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Hong Kong Youths' Attitudes towards Suicide, Coping Strategies and Online Help-seeking

香港青少年對自殺的態度、應對策略及網上求助之研究

Principal Investigator :

首席研究員 :

Professor LAM Tai Pong

林大邦教授

Institution/Think Tank :

院校 / 智庫 :

The University of Hong Kong

香港大學

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Hong Kong Youths' attitudes towards suicide, coping strategies

and online help-seeking

香港青少年對自殺的態度、應對策略及網上求助之研究

FINAL REPORT

Principal Investigator

Prof LAM Tai Pong

Clinical Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Co-Investigators

Prof YIP Siu Fai, Paul

Chair Professor & Director, Centre for Suicide Research and Prevention, The University of Hong Kong

Dr LAM Kwok Fai

Associate Professor, Department of Statistics and Actuarial Science, The University of Hong Kong

Dr LO Tak Lam

Former Hospital Chief Executive, Kwai Chung Hospital

Dr CHAO Vai Kiong, David

Chief of Service and Consultant, United Christian Hospital and Tseung Kwan O Hospital

Prof MAK Ki Yan

Honorary Professor, Department of Family Medicine and Primary Care, The University of Hong Kong

Dr LAM Wing Wo

Honorary Clinical Assistant Professor, Department of Family Medicine and Primary Care,
The University of Hong Kong

Research Team Members

Chen Shiqi, Sikky

Chan Hoi Yan, Stephanie

Dr Sun Kai Sing, Tony

Tang Wai Sin, Magdalene

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EXECUTIVE SUMMARY

Abstract

Background: Youth suicide has been a global public health issue and recent spate of student suicides had aroused much concern in Hong Kong. Past studies reported prevalence of suicidal thoughts and attempts between 10 to 20% of adolescents worldwide. Little was known regarding the attitudes of local youths towards suicide, how they would react to, and cope with suicidal thoughts and behaviors. Overseas studies found a significant relation between attitude towards suicide and suicidal risks, and maladaptive and avoidance coping strategies were often employed by high-risk group. Our previous study on help-seeking suggested that young people tended to under-identify their distress and not seek help. The global trend of youth preference to express distress or look up self-help resources at online platforms reflects the need to understand the role of social media in alleviating stress for the youths.

Objectives: To explore the relationship between youths' attitudes towards suicide, coping strategies and the use of social media, and the impact on their suicidal ideation and attempt.

Methodology: A mixed-methods approach was adopted with both qualitative and quantitative studies conducted to collect data on young people's attitudes towards suicide, their source of distress and coping strategies, suicidal behaviors and online help-seeking experiences of their own and peers. Qualitative data collected from focus group and individual interviews provided relevant vocabularies and meaningful options for the questionnaire design used in the subsequent school survey across Hong Kong as well as offered elaboration for the quantitative findings. Based on purposive sampling to ensure a wide range of participant backgrounds, youths aged 15-19 were recruited via referrals for qualitative interviews until the point of data saturation. All group/individual interviews, each lasted between 1 and 1.5 hours, were audio-recorded and transcribed verbatim for content analysis. A cross-sectional survey was conducted across secondary schools in Hong Kong during the beginning of school term in 2019. A total of 1,704 Secondary 4-6 students from 9 participating schools attended an interactive talk on life education before completing a self-administered questionnaire. Descriptive statistics,

factor analysis, multivariable regression analysis, logistic regression, *t*-test, analysis of variance, and Pearson Chi-squared tests were employed for data analysis and comparisons between those with suicide ideation/attempt and those without.

Results

Qualitative findings: Six focus group and 12 individual interviews were conducted with a total of 43 participants recruited including suicide attempters. Participants exhibiting a negative attitude towards suicide would consider it selfish, emotionally unacceptable and meaningless. Some might identify with the attempters while others would be indifferent and believed suicide could not be prevented. Their attitude might turn sympathetic if the suicide person was someone they knew.

Participants also attributed suicide attempts to psychological needs unfulfilled and considered having dreams about the future and social support as protective factors. Their stressors included a host of factors ranging from academic pressure, to relationship problems, peer comparison, bullying, teachers' punishment and social movements. Both passive and active coping strategies were used which included avoidance, ignoring, seeking or providing comfort and companionship, staying optimistic, and self-reflection. While participants claimed that online expression provided anonymity and a buffer to share and react, the lack of trust and privacy led suicide attempters seldom sought help via social media.

Quantitative findings: A total of 1676 valid questionnaires were collected among the 9 participating schools. Followings are the key findings:

- Suicide prevalence and attitude

Among the 1,643 survey respondents, 415 (25.3%) had exhibited suicide ideation in the past 12 months and 61 (3.7%) had actual attempt, while only 22 attempters had sought help. A more supportive attitude prevailed among the respondents, the majority of whom agreed with items about not criticizing people who commit suicide (90.5%), nobody understand what the person who wants to commit suicide is thinking (77.4%), suicide being a relief (77%), and the right to end one's life (75.8%). Significant correlations were found between suicidal ideation and

attitude towards suicide. Those who had no suicide ideation held a more negative attitude while those with suicide/attempt tended to show more support and sympathy/empathy towards suicide. Respondents who were male, religious believer, studied in higher forms with better school banding were more negative about suicide.

- Sources of distress

Academic pressure (82.5%) was the most cited source of distress, followed by feeling lost about the future (50.4%). In comparison, more respondents with suicide ideation felt distressful about family conflicts, relationship issues, bullying, and lack of self-value, while conflicts with classmates/friends were significant source of distress for most suicide attempters. Hopelessness (74.1%) and “life is meaningless” (57.6%) were regarded by most respondents as the reasons for suicide.

- Coping with peer suicide and self-distress

Respondents were more willing to seek help to deal with their peers’ suicidal behaviours. These included seeking help from others (79%), assisted in problem solving (63.8%), keeping them company (63.7%), and persuading them to seek help (51.9%). At times of self-distress, nearly 70% would find someone to talk to among which the without suicide ideation/attempt group was the majority. They were also more likely to seek help from friends and families. Those with suicide ideation tended more to isolate themselves, cry, vent online, and self-harm when in distress, despite their greater inclination to seek help from online friends for peer suicide than others. The suicide attempters, on the contrary, preferred more to keep secret for their suicidal peers and were less likely to seek help. Professional help and hotline services were rarely consulted. Concern about stigmatizations, confidentiality and effectiveness were the main barriers to help-seeking.

- Online help-seeking and expression

Instagram (63%) and WhatsApp (55.3%) were the most commonly used social media among respondents with nearly half of them used it for expression of feeling/emotion (46.5%), life sharing (43.9%) and life recording (42.4%). Most respondents disagreed that online expression was to attract “likes” and attention-seeking, more than half agreed that receiving

encouragement (65.4%), venting of emotion (60.1%) and easier to share worries (48.1%) were the benefits. Those who had expressed relationship problems online and sought help from net friends found online expression useful and encouraging. Those with suicide ideation were also the ones who spent more time on social media and expressed emotions online.

- Strategies for suicide prevention

Supporters of open discussion on suicide found it useful for emotional support (71.6%), while 56% thought suicide too heavy a topic for discussion at schools. Significant correlations were found between supportive attitudes towards suicide and self-value recognition as preventive strategy, negative attitudes correlated with school counselling and life education programs for prevention, while those who had sympathy/empathy towards suicide preferred communication and social skills improvement.

Conclusions: Students' attitudes towards suicide were not static and would change under specific context and scenario. While the suicide ideation/attempt groups experienced more family conflicts, relationship problems, bullying and feeling lack of self-value, their self-confined ways of coping also differentiated them from the others, it also reflected the importance of having successful help-seeking experience especially for the suicide attempters. Peer support was important both in peer suicide and self-distress. Students agreed that online platforms provided buffer and support for its users but few had really tried to seek help from there. Fostering a "I here you" culture in school and society will enhance the role and positive function of peer-to-peer learning and support.

Keywords: attitudes; coping strategies; online help; suicide prevention; youth suicide

研究摘要

背景：青少年自殺問題一直是環球公共衛生議題，近年學童自殺數字飆升，更引起香港社會廣泛關注。調查顯示全球青少年的自殺行為比率介乎 10 至 20%之間。針對本地青少年對自殺的態度、他們如何處理自殺念頭及行為的研究則為數不多。外國調查發現對自殺的態度與自殺風險有密切關係，而風險愈高的青少年則更易使用負面及逃避的方法來應對問題。研究亦顯示青年人受情緒困擾時，往往不自知和求助率偏低。他們亦較易使用負面或逃避的方法處理。此外，青年人偏好在網上表達情緒及搜尋資訊，反映社交媒體有一定角色。

研究目的：本研究旨在探討青少年對自殺的態度、他們對自己或朋輩萌生自殺念頭及計劃輕生的應對策略，並探究社交媒體如何協助青少年處理情緒困擾及自殺行為。

研究方法：本研究採用定性及定量的混合方式，收集有關青少年對自殺的態度、情緒壓力來源及應對策略、自己或同儕的自殺行為及網上求助經驗。首先透過轉介招募15至19歲來自不同背景的青少年參與聚焦小組及個人面談，從中蒐集意見直至沒有新的主題和想法。所得的數據亦為後期的問卷設計及分析提供資料及補充。學校問卷調查於2019新學年開課期間進行，邀請本地9間中學共1,704位中四至中六學生參與生命教育互動講座後再填寫問卷，然後將問卷收集的數據進行一系列量化分析。

研究結果

定性數據：共進行 6 個小組討論及 12 次個人面談，參與總人數為 43 其中包括曾試圖自殺的青少年。對自殺抱負面觀感的受訪者認為自殺是自私行為、情緒上難以接受及無意義的。有部分受訪者會認同自殺者的取向和決定，另外有些則表達事不關己的立場，並認為自殺是無法防止的。但若自殺者是受訪者認識的，後者的態度便會轉趨同情。

受訪者把自殺歸咎於心理需要的缺失，並視擁有夢想和社交支援為防衛因素。他們的情緒和壓力來源包括學業、關係問題、同儕比較、欺凌、老師責罰及社會運動。面對朋友自殺或自身困擾時，受訪者除了被動應對例如逃避、忽略問題之外，也會採取積極策略如向朋友傾訴，尋找慰藉、陪伴、保持樂觀和自我反思。雖然上網可以隱藏身份有利分享，並提供緩衝，避免即時回應，但因缺乏信任和私隱問題，自殺者均很少在社交媒體上求助。

定量數據：從 9 間參與問卷調查的學校共收集 1,676 份可用問卷並進行分析, 主要結果如下：

- 自殺比率及態度

在 1,643 位受訪者中, 有 415 (25.3%) 人曾於過去 12 個月想過自殺, 其中 61 (3.7%) 人付諸實行, 但只有 22 人曾經求助。受訪者對自殺較多抱支持的態度, 絕大部分認為不應站在道德高地批判自殺的人 (90.5%), 無人會知自殺的人在想什麼 (77.4%), 贊同自殺有時是一種解脫 (77%), 以及每人都有權利結束自己的生命 (75.8%)。自殺念頭與自殺的態度有明顯關係。沒有自殺念頭的受訪者對自殺的態度較負面, 曾有自殺念頭或試過自殺的受訪者則較接受和表示同情和理解。而男性、教徒、就讀高年級及成績較好學校的受訪者亦傾向否定自殺。

- 情緒及壓力來源

學業壓力 (82.5%) 是最多受訪者經驗的壓力來源, 其次是對前途感到迷茫 (50.4%)。相比之下, 曾有自殺念頭的受訪者更多承受源自家庭衝突、感情問題、校園欺凌和自我價值缺失的壓力; 而試過自殺的受訪者則更多表示壓力來自與同學/朋輩的衝突。絕望 (74.1%)、生命無意義 (57.6%) 則是最多人認為觸發青少年自殺的原因。

