REPORT NOVEMBER 2016

Foreword

Suicide is one of the major causes of death among our youth in Hong Kong and many parts of the world. Yet we believe that with collaborated efforts of the community, suicide is preventable.

The Committee on Prevention of Student Suicides (the Committee) was set up in response to the suicide spate among our school children in the period of March and April this year. Members of the Committee and the five Working Groups have been working tirelessly in the past 6 months with a common goal of preventing the occurrence of further tragedies. The Committee has identified multifactorial causes of suicide among our students as well as knowledge and service gaps on suicide prevention. We strive to work towards removing barriers and strengthening the existing systems to tackle student suicides in a more comprehensive manner. Specifically, schools need support to be able to free up time and space to care for their students; families and youth need more knowledge on mental health needs and ways to seek help; gaps in mental health service system also need to be filled. All in all, student suicide is not an issue confined to the education setting, the prevention of which would require collaborative efforts of all stakeholders in the community.

We therefore appeal to the community for your support. From an ecological approach placing students at the centre, the pooled efforts, especially from the Government, schools, families and media, are essential in reinforcing measures on the intrapersonal, interpersonal and social levels. The ultimate goal is to create a tightly knitted

support network where a sense of connectedness permeates throughout the community to strengthen each member's resilience to setbacks in life and to bring about a caring culture with heightened awareness and acceptance. To achieve this, we must understand that suicide prevention is everyone's responsibility. We all can make a difference.

While the Committee strives to proffer comprehensive recommendations on student suicide prevention, the overall scope and complexity of the issue, the pressing time frame and so on prove to be a big challenge to overcome. Yet, the strong desire to make changes in the community and the enthusiasm to help our students have provided us with hope to respond to the challenge. There are indeed no easy solutions to complex problems. However, we strongly believe and emphasise that the seemingly meagre measures standing alone could yield great resilience and proactive strength when implemented together. We are confident that with ownership of the problem, leadership of the measures, and perseverance in our efforts, we can enhance our capacity to prevent suicide tragedies among our precious youth.

Professor Paul YIP, Siu-fai

Chairman,

Committee on Prevention of Student Suicides

Committee on Prevention of Student Suicides Final Report

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Acknowledgements

Executive Summary

To address the spate of student suicides in the 2015/16 school year, the Education Bureau (EDB), among others, set up the Committee on Prevention of Student Suicides (the Committee) on 30 March 2016, which was tasked to (1) examine the possible causes of recent student suicides in Hong Kong based on the analysis of the latest available data as well as reference drawing from global research; (2) advise on the areas of existing services related to suicide prevention that could be strengthened; and (3) propose measures to prevent student suicides.

2. The Committee comprises 21 members from different sectors of the community including public health experts, psychiatrists, psychologists, social workers, teachers, principals, parents, youth and government officials. It is chaired by Professor Paul Yip, the Director of the Centre for Suicide Research and Prevention (CSRP) at the University of Hong Kong. Five Working Groups on Mental Health, Schools, Families, Media and Youth/Post-secondary Institutions have been set up, with the aim to providing more in-depth discussion in each of the areas. The Committee has examined the 71 suicide cases in primary schools, secondary schools and post-secondary institutions in the last three school/academic years, as well as other related information (including reports from the Coroner's Court, the Police, the Department of Health (DH), the Social Welfare Department (SWD), the EDB, schools and other related reports).

3. Suicide is a complicated social problem with multifactorial causes. The present investigation reveals that multiple factors have interacted and contributed to students' suicidal behaviours, including mental health issues, psychological concerns, family relationship and adjustment problems, peer relationship problems, school adjustment and academic stress. The findings are comparable to results of international studies (World Health Organisation, 2014).

4. In addition, local studies from the CSRP revealed that media reporting of student suicides might have a role in triggering copycat suicidal behaviours among youth. The Committee appreciates the media's apposite responses to its appeal in news reporting, and with the significant improvement in media reporting there was a rapid decline of suicide number in the past four months. Data indicated that there were 18 cases in the four-month period from January to April 2016 and 4 cases in the next four months from May to August 2016 with the decline in magnitude of media reporting regarding student suicides.

5. The recommendations proposed by the Committee strive to address the existing service gaps and the needs of children and young people. In line with the World Health Organisation (WHO) guiding principles, these recommendations are directed towards three levels, namely, "Universal", "Selective" and "Indicated", to cater for the needs of different population and risk groups. Specifically, the following areas of services at different levels should be covered: (i)

Universal prevention strategies targeting all students; (ii) Selective prevention strategies targeting vulnerable students; and (iii) Indicated prevention strategies targeting students with suicidal risk.

6. To actualise the expected outcomes of any proposed improvement measures, ownership and leadership with commitment from stakeholders in the community are of utmost importance. We should keep in view the systems for monitoring and evaluating the strategies to prevent student suicides so as to help formulate effective and focused measures. The section to follow sets out the recommendations put forward by the Committee after thorough deliberation.

A. Enhancement of Student Support at Schools and Post-Secondary Institutions

Universal (to support students in general)

i. To ensure our students can be better supported, we should raise the awareness about mental well-being and enhance mental health literacy among students, teachers and parents, as well as improve and maintain the mental well-being of our students. We should aim to reduce stigma that leads to refusal to seek help, and to create a supportive environment that encourages students to develop adaptive coping skills. Various implementation strategies are recommended.

(a) Cross-sector collaboration should be strengthened in

promoting students' mental health in schools in an integrated manner. For instance, riding on the platform of the Joyful@HK Campaign organised by the DH to increase public engagement in promoting mental well-being, the Joyful@School Campaign has been launched in schools jointly by the DH and the EDB in the 2016/17 school year. It aims at increasing students' engagement in promoting mental well-being, cultivating a positive and accepting culture towards help-seeking as well as promoting knowledge on effective ways to handle challenging situations. Schools can submit applications to the Quality Education Fund for funding not exceeding \$150,000 to implement related activities under the Joyful@School Campaign.

- (b) Schools have to continue enhancing the school-based Healthy School Policy (HSP) to promote and maintain the physical, mental and social well-being of students, to empower them with positive values, proactive attitude and skills to face the challenges in personal growth, thereby enhancing their adaptability and resilience against adversity, and promoting their mental well-being. Also, there are various programmes/projects developed by different bureaux/departments aiming to increase students' resilience and adversity coping skills. The EDB should work with different bureaux/departments and the school sector to

review and consolidate existing resources, and to facilitate schools to optimise the use of these resources and maximise students' learning opportunities.

- (c) As part of value education in schools, the elements of mental health and well-being as well as life and death education have to be strengthened, aiming to, among others, enhance students' knowledge about mental health issues and cultivate a positive attitude of help-seeking through destigmatisation. Related topics should also be offered to students in post-secondary institutions through general education or similar courses.
- (d) It is important to create a positive, caring and supportive school culture for the holistic development of students. Specifically, schools must continue to provide adequate opportunities for students to experience success in different aspects of school life and foster a culture where students learn to appreciate their strengths and diversity. Schools are also encouraged to continue reviewing their existing practices in the learning and teaching domain as well as homework and assessment policies on a regular basis to ensure that they are able to cater to students with different abilities, needs and capacities. Besides, the Government should continue to provide additional resources to support schools to develop students' strengths and abilities as well as

cater for diversity.

- (e) Schools have to continue establishing close communication with parents and strengthen existing communication channels for parents' suggestions and enquiries regarding school-based policies and practices such as homework and assessment policies. Schools and/or parent-teacher associations are also advised to offer parent training on topics such as effective parenting skills, strategies to promote students' mental well-being and availability of multiple articulation pathways to enhance parents' understanding of students' learning and developmental needs. Schools can make use of the annual Subsidy for Home-School Co-operation Activities or the Special Home-School Co-operation Grant disbursed by the EDB in March 2016 for organising home-school activities based on different school circumstances and diverse student needs.
- ii. Enhancing support to students in their change of learning environment and change of level of studies is important. Some implementation strategies are recommended.
 - (a) The EDB must strengthen the existing mechanism for schools to transfer students' related information to new schools so that the schools of upper levels can have a better understanding of their students' developmental and support needs for helping them to cope with the adjustment issues

arising from transition. As for schools, they have to continue strengthening parent education to increase their understanding of the importance of continued intervention such that parents would give their consent to transfer the information.

- (b) The EDB should encourage schools to put more emphasis on students' psycho-social adjustment and adaptation, and include topics such as self-esteem, problem solving skills, stress management, positive emotions and positive relationships in their bridging programmes for Secondary 1 and Secondary 4 students.
- (c) Post-secondary institutions should be encouraged to schedule a period of time for rest and relief during an academic term (e.g. a reading week or period). Also, faculty members and hall wardens should play an active role in helping the new students to adapt to the new environment.

Selective (to support vulnerable students)

- iii. The EDB should provide gatekeeper training for people around students, including teachers, peers, university personnel and parents to enhance early identification of and intervention for at-risk students. Considering the fact that adolescents nowadays tend to share their concerns and feelings more with peers, gatekeeper training for peers is recommended to educate youth

proper messages on how to respond properly to peers' suicidal messages and facilitate them to identify peers in need.

- iv. The EDB should further enhance screening tools, guidelines and materials that assist the identification of at-risk students in order to facilitate frontline educators' and parents' suicide prevention work. For post-secondary institutions, health screening to new students using effective channels such as completion of questionnaire through electronic means is recommended in order to identify at an early stage students at-risk or those with a history of mental health problems.
- v. To ensure students with mental health needs could receive timely and appropriate treatment and support, the Government has to strengthen the arrangement for referring the students concerned to the Hospital Authority (HA) for assessment by regularising the practice to obtain parental consent both for making referral for psychiatric evaluation and for the HA to pass the psychiatric reports to schools and Educational Psychologists for follow-up. Post-secondary institutions should also ensure new students who have been identified to require counselling services to be followed up with the support from professionals.

Indicated (to support students with suicidal risk)

- vi. The Government should strengthen the interface among medical, education and social service to ensure students in need receive

timely mental health support services. In this connection, a two-year pilot scheme “Student Mental Health Support Scheme” on setting up school-based multi-disciplinary platforms involving healthcare, education and social welfare professionals has been steered by the Food and Health Bureau (FHB), in collaboration with the EDB, the HA and the SWD starting from the 2016/17 school year. The Committee recommends that the services be considered to be regularised with enhancement based on its evaluative outcome.

- vii. Post-secondary institutions are advised to enable students identified to have mental health problems to have easy access to psychiatric and psychological services on campus or nearby health/hospital facilities. Besides, post-secondary institutions are advised to consider around-the-clock campus-run services (e.g. 24-hour hotlines) to provide mental health first-aid to students in need.

Resources Support

- viii. The EDB should provide schools with additional resources in respect of boosting mental health and well-being education in schools to take forward the professional tasks as recommended in the three levels of universal, selective and indicated in the foregoing paragraphs.

- ix. Post-secondary institutions should consider allocating more of the resources they receive from the University Grants Committee (UGC) and other sources to enhance their promotion of mental health and well-being, screening services, gatekeeper training and follow-up support for students at risk.

B. Enhancement of Support to Families

Universal

- x. The SWD is recommended to take the lead to systematically coordinate the planning and delivery of family life and parent education (FL&PE) such that the concerted efforts of government bureaux and non-governmental organisations (NGOs) could fill the service gaps (e.g. reaching the hidden parents) and address the needs of parents.
- xi. The Integrated Family Services Centres (IFSCs) and Integrated Services Centres (ISCs) should consider arranging outreach education programmes to cater for the needs of families of different strata including the hard-to-reach or even hidden parents, and the disadvantaged families which are busy to make ends meet, so as to facilitate their participation in the FL&PE.
- xii. Parent education should outline solid practices on healthy family life and effective parenting skills, and address the issues of some

parents having unrealistic expectations and exorbitant demands on their offspring. The Committee on Home-School Co-operation under the EDB should take up an active role to promote the “Happy Kids Charter”, which was developed by the Child and Adolescent Psychiatric Centre of the Queen Mary Hospital and received positive feedback from the participating schools.

- xiii. It is recommended that the Government consider promoting a month as the family month, pooling the Government and NGOs’ efforts in promulgating meaningful themes such as positive communication within families (for example, reference can be made to the United Nations’ International Day of Families on 15 May of each year).
- xiv. The EDB should arrange more sharing for schools on effective practices in fostering positive communication between secondary school students and their parents. Consideration may also be given to conducting research such as on how parents and children could effectively communicate in the 21st Century, especially with the widespread use of digital devices.

Selective

- xv. The EDB should provide gatekeeper training for parents to develop their sensitivity to students’ signs of mental health issues and cyber bullying.

xvi. The Maternal and Child Health Centres of the DH are recommended to strengthen their services to parents, needy families and prospective parents, such as programmes on positive parenting skills and individual counselling for those having parenting difficulties.

xvii. The SWD is suggested to conduct more promotion about the intensive counselling and support service for individuals and families in crisis provided by the IFSCs, ISCs and Integrated Community Centres for Mental Wellness to facilitate needy families to seek for help. The SWD should also consider streamlining the referral procedures to facilitate the needy families to receive timely service.

Indicated

xviii. The SWD is suggested to widely publicise outreach services provided in Family Support Programme for families with members at risk or with mental illness and those with social isolation so that they could receive timely support.

C. Enhancement of Roles of Traditional and Social Media

Universal

xix. The Government is recommended to make good use of the social media in organising and propagating activities on mental

health promotion. For example, collaborating with Facebook or YouTubers to spread positive messages of the Joyful@School Campaign.

- xx. Cross-sector collaboration is important and we should ride on the strength of those organisations working on suicide prevention and make reference to relevant studies. For example, the CSRP may help engage the media professionals and journalism students in promoting appropriate and ethical practices of suicide reporting through the media. The principles and guidelines as set out in the handbook “Recommendations on Suicide Reporting & Online Information Dissemination for Media Professionals” could be advocated.

Selective

- xxi. Youth should be educated social media etiquette to prevent the occurrence of cyberstalking or bullying, and proper messages on how to respond to suicide reporting through social media. In this connection, Facebook, the University and other NGO partners had jointly published a “Help a Friend” booklet to act as a guide on how to help emotionally distressed or even suicidal individuals, which should be promoted to youth as well as the wider community.
- xxii. Cyber-based outreaching services should be explored and supported subject to the evaluation of its effectiveness, given

that cyber-based outreaching services are welcomed by youth nowadays.

- xxiii. Cross-sector collaborative efforts should continue and be supported. For example, the CSRPs may line up with social media platforms in collaboration with related professionals to continue developing online suicide prevention tools such that when users notice any friends having suicidal tendency or exhibiting self-harm behaviour, they could report the case and obtain relevant information to offer support and help. The CSRPs may also continue to promote good practices of social media engagement with vulnerable youth, share the knowledge to the wider community, and conduct ongoing research in understanding the pattern of social media usage of vulnerable individuals so that more timely intervention can be provided.

D. Promotion of Multiple Articulation Pathways

- xxiv. The Government should launch more publicity about alternative pathways and Qualification Framework to help parents and students learn about the latest in life planning and make appropriate choices that suit students' abilities, interests and aspirations.
- xxv. Schools should continue to incorporate elements of career exploration in their curriculum planning and learning activities

as well as help students in need to explore multiple exit and re-entry pathways. The EDB in collaboration with schools and stakeholders should continue to step up career and life education to better prepare students in their exploration of multiple pathways, and to share the information with parents.

E. Other Related Views on the Education System

xxvi. Based on the existing available data and information, the analysis of the 71 suicide cases shows that the possible causes of student suicide involve multiple factors (including mental illness, relationship and personal problem, family discord, academic concern, etc.) and there is no substantial direct link between student suicides and the education system. Even though present findings obtained from evidence-based case analysis do not reflect that student suicides are originated from the education system, the Committee opines that it is important to review the relevant domains of the education system in order to strengthen the support and protect the students and youth from the risk of suicide. The following would be keys in enhancing support to students and youth:

- (a) Students and youth should be helped to strengthen their ability to handle stress, so that the knowledge, skills, beliefs and values, etc. they acquire in primary and

secondary schools can effectively prepare them for coping with university life or challenges beyond secondary school life;

- (b) School is a very important place for young people to understand themselves, accept their limitations and develop their potentials. The sense of achievement attained while in school does not necessarily have to come from academic pursuit, but can be from other aspects of school life. Therefore, the system as a whole should recognise non-academic achievements; and
- (c) Students' talents and abilities in different fields should be recognised, appreciated and developed.

The Committee recommends that the EDB consider reviewing relevant domains in the education system, duly support and address the developmental and diverse needs of students and young people.

Conclusion

7. The recommendations put forward by the Committee are not meant to be exhaustive. The Committee aims to provide timely and effective measures in response to the sudden student suicide spate, so as to tackle the copycat effect of suicides and to address immediate

concerns of students, parents and teachers. Also, it provides evidence-based suggestions to enhance resilience and well-being of our school children. One important element is to restore the support system for our students such that they feel connected with their families, friends and the community. Suicide is everyone's business of which we should all take ownership and leadership. We all can be a gatekeeper for those who are vulnerable. The society should keep in view related systems, as well as monitor and evaluate the prevention strategies for student suicides. The suicide prevention strategies and supporting services could be evaluated continuously in response to the rapid change of our society. We trust that with concerted effort of the Government, different stakeholders and the community at large, a comprehensive and integrated response to student suicide can be achieved and a caring environment can be cultivated to support students' well-being.

Chapter One: Introduction

Background

1.1 Suicide is a major public health issue worldwide. Global and local epidemiological research reveals that suicidal behaviour is a complex phenomenon influenced by different intertwining factors, such as mental disorders, substance abuse, as well as other biological, familial, and situational factors. Similarly, youth suicide results from the interplay of multiple factors at different levels, involving health system, society, community, relationship, as well as individual factors [World Health Organisation (WHO), 2014].

1.2 Given the multi-faceted nature of suicidal behaviours, investigation and prevention of suicide would require comprehensive review, strategic planning and joint effort of different stakeholders, including different government departments, non-governmental organisations, as well as the community at large.

