Suicide is one of the leading causes of death in Hong Kong. The suicide rate has experienced a significant increase from 12.5 in 1997 to 18.6 (per 100,000) in 2003, a nearly 50% increase for the seven-year period. However, it went down to 12.7 in 2012 with a phenomenal reduction of 31.7%. The reduction of suicides is considered to be a success generated by the collaborative efforts from stakeholders at all fronts in the community. It is evident that mental illness is a strong risk factor of suicide but over 65% of suicide deceased victims had made no contact with psychiatric services before they died. The non-contact group of suicide, which was mainly associated with depression and anxiety, unmanageable debts, and a relatively stable employment at the time of death, in general were not found being discriminated by the highly subsidized health care provided by public hospitals system based on their financial status in comparing with the contact group. A qualitative study on patients survived from nearly lethal attempts revealed that those who had strong intention to die tended not to consider seeking help from individual-based mental health services before contemplating the fatal acts. The higher their suicide intent of the patients, the lower their perceived needs and the greater their resistance to receiving healthcare services. Some of them often experienced a fragmented and circular pathway to care before the index self-harm episode. This silent non-contact group of suicide is considered a difficult high-risk group to be reached by healthcare professionals. Effective suicide prevention that can significantly reduce the suicide rate requires offering evidence-based treatment not only to those who have been known to but also those who are beyond the reach of the healthcare system. In addition to the advancement of conventional individual-based clinical services, a number of universal and selective strategies based on the public health approach have shown promising evidences in reducing suicide deaths in Hong Kong, such as restricting access to suicide means, responsible reporting on suicide news, training for gatekeepers, mental health literacy programs, and community-based suicide prevention measures. The reduction of suicide rate in Hong Kong is unusual and unique in comparing to that of other Asian Countries. It has highlighted the importance of participation from the wider community. Results of a number of interventional studies and their implication on front-line practice will be discussed in detail in the presentation.

Frances YW Law, Ph.D., MSW, RSW
Assistant Professor, Department of Social Work and Social Administration
Associate Director, The HKJC Centre for Suicide Research & Prevention
The University of Hong Kong

She was trained and practiced in social work both in Hong Kong and California, USA. She joined the Befrienders International Hong Kong Regional Office in setting up a 24-hour suicide prevention hotline service in 1994 and the first outreach program for suicidal elderly in Hong Kong in 1998. She served as the Project Director of the HKJC Centre for Suicide Research & Prevention at HKU from 2002 to 2012. She has made considerable contributions to the integration of research and practice in suicide prevention. She not only has extensive experience in front-line practices, training for trainers, service development, strategic organizational development, and fundraising for innovative projects, but also a track record in research and publication.