- 同儕自殺及自身困擾應對策略

受訪者較多使用積極的方法來應對朋友的自殺問題, 包括向別人求助 (79%)、協助解決問題 (63.8%)、陪伴 (63.7%)、游說對方求助 (51.9%)。當感到自困時, 接近七成受訪者會向別人傾訴, 其中又以沒有自殺念頭的一群佔最多, 他們也更傾向朋友和家人求助。曾有自殺念頭的受訪者則傾向「玩自閉」、哭泣和在網上宣洩情緒, 雖然他們比其他受訪者會更多向網友傾訴有關朋友自殺的問題。這方面試過自殺的受訪者更多選擇為想自殺的朋友守秘密, 而且也較不傾向求助。受訪者均絕少向專業人士求助或使用熱線服務。擔心被標籤、保密問題及懷疑成效是求助的主要阻力。

- 網上求助及情緒表達

Instagram (63%) 及 WhatsApp (55.3%) 均為受訪者最常使用的社交媒體, 過半數或接近一半會透過它們表達自己的情緒 (63.8%)、分享生活 (43.9%) 及記錄生活 (42.4%)。大部分受訪者不同意在網上表達情緒是為了「呃 like」和吸引別人注意。超過一半認為可在網上獲得鼓勵 (65.4%)、宣洩情緒 (60.1%) 及較易分享憂慮 (48.1%)。那些受感情問題所困或曾向網友求助的受訪者均認為網上表達情緒有用及令人鼓舞。曾有自殺念頭的受訪者也是較多使用社交媒體和在網上表達情緒的一群。

- 預防自殺策略

支持公開討論自殺問題的受訪者認為這有助情緒支援(63.8%),約半數則認為在校內公開討論過於沉重(56%)。自殺態度與預防自殺策略的選項有明顯關係。對自殺抱支持態度的受訪者較多選擇自我價值肯定為有效的策略,負面態度者較多選擇校內輔導和生命教育,對自殺表示同情及同理者則著重改善溝通及社交技巧。

研究結論: 中學生對自殺的態度並非固定,會因應不同人事和處境改變。曾有自殺念頭/試過自殺的學生更常承受源自家庭/朋輩衝突、感情問題、校園欺凌和自我價值缺失的壓力。他們的自限式應對策略也使求助意向較其他人為低,這反映造就成功求助經驗的重要性,特別對曾有自殺經驗的一群來說。朋輩支援對於應對朋友自殺或自身困擾均非常重要。雖然學生同意網上社交平台能為使用者提供舒緩及支持,但真正試過網上求助的仍屬少數。建議培育「你有我同行」文化以抗衡自殺意念及行為。

關鍵詞: 態度; 應對策略 ; 網上求助; 預防自殺; 青少年自殺

Summary on Policy Implications and Recommendations

Based on our findings, the following recommendations are proposed for the consideration of the HKSAR Government and education authorities:

1. *Database on adolescent suicide*

To set up a database to keep track of suicide statistics for younger and older adolescents.

2. *Fostering a “I here you” culture to suicidality in school and society*

To implement a series of initiatives emphasizing ‘being there and listen’ in time of stress. The goal is to lower the impulse of individual with suicidal thought and normalize the intention to seek professional help.

2.1. *Peer-to-peer learning and support* - coaching adolescents about communication skills and helping in case of emergency through role plays, case scenarios and experiential learning.

2.2. *Separation of student guidance and discipline team* and to strengthen the role of guidance team in offering counselling and support to schools in time of distress.

2.3. *Breaking the link between psychological distress and suicide*

To educate about how mood problems would affect one’s perception and intention about suicide and promote the preventability of suicide.

2.4. *Innovation in life education programs and interventions*

Organizers need to link up the content of their programs with their own experiences and those of the students’ in their real life situation. To carry out small group activities with 1:8 facilitator-student ratio to enhance student participation and experience sharing.

2.5. *To incorporate stress relief activities into school curriculum* to relieve students’ academic pressure and provide diverse experiences for school life.

3. *Advocating a purpose to live* through which one’s self-value is recognized as in the motto: “I do what I like, and I like what I do”.

4. *Career development for ALL youths* and not just catering for elite students. A career that suits oneself instead of a career for wealth should be promoted, and integration of internship

experience in the curriculum.

5. *Government support for online social media platforms that advocate mental health and seeking help for suicide*

To promote the development and use of online platforms for youths with suicidal risks. Key opinion leaders could be invited to serve as ambassadors for these platforms.

6. *Enhanced accessibility to professional help*

To promote the role of primary healthcare providers in caring for youth distress together with more training on counseling and communication skills for them.

7. *Parent education and nurturing a positive parent-child relationship* will facilitate a healthy parent-teacher-adolescent triangle, foster healthy dialogue and help-seeking in both home and school environment.

8. *Future research on suicide prevention*

To provide special funding for local evidence-based research and experimental interventions targeted at offering intensive workshop training and care for students in schools.

政策影響及建議摘要

根據以上研究結果，現提供下列建議供香港政府及教育當局考慮：

1. 建立青少年自殺數據庫，方便追蹤及跟進不同年齡組別青少年自殺的相關資料。
2. 在學校及社會培育「你有我同行」文化以抗衡自殺意念及行為。

推行一系列措施，引導青少年向同輩傳達「遇困擾時有我在你旁細心聆聽」的訊息，目標是紓緩自殺念頭，鼓勵他們向專業人士求助。

 - 2.1 朋輩互相學習及支援 – 透過角色扮演、個案討論及經驗分享，引導青少年學習溝通技巧，在他人陷入自殺危機時提供協助。
 - 2.2 區別學生輔導及訓育工作，強化輔導組功能，支援受困擾的學生。
 - 2.3 減控情緒困擾與自殺的關連

提高青少年對情緒困擾的認知，了解情緒困擾如何影響自殺的觀感，提倡自殺並非不可避免的觀念。
 - 2.4 創新貼地的生命教育活動及介入

生命教育以舉辦者自身經歷出發，並與學生現實生活接軌。小組活動應以不大於1:8比例進行，強調青少年參與及互相分享。
 - 2.5 將紓緩壓力的活動納入正規課程，減輕學業壓力及強化學校生活多元性。
3. 鼓勵青少年確立對個人具有意義的生活目的，從而肯定自我價值，並在實踐過程中得到喜悅和滿足感。
4. 推行以個人志向而非財富高低為本的職涯規劃，致力發展一套成就全人而非只重精英的制度。
5. 支持建立網上精神健康服務平台，鼓勵關鍵意見領袖擔任宣傳大使。
6. 設計可行方案，推廣基層醫療照顧受情緒困擾的青少年；加強家庭醫生的輔導培訓，讓青少年更願意向專業人士求助。
7. 改善親子關係，提供家長教育，增強父母、老師、學生三者之間的互動聯繫，從而增加青少年向家庭及學校求助的信心。
8. 未來調研及防止自殺工作

提供特別撥款，支持本地繼續相關自殺研究及實驗創新的預防工作，例如為學生舉辦深度工作坊，學習情緒管理及疏導。

INTRODUCTION

Youth suicide has been a global concern (1). Since the beginning of school year in September 2015, Hong Kong has witnessed a spate of student suicides. Thirty-three students committed suicide during the 2015-16 academic year, compared to 17 and 19 in 2014-15 and 2013-14 respectively (2), followed by 24 deaths in the first half of 2016/17 academic year. The local youth (aged 15 – 24) suicide rate had increased from 6.2 per 100,000 in 2014 to 10.4 in 2017 and dropped slightly to 9.5 in 2018 (with a suicide rate of 12.2 for the general population), which was still higher than most western European countries and comparable to her counterparts in Southeast Asia (3).

Attitudes towards Suicide

Studies in the past decade had also reported prevalence of suicidal thoughts and attempts between 10 and 20% of adolescents all over the world (4-7). While much has been done to identify the causes and risk factors for youth suicides, relatively few studies were conducted to investigate the attitudes of youths regarding suicide, and their reactions towards suicidal thoughts and attempts of their own or their peers. As shown in an earlier Swedish study (2003), respondents who answered affirmative on own suicidal behavior held a more permissive and understanding attitude towards suicide than the non-suicidal group (8). A recent study on Italian, Indian and Australian students found that participants at higher suicide risk had less negative attitudes towards suicide and considered suicide more acceptable and normal than students who were at lower risk (9). The same held true for an earlier study on Indian and Dutch students whereby the suicidal group had more favorable and permissive attitudes towards suicide than their counterparts without any history of suicidal ideation or attempts (10). Furthermore, a comparative study between Korea and the United States found that Korean students were more permissive of suicide and less likely to believe that people had the right to prevent suicide which seemed to go along with the startlingly high suicide rate in Korea (33.5 per 100,000) (11).

Nevertheless, it would be too hasty to conclude that permissive or supportive attitude towards suicide leads to subsequent suicidal thoughts or attempts. More information is needed to

establish such a causal link apart from the existence of covariation, such as temporal precedence and the control for other variables. In the local context, studies on attitudes towards suicide have been rare and even less among the younger generation. Apart from a study conducted in 2004 to explore Hong Kong people's attitudes towards suicide under a variety of life situations (12), little was known regarding how the younger generation perceived suicide as the study did not report specific findings on the youth respondents. Hence, one of our main goals was to explore the attitudes of young people in Hong Kong towards suicide and examine if they shared similar pattern, that is, if those with suicidal thoughts and attempts held more permissive/supportive views of suicide. What were the characteristics of those who had suicidal ideation and then had attempts? What variable(s) would differentiate those with suicidal ideation but with no attempt and those who attempted suicide? What were the other relevant factors apart from attitude towards suicide that might impact on their suicidality?

Studies also showed that while negative attitudes towards suicide might discourage suicidal behavior in the individual, the widespread of such negative attitudes in the community might also act as inhibitor to help-seeking, deterring people from expressing suicidal intentions and asking for help (13, 14). Reversely, permissive attitudes might also encourage more open discussion on the subject which allows proper and timely interventions. Hence, we believed it was also important to examine the reactions of the youths when they experienced distress and/or suicidal thoughts, especially about their intention to seek help which formed part of the coping process. Subsequently we looked into the coping strategies of our respondents and explored how these interacted with their attitudes and other confounding factors of suicidal behaviors.

Coping strategies: self and peer suicidality

It is believed that the way a person copes with stress would have a greater impact on mental health than the stress itself (15). Lazarus and Folkman defined the coping process as 'cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person' (16). Different scales were developed to measure people's coping styles which had been grouped into two general categories: emotion-

focused and problem-focused. Emotion-focused coping entails efforts to regulate emotional distress, including avoidance, while problem-focused coping directs attention towards the problem and looks for ways of solving it (17, 18). Depending on the situation, people would employ strategies from both categories to cope with their stress.

Quite a number of studies had been conducted earlier to explore youths' coping strategies and their relation to suicidal behaviors, and a significant link was found between suicidal behavior and problem-solving deficits in adolescents. Suicidal youths tended to use fewer active cognitive coping strategies and fewer problem-solving strategies when faced with stressful events, and they employed withdrawal, anger, blaming others more often as ways of coping and were less capable to generate alternatives to solving problems (19-21). Recent studies focused on specific coping strategies and found that emotion-focused and avoidance coping behaviors such as self-blame, behavioral disengagement, substance use, fantasizing and use of emotional support were significantly associated with depression and suicidal ideation (22-24). Moreover, a 2004 study reported that suicidal youths and those with first-hand experience of a suicidal peer scored significantly higher in maladaptive coping strategies than their healthy counterparts and those without such experience (25). In another study on suicidal youths seeking psychiatric services from emergency department, results showed that they had low-to-moderate self-efficacy in performing suicide-specific positive coping behaviors, such as distracting oneself, reminding oneself of the reason to live, avoiding alcohol or drugs, calling a crisis hotline, limiting access to lethal means, and accessing professional resources (26). These findings yielded support to the claim that young people with risk of suicidal behaviors were in favor of using maladaptive coping strategies in response to their distress.