1.3 In response to the spate of student suicides in the 2015/16 school year, the Education Bureau (EDB) held an urgent meeting with representatives of different educational and professional organisations on 10 March 2016 to discuss immediate responsive measures to address the issues. The following measures have subsequently become effective forthwith:

- (i) *Regional-based seminars to enhance the awareness and skills of parents and teachers on suicide prevention and initial intervention*

A parent seminar on “Identifying and Handling Youth with Emotional Disturbance” and “Enhancing Parents’ Support in Building Children’s Positive Emotions” was held on 18 March 2016 with about 600 parents attended. The seminar received positive feedback with about 90% of the participating parents considering the content practical. Four regional-based seminars for teachers on “Emotional Quotient and Resilience Enhancement” were also held in April 2016 and were attended by a total of about 1200 school personnel. Speakers including psychiatrists, psychologists, school heads and teachers shared knowledge on suicide prevention, life education and positive psychology. Most participants reflected that the seminars were comprehensive and practical with the content meeting their needs.

- (ii) *School-based support and talks to enhance teachers’ knowledge and skills to identify and help students at risk of suicidal behaviour*

Educational psychologists (EPs) and guidance personnel of the EDB had been lined up to work in coordination with the school-based EPs and the student guidance team to provide

additional support to schools having special or urgent issues on a need basis. EPs of the EDB and school sponsoring bodies providing School-based Educational Psychology Service had also conducted talks for school personnel with a view to raising their awareness of student suicides and enhancing their skills to identify students with suicidal warning signs as well as knowledge on help-seeking resource. About 750 school-based talks were conducted from March to August 2016, covering about 87% of all public sector primary and secondary schools.

- (iii) *Information kit for schools, parents and students to facilitate early identification of students with emotional difficulties and promote access to professional support*

The information kit with a set of three pamphlets on “Enhancing Life Resilience” for schools, parents and students, aiming to provide handful tips to help school personnel and parents early identify students with emotional difficulties and seek timely support, as well as to enhance students’ resilience against adversity, were distributed to schools in June/July 2016.

- (iv) *Extra resources for schools to promote home-school cooperation*

To enable schools to have extra resources to carry out

measures for promoting home-school cooperation in supporting students' development in mental health, a special Home-School Co-operation Grant of \$5,000 was disbursed to all public sector secondary and primary schools in March 2016 so as to subsidise school-based parent talks or activities organised by Parent-Teacher Associations (PTAs) for facilitating parents to support the healthy mental development of their children, enhance communication with children, and address their emotional and stress problems, as well as other concerns about development and studies.

- (v) *Life education for students to highlight stress and coping strategies as well as positive values and attitudes*

A letter was issued to schools in mid-March 2016 to encourage schools to enhance their life education through various school-based activities according to their own circumstances and needs. Schools were also advised to conduct sessions on life education for Primary 5, Primary 6 and secondary school students, highlighting stress and coping strategies, positive values and attitudes, and information on seeking assistance. Related teaching materials were uploaded onto the EDB website for reference and used by schools.

(vi) *Establishment of the Committee on Prevention of Student Suicides*

Apart from the above-mentioned measures and support provided to students, parents and schools, the Committee on Prevention of Student Suicides (the Committee) was established on 30 March 2016 and was tasked to adopt an evidence-based approach to study the possible causes of completed student suicides and formulate preventive measures against student suicides at primary, secondary and tertiary education levels.

Objectives of the Report

1.4 A progress report, which aimed to provide some preliminary recommendations to be implemented at the commencement of the 2016/17 school year, was submitted by the Committee to the Secretary for Education on 22 July 2016. The Progress Report is attached as Appendix I. The Committee's terms of reference and membership list are in Annexes of the Progress Report.

1.5 This final report is built on the work of the Committee and has three main objectives: (1) to discuss the possible causes of recent student suicides in Hong Kong based on the analysis of the latest available data as well as reference drawing on global research; (2) to advise on the areas of existing services related to suicide prevention

that could be strengthened; and (3) to propose measures on preventing student suicides. It is hoped that a holistic list of recommendations can be formulated with the collaborated efforts among different departments and bureaux as well as contribution from different professions and stakeholders.

Composition of the Committee on Prevention of Student Suicides

1.6 The Committee comprises 21 Members and is chaired by Professor Paul Yip, the Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention (CSRП) at the University of Hong Kong, and vice-chaired by the Deputy Secretary (Education)³ of the EDB. Other Members were drawn from different sectors of the community, including principals, teachers, parents, public health experts, psychiatrists, psychologists, social workers, youth, and officials from government bureaux and departments. A Secretariat was set up to support the Committee and assist with its work.

Composition of the Working Groups

1.7 Given the complexity of the issue and the limited timeframe, five Working Groups on Mental Health, Schools, Families, Media and Youth/Post-secondary Institutions were formed to enable focused discussion and come up with targeted recommendations for preventing

student suicides. Each Working Group was led by two Committee Members acting as conveners. Apart from Members of the Committee, Working Group members who were nominated and invited by the conveners were experts/stakeholders in the sectors concerned, so that the Committee could discuss issues and make recommendations that were appropriate, targeted and practical. A total of 37 members in addition to the 21 Committee Members had contributed to the five Working Groups.

Progress of Work by the Committee

1.8 From April to October 2016, each Working Group convened to discuss and propose recommendations on preventive measures against suicide in their respective areas. The Committee then deliberated the recommendations put forward by the five Working Groups. The Committee held six meetings in total. The focus of discussion in each meeting was attached at Appendix II.

1.9 To further collect views from different stakeholders, the Chairman and representatives of the Committee had meetings with some Legislative Council Members and groups studying the issue of student suicides. They had also met with other groups, including the Commission on Youth, the Family and Community Service of the Hong Kong Council of Social Service, the Subcommittee on the Promotion of Family Core Values and Family Education of the Family

Council, and the Children's Rights Forum organised by the Constitutional and Mainland Affairs Bureau. The Committee also engaged officials from Facebook and various YouTubers in their work in order to obtain their views and to explore feasibility of collaboration.

Chapter Two: Global and Local Analysis

2.1 Making reference to the key elements highlighted in the WHO report *Preventing Suicide: A Global Imperative* (2014)¹, the Committee considers it important to analyse the global and local data and information on suicidal behaviours available to understand its causes and identify areas that could be enhanced to prevent student suicides. In particular, recent student suicide cases were analysed and prevailing services related to suicide prevention and support for students' developmental needs in Hong Kong were also reviewed (see Appendix III).

Data Collection on Recent Student Suicides

2.2 In events of primary and secondary school students suspected of committing suicide, the EDB would provide professional assistance to schools in managing the impact of the incidents. For every fatal suspected student suicide case, the EDB would complete the Children and Adolescent Suicide Data Form and compile the EDB's Report on Fatal Suspected Children and Adolescent Suicide based on information provided by the school and the School Social Worker (SSW) (if applicable), report from the EP on intervention and

¹ Key elements highlighted in the WHO report *Preventing Suicide: A Global Imperative* (2014):
(i) conducting data collection and formulating contextually-attuned prevention strategies based on local research;
(ii) striving for multi-sectoral involvement (e.g. health, education, employment, judiciary, housing, social welfare and social media);
(iii) identifying the inputs, outputs and measurable outcomes clearly, and conducting continuous evaluation of intervention effectiveness; and
(iv) marshalling strategies that address various population and risk groups at multilevel, namely Universal, Selective and Indicated.

aftermath support, and observation from the EDB's professional staff. As for post-secondary students, almost all institutions (including University Grants Committee (UGC)-funded universities and other post-secondary institutions) have established designated units to provide students with professional counselling and related services.

2.3 The present analysis is mainly based on information known to the EDB from two sources: (i) the EDB Reports on Fatal Suspected Children and Adolescent Suicide and the Children and Adolescent Suicide Data Forms of the 38 fatal student suicide cases in primary and secondary schools, and (ii) available information of the 33 post-secondary student suicide cases obtained from the UGC-funded universities and other post-secondary institutions, that occurred within the past three school/academic years (i.e. 2013/14, 2014/15, 2015/16), coming to a total of 71 cases for analysis².

2.4 Apart from the available information obtained from the EDB and the post-secondary institutions, additional data was also collected from the Coroner's Court, the Police, the Department of Health (DH) and the Social Welfare Department (SWD). With the support of these government departments, the Committee hopes to examine in depth the circumstances contributing to death and identify relevant antecedents and possible warning signs of completed suicides.

² The available data for analysis was not exhaustive. It was based on existing information in record and not from further investigations by the EDB. For cases of post-secondary institutions, 21 cases were from the UGC-funded universities and 12 cases were from other post-secondary institutions. The factors possibly contributing to death as provided by the post-secondary institutions were a judgement made solely according to information available to them, or as quoted from the media reports.

2.5 For the 33 post-secondary suicide cases, information provided by the post-secondary institutions was very limited. In this connection, the areas of concern of these cases were not included in the statistical analysis to avoid leading to an inaccurate or misleading overall profile of student suicides.

Analysis 1: Suicide Rate

Global Situation

2.6 Reviewing the data provided by the WHO Mortality Database, there were an estimated 804 000 suicide deaths worldwide in 2012, with an annual global age-standardised suicide rate of 11.4 per 100 000 persons (15.0 for males and 8.0 for females). Suicide rate was the lowest in persons under age 15 (WHO, 2014). For youth between 15 to 29 years of age, suicide accounted for 8.5% of all deaths and ranked as the second leading cause of death globally (WHO, 2014).

2.7 While the rate of adolescent girls' suicide attempt was two to three times higher than boys, boys died from suicide more often through the use of lethal methods (WHO, 2000). The suicide rate for youth aged 15 to 29 was 9.1 per 100 000 persons for males whilst females was 2.5 per 100 000 persons in the United Kingdom. Suicide rate was 17.5 per 100 000 persons and 6.5 per 100 000 persons for young males and females respectively in Australia (WHO, 2012).

These two examples highlighted that suicide rate was often higher for young men in developed countries. One of the possible reasons for lower suicide rates for females may be due to their openness to talk about their problems and seek help when they had mental health issues (Oliver et al., 2005, WHO, 2000).

Local Situation

2.8 The Committee was aware that suicide rate in Hong Kong was lower than those of developed countries, including Korea, Japan, United States, and Australia (WHO, 2014). Based on the local study conducted by the CSRP, suicide rate in Hong Kong peaked in 2003 and showed a downward trend since then. The age-standardised suicide rate per 100 000 persons in 2003 was 14.7 which dropped to 9.4 and 8.9 in 2012 and 2013 respectively. The rate remained relatively constant thereafter (9.2 in 2014 and 9.3 till September 2015). Statistics also revealed that male suicide rates were higher than its female counterparts in Hong Kong (CSRP, 2015a).

2.9 Based on the data collected from the suicide cases known to the EDB, suicide among students in primary and secondary schools was on the decline in the past three decades. The drop in primary school student suicide cases was particularly significant, from 37 cases in the 1990's to 16 in the 2000's and 4 cases from 2011 to date. Through analysing the cumulative number of local student suicides by month in the past three decades (i.e. from 1991 to 2016), suicides occurred throughout the year and there was no particular pattern of

suicide peak in particular months.

Analysis 2: Suicide Means and Plan

Means of Suicide

2.10 WHO (2014) mentioned that restriction of means was a highly effective strategy for suicide prevention, efforts should therefore be made to study the common means of suicide in Hong Kong, so that targeted measures could be devised. Effective measures previously implemented in Hong Kong had been documented by WHO (2014)³.

2.11 Local investigation showed a consistent pattern over the past three decades, with jumping from height being the most commonly used method to commit suicide in Hong Kong. In 2015, jumping accounted for 54.1% of completed suicide, while hanging, charcoal burning, poisoning, and other methods accounted for 24.1%, 13.8%, 4.7% and 3.4% respectively. Among youth suicide between the age of 15 to 24 in 2014, most chose to commit suicide by jumping (61.2%),

³ Local examples of restriction of means:

1) Barrier installation to prevent railway suicides

The Hong Kong Mass Transit Railway (MTR) Corporation started putting up platform screen doors in 2002 to separate the platform from the railway in order to prevent intentional and accidental falling onto the railway tracks. Railway suicides in MTR stations were greatly reduced following the installation of the screen doors, from 38 persons between 1997 and 2001 to seven persons between 2003 and 2007.

2) Yip et al. (2010) found that by removing the charcoal packs from the shelves in grocery stores and making customers ask shop assistants for charcoal, a barrier to access was created. After its implementation, within the intervention region, suicide rate by charcoal burning was significantly reduced by 66.7% within 12 months.

whilst hanging, charcoal burning and other methods constituted 22.4%, 8.2% and 8.2% correspondingly (CSRP, 2015b).

2.12 Information on means of suicide was available on 50 out of the 71 cases. Among the 50 suicide cases, 38 cases (76%) were known to have jumped from height and 9 cases (18%) had committed suicide by hanging. The trend was similar to that found by the CSRP, which reported jumping (61.2%) as the most used means of suicide among the group aged 15-24, followed by hanging (22.4%) in Hong Kong (CSRP, 2015b).

Suicide Plan

2.13 According to the Second Report for Child Death Cases in 2010-2011 published by the Child Fatality Review Panel in 2015, the majority of children (74.3%) aged below 18 who committed suicide had expressed their suicidal thoughts before actual attempts, such as verbal expression/threatening of suicidal intention, or had past history of suicidal attempts. A local study indicated that 50.7% of individuals who committed suicide had either implicitly or explicitly expressed their suicide plan, with 16% dying within 24 hours of their identifiable suicidal thoughts, 14% from 1 to 7 days, 10% within a week and a month, 11.3% from 1 to 2 months, and 23.3% had suicidal thoughts for 2 months or more before the act (Chen et al., 2006). These results highlighted the importance and need for timely intervention and support for students who expressed suicide ideation and plan.

Analysis 3: Gender and Class Levels

2.14 Table 1 below shows the yearly and gender distribution of the 71 cases.

Table 1: Case Distribution by School/Academic Year and Gender

| School/ Academic Year | Primary & Secondary | | | Post-secondary | | | Total |
|-----------------------------|---------------------|--------|---------------|----------------|--------|---------------|-------|
| | Male | Female | Sub- total | Male | Female | Sub- Total | |
| 2013/14 | 5 | 5 | 10 | 7 | 2 | 9 | 19 |
| 2014/15 | 5 | 4 | 9 | 7 | 3 | 10 | 19 |
| 2015/16 | 14 | 5 | 19 | 6 | 8 | 14 | 33 |
| Total | 24 | 14 | 38 | 20 | 13 | 33 | 71 |

Note: School/Academic Year refers to the 12-month period from September to August the following year.

Gender

2.15 Of the 71 cases collected, 44 (62%) were males and 27 (38%) were females. Findings on gender difference were consistent with those in developed countries such as the United Kingdom and Australia where suicide rate was higher for young men than women. Specifically, among the 38 completed suicide cases of primary and secondary schools, 24 (63%) were males and 14 (37%) were females. Boys outnumbered girls particularly in 2015/16, with a ratio of 14 (74%) boys to 5 (26%) girls, while the gender ratios in 2013/14 and 2014/15 were more evenly distributed. As for the 33 post-secondary

suicide cases over the three academic years, 20 (61%) were males and 13 (39%) were females. This is consistent with the global trend of males outnumbering females in completed suicides.

Class Levels

2.16 Regarding the 38 suicide cases in primary and secondary schools from 2013/14 to 2015/16, they ranged from Primary 6 to Secondary 6, with ages spanning from 10 to 20. 24 (63%) out of the 38 cases were in senior secondary grades, while the only two cases in the primary schools were Primary 6 students, coinciding with the period of transitions, preparation for new pathways and the onset of certain mental health problems. It is also worth mentioning that there was an increase in cases in Secondary 1 and Secondary 4 levels in 2015/16, which were also critical periods that involved new adjustment. In 2013/14, there was no case in Secondary 1 and one case in Secondary 4. In 2014/15, there was one case in Secondary 1 and one case in Secondary 4. Nevertheless, in 2015/16, there were three cases in Secondary 1 and five cases in Secondary 4.

2.17 Among the 33 post-secondary cases, their ages spanned from 17 to 30. These 33 cases involved students in various institutions, areas of studies and year levels.

Analysis 4: Suicide Clusters and Contagion

Suicide Clusters

2.18 Suicide clusters refer to multiple suicidal behaviours or suicides that happened within an accelerated time frame and sometimes within a defined geographical area (Centre for Suicide Prevention, 2013). Local statistics showed that student suicide spates had occurred before in Hong Kong, with five completed suicides happening within the same month in January 1993, October 1996, June 1997, October 1999, September 2000 and February 2006. The CSRP also had records of seven youth suicide clusters between 2002 and 2014 of individuals below age 25.

Contagion of Media Reporting

2.19 Much research had been done in an attempt to understand the phenomena of suicidal clusters and contagion. International research had consistently found that media reporting of suicide could lead to imitative suicidal behaviours (e.g., Bollen & Philips, 1982; Phillips & Carstensen, 1986; Gould et al., 2014; Niederkrotenthaler et al., 2010). The magnitude of the rise in suicides following a suicide incident was found to be proportional to the amount, duration and prominence of media coverage (Gould et al., 2003). Dramatic headlines and more prominently placed suicide stories in the newspapers were associated with greater increases in subsequent suicide rates (Gundlach & Stack, 1990; Gould & Lake, 2013; Hassan,

1995; Wasserman, 1992). Members were alerted that particular subgroups in the population, such as young people, may be more vulnerable to engaging in imitative suicidal behaviours (WHO, 2008).

2.20 Apart from the amount and prominence of news coverage, Gould & Lake (2013) found that national suicide rates were higher in countries where media attitudes towards suicide were more accepting and suicide behaviours were glamorised and romanticised. On the contrary, suicide rates were lower in countries where media report described the negative consequences of the suicide and portrayed the suicide victims and their act in terms of psychopathology and abnormality.

2.21 Similar results were observed in local research conducted by the CSRP that suicide spates often coincided with extensive and sensational media coverage. Based on the data recently collected by the CSRP from January 2015 to June 2016, there existed an association between the amount of media reporting of student suicide and the number of student suicide death. Specifically, media reporting was most extensive and prominent in March 2016 with the occurrence of student suicide spate. With concerted effort to alert the media, a salient reduction of substantial or sensational media reporting had been noticed, which corresponded with a drastic decrease in student completed suicide. A 75% drop from 18 cases during January to April 2016 to 4 cases in May to August 2016 was reported.

2.22 Despite that, local media had been noted to report younger

suicides more extensively whilst under-representing late-life suicides (Fu, Chan & Yip, 2011), it was thus a matter of concern that such misrepresentation and disproportionate news coverage could trigger imitative suicidal behaviour of the youth who were especially vulnerable to the copycat effect. It was also worth noting that oversimplifying the causes of suicide, i.e. attributing suicide to a particular cause, could lead vulnerable individuals to accept that suicide was a way to solve their problems. Local research on suicide news reporting, however, indicated that account of risk factors in newspapers was often inaccurate (Cheng & Yip, 2012).

2.23 In sum, media takes on an important role in minimising harm and the risk of suicide contagion by reporting suicides in a responsible way, educating the public about risks for suicide and shaping attitudes towards positive coping strategies (Gould, 2001; WHO, 2000).

Analysis 5: Risk Factors

2.24 The Committee understood that in line with international research findings, suicidal behaviours amongst local students were complex, involving multiple contributing factors and causal pathways. Usually no single stressor could be sufficient to explain a suicide. Instead, a number of risk factors often acted cumulatively and interactively to increase an individual's vulnerability to suicidal

behaviour. At the same time, one's protective factors could counterbalance the risk factors and improve one's resilience. Suicide therefore involved complex interaction between one's risk factors and protective factors.

Global Situation

2.25 In 2014, WHO presented a more systematic way to categorise risk factors and adopted a more ecological approach in examining suicide. WHO explained that these risk factors could contribute to suicidal behaviours directly but could also contribute indirectly by influencing individual's susceptibility to mental disorders. These factors were interrelated and not mutually exclusive, and could be seen as moving from the outermost circle of health systems, through society, community, and relationships to the individuals who sat at the circle.

Risk Factors identified by WHO (2014):

- Health systems—e.g. barriers to accessing health care
- Society—e.g. access to means of suicide, inappropriate media reporting, stigma associated with help-seeking behavior
- Community—e.g. natural disaster, stresses of acculturation and dislocation, discrimination, trauma or abuse
- Relationships—e.g. sense of isolation and lack of social support, interpersonal/family relationship conflict, discord or loss, history of abuse
- Individual—e.g. previous suicide attempt, mental disorders, sense of hopelessness, chronic pain, exposure to overwhelming or chronic stress, family history of suicide, genetic and biological factors

2.26 In addition to designing strategies to counter risk factors, reinforcing protective factors could help to increase resilience and connectedness, thus also help in suicide prevention.

Protective Factors highlighted by WHO (2014):

- Strong personal relationships — healthy close relationships and support from family are robust protective factors for adolescents and the elderly
- Religious or spiritual beliefs — socially cohesive and supportive community with a shared set of values
- Positive coping strategies and well-being — e.g. emotional stability; optimistic outlook; healthy self-esteem and self-identity, good sense of self-efficacy; effective problem solving skills and management of stress; willingness to seek help when difficulties arise; healthy lifestyle choices such as regular exercise

Local Situation

2.27 The Committee was aware that study on our current samples showed intrapersonal and interpersonal problems which both contributed to youth suicide. Intrapersonal problems were in the areas of general stress, school adjustment problems, feelings of hopelessness and depression, while interpersonal factors primarily involved lack of family support, communication problems with parents, and peer relationship problems. These factors mainly fell into four major areas of concern, namely (i) Mental Health, (ii) Psychological Concerns (Expressed Suicidal Ideation and Negative Thinking), (iii) Relationship Problems (with Peers and with Family) and (iv) Adjustment Difficulties (Study-related and Family-related).

(a) *Primary and Secondary Schools*

2.28 Table 2 below shows the percentage of the 38 cases displaying issues in various areas of concern in the primary and secondary levels.

Table 2: Distribution of 38 Cases in Primary and Secondary Schools by Areas of Concern

| (A) Percentage of Cases by Areas of Concern | |
|---|-----|
| 1. Mental Health | 18% |
| 2. Psychological Concerns | 63% |
| <i>Self-harm and suicidal ideation</i> | 34% |
| <i>Negative thinking</i> | 45% |
| 3. Relationship Problems | 87% |
| <i>Family relationship</i> | 74% |
| <i>Peer relationship</i> | 42% |
| 4. Adjustment Difficulties | 82% |
| <i>Study-related adjustment</i> | 58% |
| <i>Family-related adjustment</i> | 53% |
| (B) Percentage of Cases by Number of Areas of Concern | |
| 1. One area of concern | 3% |
| 2. Two areas of concern | 52% |
| 3. Three areas of concern | 37% |
| 4. Four areas of concern | 8% |

Note: Multiple factors are found in over 97% of the cases in primary and secondary schools, with higher percentage shown in relationship and adjustment problems.

Areas of Concern

(i) Mental Health

2.29 Norquist and Magruder (2008) reported that more than 90% of completed suicide cases had one or more mental disorders. However, only 10-15% of young people with mental health problems received help from mental health services (WHO, 2010). In the local sample, only 7 (18%) of the 38 cases had been diagnosed with mental illnesses, such as early psychosis, depression and anxiety disorders. There existed a reasonable basis to believe that some suicide cases with mental health problems in Hong Kong might have been unidentified.

2.30 The current data on primary and secondary suicide cases also revealed that there was a significant association between gender and mental illness⁴. Among the cases with mental illness, five cases (71.4%) were females and two cases (28.6%) were males. This seemed to match with the research findings that mental disorders such as depression often went undiagnosed and untreated in men (Caliyurt, 2008). It could be that females were more likely to seek for help, whilst males tended to be reluctant to talk openly with health care professionals.

2.31 According to the information available, 16 suicide cases (42%) in primary and secondary schools were known to some forms of

⁴ Significant association was found between gender and mental illness (Chi squared test $\chi^2(1) = 4.41, p = .036$).

counselling or medical services prior to their suicides. The types of supportive services provided to these students included counselling from guidance teachers, SSWs and EPs, as well as services from the medical field such as medical social workers, clinical psychologists and psychiatrists. Assistance from the Integrated Family Service Centres (IFSCs) was provided for a few cases.

(ii) Psychological Concerns

2.32 Psychological factors affected about 24 (63%) of the 38 suicide cases in primary and secondary schools. 13 (34%) of them engaged in self-harm or displayed suicidal ideation or attempts before and 17 cases (45%) showed negative thinking such as negative thoughts about life in general, feeling immense stress, sense of hopelessness and finding life meaningless. Although nine (24%) of 38 cases were reported having worries about their academic performance, as indicated in the information reported to the EDB, only five (13%) cases were found to show unsatisfactory academic performance while the rest had average to excellent academic attainment. It was thus worth noting that no clear association was found between students' actual academic attainment and suicide. However, subjective perceptions towards one's academic performance might be a more important risk factor related to suicidal behaviour.

(iii) Relationship Problems

2.33 33 suicide cases (87%) in primary and secondary schools showed relationship problems. More specifically, 16 (42%) of the 38 cases had peer relationship issues, such as difficulty in getting along with peers and boy-girl relationship problems, while 28 (74%) cases showed family relationship problems such as family discord, conflicts with parents and lack of family communication and support. 10 (26%) out of the 38 cases were found to come from families with single, divorced or remarried parents.

(iv) Adjustment Difficulties

2.34 Adjustment issues were identified in 31 (82%) of the 38 primary and secondary cases. More specifically, 22 cases (58%) showed adjustment issues related to schooling (e.g. recent transfer to a new school, grade retention, poor school attendance), and 20 cases (53%) showed family-related adjustment issues (e.g. families struggling with debt or financial problems, parents with serious illness or emotional problems, parents who have infrequent contact with their offspring as they are working or staying in the Mainland).

2.35 Significant association was found between family relationship problems and family-related adjustment problems among the 38 cases in primary and secondary schools⁵. There were 20 cases (52.6%)

⁵ Significant association was found between family relationship problems and family-related adjustment problems among the primary and secondary cases (Chi squared test $\chi^2(1) = 5.8, p = .027$).

with family-related adjustment issues and among them, 18 cases also reported having family relationship problems while only two cases reported no family relationship concern. Those who had family-related adjustment issues were more likely to have family relationship problems. This showed that family-related adjustment issues were associated with and could affect relationship within a family.

(b) Post-secondary Institutions

2.36 Due to the lack of thorough case information from the post-secondary institutions, statistical analysis of the 33 post-secondary cases was not possible. Nevertheless, with the limited information available, it was still noted that the post-secondary cases were also affected by the above-mentioned areas of concern. There were cases with mental illness, mainly depression; school adjustment problems, such as difficulty in adjusting to university life; family problems, such as coming from divorced families and insufficient family support; as well as relationship problems with peers. Apart from the above, more than half of the post-secondary cases exhibited various kinds of stress, such as worries about health, financial problems, study-related stress, work-related stress, and stress about life in general. Some had also expressed suicidal ideation or displayed self-harm behaviours.

Multiple Factors

2.37 In sum, 37 suicide cases (97%) in primary and secondary schools showed complex pattern in more than one area of the above concern, and 17 cases (45%) exhibited more than two areas of concern. For the post-secondary cases, the suicide issue was also contributed by various possible factors as mentioned in the above paragraphs, including mental health issues, stress from study and work, school adjustment problems, family adjustment and relationship problems etc. These statistics show that suicides have multi-factor causes, which is consistent with research results in other countries.

Summing Up

2.38 In view of the local data over the past three decades, it was observed that student suicide was on the decline and that suicide spates had occurred before. Similar to the global picture, gender difference and involvement of multiple factors in the causes of student suicides were observed. Members agreed that it was important to address the various risk factors identified. Based on the above research findings and data analyses, as well as reviewing some successful examples of suicide prevention in other countries (see Appendix IV), Members expressed their views and concerns on student suicide prevention which are summarised in the following chapter.

Chapter Three: Discussion

Discussion

3.1 Based on the analysis of the 71 suicide cases in primary and secondary schools as well as post-secondary institutions, it was found that multiple factors had interacted and contributed to students' suicidal behaviours, including mental health issues, psychological concerns, family relationship and adjustment problems, peer relationship problems, school adjustment and academic stress. In addition, study from the CSRP revealed that media reporting of student suicides might have a role in triggering copycat suicidal behaviours among youth. These key findings were reported to and discussed at the meetings of the Working Groups and then the Committee. In addition to discussing and making reference to the opinions of the Working Groups during the meetings, Members also discussed the views of different organisations and stakeholders with whom the Committee representatives had met. Given the complexity of suicidal behaviours, brief summaries of the current situation are set out in the ensuing paragraphs under (i) mental health, (ii) schools, (iii) youth/post-secondary institutions, (iv) families, and (v) media. Members' key discussions are also presented and summarised in the following.

(i) Mental Health

Current Situation

3.2 Student Health Service (SHS) of the DH has been providing psychosocial/mental health screening and assessment to primary and secondary school students through questionnaires and interviews during their regular appointments at the SHS centres. Students found to have suspected psychosocial/mental health problems will be referred to clinical psychologists of the SHS, SSWs, non-governmental organisations (NGOs) or specialist clinics of the Hospital Authority (HA), etc. as appropriate for further follow up and management. The DH would continue to enhance the services of SHS, taking into account of the needs of students.

3.3 The multi-disciplinary professional teams of the HA comprising healthcare practitioners in various disciplines, involving doctors (including paediatricians and psychiatrists), clinical psychologists, nurses, speech therapists, occupational therapists and medical social workers, provide early identification, assessment and treatment services for needy children or adolescents (including those with suicidal ideation). Depending on the clinical needs of children and adolescents, the HA's multi-disciplinary team will provide a series of appropriate treatment and training, including in-patient care, out-patient services, day rehabilitation training, as well as community support services, with a view to enhancing students' ability in communication, socialisation, emotion management, problem solving,

learning and life skills. Knowledge about the diseases is also provided to the parents and carers concerned in order to enhance their understanding of the symptoms and treatment needs of the patients. Due to an increasing demand for Child & Adolescent Psychiatric Service⁶, the HA has recently strengthened its multi-disciplinary teams of health care professionals in all five service clusters to cater for the specific needs of children and adolescents.

3.4 There has been an ongoing arrangement between the EDB and all seven service centres of the Early Assessment Service for Young People with Early Psychosis (E.A.S.Y.) of the HA, under which schools may contact the respective district service centres directly for prompt expert advice, assessment and support when needed. While treatment and rehabilitation for students with mental illness are provided by medical professionals such as psychiatrists, clinical psychologists, medical social workers, schools provide educational support to these students at schools accordingly. To enhance the professional capacity of the school personnel in supporting students with mental health problems, the EDB and the HA also jointly organise a number of regional-based thematic seminars and workshops on different mental disorders (including psychosis and depression) for school guidance personnel on a regular basis.

⁶ For urgent cases, the Child and Adolescent Psychiatric Service of HA would arrange urgent appointment within 2 week apart from the Accident & Emergency service which is a 24-hour service. In addition, the HA Mental Health Direct provides 24-hour mental health advisory hotline service.

3.5 To enhance better communication and collaboration among various sectors in handling students with mental health needs, a two-year pilot scheme named as “Student Mental Health Support Scheme” (Pilot Scheme) was launched in the 2016/17 school year. The support for students with mental health needs in schools are stepped up by setting up a school-based multi-disciplinary communication platform which involves healthcare, education and social welfare professionals and parents/guardians in the formulation of care and support plans, and to coordinate/deliver necessary services for target students. The Government would consider the way forward of such services in the long run based on the evaluation on the Pilot Scheme.

Deliberation of the Committee

School Mental Health Promotion

3.6 Members viewed that different parties should work together to promote the connections between existing mental health programmes such as those run by the SHS of the DH and the mental health curriculum by the EDB in a more connected and integrated manner. Likewise, different sectors such as healthcare sector, schools, families, social welfare sector and media should improve the communication and make efforts to collaborate in enhancing the overall mental well-being of the population. In addition, some Members highlighted that de-stigmatisation is an important element in mental health promotion and serves as an effective means of nurturing

a positive and inclusive environment. Its implementation could be conducted through territory-wide campaign, school-based programmes aligning with schools' individual needs and priorities, and TV Announcements in the Public Interests (API), etc. To ensure that the message can reach a wider population in the community, in particular the young people, Members suggested the EDB proactively engage social media, for example, YouTubers and Facebook to disseminate the resources and packages.

Early Identification and Intervention

3.7 A local psychological autopsy study (Chen et al., 2006) revealed that the overall rate of psychiatric disorder among suicides in Hong Kong was 80.1%, which was only slightly lower than the 86%-97% reported in the systematic review by Cavanagh et al. (2003). Chen et al also found that only 47.9% of the diagnosable suicide cases had been in contact with the local psychiatric services. In the 38 local cases of primary and secondary student suicides we studied, only about 18% of the subjects were diagnosed of some form of mental illness prior to committing suicide, which indicated that there is room for improvement in identifying and supporting at-risk students. Taking into account that the majority of students who had suicidal ideation showed prior signs or made their plans known to people although they had rarely sought formal support proactively, Members pointed out that early identification and intervention was crucial in preventing suicides from happening and the effect could be prominent if it could be achieved through the collaboration of schools,

post-secondary institutions, families and social media. In this regard, Members opined that gatekeeper training or mental health first-aid course for peers and teachers was of much importance in the early identification of vulnerable individuals to ensure the timely provision of assistance. Members of different Working Groups also pointed out the importance to put into place a mechanism for screening out vulnerable students for early support. Some Members pointed out that besides screening out students with suicidal risks, it would be of equal importance for the screening mechanism to early identify students not at risk of suicide but with emotional or psychological distress and provide these students with early support to improve their overall mental health.

Access to Mental Health Services

3.8 Members pointed out that a Child and Adolescent Mental Health Community Support Project (CAMCom) was currently in place under the HA to provide support to subclinical cases at schools. Nevertheless, with the existing manpower, the scope of CAMCom was limited to children and adolescents with anxiety and depressive features. Similarly, the scope of the Pilot Scheme as mentioned in paragraph 3.5 above was limited as priority of comprehensive support would be given to those cases known to the HA Psychiatric Specialist Service in the first phase of setting up the school-based platform. Members considered that a review on the CAMCom service should be conducted with a view to fostering a better coordination between CAMCom and the Pilot Scheme and better use of resources.

3.9 Members noted that the Pilot Scheme was not designed to support suicidal cases but to render support to students with mental health needs. They suggested expanding the scale of services modelled on the Pilot Scheme and increasing manpower in medical, social and educational sectors so that the services provided would be more comprehensive. Nonetheless, there was still room for improvement in the HA's service for the high-risk suicidal cases. The HA may consider setting up multi-disciplinary teams comprising psychiatrists, clinical psychologists, social workers and occupational therapists to provide expedited outreaching service for students at schools. Through this service, students with suicidal tendency could get more immediate and direct access to assessment and referral service. Members considered that the risk assessment for students at risk of suicide should be conducted by a person with relevant training. Further discussion by relevant bureaux/departments about the feasibility of such model in Hong Kong would be necessary.

Resources Support

3.10 To ensure effective mental health support at schools, some Members suggested providing additional resources to schools so that teachers would have spare capacity to work with the multi-disciplinary team involving healthcare, education and social professionals, as well as to deliver mental health education. There were other views such as setting up points of contact in each service cluster for handling mental health cases so that schools could seek advice from them as and

when required. Members noted that other than the manpower constraints and the allocation of resources in schools, the efficacy of such mode would need to be evaluated for further consideration.

3.11 Members noted an opinion that the teachers-to-class ratio should be improved to enable teachers to have more capacity and time to cater for the psychological needs of the students. More importantly, teachers should be empowered with opportunity to build up a more in-depth relationship with and understanding of their students. It was viewed that excessive workload and very packed curriculum might be the major barriers.

3.12 Members also noted that there were views on replacement of the existing mode of Student Guidance Service Grant to primary schools by social workers at the ratio of one social worker per school in order to improve the stability of the student guidance service for better support to students. In this connection, the EDB responded that it would continue to keep in view and identify areas for improvements, including ways to improve the stability of guidance service.

3.13 Timely psychiatric service greatly would benefit students suffering from mental illness and was thus considered an effective means to prevent suicide. Members expressed concerns over the long waiting list for Child and Adolescent Psychiatric Services under the HA and urged enhancement of their existing services. Involvement of private psychiatrists and paediatricians in the mental health system

could be considered. Some Members suggested subsidising students in need to seek services from private psychiatrists or exploring with the Hong Kong College of Psychiatrists as to whether there would be psychiatric volunteers to provide services at a discounted price as an interim measure. In addition, some Members suggested that the Government issue something similar to “Health Care Voucher” as a subsidy for patients to see private psychiatrists while lining up for HA service. The Food and Health Bureau (FHB) and the HA pointed out that Child and Adolescent Psychiatric Services required the comprehensive support of professionals from multiple disciplines which was not readily available in the private sector. Both considered that the suggestions for engaging private psychiatrists might not be feasible for the time being.