The situation in Hong Kong might be similar as revealed in a 2008 study based on 511 adolescents (youth subgroup) drawn from a community sample in Hong Kong. Negative coping behaviors including self-distraction, denial, substance use, behavioral disengagement, and self-blame were found significantly associated with suicidal thoughts among the young respondents (27). Given the study was conducted nearly 10 years ago and based on a relatively small sample, it would be worthwhile to update our understanding on how local youths, in a school

environment, would react specifically to suicidal behaviors. Furthermore, as shown in overseas studies, the element of peer suicidality was also significant since suicidal teens often form 'poor quality friendships', or with disturbed teenagers (25). Some might feel 'scared' about how they would be 'judged' within their peer and community networks, suggesting that the stigma associated with suicidal thoughts and the concern for confidentiality had caused the youths to refrain from reaching out for help, even among their peers (28). There were also findings in the Mainland suggesting that problems in peer relationships, such as peer isolation and being victimized by bullying, were significantly related to suicidal ideation and attempts (29). Peers, besides rendering support, could also be a potential source of distress to adolescents. Still, in other cases, they might be the first one to alert the warning signs of suicidal ideation or attempt, and how they cope with the warnings would have further implications on themselves and their peers. In some cases, young people were more ready to seek help for suicidal peers than for themselves (30, 31).

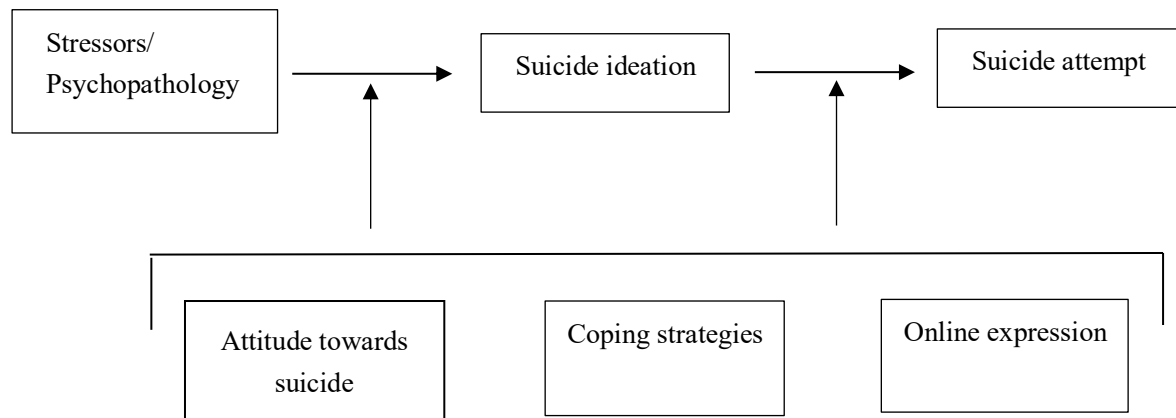
The role of online expression in coping with stress

Help-seeking, as a form of active coping, is important especially for vulnerable youths who are less independent and resourceful than others to deal with distress and challenges in life. Yet, studies across the globe indicated that young people, comparing to other age groups, are least likely to seek help especially from professional sources when experiencing psychological stress. US studies found that most young people did not seek help when experiencing distress and suicidality. For those who did, they were less likely to report a suicide attempt. (32) In a UK study, over 20% of the young respondents did not tell anyone about their self-harm, and 40% of those with thoughts of self-harm had not talked to or tried to get help from anyone. (20) In our recent local study on help-seeking among the psychologically distressed, young respondents who reported lifetime distress, were significantly less likely than older groups to have sought help. For those in the same group who scored high (4 - 12) on the General Health Questionnaire-12 (GHQ-12), nearly half of them did not perceive they had psychological distress (33). This might reflect either a lack of awareness or denial to one's mental health

problems. To understand what kind of help, if any, the youths would seek to handle their distress or suicidal peers would shed light on the development of suicide prevention programmes.

Web browsing and chatting on social media seem to be the rule of the day in terms of coping and help-seeking among the younger generation. Internet provides vulnerable adolescents with instant and anonymous access to social networks which might alleviate psychological distress and serve as a form of support (34, 35). An Australian survey on college students revealed that almost 60% of students with high levels of psychological distress, who were both more likely to need treatment and less likely to seek help, expressed an intention to engage in an online program for promoting student wellbeing (36). In a recent local survey, 31% of secondary students preferred to search on the internet for answers to their mental health problems and 34% believed the information was reliable (37). The rate of expressing their distress online among the respondents of a local telephone survey who were at-risk youths with recent distress was surprisingly high. Among the 28% who had not sought help, 72% of them had instead expressed distress online, among those who sought help from friends, family or social services, over 75% of them had also expressed online (38). In other words, the rates of expressing distress online were similar between those who had and those who had not sought help. An online survey conducted among Weibo users in China revealed that people with higher suicidal risk were more likely to talk about suicide on the web. (39) These findings indicated a preference and might be a trend of the youths in handling their distress. Online expression of distress has become a significant phenomenon among young people, the question was when they expressed distress online, would they also seek help on the web? Our study further attempted to explore how online engagement might enable or disable young people to seek help and cope with suicidal behaviors.

Based on the above discussion, we had tried to put together the different variables which would have impact on the suicidal behaviours of young people under the framework below:



OBJECTIVES OF THE STUDY

1. To explore the attitudes of Hong Kong youths towards suicide and its correlation with suicidal ideation and attempt.
2. To understand specifically how youths would react and deal with suicidal behaviors of their own and their peers.
3. To explore the functions of online expression in coping with distress and suicide among youths.
4. To find out the current prevalence of suicidal ideation and attempts among youths aged 15-19 in Hong Kong.
5. To identify the relations among demographic correlates, attitudes towards suicide, coping strategies, and suicidal behaviors.
6. To recommend measures for enhancing youth's coping abilities and support for suicide prevention.

RESEARCH METHODOLOGY

A mixed qualitative and quantitative approach was adopted in this study to explore the relations among young people's attitudes towards suicide, their coping strategies and online help-seeking experiences with suicide. The adoption of such an approach allowed the research team to achieve both depth and width on the topics of the study. We deemed it important for the youth participants to reflect their point of view in concrete terms and sufficient details so as to ensure the study findings were grounded in their experiences and not merely on established theories and frameworks. Moreover, the findings from the qualitative study also helped to identify themes for designing the questionnaire for the quantitative survey, and to provide cues for explaining the trends and patterns identified in the survey data. The quantitative findings, in return, also lent support to the observations from the qualitative interviews.

The qualitative part, involved both focus group and individual interviews, were conducted in two phases, between October 2018 and March 2019, and October to November 2019. The quantitative part, in the form of a school survey, used data collected from the interviews and references from literature review to devise a self-administered questionnaire. The survey was conducted among secondary schools across Hong Kong in September and October 2019. Followings are the details of the two respective parts.

D) Qualitative Study

Focus group and individual interviews were employed in this part of the Study. They served to collect in-depth information. While group interactions facilitated exchange of views and rendered support for young participants to share their unique experiences and encouraged alternative views and understandings, individual interviews allowed more private space and greater sense of security for participants to voice out, and enabled sufficient details on the specific themes to be elaborated. More importantly, the researchers were able to look at the issues from the youths' perspectives and understand their immediate concerns. The data collected were also used to help formulate questions for the questionnaire survey. The

responses from the interviews helped provide vocabularies familiar to the youths and meaningful options for the question items and answers, making it more relevant to the youths' experience and situation within the Hong Kong context.

Youths aged 15-19, often referred as older adolescents, are entering a life stage when peers play a significant part in their daily lives apart from families, and they are also experiencing greater physical and mental independence, along with enhanced capacity for analytical and reflective thought as well as more opportunities to develop their own opinion and identity. Moreover, being higher form students at schools, they are also facing greater academic pressure than younger adolescents. All of these explained our choice of target population for this Study.

Participant recruitment

A total of 6 focus groups with each group comprising 3-7 youths aged 15-19, amounting to a total of 31 participants and 12 individual interviews were held. Each group discussion/interview lasted between 1 and 1.5 hours with the aim to explore participants' attitudes, perceptions and experiences about youth suicide under a relative safe, face-to-face and natural environment. Invitation via emails, letters and phone calls were sent out to family physicians, psychiatrists, social workers and teachers whom were referred by or personally known to our co-investigators in early September 2018, soliciting their help in recruiting suitable youths for interviews.

Subsequently, the 43 youths recruited for the focus group and individual interviews were all referred by professionals and through purposive sampling to ensure a wide range of background of participants. The referral step also helped ensure participants could be taken care of in case of negative emotions aroused during and after the interviews. Participant recruitment stopped at the point of data saturation. They included both generally 'healthy' and 'delinquent' youths with or without suicidal ideation/attempt, as well as young people who had been diagnosed with emotional/mental problems (depression and bipolar disorder). For the latter participants, individual face-to-face interviews were conducted to ensure privacy and trust built between the youths and the interviewers. Consent were sought from interviewees and parents/guardians if

the former were under 18 years old. Contact was provided to all participants after the interviews in case further help was required, and follow-up calls were made to the referees to ensure participants were fine.

Single-sex group discussions were conducted among two male and four female groups. All except one group were current secondary school students/university freshmen, while the one group included both current students and school drop-outs. Participants who were friends/classmates were placed in the same group and no group had participants that were total strangers. This helped reduce mixed-gender distraction as well as barriers to share one's views and experiences on sensitive topics within a group environment. Each participant was offered HK\$100 travel allowance for their involvement.

Procedure

Venues where the group and individual interviews held included classrooms in secondary schools and university, function rooms in social service centre and church, and meeting rooms in commercial buildings, the locations of which were all convenient to the participants. Participants were briefed about the background of the study and the purpose for the interview. They were encouraged to share their views and experiences freely and in details with personal information being kept in strict confidentiality. All interviews, respectively moderated by 2 interviewers with higher qualifications in social work, psychology, and counselling, were audio-recorded and transcribed verbatim for further analysis. The accuracy of the transcripts was checked by one of the investigators against the audio recordings.

During the interviews, open-ended questions were asked to prompt participants' responses towards the following topics, and the discussions were moderated according to the actual flow of the exchange.

Topics for discussion:

a. Suicidal ideation and attempts of their own and peers

Incidence of frequency, duration, context, and kind of events in question, severity and consequences of the suicide episodes

b. Reaction/Perception towards suicide

No direct question was asked about participants' attitudes towards suicide, instead, participants expressed judgments towards suicide during the discussion, their responses in this respect were noted down as "attitudes" during the analyses.

- I would like to discuss about what teens think about suicide
- What would be the reaction of teens when they hear about teens suicide on the news?
Have you talked about this among friends or with families?
- What are your reactions to people committing or trying to commit suicide?

c. Coping strategies

The discussion of coping strategies was focused on suicidal ideation or events experienced by the participants or their peers. This was more suitable than posing questions that were based on the general way youths coped with stressful situations.

- How teens would tackle/react if peers inform/exhibit suicidal ideation and attempts?
- Have you had personal experience of such?

d. Seeking help/suicide prevention

Participants' experiences of help seeking in time of distress especially online help, participants' preference of help, their pros and cons, effectiveness of different kinds of help.

- Would teens prefer to talk about their distress or suicidal thoughts on social media? Why?
- Personal preference – what would you do?
- How does that help in such situations?

Data processing and analysis

The data collected was analyzed using NVivo software version 10. Employing conventional content analysis approach, coding categories were inductively derived from the text data. The completely transcribed texts of the interviews were entered into the database and coded into broad themes after repeated reading of the transcripts and listening to the audio-recorded interviews. An indexing structure was established to further develop the themes when the transcripts were being coded, resulted in a framework of themes and subthemes after repeated

discussion among team members. The data were coded independently by two team members who are experienced in qualitative research. Comparison between the two sets of codes showed consistency among the majority of them. Inconsistencies were resolved by discussion between the two coders to reach agreements on common themes and names or labels of the codes. Key themes were identified from the focus group findings and incorporated into the questionnaire for the quantitative survey. These included attitudes towards suicide, sources of stress, coping of one's distress and peer's suicide, ways to express emotions/distress, opinion towards open discussion of suicide and suicide prevention. Quotes presented in this report were translated from Cantonese into English.

II) Quantitative Study

A cross-sectional survey in the form of self-administered questionnaire was carried out among the local senior form student population. The survey aimed to collect quantitative data about the prevalence of suicidal behaviors among young people aged 15-19, and the possible relationship of attitudes, coping strategies and help-seeking preferences with the occurrence of suicidal ideation and attempt.

School and respondent recruitment

The target population of the survey was Secondary 4 – 6 (F4 – F6) students aged 15-19. According to the enrolment record of the Education Bureau, there were 157,288 (F4 – F6) students enrolled in 473 local secondary schools in 2017. Assuming the proportion of youths who ever had suicidal ideation would not be greater than 25%, a sample size of 1801 was expected if a maximum estimation error of $d = 0.02$ with a 95% confidence level was to be obtained.

Invitation letters detailing about the Research Project and questionnaire survey were sent to all local secondary schools across the territories. There were three rounds of mailing respectively done in March, April and May 2019. Initially, 17 schools made enquiries and showed their interest to participate. As the new school term approached, some schools which had initially agreed to participate decided to withdraw (because of overlapping activities). Little time was

left to find replacement and finally students from 9 schools took part in the survey. Confirmation slips were received from the participating schools before the beginning of the school term in September 2019. All the 1,704 survey participants were S4 – S6 (i.e. Grade 10 – 12) students, and a total of 1,676 completed questionnaires were collected after excluding 28 incomplete ones. Despite falling short of the original target sample size by 97 respondents, the difference was insignificant to affect the outcomes.

Questionnaire and measurements

The questionnaire included questions on the prevalence of suicidal ideation and attempt, youths' attitudes towards suicide and its prevention, coping strategies, help-seeking preferences, online help-seeking experiences, cultural and contextual factors that would have confounding effects on the outcomes, and demographic characteristics of the respondents. The questionnaire was pilot tested among 30 youths aged 15 - 19 before the cross-sectional survey was conducted in the participating schools, to ensure that the wordings and questions were properly comprehended by this age group.

Measurement of variables

- *Experience of suicide* measured by the presence of suicidal ideation/attempt in the past 12 months
- *Life stressors* measured by 4 types of factors: environmental (e.g. academic pressure, family and peer conflicts, relationship issues, teachers' criticisms and punishments, bullying), psychological (feeling lost about the future, lack of self-value), social (people's livelihood, social system problems) and biological (health problems)
- *Attitudes towards suicide* measured by 16 questions and responses grouped into 3 categories by factor analysis
- *Coping with peer's suicidality and self-distress* measured by adaptive and passive strategies, formal/informal help sought
- *Online expression* measured by use of online platforms, opinions towards its functions
- *Open discussion of suicide and suicide prevention* measured by willingness to share with others and the choice of suicide prevention strategies

Procedure

The school survey, taken place between September and October 2019 among 9 participating schools, was packaged as a life education program cum questionnaire survey titled “What is Life?”. Preceding the filling in of the questionnaire by the targeted students, an interactive talk on life and death education was conducted by an invited speaker experienced in delivering talks on the same theme. Taking place at the school hall/special function room of respective participating schools, the talk served to arouse the interest of the students and response to their concerns about the subject matter, with the goal to enhance their motivation to take the questionnaire seriously. Immediately after the 1-hour talk, students were invited to complete a self-administered questionnaire anonymously and voluntarily. Two to three research assistants were present throughout the administration process to answer possible questions from the participants and teachers from the participating schools also helped with the logistics. A set of souvenirs (folder and post-cards) specially designed for the program which contained information on suicide prevention and links to online platforms and hotline services was offered to each student who completed the questionnaire. The information provided facilitated the participants to seek help when the need arose.

Data analysis

The quantitative data were analyzed using SPSS (Version 24). Descriptive statistics were used, including frequencies and percentages, to summarize the responses on the question items. After passing the suitability tests, exploratory factor analysis on the attitude items was carried out to determine whether there were underlying dimensions among the items. Eigenvalue of each component extracted was checked and only those components whose eigenvalue higher than 1 would be identified as true factors. Considering the cross-loadings of some items, a varimax rotation would be then applied to redistribute the factor loadings. After confirming the underlying trait of each component and its encompassing variables, factor scores based on the most important components were derived for further analysis.

Multivariable regression analysis was carried out to study the effects of the demographic characteristics on the factor scores of attitudes towards suicide or online expression and help-

seeking behaviors. Independent *t*-tests and one-way analysis of variance (ANOVA) were conducted to further explore the significant association between items. In addition, Pearson Chi-squared tests were used to test for associations between sources of distress and coping strategies with demographic characteristics and between barriers of help-seeking and willingness to turn to different parties. Multinomial logistic regression analyses and one-way ANOVA were carried out to determine the factors to differentiate the three groups: a) those without suicide ideation and attempt; b) those with suicide ideation but no attempt; and c) those with suicidal attempt by testing the association with perceived sources of distress (life stressors), perceived reasons of suicide, attitudes towards suicide, coping strategies towards peer suicide and self-distress, barriers to help-seeking, online help-seeking/expression, attitudes towards open discussion about suicide, and opinions on useful strategies for student suicide prevention. A *p*-value < 0.05 is considered statistically significant. Both the qualitative and quantitative data were then further triangulated to identify convergence or divergence of opinions and choices. Moreover, qualitative findings were used to explain and elaborate on quantitative findings of significant results.

RESEARCH RESULTS

QUALITATIVE FINDINGS

Participants recruited in focus group and individual interviews

In total, 31 participants were invited to 6 focus groups (3-7 participants per group), including 12 males and 19 females. They aged 15-18 with a mean of 16.3 years. Participants from diverse social backgrounds were purposively sampled, consisting of secondary school students, university freshmen, and school dropouts, to increase the subjects' representativeness. Both suicide attempters and non-attempters were recruited.

In addition, there were 12 individual interviews conducted with 4 males and 8 females whose ages ranged from 15-18 with a mean of 16.4. Except for the two university freshmen who majored in marketing and social work respectively, most of the participants were Form 4-5 secondary school students. Details of the demographical information are presented in Table 1.

Table 1. Demographic information of interview participants

Socio-Demographic	n	%
Total number of participants	43	
Focus group interviews	31	
Individual interviews	12	
Gender		
Male	16	37.2
Female	27	62.8
Age		
15	13	30.2
16	13	30.2
17	7	16.3
18	10	23.3
Education		
Secondary school student	29	67.4
University student	5	11.6
School dropout	9	20.9

Based on the framework outlined above, data collected from the focus group and individual interviews were grouped under five main themes; these were: sources of stress/pressure or stressors experienced by the participants, their attitudes towards suicide, coping strategies of

peer suicide, coping strategies of self-distress, and online expression and help-seeking. Direct quotes from the participants were included here to illustrate the major findings under each theme. The information in the bracket after each quote represented identifiers of the participants: A-F for focus group, # for individual interview, followed by their interview number, gender, age, and whether a suicidal attempter or not.

A. Perceived sources of stress (Stressors)

During the discussion on the pathway through which suicidal ideas and actions developed, participants shared the stress or pressure they encountered which were grouped under the categories of environmental, psychological, social, and biological factors that were associated with suicidal ideation and behaviors.

a) Environmental factors

Participants revealed that life stress was one of the most vital triggers of distress and suicidality. As most of them were secondary school students, participants' negative emotions were often provoked by issues like "academic pressure", "bullying", "peer pressure and comparison", "relationship issue", "teachers' punishment", and "school environment and social circle".

Looking at [my classmates and myself] ... we allow ourselves less and less time for entertainment from childhood till now. Studying is more and more important which makes us feel a lot of pressure. Sometimes you want to ask someone out for fun, but often, maybe [because] the person needs to study or has other academic activities, they will refuse you. I feel that many people think studying is very important. (#11, M, 15, secondary school student, non-attempter)

I think the current education system causes the pressure on students in Hong Kong easily, because everything depends on your numbers, that is, your grades. Your DSE score would decide whether you can enter the university, which a lot of students are also very nervous about. Under such a tense situation, it would affect the current situation [of youth suicide]. (#6, M, 16, school sport team, non-attempter)

I remember [the reason for my previous suicide attempt]. It's because V (her ex-boyfriend's nickname). He dated someone else and that made me unhappy. He lied to me. He said when he came out [of prison], he would contact me by all means. Afterwards he totally disappeared. (#3, F, 15, school drop-out, attempter)

Me too. [I] would die for my boyfriend and die because of my boyfriend. If you suddenly ask to break up, I instantly become so depressed that I can take this hard and take my life. Upset level to 10. (B5, F, 15, school drop-out, attempter)

Apart from pressure from the school environment, family problems also deprived some participants of a safe and supportive base to turn for help and warmth, thus it was particularly hard for them to face difficulties. There were many different types of family problems, encompassing “domestic violence”, “cultural pressure of filial piety”, “family conflicts”, “parental pressure and expectation”, “generation gap”, “parental neglect”, “parents’ divorce”, “financial problems”, and “relatives’ judgments”.

My mom is tough on me because she... she thinks I should achieve [certain levels] like my father did, so I can feel some invisible pressure. Compared with my friends’ parents, mine are also the sterner ones. (E5, M, 16, secondary school student, non-attempter)

[My parents] would have thought that I should be on the level as they expected when I was a kid. Whenever I failed to meet their expectation, they would scold me or even try to beat me. In fact, at that time, I thought it was better to be dead as I didn't want to continue to be hit by them. (#11, M, 15, secondary school student, non-attempter)

b) Psychological factors

Psychological risk factors could be classified into affective and social domains, focusing on the intrapersonal and interpersonal aspects, respectively.

Emotional trigger was usually the internal drive that stimulated a depressed individual to think about suicide. Therefore, sense of “failure”, “no future”, “hopelessness”, “lost”,

“incomprehension”, and “negative self-understanding” might lead participants to lose confidence in themselves.

In January, when I was considering suicide, I was having some problems with my study. It seemed that my academic performance was terrible so I might not be able to enter university. If so, I can only find a poor job and I might be meaningless to this society. (E2, M, 16, secondary school student, non-attempter)

When I was in secondary school, my friend kept talking about academic pressure, and she was confused about her future career. She was confused and didn't know what to do. She perceived herself as an incapable person, so she couldn't win in the competition against others. However, you need to maintain a competitive mind for most times, but she always felt inferior [to others]. (C3, F, 18, university freshman, non-attempter)

Some participants mentioned they did not have any specific intentions when they made suicide attempts. Their behaviors were nothing but purely out of “impulse”.