(ii) School

Current Situation

3.14 On students’ psychological well-being, the EDB and schools work in collaboration to facilitate holistic development of students based on the schools’ individual circumstances and students’ needs. Schools could make reference to the Curriculum Guides of the Key Learning Area or the Subject Curriculum Guides published by the Curriculum Development Institute when developing other learning experiences (OLEs) using their curriculum time flexibly. The New

Academic Structure (NAS), introduced in 2009, allows senior secondary students to sit for only one public examination. A review of the NAS was done between 2012 and 2015, directing a series of recommendations to be implemented by phases to enhance the NAS. Recommended measures aimed at reducing students' study stress and teachers' workload, thus providing a stable environment for teachers to focus on teaching and provide pastoral care for their students, while maintaining the whole-school curriculum framework as well as public examination grading mechanism⁷. Questionnaire responses from schools showed positive evaluation results on the measures.

3.15 There are some schools which have revamped their teaching and learning schedule to ensure the students are not being overwhelmed by the school work. After the adjustment, schools noticed that the performance of students had improved. These good practices should be promoted and recognised.

3.16 On transition matters, data from the present study showed that among the 38 suicide cases in primary and secondary schools, 24 (63%) were from senior secondary grades and the two cases in the primary schools were Primary 6 students. In addition, there was an increase in Secondary 1 and Secondary 4 cases during the 2015/16 school year. At present, most schools conduct bridging programmes for their S.1

⁷ Recommendations of the NAS review included the following: increasing schools' and teachers' flexibility in deploying lesson time to suit the needs of their students and the school contexts; trimming, streamlining or updating curriculum contents to reduce student and teacher workload; clarifying the breadth and depth of subject curricula to help students and teachers better understand curriculum contents and requirements; streamlining School-based Assessment (SBA) in most subjects and implementing SBA in fewer subjects in order to reduce student and teacher workload and thus enable them to better manage the SBA, etc.

students every year. However, in a survey conducted by the EDB in mid-2016, only about 30% of schools would include topics related to stress management/mental health. Members recommended that improvement be made in this domain.

3.17 It is anticipated that the student population of Secondary 6 leavers will shrink from about 57 200 in 2016 to 42 700 in 2022. Following the announcement in the Policy Address 2014, a series of initiatives are being pursued to provide secondary school leavers with broader and more diversified articulation pathways both in and outside Hong Kong. These initiatives, which should help further reduce the stress level of secondary school leavers, include, among others –

- i. progressively increasing the number of UGC-funded senior year undergraduate intake places by another 1 000, i.e. from 4 000 to 5 000 places per annum;
- ii. introducing the Study Subsidy Scheme for Designated Professions/Sectors to subsidise around 1 000 students per cohort to pursue self-financing undergraduate programmes in selected disciplines to meet Hong Kong's manpower needs; and
- iii. launching the Mainland University Study Subsidy Scheme (MUSSS) to support needy students pursuing undergraduate studies in the Mainland.

3.18 Further to reviewing the NAS, the EDB has also reviewed the Territory-wide System Assessment (TSA) in response to the society's concern. The TSA is an assessment on students' basic competencies, which form part of the curriculum. It is a low-stakes assessment that does not provide assessment results of individual students. The Coordinating Committee on Basic Competency Assessment and Assessment Literacy (the BCA Committee) conducted a comprehensive review of the TSA and submitted a report on the review in February 2016⁸. Currently, the EDB is implementing the Primary 3 Tryout Study.

Deliberation of the Committee

Positive Learning experience

3.19 There were opinions that it was important for schools to provide a positive and inviting learning environment for students so that they could cope better with stress. Members opined that it was of equal importance that schools plan and implement school-based programmes to promote sharing, positive thinking, enjoyment of life, and competence to handle challenging situations. One of the

⁸ Please see "Report on Review of the Territory-wide System Assessment" (<http://www.edb.gov.hk/attachment/en/curriculum-development/tsa/fullreport.pdf>) for details. The Report reaffirmed the intent and value of the establishment of TSA and recognised the functional use of TSA data in providing feedback to learning and teaching. In response to the concern about the problem of over-drilling, the BCA Committee proposed a series of improvement measures. In addition, the BCA Committee also recommended implementing a tryout study at Primary 3 level in 2016 (Tryout Study) to validate the revamped TSA papers and item design, to try out different reporting formats, to strengthen the provision of professional support measures for schools and to demonstrate the low-stakes nature of the TSA. The Tryout Study has been launched and various stakeholders' views and suggestions collected through different channels, including focus groups, questionnaires, workshops, case studies, etc., would be considered and followed up. Relevant feedback would be appropriately adopted for enhancement of the TSA assessment arrangement.

programmes proposed was School Retreat Day. References on activity examples for the promotion of mental well-being are available in the resources that come with the “Joyful@School” Campaign that the EDB co-organises with the DH. Members also considered it advisable for schools to handle “rest and reflection” in their own way as long as the approach could provide a chance for students and teachers to take a break from busy schedule and create time and space for more reflection and recharging.

Students’ School Adjustment

3.20 As senior primary, Secondary 1 and senior secondary grades coincided with new transition periods or preparation for new pathways, it was deemed necessary to strengthen the bridging programmes at schools to facilitate students’ adjustment to new environments.

3.21 Some Members also indicated that communication between different levels of education was insufficient, which if strengthened, could enhance schools’ and institutions’ ability to support students in need. In regard to students’ and families’ disagreement to have confidential information transferred between schools, Members pointed out the need to educate them about the importance of early identification and intervention for their children’s well-being.

Multiple Articulation Pathways

3.22 Some Members expressed the view that the availability of multiple articulation pathways after the completion of Secondary 3

was vital to mitigating one's stress level, for the lack of which could contribute to a sense of hopelessness. They noted that there were other possible articulation options nowadays and various initiatives were in place to support students in making choices⁹. Despite the fact that there being multiple articulation pathways for students with diverse abilities and interests in the senior secondary levels, some parents and students appeared to be not fully informed of the alternatives available. On the other hand, some of them did not accept options other than articulating to universities as valued choices, which had raised the stress level of students. Thus, Members believed that more deliberations were needed to identify possible improvement areas such as the promotion of multiple intelligences and knowledge of different career pathways. They suggested that schools incorporate elements of career exploration in their curriculum planning and learning activities so as to help students in need to explore multiple exits and re-entry pathways. The EDB in collaboration with schools should continue to step up the career and life education and job tasting programmes with other stakeholders in the community to

⁹ *The Careers Guidance Handbook for Secondary School Graduates* co-published annually by the Hong Kong Association of Careers Masters and Guidance Masters and the EDB lists out in detail the multiple post-secondary pathways available for students. Besides, the Business School Partnership Programme organised by the EDB provides students with work-related experience. Students are encouraged and guided to make informed decisions based on their interests, abilities and career aspirations with reference to information on different fields of studies and various professions. In line with the promotion of vocational and professional education and training, Applied Learning courses are fully subsidised by the EDB starting from the 2016/17 school year to cater for students' diverse needs and interests. Besides, secondary school graduates can also choose other academic pathways based on their personal aspiration and abilities, such as the Diploma Yi Jin Programme, Diploma of Foundation Studies, Diploma of Vocational Education, Apprenticeship Scheme and non-local courses offered in Hong Kong, etc. Students can choose to continue their studies in the Mainland or abroad as well.

better prepare students in their exploration of multiple articulation pathways, and to share the information with parents. This is also in line with the recommendations made by the Task Force on Promotion of Vocational Education set up by the Government in June 2014. The Task Force submitted its report in July 2015¹⁰ and all 27 recommendations made in the report have been accepted by the Government as announced in the 2016 Policy Address.

3.23 It was deliberated among Members that post-secondary institutions should recognise the OLEs of students in Community Service, Aesthetic and Physical Development, etc. other than HKDSE results to allow a more flexible admission system. Some Members opined that post-secondary institutions' admission should not over-rely on public examination results, and that students with outstanding achievements in non-academic areas such as sports, music, social services and other cultural activities should be eligible for the School Principal's Nominations under the Joint University Programmes Admissions System (JUPAS) and/or some considerations should be given to them. Members were of the view that the various alternative routes of post-secondary institution admission should be widely publicised and adopted by universities with outcomes made known to the schools, parents and students.

Review of the Education System

3.24 The Committee learnt that nine (24%) of the 38 suicide

¹⁰ The report can be found at <http://www.cspe.edu.hk/taskforce/tf/eng/tf.html>.

cases in primary and secondary schools and a number of the post-secondary cases had expressed experiencing considerable stress related to learning. Most of them, nevertheless, also faced other adjustment problems at the same time. Members understood that the causes of student suicides involved multiple factors and there was no substantial direct link between learning pressure arising from the education system and student suicides, with the existing available data and information. Nevertheless, some Members considered that it was important to address the stress in students' lives and the EDB should consider reviewing the education system to lessen students' burden as a long-term measure. It was also proposed that a high-power advisory committee be set up to undertake a comprehensive review of the education system specifically to identify areas where excessive pressure might exist and, after consultation, to recommend what preventive and remedial changes might be introduced.

3.25 Some Members were of the opinion that students' stress could be reduced by the cancellation of the TSA. Members were aware that a review on the TSA had been carried out and was being followed up as set out in paragraph 3.18 above.

3.26 There was also the opinion pertaining to the duration of the senior secondary education that more flexibility should be allowed in upper secondary, such as allowing extension from three years to four years of study, during which the subjects could be offered as modules and arranged into batches to be completed in sequence. Such

changes would have far-reaching impacts requiring further detailed discussion within the sector.

3.27 Regarding the review of the education system, some Members commented that although the education environment in Hong Kong was typically perceived as relatively stressful, the local student suicide rate had been lower than many countries with less competitive education culture, such as Finland and Australia. As academic stress did not necessarily correlate with a higher rate of suicide, it should not be highlighted in the analysis of the causes of suicide. Instead of stress itself, youth's difficulty in coping with stress and their lack of social support were more prominent concerns.

3.28 Also, being a rather long-term and relatively stable establishment, the education system could not explain sudden fluctuations in the general profile of student suicide cases. Some Members opined that actual data from observation over a longer period of time would be needed to confirm the connection between the current Hong Kong education system and the recent student suicides.

3.29 The EDB has been continuously reviewing the education system with the aims to advocate an enjoyable learning environment for all students and mitigate their academic pressure. Some Members suggested that the EDB play a more active role in sharing and promoting good practices on learning and teaching as well as homework and examination policies.

(iii) Youth/Post-secondary Institutions

Current Situation

3.30 Through the development of local publicly-funded and self-financing sectors, about 46% of youth in the relevant age cohort now have access to degree-level education. Even if only publicly-funded undergraduate programmes are counted, the corresponding figure has increased from around 18% in the 2005/06 academic year to around 26% in the 2015/16 academic year. Including sub-degree education, about 70% of them have access to post-secondary education.

3.31 In response to the progressive increase in student admission, post-secondary institutions now adopt an institute-based mode in providing mental health support based on students' needs. To enhance the mental health literacy of students and staff as well as to foster mutual support, mental health promotion programmes and de-stigmatisation campaigns are often organised. Relevant educational messages are disseminated via social media e.g., Facebook. Some institutes encourage the engagement of peers in identifying or supporting students at risk through on-campus programmes e.g., the Student Mental Health Ambassadors Training Programme. To help freshmen adjust to new learning environment, buddy programmes pairing senior students with freshmen are also set up.

Deliberation of the Committee

Early Identification of and Intervention for At-Risk Students

3.32 Reckoning that post-secondary institutions in Hong Kong enjoyed a high degree of autonomy and had a lot of latitude in the deployment of public and private resources entrusted upon them, including the provision of mental health and support services to their students, Members expressed their views as set out in the ensuing paragraphs.

3.33 After reviewing the existing support provided in post-secondary institutions, Members opined that institutions could strengthen resources and support to cater for the needs of students so that early identification and intervention for needy students can be achieved. Members considered that early identification of and intervention for at risk students is equally important for students of the post-secondary institutions, both the freshmen and senior students. Personnel such as faculty teaching staff, academic advisors/ mentors, wardens, peer mentors, etc. should receive training to perform the gatekeeper role and/or mental health first- aid course.

Adjustment, Modes and Accessibility of Counselling Services

3.34 Members pointed out since mental health resources were insufficient in some post-secondary institutions with large enrolment of students, there was an urgent need to enhance access to psychiatric and psychological services so that first-aid support and continued

intervention could be sought in a more convenient manner. Members opined that information of such services should be disseminated through different channels to reach all students in need.

3.35 Regarding review of education system, some Members pointed out that one of the major reasons of post-secondary students' failure to cope with the stress could be the strong emphasis placed on academic achievement and examination preparation in their secondary schools and broadly in the education system, without due attention devoted to cultivating personal, social and career development. Members were of the view that as a long-term measure, the education system should promote holistic student development and better prepare students in secondary schools for transition to post-secondary institutions and beyond.

3.36 Members also opined that post-secondary students often had to tackle different kinds of stress coming from sources including studies, social relationships, other roles and duties such as being committee members of various societies, etc. Post-secondary students were also frustrated in facing the hardships in society and in dealing with different expectations from the society and family. For instance, university students had been framed as the "future leaders of the society" while they were unable to see hope in their future. Therefore, Members found it important to address the stress students were facing by devising preventive measures on mental health promotion and reviewing some facets of the education system that can

be conducive to changes in the values embraced by the society.

3.37 It was considered that the support programmes at universities had not been implemented widely and in a scale big enough to cater for the needs of the students. It was claimed that there were individual cases in the past that after the first appointment with a counsellor, students had to wait for a long time before they could have a second appointment. Besides, counselling staff might not have the spare capacity to run mental health promotion programmes.

3.38 It was suggested that measures allowing students to adjust to campus life and have the capacity to deal with the problems and stress related to personal and social life and study, such as reading week, be implemented / continue to be implemented in post-secondary institutions.

Publicly-funded Undergraduate Places and Youth Participation

3.39 Some Members noted that the chance for admission to universities and post-secondary programmes had been improving. However, it was opined that more publicly-funded undergraduate places should be provided to reduce the pressure of HKDSE examination on students. There was also a comment that the youth policy could be further developed to build a youth friendly social environment and encourage more participation of young people in community affairs. It was opined that on top of the existing channels

and platforms for youth to express their opinions, an organisation such as a youth council with more executive power should be set up. In this connection, Members noted that the Home Affairs Bureau and the Commission on Youth offered multiple channels for young people to express their opinions. The 18 District Offices under the Home Affairs Department has also been given additional resources to establish and strengthen their youth networks. To provide more opportunities for youth to express their views and participate in community affairs, the Government has been appointing youth to be members of advisory and statutory bodies, as appropriate.

(iv) Families

Current Situation

3.40 The Family Council provides a cross-sector and cross-bureau platform for examining family-related policies and promoting a culture of loving families in the community. It collaborates with various sectors in the community to enhance the functions of families and create a pro-family environment.

3.41 There are 65 Integrated Family Service Centres (IFSCs) and two Integrated Services Centres (ISCs) operated by the SWD and subvented NGOs, providing a spectrum of preventive, support and remedial services under the direction of “child-centred, family-focused and community-based” and the guiding principles of “accessibility, early identification, integration and partnership” for individuals and

families in need. The services provided include counselling to help clients adapt to changes in roles, financial status and daily life, strengthen their capabilities in handling problems and stress, refer them for related services such as psychological service, family life education, support groups for enhancing their resilience and problem solving skills, and arrange outreaching service for families in need, etc. Specifically for families who are at risk but reluctant to seek help including those with members at risk of domestic violence/mental illness and those with problems of social isolation, the Family Support Programme jointly implemented by IFSCs, ISCs, Family and Child Protective Services Units and Medical Social Service Units in psychiatric setting provides outreaching services with referral to a host of support services to be made as appropriate. These service units will also recruit and train volunteers, including those with personal experience in overcoming family problems or crises, so that they may contact these families and encourage them to receive appropriate support services with a view to addressing the problems before deteriorating.

3.42 Besides, the EDB, the DH and the 22 Family Life Education Units subvented by the SWD and different NGOs provide parent education and support for families within their purview, so that parents can tend to the well-being of their children. NGOs providing parent education, such as the Parent Academy, can also assist schools to provide such parenting courses.

Deliberation of the Committee

Family Life and Parent Education

3.43 The Committee noted the strong association found between family-related adjustment issues and family relationships among the 38 cases of primary and secondary student suicides, indicating that family is one of the core elements in students' well-being. Some Members related that failing to establish connectedness with parents in childhood would increase later suicide risk. As positive parenting is conducive to the development of secure bonding and connectedness between parents and child, Members opined that family life and parent education (FL&PE), in particular on positive parenting, should be more widely promoted and delivered. The FL&PE should be informed by a theoretically sound and empirically validated framework, covering developmental, preventive and remedial levels of work and targeting at families in different stages of development on attitude, knowledge and skills.

3.44 The planning of territory-wide and district-based FL&PE should be coordinated by a government department/bureau with a view to maximising the collaborative efforts of cross sectors, including government bureaus/departments and NGOs, and meeting the pertinent needs of the families.

3.45 Some Members observed that the IFSCs were heavily laden with remedial and casework. They hence had no spare capacity to step up FL&PE. They opined more resources and manpower should

be deployed for FL&PE, hence strengthening the capacity of families at the universal level in caring for the well-being of young people.

Family Friendly Policies and Practices

3.46 There was a view proposed by some organisations during a meeting with some Committee Members that the Government should implement more family friendly policies and practices such as standard working hours, special casual leaves, flexible working hours, parental leaves so that working parents could spend more time with their children and address their changing needs at different stages of life. Members were of the view that a more family friendly environment would certainly help to foster a better parent-child relationship, taking into consideration that among the 38 suicide cases in primary and secondary schools, about one-fourth were from single, divorced/widowed and remarriage households. Members also cautioned that some views such as proposing standard working hours would fall outside the mandate of the Committee. It was thus suggested that the discussion should focus on core suicide prevention strategies.