I took drugs, and some medicine, followed by some alcohol. I didn't [plan it]. I listened to music, and suddenly felt the urge to do it. The second time was another hot head, I jumped into the sea, and then brought back up by a middle-aged man. (B2, F, 15, school dropout, attempter)

c) **Social factors**

The external social environment was also perceived as a crucial factor for the increasing number of youth suicide in recent years. Participants emphasized that pressure on youngsters was originated in the unjust “education system” and “social system” in Hong Kong, which was closely linked with a prolonged tradition of “elitism or meritocracy” and “stressful lifestyle” in this city, respectively.

Sorry to put it bluntly, if you are willing to do jobs like mopping the floor or washing bowls, you can earn some money [but not much], ten to twenty thousand dollars a month at most. It would hardly be adequate to pay for the rent and food, and the worst part is you have to

line up for public housing which can take six to nine years. The entire social atmosphere in Hong Kong is too desperate. (E5, M, 16, secondary school student, non-attempter)

Moreover, participants also witnessed the occurrence of a series of “social movements”. These events aggravated the “social split” between different generations.

Also, because of the social situation... it can really affect your mood. When you are watching similar [information] on news, Instagram, and Telegram, you will feel unhappy. You would be affected more or less. (#9, F, 18, secondary school student, attempter)

d) Biological factors

Biological factors might cause some participants more vulnerable to stressful events. One’s ability to “bounce back” might be influenced by “health problems” (including physical and mental illnesses), “poor resilience”, “temperament issue”, and at specific “life stages” (rebellious or puberty phase).

The ability to resist pressure is low in some people and it is different from one to another. Like me, I’m optimistic [about my future], but some people are concerned if they don’t pass the DSE, what they could do. (#8, F, 17, secondary school student, non-attempter)

I was diagnosed with depression and had a suicidal tendency. I could easily lose my temper and become irritable. (#3, F, 15, school drop-out, attempter)

B. Attitudes towards suicide

Participants’ expression on attitudes towards suicide could be grouped into four main categories: nonsupport, favor, sympathy and empathy, and indifference.

a) Nonsupport

Negative appraisal. Some participants had indicated their objection to suicidal behaviors. Negative judgments and comments on suicide were commonly heard throughout all the interviews. However, the reasons behind were varied.

Participants usually used evaluative and judgmental phrases, such as “betray families or friends”, “irresponsible”, “impulsive”, and “unworthy”, to demonstrate their negative judgments towards suicidal individuals with whom they did now know personally or were not familiar.

If you died...Not to mention your family, your friends would not be happy. Or if you were at work and your co-workers would not be happy either. [You need others] to deal with your funeral and look for a funeral parlor. [You put] a lot of burdens [on them] and you again make others exhausted. Your death bothers so many people and you still think it doesn't matter to be dead? (#2, F, 16, school drop-out, attempter)

Emotional rejection. On the other hand, when it came to the participants' acquaintances, families, friends, and significant others with whom they either contacted regularly or had built a close relationship, such judgmental words were used less frequently and replaced by their sentiments. They would say suicide was “emotionally unacceptable” by descriptions like “angry”, “sad”, and “guilty”. Several previous suicide attempters also showed “regret” about their decisions and felt “grateful” for still being alive.

If the person who committed suicide was my close friend, I think I might be very guilty. Could it be that I did not take good care of her/him when he/she was still alive? (C1, F, 18, university freshman, non-attempter)

Look at this [wound], though it heals up now, I cut really deep that time. In fact, I feel regretful as I can't hide it. Therefore, you may think you cut your wrist and leave a scar as a mark of your [miserable] past. However, do you feel happy to keep such a sad thing in your memory? (#2, F, 16, school drop-out, attempter)

Instrumental ineffectiveness. Besides, some participants believed that suicide was “instrumentally ineffective”. They perceived suicide as “meaningless” and “unnecessary”, as it “cannot solve any problem” but was merely “avoidance” from reality or problems, and one should always find “other solutions”. In addition, religious belief was another reason for

objection as a few Catholic participants had mentioned.

Since I think the problem between friends can't be solved by jumping into the sea... That is, one's future is something you can't control, but friendship and social relationship are something you can. I think if I'm going to [use suicide] complain about something that I can take control of, it would be too much of a self-pity. (#7, M, 18, university freshman, non-attempter)

People may think death is a kind of relief, and this relief is more important than anything else ... However, I think it is very difficult to commit suicide successfully. You have to have no friends. You could only make it if you have no love surrounding you completely and could not even receive a little warmth. (D2, F, 18, secondary school student, non-attempter)

b) Favor

Identification and understanding. Some participants supported suicidal individuals or approved suicidal behaviors, since in their perspectives, suicide was a pathway of “problem-solving” and “relief” for those who might be in desperation.

If I choose to commit suicide, I might be spiritually or mentally tortured in the long run. It is painful and a kind of suffering that is not necessarily physical. Therefore, if you don't care about what is going to happen later, it is kind of a solution of falling asleep and never waking up anymore. (A3, M, 17, secondary school student, non-attempter)

Under certain circumstances, suicide was assigned a “greater meaning” that it could be beneficial to others and even the whole society.

It is the problem of opportunity cost. I mean... if sacrificing one's life for a just cause... if the meaning [of death] can be greater than the physical life, then the body may not be the most important thing. (E2, M, 16, secondary school student, non-attempter)

Besides, those participants who honored “free will” also showed their understanding towards

suicidal individuals. Apart from being a personal decision, suicide was also seen as a “courageous” behavior from participants who respected and approved suicides.

There was no one seeking your approval when you came to this world and you didn't have the power to decide whether to come to this world facing all the painful, ridiculous, and absurd things. Thus, why can't you determine how to leave this world which is the only decision you can make for yourself? (A3, M, 17, secondary school student, non-attempter)

c) Sympathy and empathy

Other than negative or positive evaluation of suicidal behaviors, some participants chose to concentrate on the suicidal individuals. They were “compassionate” or “empathetic” about these people’s experiences and stories. Some participants emphasized that a “non-judgmental” standpoint towards suicide should be adopted.

I once discussed with a friend and we both agreed that suicide was not a thing that everyone could execute. It needs courage, because when you decide to jump off a building, looking down, you would be scared. Everyone would be scared. But how much despair, how much adversity, and how difficult it has to be that you have no other choices but to die. That person must be having a really big problem that ordinary people have no way of understanding. (#8, F, 17, secondary school student, non-attempter)

d) Indifference

Instead of bearing any distinct attitude towards suicide, some participants just showed their indifference to this issue. The main reasons behind their apathy were “numbness” after repeated exposure to similar information, or they were “never influenced”.

It was really a shock when I first watched suicide news on media because I never thought about suicide before then, and there was no warning that someone would do this. But gradually I felt half numb as I thought these events would continue to happen. (#10, F, 17, secondary school student, non-attempter)

You have your life and I have mine. Your death is none of my business. Everything is fine as long as I'm not influenced. (A1, M, 16, secondary school student, non-attempter)

Beliefs about the attempters

Besides sharing their attitudes towards suicide, participants also expressed their views on the person who attempted suicide. Stigmatizing opinions, such as “they were just kidding”, or “attention seeking”, and the difficulties they encountered were just “small problems”, were expressed by some participants.

I feel that... it [suicide] is kind of a joke, and suddenly [the person just did it] ... does it really need to go to that point [to die]? (#5, F, 18, university freshman, non-attempter)

I think most of the suicidal youths are seeking attention, as they are at their adolescence. The characteristic of puberty is they need attention from other people. A number of them don't actually intend to kill themselves. Maybe the person just wants to get attention from parents, schools, or society. (F2, F, 16, secondary school student, non-attempter)

Some believed in the fatalism of suicide which referred to people's hopelessness and desperation to escape when they felt controlled by external forces. They believed suicide was something that “cannot be prevented”, and “no one can help” those who had made up their minds to take their lives. Such belief in fatalism had caused suicidal attempters not to seek help.

No one can stop me [from committing suicide]. If I want to jump, I will. (B5, F, 15, school drop-out, attempter)

C. Coping strategies of peer suicide

Participants were asked about their reactions after knowing suicidal ideation or unbearable distress suffered by their friends, schoolmates, and peers. The strategies they adopted to deal with that were either passive or active or both.

a) Passive strategies

One of the most common passive strategies was “ignore the problems”, that is, letting the suicidal peers make their own decisions without interference, particularly for those whom they were not that close to.

It depends on whether we are friends. If we aren't that close, I don't want to pay much attention to him/her. If you always send negative messages out, others wouldn't like it. Isn't it? You wouldn't want to make friends with someone who often thinks of negative things. (#1, F, 16, school dropout, non-attempter)

“Lack of coping skills” might be a reason for unintentional passive strategies, since participants would feel “afraid” or “overwhelmed” to have to handle the problems when they were not self-assured to face it.

If I had a friend like that, I wouldn't know what to do. For instance, if I call others to help him/her, it seems like [I am] telling someone about his/her private [matters] which possibly makes him/her even less happy. I don't know what to do, to be honest. (A2, M, 16, secondary school student, non-attempter)

b) Active strategies

Active strategies focused on rendering help in different ways to those who were in troubles. Even if individuals' needs were diverse, “ask and listen”, “companionship”, and “suggestions and comfort” were said to be essential and useful to help suicidal peers.

I will try to enlighten him/her using my own experience, "You may be heading to a wrong direction, but life is a long road and every journey begins with one step. I think if you take a step forward, there will always be a future, and you will always find a way out. [The world] is not all walls but more like a room, which I believe there must be a way to go out"... As long as there is a need, I will always be ready to listen and talk with him/her. (E4, M, 18, secondary school student, non-attempter)

Some participants were more sensitive to emotional or behavioral changes of people around them. They were “alerted” even if it was only a tiny sign of upset displayed by their friends.

I'm an empathetic person and more receptive to others' emotions. When s/he walks to me, I could feel if the person is unhappy. (D1, F, 15, secondary school student, non-attempter)

In emergency conditions, some participants would choose to immediately “stop the suicide” or “find professionals” to help the people in danger.

If the person I know wants to commit suicide, basically, what I would do is obvious, I'm not going to let him/her jump. Then I will ask him/her what is going on and what is in his/her mind, not in this tone though. (E5, M, 16, secondary school student, non-attempter)

D. Coping strategies of self-distress

When it came to personal problems, participants shared about how they would deal with self-distress or how they distracted themselves from suicidal ideation. Negative, neutral and positive coping strategies were applied by both attempters and non-attempters. The reasons for the categorization were explained below.

a) Negative strategies

“Aggressive behaviors”, “violence”, “self-harm”, “excessive alcohol and smoking”, and “drug-taking” were categorized into negative strategies, which referred to maladaptive coping behaviors that may provide an emotional quick fix but will cause further distress in the long run. They were the most severe sort of negative coping behaviors and usually associated with violation of laws or misconduct, that not only resulted in failure of getting rid of distress of suicidal ideation, but also caused more serious consequences and even harmed others.

At that time there was a big quarrel at home, my mother and I were arguing fiercely. She swept everything onto the floor, so I took a knife from the kitchen and started cutting my hands in front of her. I just didn't care. (#2, F, 16, school drop-out, attempter)

I think it [self-harm] is a kind of self-punishment. Sometimes I can't think of any solution to my problems. I want to cry but my tears have dried up, and then I would cut my hands.

I think cutting is another way to vent. (#4, F, secondary school student, attempter)

[I: What would you do if you are unhappy?] I would just take marijuana. (A6, M, 17, secondary school student, non-attempter)

Some participants also saw the act of suicide itself as some kind of “problem-solving” or a way to end all stress or trouble.