Gatekeeper Training

3.47 Some Members reported that they had come across students suspected to have mental health problems that warranted psychiatric assessment. Unfortunately, due to the parents' inadequate understanding of signs of mental health problems, they did not give

consent to the referral, hence delaying the provision of appropriate support for the students. Members suggested conducting more gatekeeper training for parents.

Assistance for Specific Vulnerable Families

3.48 Some Members pointed out that students with parents who have mental health issues or have made suicidal attempts need to receive support to strengthen their resilience to face the stressors in their families and adversities in life. The IFSCs, the ISCs, the Family and Child Protective Services Units and the Medical Social Service Units in psychiatric setting play a key role in this regard to support the vulnerable families and young people. For families in need which are reluctant to seek help, Members suggested the Family Support Programme jointly implemented by the afore-mentioned service units be widely promoted so that those families with members at risk of mental illness and those with problems of social isolation could receive timely intervention.

3.49 Some Members suggested providing financial assistance to families with offspring with mental health issues, hence allowing the family members to wholeheartedly devote to caring for the students in need without worrying about their livelihood.

Multiple Articulation Pathways

3.50 As research (e.g. Ang & Huan, 2006) showed that children's/adolescents' self-expectations and expectations of others

(e.g. parents) would lead to academic stress, Members highlighted the need to help parents understand the importance of allowing their children to develop interests outside the academic arena and having reasonable expectations that match with their children's developmental level, so that schools and parents could work collaboratively to promote students' holistic development. In this regard, parents should be well informed via different platforms, e.g. career talks conducted by schools, and helped to accept the alternative academic pathways so that they can support their children in making reasonable choices and plans which match with the students' abilities, interests and aspirations.

(v) Traditional Media/Social Media

Current Situation

3.51 At present, the CSRP has collaborated with Facebook and NGOs in developing on-line suicide prevention programmes. Moreover, the SWD had outsourced a web-engagement service to the Samaritan Befrienders Hong Kong to provide information and support service to persons affected by suicidal thoughts/behaviours through a thematic website. The SWD also commissioned three NGOs to each conduct a cyber youth outreaching pilot project from 2011 to 2015. The Hong Kong Jockey Club Charities Trust is now sponsoring the three NGOs to carry out a new 3-year project on cyber youth work starting from November 2015.

3.52 The international and local studies of suicides had shown that suicide spate often coincided with extensive and sensational media reporting. The CSRP had engaged media professionals and journalism students in promoting appropriate and ethical practices in reporting suicide incidents. The principles of reporting are set out in the handbook “Recommendations on Suicide Reporting & Online Information Dissemination for Media Professionals”.

3.53 Some schools have started providing media education that teaches students how to verify information before sharing it on social media.

Deliberation of the Committee

Promotion of Mental Health through Social Media

3.54 Members opined that messages for youth should be delivered through the social media as it is the most effective means of communication among young people. Collaboration with social media is therefore deemed favourable for mental health promotion, gatekeeper training, provision of counselling services and development of suicide prevention tools. Members believed that social media platforms should be better and more frequently used. Members also encouraged schools to promote among our students qualities of digital citizenship such as respect and responsibility.

Roles of the Social Media in Suicide Prevention

3.55 Members considered that the existing collaboration between social media and related professionals in developing online suicide prevention and intervention tools should be encouraged and supported. Good practices of social media engagement with vulnerable youth should be promoted. For example, Google could be invited to enter schools as a mental health ambassador to share with students on appropriate online behaviour. YouTubers can also be invited to promote mental health among students in schools. Members believed that raising awareness in school population can help reduce inappropriate use of communication platforms of information technology, e.g., cyberstalking and cyberbullying. Students can act as gatekeepers to stop and report these undesirable behaviours.

3.56 While Members acknowledged the importance and effectiveness of cyber-based outreaching services, human resources were currently insufficient in providing such support to the vulnerable youth and should thus be enhanced.

Advocacy and Promotion of Appropriate Practice for Reporting by the Media and Social Media on Suicide Cases

3.57 The format of media reporting of suicide events could potentially trigger a copycat effect. Members were of the view that proper media reporting should continue to be advocated.

Summing Up

3.58 Suicide prevention is everyone's business. Every stakeholder should have ownership of this problem and strive to contribute in his/her own way while working collaboratively to tackle this issue. Knowledge of suicide from global and local studies as well as information on current situations and existing services are important input for discussion of possible areas for enhancement. Committee Members, members of the Working Groups as well as social organisation representatives have provided valuable views on the five areas of mental health, schools, youth/post-secondary institutions, families and media. Existing services proven effective as well as possible service gaps have been identified for the development of improvement measures. The establishment of a timely surveillance system was also mentioned for regular monitoring of the measures and evaluation of their effectiveness. Riding on these discussions, recommendations were made and presented in the following chapter.

Chapter Four: Recommendations and Conclusion

Recommendations

4.1 Apart from collecting views from the Working Groups and various stakeholders, the Committee has analysed thoroughly the recent student suicide cases in Hong Kong to provide more timely information for formulating evidence-based recommendations in the report. Understanding the competing priorities and compelling needs to support the well-being of students and youth, the Committee's recommendations should also be as practicable and implementable as possible.

4.2 Ownership and leadership with commitment from government officials and school leaders are critical contributing factors conducive to actualising the expected outcomes of any proposed improvement measures. Ownership is the willingness to face the issue, while leadership is doing what needs to be done to improve the situation. Suicide is a complicated social problem with multifactorial causes. The mindset of having ownership and leadership demonstrates the willingness to take up the responsibility of helping our school children and to explore the possible contributions each stakeholder can make.

4.3 The recommendations have also taken into account the epidemiological profile and the current implementation level of student suicide prevention work in Hong Kong, striving to address the

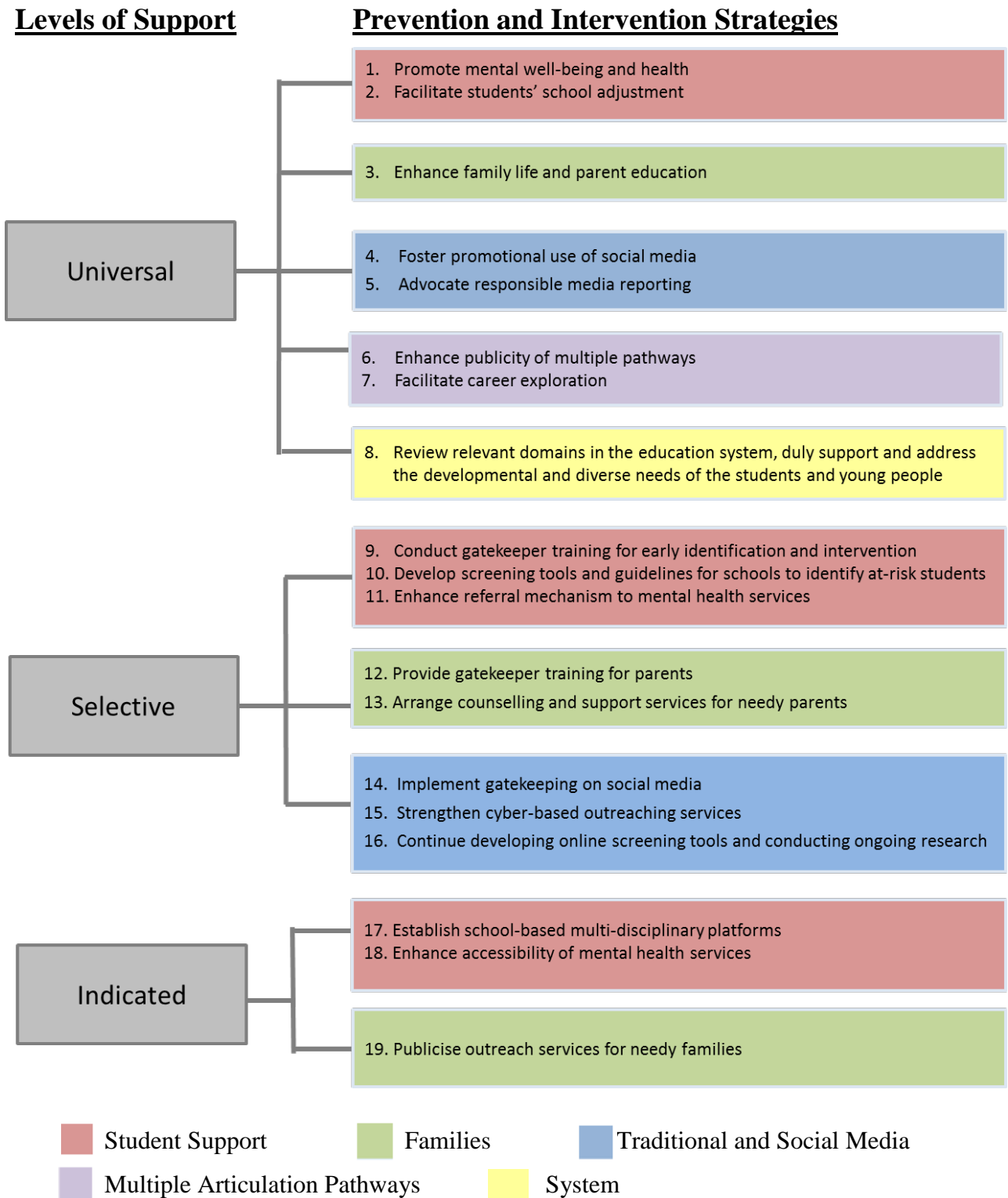
existing service gaps and the needs of children and adolescents. Collaboration among different government departments and bureaux, as well as contributions from different professionals and stakeholders are important. In line with the WHO guiding principles, these recommendations are directed towards three levels, namely, “Universal”, “Selective” and “Indicated” to cater for the needs of different populations and risk groups. Specifically, the following areas of services at different levels should be covered.

- (i) Universal prevention strategies, which are designed to reach all students, aim to maximise health, strengthen resilience and minimise suicide risk by removing barriers to care, increasing access to help and strengthening protective factors, e.g. stigma reduction associated with help-seeking behaviour, enhancing mental health literacy in schools, life education, parent education and home-school collaboration;
- (ii) Selective prevention strategies target vulnerable students such as those with family relationship problems and adjustment issues at school, emotion problems and self-injury behaviors. Examples at this level include gatekeeper training, early identification of and intervention for vulnerable and at-risk groups;
- (iii) Indicated prevention strategies target students with suicidal risk such as students displaying early signs of suicide potential or who have made a suicide attempt and students with family history of suicide. Examples at

this level include improved identification and management of suicidal behaviours and mental disorders.

4.4 In the long run, suicide prevention strategies and support services need to be continuously fine-tuned, monitored and evaluated in response to a rapidly changing society. The prevention measures put forward by the Committee are presented in the ensuing paragraphs. They are grouped under **FIVE** broad categories (i.e. Student Support (including home-school cooperation), Families, Media, Multiple Articulation Pathways and Related Views on the Education System) and **THREE** levels of support as promoted by WHO, targeting to address the existing service gaps. A summary of the recommended strategies by the Committee is illustrated in the diagram on the following page.

Summary of Recommended Strategies by the Committee



*Additional resources should be allocated to support the implementation of strategies

(i) Enhancement of Student Support at Schools and Post-secondary Institutions

4.5 The Committee recommends that measures focusing on the reinforcement of cross-sector coordination, promotion of mental health services through encouraging help-seeking and destigmatisation campaigns, as well as enhancement of school-based mental health support and programmes be strengthened in order to improve students' ability to cope with stress and nurture their holistic development, including their mental well-being. "Schools" below refers to primary and secondary schools while "post-secondary institutions" refers to institutions offering education at post-secondary level.

Universal Level of Work (to support students in general)

Promotion of Mental Well-being and Health

4.6 First and foremost, mental health promotion is a significant part of suicide prevention measures as it can help the public to understand more about the importance of maintaining mental well-being and raise their awareness towards mental health issues. With the case analysis conducted by the Committee in relation to the under-identification of students with mental health issues and low rate of seeking mental health services, it is proposed to raise awareness about mental health by enhancing mental health literacy of students, teachers and parents through mental health promotion campaigns and activities so that stigma associated with help-seeking can be reduced

and a supportive environment that encourages students to develop adaptive coping skills be created. Implementation strategies are suggested in the following paragraphs.

Cross-sector Collaboration

4.7 The Committee acknowledges that there are currently various mental health programmes developed and run by different bureaux/departments/organisations, but also notes that coordination among various sectors is inadequate. The Committee thus recommends strengthening cross-sector collaboration in promoting students' mental health in schools in an integrated manner. For example, riding on the platform of the Joyful@HK Campaign organised by the DH with a view to increasing public engagement in promoting mental well-being, the Committee proposes to organise a similar mental health promotion and anti-stigma campaign at schools. In this connection, the Joyful@School Campaign has been launched in schools jointly by the DH and EDB in the 2016/17 school year. With Members' opinions on the importance of raising awareness and reducing stigma, the Campaign aims at increasing students' engagement in promoting mental well-being through sharing, positive thinking and enjoyment of life, cultivating a positive and accepting culture towards help-seeking and receiving mental health services, as well as promoting knowledge on effective ways to handle challenging situations.

4.8 To facilitate schools to organise related activities in order to tie in with the Joyful@School Campaign, the Committee has suggested funding worthy projects proposed by schools that are related to promoting mental health education. Schools are encouraged to consider submitting applications to the Quality Education Fund for funding not exceeding \$150,000 to implement related activities under the Campaign. As for the form and mode of delivery of such activities, there need not be any standardised practices as schools would have different plans to cater for their own culture with circumstantial considerations. For example, schools can consider activities such as “School Retreat Day”, with the objective of giving students and teachers the time and space to relax and to reflect on the subject in a structured and meaningful manner.

School-based Mental Health Programmes

4.9 Apart from large-scale campaigns, under the framework of the school-based Healthy School Policy, the Committee encourages schools to promote and maintain the physical, mental and social well-being of students, to empower them with positive values, proactive attitude and skills to face the challenges in personal growth, thereby enhancing their adaptability and resilience against adversity, and promoting their mental well-being. Schools should also be encouraged to strengthen their mental health education to enhance students’ knowledge about mental disorders and cultivate a positive attitude of help-seeking through destigmatisation. Members

appreciate the existing mental health programmes and other school-based programmes aiming to increase students' resilience and adversity coping skills, such as the Understanding Adolescent Project, Personal Growth/Life Education, Enhanced Smart Teen Project, Life Education Interactive Learning Materials, and Adolescent Health Programmes that are currently implemented in schools in different modes. They stress that the EDB should work with different bureaux/departments and the school sector to review and consolidate these resources. They also suggest the EDB to facilitate schools to optimise the use of these resources and maximise students' learning opportunities.

Positive Culture

4.10 Members believe that it is important to create a positive, caring and supportive school culture for the holistic development of students. Schools should continue to strengthen elements of mental health and well-being, as well as life and death education through value education, aiming to, among others, enhance students' knowledge about mental health issues and cultivate a positive attitude of help-seeking through destigmatization among students. Related topics should also be offered to students in post-secondary institutions through general education or similar courses.

4.11 It is vital for schools to continue providing ample opportunities for students to experience success in different aspects of school life and foster a culture where students learn to appreciate their

strengths and diversity and have opportunities to demonstrate and further develop them at school. Schools and post-secondary institutions should continue to foster a positive culture, encouraging students to accept people with various difficulties such as those with disabilities and those who experience failures. Schools should be encouraged to continue reviewing their existing practices in the learning and teaching domain as well as homework and assessment policies on a regular basis to ensure that they are able to cater to students with different abilities and needs. Moreover, the EDB should continue providing additional resources to support schools to develop students' strengths and abilities as well as cater for diversity.

Home-school Collaboration

4.12 Members highlight that the collaboration between schools and parents are vital to the successful implementation of measures that promote students' holistic development and mental well-being. Schools are recommended to continue establishing close communication with parents regarding school-based policies and practices in respect of homework and assessment policies, and to strengthen existing communication channels for parents' suggestions and enquiries. In addition to enhancing the transparency of school-based policies, schools and/or parent-teacher associations are advised to offer parent training to enhance parents' understanding of students' learning and developmental needs. Effective parenting skills, strategies to promote students' mental well-being, and the

availability of multiple articulation pathways are some topics that could be discussed with parents. Schools can make good use of the annual Subsidy for Home-School Co-operation Activities or the Special Home-School Co-operation Grant disbursed by the EDB in March 2016 for organising different home-school activities based on different school circumstances and diverse student needs.

Facilitating Students' School Adjustment

4.13 Members are of the view that schools and parents should take an active role in helping students transit smoothly to new school environment. Communication platform between different levels of schooling, including kindergartens, primary schools, secondary schools and post-secondary institutions should be set up/strengthened so that schools of upper levels can have a better understanding of the developmental needs of their students for helping them to cope with the adjustment issues arising from transition. In this connection, the Committee has recommended the EDB to further promote the existing mechanism for schools to transfer students' related information to new schools. Schools should continue strengthening the education for parents to increase their understanding of the importance of continued intervention such that parents would give their consent to transfer the information.

4.14 It is noted that there was an increase of suicide cases in Secondary 1 and Secondary 4 in the 2015/16 school year. Hence, the Committee recommends the EDB to encourage schools to strengthen

the bridging programmes for Secondary 1 and Secondary 4 students with more emphasis on students' adjustment and adaptation, including topics such as self-esteem, problem solving skills, stress management, positive emotions and positive relationships. It is encouraging to note that some schools take the initiative to keep in contact with their students when the students transit to the next level of studies or leave school (including re-taking public examination). Such good practices should be promoted.

4.15 Post-secondary institutions should be encouraged to schedule a period of time for rest and relief during an academic term (e.g. a reading week or period) where appropriate to allow students the space and time to deal with their various issues and needs. Faculty members and hall wardens are encouraged to play an active role in helping the new students to adapt to the new environment. As one of the preventive measures, positive messages may be publicised on campus and strategically sent to students at critical times such as during the run-up to examinations and when a semester is approaching its end where most students are required to submit assignments.

Selective Level of Work (to support vulnerable students)

Conducting Gatekeeper Training for Early Identification and Intervention

4.16 Members view that early identification of students with mental health problems or suicidal behaviour for early intervention is

very important in prevention of student suicide. In order to provide timely support and intervention, joint efforts of mental health professionals, educators, parents and fellow students are indispensable. Regarding gatekeeper training for school teachers, the Committee has recommended a more structured training framework for teachers be developed by the EDB in coordination with other bureaux/departments/professional bodies and be launched in the 2016/17 school year to equip frontline teachers with skills and knowledge to early identify and support students at risk. Specialised training on mental health should heighten school teachers' sensitivity to identify at-risk students, such as those who engage in self-injury behaviours, as well as enable teachers to attune to the needs of these students and their families and refer them to mental health professionals when necessary. The Committee anticipates increased workload to schools in carrying out mental health promotion and other support measures. It is therefore suggested the EDB to explore additional resources for schools so that school personnel can render prompt support to those in need.

4.17 Members share that youth in need are more likely to reach out for help from their friends or teachers than counselling professionals with whom they are not familiar. It is therefore recommended that the EDB, relevant bureau/departments and professional bodies provide gatekeeper training for students to watch for signs of crisis in their peers. It is also suggested to educate students proper messages on how to respond to negative thinking and

suicide ideation/plan expressed by peers. Post-secondary institutions are also encouraged to strengthen gatekeeper training to equip university personnel such as faculty teaching staff, academic advisors/mentors, wardens, peer mentors, etc. with the skills and knowledge to support and refer students with suspected mental health issues to receive timely assistance.

Developing Screening Tools and Guidelines for Identification of At-Risk Students

4.18 To assist frontline educators and parents in the work of student suicide prevention, Members propose that additional screening tools, guidelines and materials to assist the identification of at-risk students be further enhanced and developed by the EDB and be ready in the 2016/17 school year. Members also encourage schools to share good practices on how to use existing resources and make adaptations to fit their students' needs. For post-secondary institutions, the Committee takes note that some institutions have been offering health screening to new students using effective channels such as completion of questionnaire through electronic means in order to help identify at an early stage students at-risk or those with a history of mental health problems, and encourage other institutions to follow suit.

Enhancement of Referral Mechanism for Mental Health Services

4.19 Members are of the view that the referral mechanism to mental health services and communication between healthcare and

education sectors should be enhanced. To further strengthen the referral arrangement of students to the Child and Adolescent Psychiatric Service under the HA, it is advisable for schools and EPs to regularise the practice of obtaining parental consent for making referral and for the HA to pass the psychiatric report to schools and EPs for follow-up actions. This is to enhance the communication between healthcare professionals and school personnel and to ensure timely and appropriate treatment and support for students with mental health issues. For post-secondary institutions, new students who have been identified as requiring counselling services, e.g. those with mental health and adjustment problems, should be provided with follow-up support services from professional counsellors and/or other forms of psychological and medical services when necessary.

Indicated Level of Work (to support students with suicidal risk)

Establishment of School-based Multi-disciplinary Platforms

4.20 Members view that students with suicidal risk or mental health issues require joint support of schools, families and mental health professionals. Enhancing the interface among medical, education and social service is a critical task that has to be strengthened to ensure students in need receive timely and appropriate mental health support services. To this end, a two-year pilot scheme named as “Student Mental Health Support Scheme” (Pilot Scheme) steered by the Food and Health Bureau (FHB) through the collaboration among the EDB, the HA and the SWD, was launched in

the 2016/17 school year. The Pilot Scheme sets up multi-disciplinary platforms at schools involving healthcare, education and social welfare professionals. Recommendations are given to revisit the scale of the services under the Pilot Scheme as well as to consider the regularisation of the services after the completion of the Pilot Scheme, with the enhancement of the multi-disciplinary professional teams in medical (including psychiatrists, psychiatric nurses, clinical psychologists and other mental health professionals), education and social welfare sectors.

Enhancement of Accessibility of Mental Health Services

4.21 Members show great concern over the long waiting time for the Child and Adolescent Psychiatric Service under the HA. The multi-disciplinary platform of the Pilot Scheme mentioned in paragraph 4.20 above would eventually alleviate the long waiting time upon its territory-wide implementation. Members consider that the Government should roll out the services territory-wide with adequate resources provided as soon as possible. The HA has also established a 24-hour psychiatric advisory hotline, namely “Mental Health Direct”. The hotline is operated by professional psychiatric nurses who will provide telephone support to patients, their carers and other stakeholders on mental health issues. The HA is recommended to further promote the hotline in the community so as to enhance the mental health support for people in need.

4.22 Post-secondary institutions are encouraged to ensure easy access to psychiatric and psychological services on campus or nearby health/hospital facilities for students identified to have mental health problems. Students should be informed and updated about the services through various means including printed materials and social media. Institutions are also encouraged to provide around-the-clock campus-run services (e.g. 24-hour hotlines) if possible to provide mental health first-aid to students in need. Alternatively, it is recommended that such service be provided through community mental health services network, so that students can seek help and support after normal working hours. The mode of operation (e.g. making use of community resources, run by post-secondary institution, run by a consortium of institutions, outsourced, etc.) could be deliberated by individual institutions.

Resources Support

4.23 Members note that the existing work on universal prevention strategies is fragmented. A designated school team or school personnel is needed to take up its leadership and ownership for better service coordination. Also, the selective prevention strategies, including gatekeeper training and use of screening tools, would be new initiatives to be introduced to schools. The indicated prevention strategies that mainly require cross-sector collaboration and services (i.e. the setting up of school-based multi-disciplinary platforms starting from the 2016/17 school year) would also require manpower support at

schools.

4.24 To ensure the enhancement of support to schools is effective, the Committee recommends that schools be given extra support such as provision of additional manpower and arrangement of specialised training on mental health. It is expected that through “train-the-trainer” mode, the designated personnel, if available, could empower other school personnel in providing universal, selective and indicated levels of support to students. Alternatively, schools could revamp their functional teams in order to set up a designated team related to mental well-being.

4.25 Post-secondary institutions should consider allocating more resources they receive from the UGC and other sources to enhance their promotion of mental health and well-being, screening services, gatekeeper training and follow-up support for students at risk.

(ii) Enhancement of Support to Families

Universal Level of Work

Enhancement of Family Life and Parent Education

4.26 Members note that issues in family relationship and adjustment are strong risk factors for student suicide as indicated in our analysis. On the other hand, strong family relationships are protective factors to combat suicide risk. In this connection,

Members opine that universal student suicide preventive measures targeting families should focus on enhancement of Family Life and Parent Education (FL&PE), hence supporting parents to adopt positive parenting practices which have been widely researched and found to build up self-esteem, mental well-being and resilience of young people to face adversities in life. The Committee recommends that the planning and delivery of the FL&PE be systematically coordinated by the SWD such that the concerted efforts of government bureaux/departments and NGOs could fill the service gaps (e.g. reaching the hidden parents) and provide parents with the services they need.

4.27 Members believe that all parents, regardless of their socio-economic status, could benefit from FL&PE. Based on the observation by the IFSCs and ISCs, the clientele of the FL&PE are mostly families with middle or low SES. Therefore the Committee recommends that the IFSCs and ISCs consider arranging outreach education programmes to cater for the needs of families of different strata including the hard-to-reach or even hidden parents, and the disadvantaged families which are busy to make ends meet, so as to facilitate their participation.

4.28 When providing parent education, it is recommended to outline solid practices on healthy family life and effective parenting skills. As proposed by some Members, parent education should also address the issues of some parents having unrealistic expectations and

exorbitant demands on their offspring, which have led to students' academic stress. The Child and Adolescent Psychiatric Centre of the Queen Mary Hospital in 2015 has developed the "Happy Kids Charter" and obtained positive feedback from the participating schools. Hence, Members suggest that the Committee on Home-School Cooperation take up an active role to promote the charter for schools and parents.

4.29 In order to arrange more training themes on FL&PE that respond to societal changes and support the United Nations' International Day of Families on 15 May annually to raise awareness towards family issues, it is recommended that the Government consider promoting a month as the "Family Month", pooling the Government and NGOs' efforts in promulgating meaningful themes such as positive communication within families (for example, references can be made to the United Nations' International Day of Families on 15 May of each year).

4.30 Members report that some secondary schools have successful practices in fostering positive communication between students and their parents, supporting them in going through the turmoil of adolescence. They suggest that the EDB arrange more sharing on these effective practices for schools and recognise the positive practices of schools. The Government may also consider conducting researches, for example, on how parents and children could effectively communicate in the 21st Century, especially with the widespread use of digital device.

Selective Level of Work

Providing Gatekeeper Training for Parents

4.31 Apart from gatekeeper training for teachers and peers, it is recommended more gatekeeper training for parents be arranged in order to develop their sensitivity to students' signs of mental health problems and prepare them to accept psychiatric intervention for their children when needed. With the widespread use of social media, it is also recommended that the warning signs of cyber bullying be included in the gatekeeper training so that parents could early identify their children in distress.

Providing Counselling and Support Services for Needy Parents

4.32 The Committee learns that the Maternal and Child Health Centres of the DH run parenting programmes including workshops and individual counselling for parents having difficulties in parenting. It is recommended that the parenting programmes be further promoted to parents and extended to prospective parents. Special attention should be paid to single, divorced/widowed parents and remarriage households.

4.33 There are currently 65 IFSCs and two ISCs providing intensive counselling, therapeutic groups and crisis intervention for individuals and families in crisis. Members suggest the SWD make use of the service network and conduct more promotion about the intensive counselling and support provided by the IFSCs, ISCs and

Integrated Community Centres for Mental Wellness so that the needy families could know what and how to seek help. The SWD is also recommended to consider streamlining the referral procedures to facilitate the needy families to receive timely service.

Indicated Level of Work

Publicising Outreach Services for Needy Families

4.34 Outreach services for families with members at risk of domestic violence or mental illness and those with social isolation are provided in a Family Support Programme rendered by the SWD and subvented NGOs for consideration of referral to a host of support services. Again, Members suggest the SWD widely publicise this follow-up and community support services so that the needy families could receive timely support.

(iii) Enhancement of Roles of Traditional and Social Media

Universal Level of Work

Promotional Use of Social Media

4.35 Regarding mental health promotion at schools, Members

recommend that the Government make good use of the social media in organising and propagating activities on mental health promotion. For example, collaborating with Facebook and YouTubers to promote the Joyful@School Campaign and spread the positive messages. Other means such as comic strips, cartoons, or poster/slogan designs that could be readily 'liked' or shared on social platforms could also be considered.

Advocating Responsible Media Reporting

4.36 Cross-sector collaboration is important and we should ride on the strength of those organisations working on suicide prevention with relevant studies. For example, the CSRP may help engage the media professionals and journalism students in promoting the appropriate and ethical practices of suicide reporting through the media, in collaboration with relevant professional bodies such as the Hong Kong Journalist Association and the institutions providing journalism training. The Committee appreciates the effort and initiative of the CSRP in publishing the handbook "Recommendations on Suicide Reporting & Online Information Dissemination for Media Professionals" and recommends that the CSRP continue to advocate the principles and guidelines therein to guide media professionals in presenting news or information involving suicides appropriately.

Selective Level of Work

Implementing Gatekeeping on Social Media

4.37 In view that the majority of students nowadays socialise in cyberspace, social media etiquette should be taught to prevent the occurrence of cyberstalking or bullying. Youth should also be educated proper messages on how to respond to suicide reporting through social media. It is appreciated that a “Help a Friend” booklet has been published by Facebook, the CSRP and NGO partners to act as a guide on how to help emotionally distressed or even suicidal individuals. Promotion of this booklet to youngsters and the public is recommended. Likewise, it is recommended to include in the training for students and teachers basic techniques on how to respond to friends or students in need (e.g. how to offer support, wordings to be used) through the social media and on how to make use of the user-friendly facility developed by Facebook and the CSRP to report suspected cases to relevant organisations so that the users suspected of suicide risk would receive automatic pop-up information on how to seek help. Gatekeepers should recognise their limitations and encourage youth at risk to seek professional help at appropriate time.

Strengthening Cyber-based Outreaching Services

4.38 Apart from using social media for gatekeeping, Members are of the view that cyber-based outreaching services are welcomed by the youth nowadays. Hence, Members suggest that while it is important

to strengthen human resources in providing support to the vulnerable youth, it is also advisable to support resources for cyber-based programmes. For example, the SWD commissioned three NGOs each to launch a cyber youth outreaching pilot project from 2011 to 2015. The Hong Kong Jockey Club Charities Fund is also funding a new 3-year project on cyber youth work starting from November 2015. It is recommended that the cyber-based outreaching services be considered the way forward subject to the review on the effectiveness of cyber youth work. Effort in using social media engagement with vulnerable youth should be further explored and supported.

Continuing Development of Online Screening Tools and Research

4.39 Cross-sector collaborative efforts should continue and be supported. For example, the CSRPs may line up with social media platforms in collaboration with related professionals to continue developing online suicide prevention tools to identify youth at risk and to connect them with professional support. Good practices of social media engagement with vulnerable youth may be promoted by the CSRPs and the knowledge shared in a wider community. It is also recommended that the CSRPs conduct ongoing research in understanding the pattern of social media usage of vulnerable individuals so that more timely intervention can be provided. Such effort should be supported.

(iv) Promotion of Multiple Articulation Pathways

Publicising Multiple Pathways

4.40 Some Members express the view that the availability of multiple articulation pathways after the completion of Secondary 3 is of critical importance to one's stress level, for the lack of which could contribute to a sense of hopelessness. Despite having multiple exits and re-entry pathways for students with diverse abilities and interests to consider during their senior secondary school years, some parents and students appear to be not fully informed of the alternatives available. On the other hand, some of them do not accept options other than articulating to universities as valued choices and this may raise the stress level of students. Thus, more work needs to be done in the secondary level to equip students and parents with the knowledge of multiple pathways and to promote the acceptance of different articulation pathways as valued choices for personal, academic and career development. It is thus recommended that the EDB in collaboration with schools and stakeholders continue to step up publicity about alternative pathways, job-tasting programmes and the Qualification Framework so as to help parents and students learn about the latest situation in life planning and make appropriate choices that suit students' abilities, interests and aspirations.

Facilitation of Career Exploration

4.41 Some parents might need to broaden their perspective and

accept that their children may benefit in post-secondary institutions providing vocational qualifications, as these programmes can better cater for their children's needs, interest and career aspirations. Schools should continue incorporating elements of career exploration in their curriculum planning and learning activities as well as helping students in need to explore multiple exit and re-entry pathways. The EDB in collaboration with schools and stakeholders should continue to step up career and life education to better prepare students in their exploration of multiple academic and career pathways, and to share the information with parents.

(v) Other Related Views on the Education System

4.42 Based on the existing available data and information, the analysis of the 71 suicide cases shows that the possible causes of student suicide involve multiple factors (including mental illness, relationship and personal problem, family discord, academic concern, etc.) and there is no substantial direct link between student suicides and the education system. Even though present findings obtained from evidence-based case analysis do not reflect that student suicides are originated from the education system, the Committee opines that it is important to review the relevant domains of the education system in order to strengthen the support and protect the students and youth from the risks of suicide. The following would be keys in enhancing support to students and youth:

- (a) Students and youth should be helped to strengthen their ability to handle stress, so that the knowledge, skills, beliefs and values, etc. they acquire in primary and secondary schools can effectively prepare them for coping with university life or challenges beyond secondary school life;
- (b) School is a very important place for young people to understand themselves, accept their limitations and develop their potentials. The sense of achievement attained while in school does not necessarily have to come from academic pursuit, but can be from other aspects of school life. Therefore, the system as a whole should recognise non-academic achievements; and
- (c) Students' talents and abilities in different fields should be recognised, appreciated and developed.

The Committee recommends that the EDB consider reviewing relevant domains in the education system, duly support and address the developmental and diverse needs of students and young people.

Conclusion

4.43 An extensive amount of international research has recognised the multi-causality of suicidal behaviour (i.e., the interplay of biological, psychological, social, environmental and cultural factors contributes to the act of suicide). It is of utmost importance that students are helped to build up close relationship with their friends, families and the community, making them feel supported, connected and cared for. It illustrates a clear need for multi-sector effort to tackle factors contributing to the phenomenon and help build the relationship students are in need of. Students, especially the vulnerable ones in dysfunctional families, should be provided with opportunities in the learning process to build good rapport with their classmates and teachers in school.

4.44 The recommendations put forward by the Committee are not meant to be exhaustive. Nevertheless, we aim to provide timely and effective measures in response to the sudden student suicide spate so as to tackle the copycat effect of suicides and to address immediate concerns of students, parents and teachers. Also, we try to provide some improved measures to enhance the mental well-being of our school children. We should keep in view related systems as well as monitor and evaluate the strategies to prevent student suicides. The suicide prevention strategies and supporting services could be evaluated continuously in response to the rapid change of our society. We should always be prepared to face the challenges ahead. It is

believed that with concerted effort of the Government, different stakeholders and the community at large, a comprehensive and integrated response to student suicide can be achieved and a caring environment can be cultivated to support students' well-being.

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**The Committee on Prevention of Student Suicides
Progress Report**

Preamble

1. This progress report aims to provide an update of the study of the possible causes of recent student suicides, to provide some recommendations to be implemented at the commencement or during the coming school year, and to report on the medium and long-term measures having been initially identified by the Committee on Prevention of Student Suicides (the Committee) in the past months.

Background

2. In response to the student suicide spate since the commencement of the 2015/16 school year, the Education Bureau (EDB) held an urgent meeting with representatives of different educational and professional organisations on 10 March 2016, and had put forward immediately five responsive measures¹ to address the issue, one of which is to set up a committee to look into the possible causes of student suicides and proposing short, medium and long-term measures to prevent student suicides at primary, secondary and tertiary education levels. Against this backdrop, the Committee was established on 30 March 2016. The Committee is chaired by Professor Paul Yip, the Director of the Hong Kong Jockey Club Centre for Suicide Research and Prevention at the University of

¹ The five responsive measures include (1) setting up the Committee on Prevention of Student Suicides, (2) conducting regional-based seminars for parents and teachers on ‘Emotional Quotient and Resilience Enhancement’, (3) conducting school-based talks on suicide prevention by educational psychologists, (4) forming a Special Team to provide additional support to schools on a need basis, and (5) developing an information kit on “Enhancing Life Resilience” for schools, parents and students. Also, each school is provided a sum of \$5000 to arrange for parent education to strengthen the awareness of student mental health.

Hong Kong (CSRP), with members comprising school, parent, youth and student representatives; professionals from the healthcare and social welfare sectors; and representatives of different government bureaux and departments. Its terms of reference and membership list are in Annex 1 and Annex 2 respectively.