They [suicide attempters] want to escape from the problem. They don't want to face or be troubled by these issues because they can't find the way out, so s/he thinks the best way [to solve the problem] is to drop all. (#10, F, 17, secondary school student, non-attempter)

A milder form of negative coping style might prevent the participants from executing their suicidal plans temporarily, however, they would still be trapped in the suicidal ideation. Their distress could not be solved entirely by applying these strategies and it might have a profound impact on participants' mental health, for example, “long-term suppression” or “self-blame”.

I don't want to tell others that I have done a bad job. I don't want to tell people my “dirty laundry”. (#12, M, 15, secondary school student, non-attempter)

b) Neutral strategies

Some behaviors might not have a negative or positive effect per se, but excessive behaviors of such could be harmful. For stress relief, these strategies could still be useful as long as they were not overused, for instance, “video games”, “animation and comics”, “food”, and “risk-taking behaviors” (including “drag racing” and “going out on a typhoon day”).

There are people around me whose parents are very strict with them and they would have great pressure to the point that they feel "I shouldn't [do anything else]; I should just study.". That never works. I think we always need some channels to vent, such as sports and video games. (#6, M, 16, school sport team, non-attempter)

After watching many manga [Japanese comics] with bloody visuals, it is straightforward

to think about self-harm. (D3, F, 18, secondary school student, non-attempter)

c) Positive strategies

Positive strategies comprised healthy behaviors to reduce distress, seeking help from a third party, and a shift of mentality to alter the status of mind. These behaviors generally improved participants' physical and mental health conditions and lowered their risks of suicide fundamentally by creating a virtuous cycle of self-reflection and self-digestion.

Typical healthy behaviors to reduce stress included “crying”, “keeping a diary”, “sleep”, “taking a rest”, “entertainment activities”, and “playing sports”.

I would start crying [after cutting my hand and not before], which helped me to open an outlet for venting. (#4, F, 16, secondary school student, attempter)

[In response to question about way of relaxation] It must be eating, shopping, and watching movies. It is also a good way to chill out when sit on the lawn and enjoy the beautiful view. (#1, F, 16, school dropout, non-attempter)

Furthermore, some also mentioned “dream and expectation” and “social support” as effective strategies to overcome suicidal ideation.

I think most suicidal youths weren't clear about their goals, or felt confused when hunting for directions in life, so they [felt hopeless and] decided to commit suicide. They were blinded by the difficulties. I think finding what I like or what I want to do is what supports me to continue living on. (E5, M, 16, secondary school student, non-attempter)

Participants who chose to seek help from others often turned to their families, friends, and professionals, who were social workers, doctors, school teachers, and intervention hotline.

At that time, I felt I started to have some mood problems, so I told my family, and [they accompanied me] to see a doctor. (#9, F, 18, secondary school student, attempter)

Some participants would self-talk themselves to “stay optimistic” and shift their mind by “self-

reflection and digestion” that they should “find another solution” when facing difficulties.

[When in distress], you need to think about the issue, digest it by yourself, and sort the whole story. [Otherwise], it is like a bunch of wires, so tangled and useless. If you think slowly and make a mind map, you may be able to properly handle the whole thing, and you would be much more comfortable. (C2, F, 18, university freshman, non-attempter)

E. Online expression and help-seeking

With the development of online communication and social media, participants were more and more accustomed to expressing online and seeking help on social platforms when they were in a bad mood. Facebook, WhatsApp, and Instagram were the most popular online platforms among the interviewees. However, apart from a host of advantages of online discussion, barriers and concerns were also shared by some participants.

a) Purposes of online expression

Participants expressed opinions online because of a variety of reasons. Some of them were interested in sharing their personal lives while others paid more attention to interacting with others. The online platform was a good place for some participants to “express opinions”, “build public image”, “record lives”, “share lives”, and “publish works”.

I would like to post some stylish and beautiful photos online instead of negative things. There is a new feature on Instagram called “close friend function”, and I would share more about my daily lives on that. (#5, F, 18, university freshman, non-attempter)

For participants who intended to expand their “social network” or establish relationship with others, online platforms enabled them to “make comments”, “read others’ posts”, “communicate”, and “make friends” with more people.

I have made a sincere friend in an online game. We treated each other attentively and became real friends later. (D4, F, 16, secondary school student, non-attempter)

Finally, as a trendy and youth-oriented channel, online platforms offered opportunities for participants to “pour out”, “vent”, and “seek help”.

Usually when I was unhappy... I would open Instagram and keep posting my thoughts on it regardless of who might see it. (#1, F, 16, school dropout, non-attempter)

b) Perceived advantages of online expression

There were advantages of online expression reported by participants. Online expression could avoid the embarrassment of face-to-face communication. Since both sides were strangers, participants could enjoy “being anonymous” in the virtual world without disclosure of one’s identity or facial appearance. Besides, online discussion allowed delay of response, so “buffer” was provided to participants who needed more time to absorb the information and respond.

It’s better to pour out with someone you are unfamiliar because we wouldn’t meet in real life. Therefore, I don’t have to deal with their reaction, and I can completely relax after talking to them. (#8, F, 17, secondary school student, non-attempter)

Even though people on online platforms were stranger to one another, participants were able to find someone to whom they could communicate and share “similarities” with them. Some participants thought it was easier to obtain “identification”, “understanding”, and “mental support” from these virtual friends compared to people around them in the real world.

S/he [online friend] could understand me because people usually share some similarities with whom you can establish friendship. S/he will comfort me, we will comfort each other [even if we never meet]. However, if it is my peer, such as a classmate, they may not be able to understand what I am thinking. (D3, F, 18, secondary school student, non-attempter)

c) Barriers to online expression

Some obstacles would prevent a participant from expressing opinions or seeking help online, such as “ineffectiveness” and “privacy concern”. Participants criticized that talking with people online would not solve their problems, and chances were what you posted online might be shared with someone you did not want him/her to see.

I can't trust those who send venting posts online, as if they just suddenly pour these private emotions out. (E2, M, 16, secondary school student, non-attempter)

However, unlike professionals or acquaintances of whom one would have some basic knowledge, people online were often entirely unknown to the participants. “Lack of familiarity”, “different cultural backgrounds”, “generation gap”, and “different social circles” might result in misunderstanding when participants shared problems or emotions to someone online they were not familiar with.

The problem is that when you are unhappy, you wouldn't talk to someone you don't know. S/he doesn't understand your situation at all. You would think it's useless and meaningless no matter what the person [on the internet] says. (#1, F, 16, school dropout, non-attempter)

In addition, one of the biggest barriers to seek help online was “negative feedback and comments”. Participants were worried about receiving criticisms from those with different values and it might cause more self-doubt.

When some teenagers are unhappy, they will be described by negative terms when they post on the Internet, saying they are “seeking attention”. You would face a lot of criticisms like: "Why are you saying it here? What are you trying to gain?". (#7, M, 18, university freshman, non-attempter)

d) Online expression and help-seeking in suicidal participants

Most participants who were suicidal attempters said they would not express or seek help online since they thought people out of their social circles would not understand their feelings. Posting or venting on online platforms was to merely record their lives for most suicidal attempters other than seeking help. They were concerned that everyone might know what had happened to them when they released a public post. Therefore, they would rather turn to close friends when they were distressed.

I have been using online platforms to record my daily lives but not to seek help. When I

was unhappy, I would tell my friends in private. I wouldn't say it to all so the whole world knows I'm not happy. (#9, F, 18, secondary school student, attempter)

On the other hand, most of them trusted online platforms for help-seeking, such as online chatroom and instant message inbox managed by non-government organizations. Participants felt safer when sharing personal stories with strangers, and sometimes they received more emotional support from online friends than they had expected. However, none of them had tried to seek help from these resources.

I think online platforms must be useful. When I'm crying, I want to talk with someone, but I don't want others know, so I can talk to him/her [on online platforms]. S/he doesn't have to know what happened to me when I'm venting, so you can have a sense of security. To some extent, you can keep your secrets. (#4, F, secondary school student, attempter)

Apart from that, media also played an important role in terms of spreading suicide news. Some participants would be nervous and even in panic after reading the information. Another concern was the negative value spread on the media platforms which might cause unexpected consequences to people at younger age as they were easily affected by others.

Tik Tok has triggered a series of issues related to younger teenagers. In fact, suicide is also a hot topic on this platform. "Live" is a new function, and there was someone broadcasting suicide by charcoal burning. I thought the people with the right value have left the platform, but children and adolescents remained. When they were exposed to those negative values on these platforms, the problems would be bigger and bigger as young people would cross-contaminate. (D1, F, 15, secondary school student, non-attempter)

QUANTITATIVE FINDINGS

A. The sample recruited for questionnaire survey

A total of 1,676 completed questionnaires were collected from 9 secondary schools after excluding 28 incomplete ones in which more than half of the questions remained unanswered.

Out of 1,676 respondents, 442, 578, and 656 were recruited from three Band 1 (26.4%), three Band 2 (34.5%), and three Band 3 (39.1%) schools, respectively. Details of schools for recruitment are shown in Table 1.

Table 1. *Recruitment of respondents by schools*

Recruitment schools	Number of schools	Number of respondents recruited	% (respondents)
<i>Bandings</i>			
One	3	442	26.4
Two	3	578	34.5
Three	3	656	39.1
<i>Regions</i>			
Hong Kong Island	1	127	7.6
Kowloon	2	317	18.9
New Territories	6	1,232	73.5

B. Demographic characteristics of respondents

After excluding the ineligible questionnaires, respondents in this sample aged from 15-19 with a mean of 16.0. The gender distribution of respondents was very similar to that of the Hong Kong population, where 822 (49.6%) were males and 836 (50.4%) were females. Respondents lived across 18 Administrative Districts of Hong Kong, with a majority from New Territories (n = 1,222, 74.4%), followed by Kowloon (n = 278, 16.9%) and Hong Kong Island (n = 99, 6.0%). A small number of them resided in Mainland China (n = 43, 2.6%).

Most of the respondents had no more than 2 siblings (n = 1,505, 89.9%), were Form 4 or 5 students (n = 1,344, 81.4%), and born in Hong Kong (n = 1,338, 81.1%). Those with religious belief were usually Christian (n = 274, 16.7%), while the majority of respondents had no

religion (n = 1,192, 72.2%). Details are presented in Table 2.

Respondents' family information is shown in Table 3. Nearly half of the respondents were living in public housing (n = 736, 44.9%) and near one-third of them resided in private flats (n = 504, 30.8%). Over 80% of the respondents had less than HK\$500 for monthly pocket money which excluded the necessary expenditure on transportation and food (n = 1,321, 81.5%). Concerning family background, around half of the parents of the respondents had completed secondary education (father: n = 862, 52.5%; mother: n = 877, 53.8%), and most of them were currently married (n = 1,312, 80.1%).

Table 2. *Sociodemographic characteristics of respondents*

Sociodemographic	Frequency	%
Age (mean±SD), year	16.0 (<i>mean</i>)	0.9 (<i>SD</i>)
Gender		
Male	822	49.6
Female	836	50.4
Living regions and Administrative District		
<i>Hong Kong Islands</i>	99	6.0
Central and Western	11	0.7
Eastern	44	2.7
Southern	30	1.8
Wan Chai	14	0.9
<i>Kowloon</i>	278	16.9
Kowloon City	69	4.2
Kwun Tong	42	2.6
Sham Shui Po	103	6.3
Wong Tai Sin	41	2.5
Yau Tsim Mong	23	1.4
<i>New Territories</i>	1,222	74.4
Islands	19	1.2
Kwai Tsing	274	16.7
North	35	2.1
Sai Kung	29	1.8
Sha Tin	27	1.6
Tai Po	59	3.6
Tsuen Wan	55	3.3

Tuen Mun	533	32.5
Yuen Long	191	11.6
<i>Others (Mainland China)</i>	43	2.6
Number of siblings		
0	397	24.5
1	810	49.9
2	298	18.4
3	69	4.3
4	26	1.6
5 and above	22	1.3
Form		
F4	685	41.5
F5	659	39.9
F6	308	18.6
Birthplace		
Hong Kong	1,338	81.1
Mainland China	291	17.6
Overseas	20	1.2
Religious belief		
<i>Type</i>		
Nil reported	1,192	72.7
Christian	274	16.7
Catholic	56	3.4
Buddhist	81	4.9
Others	36	2.2
<i>Frequency of attending religious activities</i>		
One to several times per week	183	11.3
One to several times per month	44	2.7
One to several times per year	36	2.2
Non-scheduled	200	12.4
Seldom or never	1,152	71.3

Table 3. *Family information of respondents*

Sociodemographic (family situations)	Frequency	%
Accommodation type		
Public housing	736	44.9
Private flats	504	30.8
Home Ownership Scheme flats	146	8.9
Village houses	136	8.3
Tenement building (Tong Lau)	66	4.0
Staff quarters	24	1.5
Others	27	1.6
Amount of pocket money[#] per month (in HKD)		
<\$100	413	25.5
\$101 – \$300	548	33.8
\$301 – \$500	360	22.2
\$501 – \$1,000	205	12.6
>\$1,000	96	5.9
Parents' education		
<i>Father</i>		
Primary school and below	172	10.5
Secondary school	862	52.5
Diploma/Associate degree	76	4.6
Bachelor's degree or above	233	14.2
Don't know	300	18.3
<i>Mother</i>		
Primary school and below	212	13.0
Secondary school	877	53.8
Diploma/Associate degree	90	5.5
Bachelor's degree or above	189	11.6
Don't know	263	16.1
Parents' marital status		
Married	1,312	80.1
Divorced	187	11.4
Widowed	58	3.5
Separated	43	2.6
Cohabitation after divorce	14	0.9
Never get married	24	1.5

[#] Pocket money excluded the necessary expenses of transportation and meals.

C. Prevalence of suicidal ideation and attempts

Respondents were asked about the experience of thinking about suicide and suicidal attempts of themselves and their friends or classmates in the past 12 months (Table 4). Among them, 1,228 (74.7%) had reported no suicidal ideation. Nearly a quarter of them (415) had thought of committing suicide (25.3%) and 14.7% of this group (N=61) had put into practice over the past year. Moreover, 295 (18%) respondents had learnt of suicidal ideas or plans from their friends or classmates of whom 29.7% had attempted.

The overall suicidal attempt rate (prevalence) was 3.7% for our sample (61 out of 1,643 respondents). Among the 61 suicide attempters, 22 (36.1%) had ever sought help.

Table 4. *Prevalence of suicidal ideation and attempts of respondents and their friends or classmates in the past 12 months*

Suicidal experience	Frequency	%
<i>Personal experience</i>		
No suicide ideation and attempt	1,228	74.7
Had suicide ideation	415	25.3
Had suicide ideation only	354	85.3
Had suicide attempt	61	14.7
<i>Had sought other's help</i>		
No	39	63.9
Yes	22	36.1
<i>Friends or classmates' experience</i>		
<i>Thought about suicide</i>		
Don't know	985	59.7
No	370	22.4
Yes	295	17.9
<i>Had suicidal attempts</i>		
No	180	70.3
Yes	76	29.7

D. Attitudes towards suicide

Factor analysis of the attitude items

Respondents indicated their attitudes towards suicide on 14 items. An exploratory factor analysis was carried out to understand the underlying structure and relationship of these items. The application of principal component factor analysis (PCA) revealed three factors with eigenvalues greater than one. They explained 50.2% of the variance in total, 22.8%, 17.0%, and 10.4%, respectively. The varimax rotation presented a simple three-factor solution, where each of the 14 items was loaded on exactly one of the factors. Results of loadings and communalities are demonstrated in Table 5.

Table 5. *Pattern Matrix of PCA with Varimax Rotation of Three-Factor Solution of Attitudes Items towards Suicide*

	Factor			Communality
	1	2	3	
<i>Negative evaluation</i>				
Item 31	.57	-.25	.22	.43
Item 33	.63	-.33	.21	.55
Item 34	.56	-.52	-.02	.58
Item 35	.59	-.14	-.41	.53
Item 36	.62	-.38	-.03	.52
<i>Support</i>				
Item 16	-.24	.61	.21	.47
Item 18	-.02	.68	-.10	.48
Item 22	.05	.59	.31	.45
Item 23	-.04	.69	-.21	.53
Item 24	.04	.55	.14	.32
Item 25	-.16	.74	-.10	.58
Item 32	-.07	.68	.22	.52
<i>Sympathy and Empathy</i>				
Item 15	-.04	.11	.71	.52
Item 17	.33	-.08	.66	.55

Note. Major loadings of items were highlighted by **bold type**.

Factor loadings of each factor are similar, so we chose to use the sum as a summary score to represent the strength of the attitude towards these factors:

- Factor 1: *negative evaluation*. It contained 5 items related to negative appraisal on suicidal

behaviors or individuals. The sum score of these responses would reflect the extent of negative attitude towards suicide.

- Factor 2: *support*. It contained 7 items the sum score of which would reflect the extent of support and understanding of suicide.
- Factor 3: *sympathy and empathy*. It contained 2 items the sum score of which would reflect the extent of being sympathetic and empathetic towards suicide.

A higher sum score for each factor means greater agreement to the respective type of attitude towards suicide.

Table 6 shows the response frequency on the items based on three factors. Over 90% of respondents adopted a non-judgmental viewpoint who either agreed or strongly agreed that “we should not stand on moral high ground to criticize people who commit suicide”. More respondents shared supportive attitudes on items including “others would not understand what is going on in the mind of the person who wants to commit suicide” (77.4%), “suicide is sometimes a “relief” (77.0%), and “the right to end one’s life” (75.8%). Most also disagreed that suicidal individuals were “seeking sympathy” (80.4%) but agreed that attempting suicide was out of “impulsivity” (69.8%).

Table 6. *Response frequency of items of attitude towards suicide*

Attitudes towards suicide	Strongly disagree		Disagree		Agree		Strongly agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<i>F1: negative evaluation</i>								
-Suicide is an act of avoidance	131	7.9	513	30.9	826	49.8	188	11.3
-Suicide is often an impulsive act	78	4.7	423	25.5	936	56.5	220	13.3
-Suicide is futile	209	12.6	845	51.0	486	29.3	118	7.1
-Some people use suicide to seek others’ sympathy	523	31.5	813	48.9	264	15.9	61	3.7
-People who choose to commit suicide are selfish	244	14.7	796	48.1	492	29.7	124	7.5
<i>F2: support</i>								
-Everyone has the right to end his/her own life	125	7.5	278	16.7	925	55.7	334	20.1
-Once someone makes up his/her mind to commit suicide, no one	277	16.7	824	49.5	358	21.5	204	12.3

can stop him/her								
-Others would not understand what is going on in the mind of the person who wants to commit suicide	41	2.5	335	20.2	967	58.3	317	19.1
-Suicide is a personal decision and has nothing to do with others	192	11.6	794	47.9	522	31.5	149	9.0
-Almost everyone has thought about suicide	134	8.1	627	37.8	729	44.0	167	10.1
-In some cases, suicide is a solution to the problem	390	23.6	594	36.0	518	31.4	149	9.0
-Suicide is sometimes a relief	112	6.7	269	16.2	994	59.8	286	17.2
<i>F3: sympathy and empathy</i>								
-I feel guilty for not helping the person who kills him/herself	177	10.6	469	28.2	806	48.5	211	12.7
-We should not stand on moral high ground to criticize people who commit suicide	43	2.6	115	6.9	837	50.5	664	40.0

Association of demographic characteristics with the attitude towards suicide

As shown in Table 7, multivariable regression analysis was performed to study the effect of demographic characteristics on the three factors of attitudes towards suicide. Males scored higher on factor 1 (negative evaluation) (12.2 (2.8) vs. 11.7 (2.5), $p < .001$) while females scored higher on factor 3 (sympathy and empathy) (5.8 (1.3) vs. 6.0 (1.1), $p < .001$). Results of ANOVA showed that Catholic and Christian respondents scored significantly lower on factor 2 (support) compared to nonreligious ones ($F = 7.5$, $p < .001$). Students from school with better banding scored significantly lower on factor 1 ($F = 5.9$, $p = .003$) and higher on factor 2 ($F = 9.3$, $p < .001$) and 3 ($F = 19.5$, $p < .001$).

Table 7. *Multivariable regression analysis on attitudes towards suicide with demographic characteristics*

	Factor					
	1		2		3	
	<i>t</i>	<i>B</i> (<i>p</i> -value)	<i>t</i>	<i>B</i> (<i>p</i> -value)	<i>t</i>	<i>B</i> (<i>p</i> -value)
<i>Sociodemographic</i>						
Gender	-2.4	-0.33 (.017*)	1.0	0.20 (.30)	2.6	0.16 (.009**)

Form	-2.2	-0.29 (.03*)	1.4	0.24 (.18)	3.8	0.22 (.001***)
Religious belief	2.5	0.14 (.014*)	-4.1	-0.32 (.001***)	-0.7	-0.02 (.52)
School banding	1.8	0.19 (.08)	-0.4	-0.05 (.73)	-3.9	-0.19 (.001***)
R^2		0.05		0.11		0.07
F		5.2***		12.0***		7.5***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

E. Perceived sources of distress

Sources of distress were grouped into environmental, psychological, social, and biological aspects (Table 8). Academic pressure was perceived as a stressor by most respondents (82.5%) which was closely associated with “feeling lost about the future” (50.4%). Family conflicts (39.6%) and people’s livelihood (35.9%) put pressure on over one-third of the respondents. Nine out of 14 stressors were selected by more than 20% of the respondents.

Table 8. *Response frequency of the source of distress*

Sources of distress	Frequency	%
<i>Environmental factors</i>		
Academic pressure	1,374	82.5
Family conflicts	659	39.6
Relationship issue	449	27.0
Peer comparison	445	26.7
Financial problems	426	25.6
Conflicts with classmates/ friends	328	19.7
Teachers’ criticisms and punishments	219	13.1
Media report	182	10.9
Bullying	85	5.1
<i>Psychological factors</i>		
Feeling lost about the future	839	50.4
Lack of self-value	463	27.8
<i>Social factors</i>		
People’s livelihood	598	35.9
Social system problem	344	20.6
<i>Biological factors</i>		
Health problems	233	14.0

Association of demographic characteristics with perceived sources of distress

Associations between the top six selected sources of distress with demographic characteristics were examined using Pearson Chi-squared test (Table 9). Among the various demographic variables, school bandings seemed to play a significant part in relation to respondents' sources of distress. More Band 1 students felt stressful about academic and people's livelihood issues, more Band 2 students felt lost about the future, lack of self-value, and found family conflicts stressful. Gender was also influential; females experienced more stress from academic matters and family conflicts, and about the future. Students in higher Forms also had more stress from feeling lost about the future.