3. To facilitate more thorough study in various areas, including the discussion of preventive measures at different levels, members agreed at the first meeting of the Committee to set up five Working Groups on Mental Health, Families, Schools, Media and Youth/Post-secondary Institutions to enable focused discussions. Other than Committee members, conveners of the Working Groups would engage experts and stakeholders of the sectors concerned on a need basis, so that the Committee can propose measures that are most appropriate and targeted.

4. So far, the Committee has held four meetings on top of the meetings arranged by respective Working Groups. After analysing recent student suicides with the support of the Police, Department of Health (DH) and Social Welfare Department (SWD), the Committee has deliberated on the recommendations put forward by the Working Groups on Mental Health and Schools. Initial findings and recommended preventive measures are set out in the ensuing paragraphs.

Epidemiology of Suicide: The Multifaceted Aspects of Suicide Behaviour

5. Suicide is a complex phenomenon influenced by multiple causal pathways and interacting factors. It has been widely established that no single cause or stressor is sufficient to explain a suicidal act in most circumstances. Research indicated that risk factors act cumulatively to increase a student's vulnerability to suicide whilst the presence of protective factors reduces suicide

risks (World Health Organisation (WHO), 2014). Careful collection and examination of data on suicide acts, as well as the study of risk and protective factors are fundamental to any effective response in suicide prevention. Such knowledge base provides important reference for the government, policy-makers and other relevant stakeholders in formulating responsive plans and comprehensive multi-sectorial strategies to prevent student suicides in Hong Kong. With the aforementioned objectives, research findings of global and local epidemiology of suicide will be set out in the ensuing paragraphs to provide an overview of international and local situations. In addition, preliminary findings of 34 student suicide cases between 1 September 2013 and 30 April 2016 in Hong Kong will be presented.

Global and Local Suicide Rates

6. According to the data provided by the WHO Mortality Database in 2012, there was an estimate of 804 000 suicide deaths worldwide, with an annual global age-standardised suicide rate of 11.4 per 100 000 persons (15.0 for males and 8.0 for females). For youths between 15 to 29 years of age, suicide accounted for 8.5% of all deaths and ranked as the second leading cause of death (WHO, 2014).

7. Based on the local study of this issue by CSRP, suicide rate in Hong Kong peaked in 2003 and had shown a downward trend since then. The Hong Kong age-standardised suicide rate (WHO as standard population weight) was about 14.7 per 100 000 persons in 2003 and dropped to 9.4 per 100 000 persons in 2012, which was lower than the global figure. According to CSRP, the Hong Kong age specific suicide rate for the group aged 15-29 in 2012, being 10.3 per 100 000 persons, was also lower than that of a number of other Western

and Asian countries, e.g. USA (12.7 per 100 000 persons), Japan (18.4 per 100 000 persons) and Korea (18.2 per 100 000 persons).

Suicide clusters

8. Analysing the cumulative number of student suicides by month, it was noticed that suicides occurred throughout the year, with relatively more cases occurring in the beginning of school year (September to November), and towards the end (May to June). However, there was no clear pattern of the timing of cases as the patterns varied each year. It was also noticed that there had been student suicide spates before, with five student suicides happened within the same month in January 1993, October 1996, June 1997, October 1999, September 2000 and February 2006. CSRP also had records of seven youth suicide clusters between 2002 and 2014 of individuals aged below 25. Previous research by CSRP had shown that suicide spates often coincided with extensive and sensational media coverage, indicating that media coverage could have contributed to copycat effect of suicide behaviour, which was consistent with global research findings.

Preliminary Local Findings on 34 Cases in the Past Three Years

9. In events of students suspected of committing suicide, EDB will provide professional assistance to schools in managing the impact of crises. For every fatal suspected student suicide case, a report would be compiled by EDB based on information provided by the school and the school social worker (if applicable), report from the educational psychologist on intervention and aftermath support, and observation from EDB's staff. The report would be forwarded to the police and coroner upon request. A Children and Adolescent Suicide Data Form would also be forwarded to the Centralised Statistical

Information System of the Labour and Welfare Bureau for statistical and research purposes.

10. Currently, our analysis is mainly based on the reports of 34 fatal student suicide cases collected from the past three school years (i.e. 2013/14, 2014/15, 2015/16 to date), with exclusion of cases as unclassified by the coroner. Using the data collected, we hope to examine in depth the circumstances contributing to death and identify a wide range of relevant antecedents and possible warning signs gathered from each of the 34 cases. Among these cases, 20 were males and 14 were females. They ranged from Primary 6 to Secondary 6, with ages spanning from 10 to 20. Initial analysis showed that the risk factors mainly fell into four major areas of concern, namely (i) Mental Health, (ii) Adjustment (Study-related and Family-related), (iii) Relationship (with Peers and with Family) and (iv) Emotion Problems².

Mental Health

11. It was found that about 20% of the cases had been diagnosed with mental illnesses, including early psychosis, depression and anxiety disorders. The global figure has shown that above 80% of completed suicidal cases had mental illnesses but only 10-15% of young people with mental health problems received help from existing mental health services (WHO, 2005). Hence, there exists a reasonable basis to believe that some cases with mental health problems might have been unidentified.

² It should be noted that the risk factors identified were based on classification of existing information in record and not from further investigation by EDB. These factors should therefore be seen as relevant but not causal to the death of the cases.

Adjustment

12. Adjustment issues were identified in about 80% of cases. More specifically, about 60% of the 34 cases showed adjustment issues related to education (recent transfer to a new school, grade retention, poor school attendance), while about 50% showed family-related adjustment issues (family debt or low income level, parents with serious illness or emotional problems, parents working or staying in the Mainland).

Relationship

13. About 85% of the analysed cases showed relationship problems. More specifically, about 40% of the 34 cases had peer relationship issues, such as difficulty getting along with peers and boy-girl relationship problems, while about 70% showed family relationship problems such as family discord, conflicts with parents and lack of family communication and support.

Emotion Problems

14. Emotion problems affected about 60% of the cases, including having negative thoughts about life, encountering immense academic-related stress, or having suicidal thoughts.

15. It should be stressed that over 90% of our pool of 34 cases showed complex pattern in more than one area of the above concern, and about 47% exhibited more than two areas of concern, showing that suicides have multi-factor causes, which is consistent with research results in other countries³.

³ Since psychological autopsy studies are being arranged and more data might be collected from the police investigation reports, these results would be adjusted when more information is gathered for further analysis.

16. Informed by global and local research findings, Committee Members supported the view that suicide was not caused by a single factor but was often preceded by various interacting risk factors that directly or indirectly contributed to the suicidal act. Prevention and intervention should therefore be set up and enhanced to address the wide range of contributing factors at individual and system levels. In particular, in view of the low rate of identified mental illnesses among the completed suicide cases, substantial effort should be placed on mental health service enhancement, such as raising awareness, improving access to service, providing training in early identification and reducing stigma. Efforts should also be made by other sectors such as schools, families, and social media to enhance the overall mental well-being of the population.

Recommendations

Short-term recommendations

17. The Committee highlighted the immediate need to enhance the school mental health services and therefore put forth the following short-term recommendations as interim measures which can also strategically address the high risk months at the beginning of a new school year:

Universal prevention strategies (reaching the entire school population):

- (i) Mental health promotion should be enhanced through coordination among different departments/ organisations in conducting various mental health programmes and anti-stigma campaigns in schools. Currently, the DH is running the Joyful@HK Campaign which involves different departments and organisations with a view to increasing public engagement in promoting mental well-being and to strengthening public knowledge and understanding about mental health. Hence, it is proposed that this existing platform be used to launch a similar mental health promotion and

anti-stigma campaign at schools (Joyful@School) in the 2016/17 school year. The campaign should include:

- (a) Increasing students' engagement in promoting mental well-being through sharing, positive thinking and enjoyment of life. Sharing key messages on Share, Mind and Enjoyment as advocated in the Joyful@HK Campaign to all students through activities at the whole-school platform, such as school assembly could be considered.
- (b) Cultivating a positive culture and attitude towards acceptance of help-seeking and mental health services among students and teachers/parents through school-based contests for students, parent involvement activities and teacher training.
- (c) Raising students' knowledge and understanding about mental health on effective ways to handle challenging situations including new school year, examinations and relationship with peers through social media, such as YouTube and Facebook, as well as school platforms could be conducted.

In this connection, schools are encouraged to review the existing programmes on mental health promotion and value education and to organise related activities to tie in with the campaign. For example, schools could consider activities such as "School Retreat Day" with the objective of giving students and teachers the time and space to relax and to reflect on the subject in a structured and meaningful manner. There need not be any standardised practices about the form and mode of delivery of such activities. Schools should formulate different plans according to their own culture with circumstantial considerations. To fund the worthy projects, the simplified application mechanism under the Quality Education Fund should be promoted under which projects related to topics on mental

health below a certain project cost, say \$150,000, could be processed according to streamlined procedures.

- (ii) Bridging programmes conducted by schools for Secondary 1 and Secondary 4 students should be strengthened with an emphasis on students' adjustment and adaptation rather than academic pursuit, which should include topics such as on self-esteem, problem solving skills, positive emotions and positive relationships⁴. More effective communication should be established between schools and parents of at-risk students so that these students could benefit from appropriate support in adjustment. In this connection, while EDB should enhance the existing mechanism for transferring students' related information to new schools, schools should strengthen the education for parents to increase their understanding of the importance of continued intervention such that parents would give their consent to transfer of information. Schools are also encouraged to support student transition through their career guidance and life planning services.

Selective prevention strategies (targeting at vulnerable groups):

- (iii) Early identification of and intervention for at-risk students should be strengthened through gatekeeper training targeting teachers to identify and assess the risks of students' suicidal behaviours. In this connection, a more structured training framework for teachers should be developed by EDB and launched in the 2016/17 school year.

⁴ A survey has been conducted by EDB to understand schools' existing practices of conducting bridging programmes for S1 entrants in April 2016. Over 80% of schools have returned the survey and all schools except three conducted bridging programmes to new students. These programmes varied in duration, spanning from a few days to two weeks. More than 70% of schools included school information, rules and regulations, support system at school as well as preparation/enrichment courses on language learning in their programmes. Only about 20% of schools included topics related to stress management/mental health.

- (iv) Screening tools and materials to assist the identification of at-risk students should be further enhanced and developed by EDB. The relevant refined tools and materials should be ready in the second half of the 2016/17 school year. Besides strengthening the identification of and intervention for students exhibiting suicidal behaviours, vulnerable students who are at an elevated risk level, such as those who have suffered trauma or abuse, and whose parents have mental disorders and /or suicidal attempts, should also be promptly identified and provided with intervention by school personnel, and referred for further professional support if problems persist.

- (v) In order to further strengthen the arrangement for referring the students concerned to the Child and Adolescent Psychiatric Service under the Hospital Authority (HA) for assessment, it is advisable for schools or educational psychologists (EPs) to regularise the practice to obtain parental consent both for making referral for psychiatric evaluation, and for the HA to pass the psychiatric report to schools or EPs for follow-up actions. This is to ensure timely and appropriate treatment and support for students with mental health issues.

Indicated prevention strategies (targeting at specific vulnerable individuals):

- (vi) Enhancing the interface among medical, education and social service is a critical task that has to be strengthened to ensure students in need receive timely and appropriate mental health support services. A two-years pilot scheme on setting up school-based multi-disciplinary platforms involving relevant healthcare, education and social professionals will be introduced by the Food and Health Bureau (FHB), in collaboration with EDB, HA and SWD starting from the 2016/17 school year, with a view to enhancing care and support for students with mental health needs. Recommendations are

given to revisit the scale of the pilot scheme as well as to consider regularisation of the scheme after its completion with the enhancement of the healthcare team with psychiatrists, psychiatric nurses, clinical psychologists and other mental health professionals.

Medium and long-term recommendations

18. For medium and long-term measures, suggestions have been made in respect of the following aspects:

- (i) Positive learning experiences should be created for students. In this connection, schools should review the existing practices in the learning and teaching domain as well as in homework and examination policies on a regular basis to ensure that they are able to cater for students' abilities, needs and capacity development. The sharing of good practices should be promoted and consolidated for schools' reference.
- (ii) Schools should be provided with additional resources to support students at risk as well as to promote mental health of students and implement mental health programmes, etc.;
- (iii) Mental health programmes and other programmes aiming to increase the students' resilience and adversity coping skills should be strengthened other than those as set out in paragraph 17 above;
- (iv) Gatekeeper training targeting peers to watch for signs of crisis in fellow schoolmates should also be developed; and
- (v) EDB in collaboration with schools and stakeholders should continue to step up the career and life education to better prepare students in their

exploration of multiple academic and career pathways, and to share the information with parents. In this connection, EDB should further promote multiple academic and career pathways among parents and the communities.

Efforts by Other Sectors

19. It should also be mentioned that multiple sectors of the community have been working actively to carry out various suicide prevention activities, contributing positively to the prevention of student suicides, examples of which are as follows:

- (i) It is encouraging to see a reduction in extensive sensational reporting in the media, reflecting their increased self-discipline in reporting behaviour.
- (ii) The social media has enhanced their support for individuals in need through promotion of online safety. Facebook has rolled out an online suicide prevention feature. When users notice any friends having suicidal tendency or exhibiting self-harm behaviour, they could report the case through the specified feature, which would automatically send helpful information on suicide prevention to the suspected user.
- (iii) To promote a gatekeeper mindset, CSRP together with Facebook, the Hong Kong Federation of Youth Groups, the Samaritans and Save the Children Hong Kong published a “Help a Friend” booklet to promote public awareness on suicide prevention and support vulnerable individuals. The booklet acts as a guide to the public on how to appropriately help emotionally distressed or even suicidal individuals.
- (iv) There have been individuals in the community making donations to fund suicide prevention activities conducted in post-secondary institutions.

For example, the WeCare Fund has been set up for supporting student-initiated self-help and/or mutual help projects for preventing youth suicide.

- (v) The UGC-funded universities are equipped with professional counselling units to screen students' mental health condition, promote mental wellness and provide counselling and related services to students. Corresponding resources are to be allocated to handle students' emotional and academic problems as well as to promote their mental well-being. Some universities adopt a positive psychology approach to enhancing students' resilience, including training for mental health ambassadors and peer counsellors, conducting seminars and organising activities to enhance students' abilities to cope with pressure, uphold positive values and maintain healthy physical and mental development.

Related Discussion

20. Members understood that the causes of student suicides involved multiple factors and there was no direct link between school pressure arising from the education system and student suicides. Nevertheless, some Members considered that it was important to address the stress in students' lives, EDB should consider reviewing the education system as a long-term measure. It was also proposed that a high-power advisory committee be set up to undertake a comprehensive review of the education system specifically to identify areas where excessive pressure might exist and, after consultation, to recommend what preventive and remedial changes might be introduced.

Tasks Ahead

21. The Committee will continue to examine the recommendations to be submitted by the Working Groups on Families, Media and Youth/Post-secondary Institutions in the coming months. To formulate holistic recommendations, the Committee will also consider further views from the Working Groups on Mental Health and Schools as and when appropriate. It is expected that a full report will be submitted to the Secretary for Education in late October.

Way Forward

22. The Committee sees a need for multi-sectoral collaboration between the education sector, health sector and social welfare as the way forward for student suicide prevention. Concerted efforts should be directed at developing comprehensive strategies such as the enhancement of public's mental health awareness, development of gatekeeper training and promotion of anti-stigma campaigns. We welcome suggestions from the community stakeholders for enhancing student suicide prevention work. Necessary resources should be sought to achieve a suicide prevention approach as set out above.

Committee on Prevention of Student Suicides

July 2016

**Terms of Reference
for the Committee on Prevention of Student Suicides**

Below are the terms of reference for the Committee on Prevention of Student Suicides:

- To study the possible causes of completed student suicides;
- To formulate responsive measures if the causes identified are related to the inadequacy of work on the education front and/or in other areas; and
- To propose to the Secretary for Education short-term, mid-term and long-term measures to prevent student suicides at primary, secondary and tertiary education levels.

**Membership List of
the Committee on Prevention of Student Suicides**

Chairperson

| | |
|-----------------------------|--|
| Professor YIP Siu-fai, Paul | Professor of Social Work and Social Administration, the University of Hong Kong Director of Centre for Suicide Research and Prevention, the University of Hong Kong |
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Vice-chairperson

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| Mrs WONG YAU Wai-ching, | Deputy Secretary for Education, Michelle Education Bureau |
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Members

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| Dr CHAN Kwok Ling, Phyllis * | Vice President (Censor/ Education) of the Hong Kong College of Psychiatrists |
| Dr CHOI Yuk-lin, Christine | Vice-chairperson of Hong Kong Federation of Education Workers |
| Mr FONG Ngai | Representative of Food and Health Bureau |
| Mr FUNG Hao-yin, Vincent | Representative of Home Affairs Bureau |

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| Ms HSU Siu-man | Supervisor of The Hong Kong Federation of Youth Groups |
| Professor HUNG Se-fong | Honorary Consultant (Psychiatry) of Kwai Chung Hospital |
| Mr LAI Tsz-man | Chairman of Hong Kong Aided Primary School Heads Association |
| Mr LAM Yat-fung, James | Chairman of Hong Kong Subsidized Secondary Schools Council |
| Mr LAU Ming-wai | Chairman of Commission on Youth |
| Ms LEE Suet-ying | Chairman of Hong Kong Association of the Heads of Secondary Schools |
| Professor LEUNG Seung- Ming, Alvin | Dean of Education, The Chinese University of Hong Kong |
| Mr NG Ka-him, Peter | Representative of Labour and Welfare Bureau |
| Mr SIN Kim-wai | Chairman of Subsidized Primary Schools Council |
| Ms SO Yim-fong, Tammy | Supervisor of School Social Work Office, Hong Kong Young Women's Christian Association |

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| Dr SO Yuk-chi, Cheryl | Senior Clinical Psychologist of Kwai Chung Hospital |
| Ms SUEN, Althea | President of the Hong Kong University Students' Union |
| Dr TIK Chi-yuen | Director of The Hong Kong Institute of Family Education |
| Mr TONG Sau-chai, Henry | Chairman of Committee on Home-School Co-operation |
| Mr TSANG Chi-to, Joseph | Chairman of Hong Kong Association of Careers Masters and Guidance Masters |

Secretary

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| Mrs Katherine YUEN | Chief Officer (Special Duty), Education Bureau |
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* Joining the Committee in May 2016

Focus of Discussion in Committee Meetings

| | Date of Meeting | Area of Discussion |
|---|------------------------|---|
| 1st Committee Meeting | 29 April 2016 | Local and global suicide figures; Findings of information available including mental health data on recent student suicide cases |
| 2nd Committee Meeting | 27 May 2016 | Recommendations of Mental Health Working Group |
| 3rd Committee Meeting | 24 June 2016 | Recommendations of Schools Working Group |
| 4th Committee Meeting | 13 July 2016 | Recommendations of Families Working Group |
| 5th Committee Meeting | 19 August 2016 | Recommendations of Social Media and Youth/Post-secondary Working Groups |
| 6th Committee Meeting | 4 October 2016 | Consolidation of the recommendations put up by the Working Groups |

Prevailing Services Related to Suicide Prevention and Support for Students’ Mental and Developmental Needs

Existing Services for Student Developmental and Mental Health Needs in Primary and Secondary Schools

| Domain | Programme / Service | Programme / Service Highlights |
|-------------------------------|----------------------------|--|
| Primary and Secondary Schools | Student Guidance Services | <ul style="list-style-type: none"> • The Student Guidance Services aim to increase students’ sense of belonging to schools, develop their problem-solving skills, and guide them to make appropriate decisions as responsible persons. The school guidance team works closely with the Student Guidance Personnel (SGP) in primary schools and the School Social Workers (SSWs) in secondary schools to ensure the implementation of Comprehensive Student Guidance Service. • For primary schools, the Comprehensive Student Guidance Service has been implemented since the 2002/03 school year and services are provided in different aspects including policy and organization, personal growth education, supportive service for staff and parents, as well as responsive service for students in need. • As for secondary schools, each school is provided with the service of SSW deployed from NGOs that operate school social work service. The SSW assists school in formulating policies related to whole-person development of the students, supports teachers through consultation and professional training, conducts preventive and developmental programmes for students, and promotes parent education and home-school collaboration. They also provide support to students with more serious emotional and behavioural problems as well as reach out to the students’ families in need. |

| Domain | Programme / Service | Programme / Service Highlights |
|--------|---|--|
| | | <ul style="list-style-type: none"> The EDB has organised diversified guidance and discipline programmes (e.g. the “Understanding Adolescent Project” for primary school students, the “Enhanced Smart Teen Project” in collaboration with disciplinary forces and uniform groups, the “Pupil Ambassador: Active, Bright and Caring” for secondary school students) to enhance students’ resilience through adventure-based, team-building and problem-solving skills training, as well as to cultivate their sense of dignity, self-discipline, responsibility and courage to face challenges. |
| | Career and Life Planning Service to Promote Multiple Study Pathways | <ul style="list-style-type: none"> The curriculum reform over the past decade has been underpinned by a student-centred approach, and schools are given support to flexibly adjust and formulate their school-based curriculum as well as teaching and assessment strategies to cater for students’ individual learning potentials. For instance, Applied Learning provides senior secondary students with wider subject choices to meet their different needs and interests. To facilitate easy access to information, the EDB has set up a webpage on life planning since May 2015, providing updated information on life planning for schools, parents and students under different thematic corners. Starting from the 2014/15 school year, the EDB has provided funding to schools operating classes at senior secondary levels to enhance the capacity of career guidance related teams, and to facilitate the coordination and implementation of career and life planning programmes. Other support measures provided by the EDB include consultancy school visits, structured trainings on career guidance and life planning for secondary school teachers, thematic seminars and workshops for teachers and parents, as well as enhancing the Business-School |

| Domain | Programme / Service | Programme / Service Highlights |
|--------|---|---|
| | | <p>Partnership Programme to provide more career-related activities and work experience opportunities for students.</p> <ul style="list-style-type: none"> To provide more diversified study pathways, the government has been adopting a two-pronged approach to promote the parallel development of both publicly-funded and self-financing institutions. Measures include increasing the number of degree and sub-degree programmes, developing the Diploma Yi Jin Programme and vocational and professional education courses, expanding the study pathways to the Mainland and overseas, as well as promoting the Qualifications Framework to encourage students to pursue life-long learning through diversified pathways for continuous development. |
| | Continual Teacher Training and Professional Support | <ul style="list-style-type: none"> Relevant training programmes have been provided annually by the EDB to equip school personnel with the knowledge and skills to identify and support students with behavioural and emotional problems, which include the Certificate Courses on Student Guidance and Discipline for primary and secondary teachers, the 120-hour thematic course entitled “Psychological Approach to Effective Strategies in Handling Students’ Challenging Behaviour”. Besides, teachers are also provided with structured training courses on supporting students with special educational needs pitched at Basic, Advanced and Thematic levels. Starting from the 2011/12 school year, the EDB has been collaborating with the HA to organise regional/ territory-wide seminars to enhance school personnel’s awareness of students’ mental health needs, covering topics of psychosis, depression and anxiety disorders. In the 2015/16 school year, the EDB worked with the Child & Adolescent Mental Health Community Support Project of the HA in developing teaching resources on |

| Domain | Programme / Service | Programme / Service Highlights |
|--------|---------------------|---|
| | | <p>depression and anxiety disorders.</p> <ul style="list-style-type: none"> • To support students with mental health needs, a guideline entitled <i>How Schools can Help Students with Mental Health Problems?</i> is included in the School Administration Guide to remind schools of their role in facilitating these students' adjustment when they resume school, in tandem with the medical treatment and rehabilitation requirements. Multi-disciplinary case conferences can be arranged when necessary for psychiatrists, medical social workers (MSWs), EPs and school personnel to identify appropriate support measures for the students. • The EDB provides the School-based Educational Psychology Service (SBEPS) which aims to assist schools in building a caring environment backed up by whole-school policies and sound mechanisms to cater for students with diverse educational and mental health needs. SBEPS renders remedial, preventive and developmental services at the school system, teacher support and student support levels. Teacher training in mental health is provided through staff development opportunities, early identification of at risk students, consultation on individual cases as well as collaborative work with school personnel on the planning and implementation of mental health programmes. |

Examples of Mental Health Support Implemented by Post-secondary Institutions

| Domain | Programme / Service | Programme / Service Highlights |
|-----------------------------|---|---|
| Post-secondary Institutions | Mental health promotion and anti-stigma campaigns | <ul style="list-style-type: none"> • Mental health support services are being implemented throughout the academic year, e.g. the Joint Institutions Student Mental Health Ambassadors Training Programme provides training for voluntary student health ambassadors who in turn conduct psychological first-aid to help their peers before professional help is obtained. These ambassadors also organise campus-wide mental health promotion programmes. • Mental health promotion and anti-stigma campaigns are implemented by the joint effort of different departments e.g., psychoeducational seminars, mass distribution of student souvenirs to convey messages of positive thinking and coping strategies. Social media (e.g., Facebook) is used as a medium for promoting mutual assistance and support among university staff and students. |
| | Buddy programmes | <ul style="list-style-type: none"> • Buddy programmes pairing senior students with freshmen have been implemented to promote freshmen's school and social adjustment. |
| | Enhanced professional training | <ul style="list-style-type: none"> • Additional training for university staff, resident tutors and school counsellors has been conducted to enhance their knowledge and skills in identifying and supporting students at risk and students with mental health issues. |
| | Professional counselling services | <ul style="list-style-type: none"> • The availability and accessibility of counselling services have been enhanced, e.g. 24-hour psychological counselling hotline and new specialty psychiatry services have been set up in some institutions • Close liaison has been established between institutions and community mental health services so that assistance can be rendered to students in need. |
| | Enhanced crisis management mechanism | <ul style="list-style-type: none"> • The crisis management mechanism has been fine-tuned to enhance the overall capacity of tertiary institutions in handling crisis and conducting postvention. |

Examples of Medical/Mental Health Services provided by the Medical and Social Welfare Sectors

| Domain | Programme / Service | Programme / Service Highlights |
|----------------------------------|---|---|
| Medical / Mental Health Services | Student Health Service for P.1 to S.6 students (DH) | <ul style="list-style-type: none"> • Students are provided with an annual screening on physical and psychological health. • Individual counselling and follow-up support are arranged for students with mental health / health concerns. • Talks and activities related to physical and mental health promotion are conducted at schools regularly. |
| | Student Health Service for Adolescence - Adolescent Health Programme (DH) | <ul style="list-style-type: none"> • A three-year basic life skills training programme for S.1 to S.3 students are available, which includes a range of topics relate to students' mental well-being e.g., emotion and stress management. • Outreach health promotion programmes (e.g., anxiety, adversity, and conflict management) are available for students, teachers and parents. |
| | Child Assessment Service for children under age 12 (DH) | <ul style="list-style-type: none"> • Multidisciplinary assessment and rehabilitation services for children with developmental disabilities. • Schools can seek expert advice and support by contacting the 7 district centres directly. • Parent resource libraries and parenting training are available at all Child Assessment Centres. |
| | Early Assessment Service for Young People with Psychosis (E.A.S.Y) (HA) | <ul style="list-style-type: none"> • Multidisciplinary mental health service is available for youth from aged 15 with early psychosis to provide assessments and therapeutic treatment, including medication, psychological therapy and rehabilitation plans. • The programme operates in 7 district centres and suspected cases may be referred via its hotline, website or direct contact with the centres. |

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| | Clinical Psychological Service (SWD) | <ul style="list-style-type: none"> • The 5 Clinical Psychology Units provide psychological services to the general public. Target clients include individuals with emotional/behavioural problems undergoing issues in marriage and family relationships, child-management, child abuse, reactions to trauma and tragedies, and other adjustment problems. • When necessary, Clinical Psychologist may refer the clients for further services such as residential placement and psychiatric treatment. |
| | Medical Social Services (SWD) | <ul style="list-style-type: none"> • MSWs are stationed in public hospitals and some specialist out-patient clinics to provide timely psychosocial intervention and follow-up support to patients and their families in order to help them cope with or solve problems arising from illness, trauma or disability. • MSWs help to link up necessary medical and social services to facilitate patients' recovery and rehabilitation in the community. |

Examples of Social/Family Welfare Services Provided by the Government and Non-governmental Organisations

| Domain | Programme / Service | Programme / Service Highlights |
|-----------------------|--|--|
| Social/Family Welfare | The Family and Child Protective Services Units (FCPSUs) | <ul style="list-style-type: none"> • Social workers of the FCPSUs, clinical psychologists of the SWD and police officers of the Child Abuse Investigation Units form the Child Protection Special Investigation Team for joint investigation. Multi-disciplinary conferences are held to discuss the welfare plans for abused children and their families. • The FCPSUs also launch public education programmes for prevention of domestic violence and child abuse. |
| | Family Crisis Support Centre (Caritas-Hong Kong) | <ul style="list-style-type: none"> • The Centre aims at tackling family crisis and provides integrated and easily accessed services e.g., a 24-hour hotline service, short-term emergency intervention with overnight accommodation, temporary retreat etc. • The Centre has established an effective referral network and collaboration with other service organisations and professionals such as the police, hospitals and welfare units, etc. |
| | Multi-purpose Crisis Intervention and Support Centre (CEASE Crisis Centre - Tung Wah Group of Hospitals) | <ul style="list-style-type: none"> • The Centre provides comprehensive crisis intervention and support service to victims of sexual violence and individuals/families facing domestic violence or in crisis, and to link them with appropriate health care and social services units. • The CEASE Crisis Centre, with its address kept confidential, has a short-term accommodation service for assisting victims who are temporarily not suitable to return home. |
| | Residential child care services (various NGOs) | <ul style="list-style-type: none"> • These services are provided for children and young persons under the age of 21 who cannot be adequately cared for by their families. Foster care, small group homes, emergency care in small group homes, children's reception centres, children's homes, etc. are provided. |

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| | Family Support Networking Teams (NGO-FSNTs) | <ul style="list-style-type: none"> The Family Support Networking Teams provide outreaching and networking as well as timely intervention services to vulnerable families in old urban areas. The 7 NGO-FSNTs are in service at present in identified priority areas. |
| | Integrated Family Service Centres (IFSCs) (run by SWD and subvented NGOs) | <ul style="list-style-type: none"> Each IFSC is consisted of family resource unit, family support unit and family counselling unit. At present, there are 65 IFSCs over the territory and 2 Integrated Services Centres in Tung Chung to provide a range of family services, such as enquiry service, resource corner, family life education, parent-child activities, group work service, programme activities, volunteer training and service, outreaching service, counselling and referral service, etc. |

Examples of Multi-disciplinary and Cross-sector Community Support for Children and Youth

| Domain | Programme / Service | Programme / Service Highlights |
|-----------|--|--|
| Community | Integrated Children and Youth Services Centres (ICYSCs) and Children and Youth Centres (CYCs) (various NGOs) | <ul style="list-style-type: none"> The 138 ICYSCs and the 23 CYCs in the territory are run by different NGOs for children and youth aged 6-24. The centres provide guidance and counselling services, support service for young people in disadvantaged circumstances, socialisation programme and social responsibility and competence enhancement programmes. Other programmes available include drop-in service, interest groups, summer youth programmes etc. |
| | The Committee on Services for Youth at Risk (CSYR) | <ul style="list-style-type: none"> CSYR is a forum to facilitate multi-disciplinary, cross-sector, cross-bureau/department coordination and collaboration to enhance services for young people. It meets regularly to examine current youth issues and recommend measures to address the changing and multifarious needs of young people as well as to enhance interfacing at service policy and working level. It is chaired by the Director of Social Welfare, with members from Labour and Welfare Bureau, Security Bureau, Home Affairs Bureau, EDB, Hong Kong Police Force, DH, SWD, Action Committee Against Narcotics, Committee on Home-school Co-operation, tertiary academic institutions, education sector as well as NGOs. |
| | Departmental Hotline Service (SWD) | <ul style="list-style-type: none"> The SWD hotline provides information on welfare services in the form of voice messages or facsimile transmission to callers through a 24-hours interactive voice response system. The Hotline social workers operate from 9:00 am to 5:00 pm on Mondays to Fridays, and from 9:00 am to 12:00 noon on Saturdays to provide counselling, support and advice and arrange appropriate follow-up services for those in need. |

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| | | <ul style="list-style-type: none"> • Outside the duty hours and on public holidays, callers can choose to transfer their calls to the Hotline and Outreaching Service Team operated by Tung Wah Group of Hospitals for social workers' assistance, or may leave their message on the recording machine. |
| | <p>Hotline Service for Youth at Risk (The Hong Kong Federation of Youth Groups)</p> | <ul style="list-style-type: none"> • HKFYG operates Hotline Service for Youth at Risk under the subvention of the SWD and provides over-the-phone guidance, face-to-face counselling, and referral to other service units, etc. • Their hotline service runs between 2:00 pm to 2:00 am from Mondays to Saturdays and serves youth between the ages of 6 and 24. |

Appendix IV

Policies and Practices of Suicide Prevention in Other Countries

Much research has been done in past few decades to accumulate knowledge on effective suicide prevention practices. This section gives a brief account of two examples, that is, the preventive practices in Japan and Australia, highlighted in WHO documents which had been proven effective in their respective locations. The two examples are chosen due to their comprehensive and multi-sectoral approaches that are in line with the WHO recommendations.

Case Example 1: Japan (WHO, 2014)

Japan underwent a period of marked increase in suicide rate in the late 1990's. The increase in number was most prominent among middle-aged men, which was believed to be related to the socioeconomic problem in Japan at the time. Up till then the topic of suicide was a taboo and rarely discussed. Only in mid-2000's, suicide began to be viewed as a "social problem" and LIFELINK (a NGO) collaborated with the parliament to organize the first forum on suicide and urge for comprehensive suicide prevention in 2005. Subsequently, Japan's Basic Act for Suicide Prevention was signed into law in 2006, and the "General principles of suicide prevention" policy was enacted in the next year. The policy supported that prevention, intervention and postvention work should be done with close cooperation between stakeholders. Meanwhile, funding was secured to reinforce suicide prevention activities, including strengthening public awareness campaigns during the high-risk month of March, which the government later designated as the National Suicide Prevention Month. The government also mandated the police to release municipal-level suicide statistics every month for the government's data collection for evaluation and planning purposes.

The policy was revised regularly to align resources and emphasis of support areas.

Following these actions, starting in 2009, a gradual decline in suicide numbers was observed, which by 2012, the number had fallen to below 30 000 - for the first time since 1998 when the suicide rate shot up from 24 391 to 32 863. Though the suicide rate for young people continued to rise, the preventive measures targeting the previous high-risk group of middle-aged and older persons had been effective.

This example showed the effectiveness of taking an evidence-based approach, having various inputs such as a national policy to address the issue, multi-sectoral collaboration led by Ministry of Health, secured funding and access to data, and obtaining measurable outcomes through continuous evaluation of intervention effectiveness. Anti-stigmatisation was achieved in the process, facilitating a cultural change and heightened awareness in suicide prevention.

Case Example 2: Australia (WHO, 2010)

Australia adopted a public health approach to reducing suicide and suicide attempts among young people by implementing the National Youth Suicide Prevention Strategy (NYSPS) from 1995 to 1999. Under NYSPS, AU\$ 31 million were allocated to support youth-specific health and social services, including primary intervention programmes and secondary and tertiary prevention initiatives. Dramatic reduction in young male suicides (from 40 per 100 000 in 1997 to 20 per 100 000 in 2003) as well as significant improvements in mental state before and after counselling were observed following the implementation of these measures. The positive result of NYSPS encouraged the government to extend the programme to other age groups under the National Suicide Prevention Strategy (NSPS) from 1999 to 2006. NSPS operated under the framework titled “Living Is For Everyone (LIFE) Framework”. A total of AU\$ 10 million annually for seven years was allocated to 22

national initiatives that covered universal, selective and indicated levels, with an emphasis on young people and Aboriginal and Torres Strait Islander people. Annual suicide rate was significantly reduced for both males (from 22 to 17 per 100 000) and females (from 5 to 4 per 100 000) during the period from 1999 to 2004. Evaluation was done in 2006 and the result supported the launch of a new phase of suicide prevention initiatives afterwards.

In this example, Australia demonstrated the effectiveness of having national health programmes that were informed by empirical data gathered from regular evaluation of programmes, supported by cross-sectoral 3-tier intervention system, and clear aim to address the needs of different groups and cultures in the population.

Acknowledgements

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