Table 9. Association of demographic characteristics with perceived sources of distress

	Perceived source of distress (χ^2)					
	Academic pressure	Feeling lost about future	Family conflicts	People's livelihood	Lack of self-value	Relationship issue
Sociodemographic						
Gender	34.0***	11.9***	50.0***	0.8	5.5*	0.4
Form	1.5	23.2***	0.2	0.2	1.1	1.7
School banding	29.2***	20.0***	16.8***	42.5***	20.8***	6.4*

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

F. Coping strategies towards peer suicides

Respondents adopted passive or active coping strategies to deal with peer suicides (Table 10). Passive coping strategies referred to overlooking the needs and difficulties of the respondents and a lack of skills and knowledge on how to deal with peer suicides. Not many respondents had passive reactions when facing peers with suicidal ideation. Less than one-quarter of them would feel “overwhelmed” (23.8%) or escape by “making a joke and change the topic” (16.0%).

On the other hand, most respondents expressed their willingness to help peers in need. Active strategies containing “assistance in problem solving” (63.8%), “companionship” (63.7%), and “persuasion” (51.9%) were reported by more than half of the respondents. More crucially, almost 80% of the respondents would actively seek others' help for their peers (79.0%).

Particularly, they would turn to classmates/friends (64.6%), teachers (39.7%), social workers (36.6%), and family (35.8%) for suggestions.

Table 10. *Response frequency of coping strategies towards peer suicides*

Coping strategies towards peer suicide	Frequency	%
<i>Passive</i>		
Overwhelmed	398	23.8
Make a joke and change the topic	268	16.0
Doesn't believe he/she would commit suicide	155	9.3
Can't do anything	88	5.3
<i>Active</i>		
Try to help solve the problems	1,065	63.8
Companionship	1,063	63.7
Persuade the person to seek help	867	51.9
Keep secret	289	17.3
Seek help from others	1,306	79.0
Classmate/friend	945	64.6
Teacher	581	39.7
Social worker	535	36.6
Family	523	35.8
Hotline	183	12.5
Counselor	170	11.6
Psychiatrist/clinical psychologist	158	10.8
Online friend	107	7.3
Chinese/western physician	22	1.5

Association of demographic characteristics with coping strategies towards peer suicide

The choice of coping strategies towards peer suicide was associated with some of the demographic characteristics (Table 11). Pearson Chi-squared tests showed that females (31.3% vs males 16.3%, $p < .001$) would tend to be “overwhelmed”: and males (18.8% vs females 13.4%, $p = .003$) preferred to “avoid problems”. Females were more active in “accompanying” (70.7% vs 56.5%, $p < .001$), “helping peers to solve problems” (68.7% vs 59.4%, $p < .001$), and “seeking help from others” (82.9% vs 75.0%, $p < .001$). Students from different bands of school had different reactions towards peer suicide. Those from Band 1 schools were more “overwhelmed” (27.7% vs Band 2 26.3% vs Band 3 19.1%, $p < .001$) but would “offer more help to solve the problems” (68.9% vs 66.4% vs 58.0%, $p < .001$), compared to those from

Band 2 schools who would be more willing to “offer company” (68.5% vs Band 1 66.9% vs Band 3 57.2%, $p < .001$). Christian respondents were particularly enthusiastic about “persuasion” (61.5% vs nonreligious 51.4%, $p = .005$) and “seeking others’ help” (88.1% vs others 78.3%, $p < .001$).

Table 11. *Association of demographic characteristics with coping strategies towards peer suicide*

	Coping strategies towards peer suicide (χ^2)					
	<i>Passive</i>			<i>Active</i>		
	<i>Overwhelmed</i>	<i>Avoidance</i>	<i>Companionship</i>	<i>Help solve problem</i>	<i>Persuasion</i>	<i>Seek others’ help</i>
<i>Sociodemographic</i>						
Gender	51.7***	9.0**	36.1***	15.4***	0.9	15.5***
Religious belief	6.0	7.7	8.8	4.2	14.7**	18.7***
School banding	13.5***	1.3	19.7***	16.4***	6.5*	0.7

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

G. Coping strategies towards self-distress

When the respondents encountered problems in their lives, their ways to cope with self-distress may differ from that of dealing with others’ problems. Some would adopt more constructive approaches to digest the problems, while others would respond to the difficulties in a negative manner (Table 12). The most common negative strategies were “indulgence in video games” (35.1%) and “self-isolation” (26.6%). Regarding positive strategies, respondents would prefer to “find someone to talk about the problems” (68.9%), “do some other things for relaxation” (65.6%), “cry” (46.2%), “sleep” (35.4%), and “vent online” (26.4%). Most respondents would “trust their classmates or friends” (87.9%), and some would turn to family (38.4%), online friends (15.1%), and teachers (14.3%) for help.

Table 12. *Response frequency of coping strategies towards self-distress*

Coping strategies towards self-distress	Frequency	%
<i>Negative</i>		
Indulged in video games	585	35.1
Self-isolation	444	26.6

No eating/over-eating	223	13.4
Aggression (lose temper, break things, and quarrel)	190	11.4
Self-harm	91	5.5
Alcohol/ drugs to numb oneself	88	5.3
Try to commit suicide	64	3.8
<i>Positive</i>		
Do something else to relax	1,094	65.6
Cry	769	46.2
Sleep all day	589	35.4
Vent online	440	26.4
Find someone to talk to	1,149	68.9
Classmate/friend	1,010	87.9
Family	441	38.4
Online friend	173	15.1
Teacher	165	14.3
Social worker	131	11.4
Hotline	25	2.2
Counselor	23	2.0
Psychiatrist/clinical psychologist	16	1.4
Chinese/western medicine physician	9	0.8

Association of demographic characteristics with coping strategies towards self-distress

Coping strategies towards self-distress varied by demographic characteristics (Table 13). There were gender differences in preferences of most of the coping strategies towards self-distress, no matter positive or negative. In general, females adopted a wider variety of approaches to deal with pressure compared to males. Females were more likely to “self-isolate” (30.1% vs males 22.8%, $p < .001$), “find someone to discuss” (74.1% vs 63.7%, $p < .001$), “cry” (64.8% vs 27.2%, $p < .001$), “sleep” (41.1% vs 29.5%, $p < .001$), and “vent online” (33.8% vs 19.0%, $p < .001$) apart from “addiction to video games” (males 44.1% vs females 26.2%, $p < .001$). Also, students from different bandings of schools showed differences. Respondents from Band 3 schools “played more video games” when having stress (38.3% vs Band 2 36.8% vs Band 1 28.0%, $p < .001$) while those from Band 1 school were more likely to “distract themselves by doing something else” (70.6% vs Band 2 67.5% vs Band 3 60.6%, $p < .001$), “cry” (58.5% vs 48.8% vs 35.5%, $p < .001$), and “vent online” (30.3% vs 29.2% vs 21.3%, $p < .001$).

Table 13. Association of demographic characteristics with coping strategies towards self-distress

	Coping strategies towards peer suicide (χ^2)						
	<i>Negative</i>				<i>Positive</i>		
	<i>Video games</i>	<i>Self-isolation</i>	<i>Talk with others</i>	<i>Have a relax</i>	<i>Cry</i>	<i>Sleep</i>	<i>Vent online</i>
Sociodemographic							
Gender	58.2***	11.3***	20.6***	1.3	234.9***	24.1***	46.0***
Religious belief	7.2	2.9	17.4**	21.2***	12.6*	2.3	5.9
School banding	13.4***	3.1	4.3	13.1***	58.5***	6.6*	14.4***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

H. Barriers to seeking help from others

Although nearly 70% of the respondents expressed their willingness to seek help from others when they were distressed, there were several perceived barriers to help-seeking (Table 16). The three greatest perceived barriers to seeking help from others were “I don’t want to bother others” (57.6%), “I think I can fix it myself” (45.1%), and “no one can help me” (33.1%).

Table 14. Response frequency of barriers to seeking help from others

Barriers to seeking help from others	Frequency	%
Don’t want to bother others	959	57.6
Think I can fix it myself	750	45.1
No one can help me	550	33.1
No one can be trusted	449	27.0
Don’t want to deal with it now	422	25.4
Worried about privacy disclosure	333	20.0
Don’t know how to seek help	333	20.0
Tried but didn’t work	287	17.3
Don’t want to be looked down upon	272	16.3
Worried about being labeled	235	14.1
Would rather die	137	8.2

Association of seeking help from others when distressed with perceived barriers

Significant association was found between the respondents’ choice of target to seek help from and their perceived barriers or reasons for not seeking help. (Table 15). The main barriers to calling hotline were the concern of being “labeled” (32.0% vs hotline help-seeker 15.1%, p

= .02), “privacy leakage” (44.0% vs 20.3%, $p = .004$), and “tried but didn’t work” (36.0% vs 16.9%, $p = .012$). Hesitation of turning to online friends was related to “don’t want to bother others” (66.5% vs online help-seeker 55.7%, $p = .008$), “avoid being looked down on” (24.3% vs 16.2%, $p = .009$), “being labeled” (21.4% vs. online help-seeker 14.4%, $p = .019$), “confidentiality” (30.6% vs 19.2%, $p < .001$), and “tried but didn’t work” (30.6% vs 15.1%, $p < .001$). Lastly, worries about seeking help from social workers were “avoid being looked down on” (24.4% vs. social worker help-seeker 16.5%, $p = .023$), “being labeled” (22.9% vs 14.5%, $p = .012$), “privacy concern” (29.0% vs 19.9%, $p = .015$), and “tried but didn’t work” (24.4% vs 16.4%, $p = .021$).

Table 15. Association between target to seek help from and perceived barriers of help-seeking

	Perceived barriers of help-seeking (χ^2)						
	No bother	I can fix	Avoid being looked down	Label	Can trust no one	Privacy issue	Tried but didn't work
Target to seek help							
Teacher	2.7	0.4	1.4	1.7	0.4	1.9	0.6
Family	0.1	9.4**	9.0**	1.5	13.4***	0.1	0.2
Classmate/friend	5.0*	3.7	2.9	1.1	8.9**	1.4	0.04
Hotline	0.5	0.02	2.0	5.4*	0.6	8.3**	6.3*
Psychiatrist/clinical psychologist	0.3	1.6	0.3	1.1	1.2	0.2	0.7
Online friend	7.1**	1.2	6.8**	5.5*	2.1	11.8***	25.3***
Social worker	0.9	1.2	5.2*	6.3*	1.4	6.0*	5.3*
Chinese/western physicians	2.1	0.02	0.2	2.2	0.1	0.01	0.2
Tutor	0.6	1.9	0.3	6.8**	1.0	1.3	5.1*

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

I. Online expression: platforms and purpose

Questions regarding online expression and help-seeking were asked to study the pattern of online behaviors in respondents (Table 16). The most prevalent platforms used were Instagram (63.0%), WhatsApp (55.3%) and Snapchat (23.0%), excluding those who did not use any online platform (16.9%). Most respondents used online platforms for expression of

feeling/emotion (46.5%), life sharing (43.9%), life recording (42.4%), killing time (34.7%), and expression of opinion (24.7%).

Table 16. *Response frequency of platforms and purposes of online expression*

Platforms and purposes of online expression	Frequency	%
<i>Platforms</i>		
Instagram	1,053	63.0
WhatsApp	924	55.3
Snapchat	385	23.0
WeChat	209	12.5
YouTube	198	11.8
Facebook	188	11.3
LIHKG	104	6.2
Telegram	83	5.0
Skype	67	4.0
Tik Tok	62	3.7
Weibo	59	3.5
Twitter	55	3.3
Messenger	53	3.2
HKGolden	43	2.6
Non-use	283	16.9
<i>Purposes</i>		
Express emotions	768	46.5
Share lives	724	43.9
Record lives	700	42.4
Kill time due to boredom	573	34.7
Express opinions	408	24.7
Check-in (打卡 in Chinese)	267	16.2
Build images	140	8.5
Attract “likes”	118	7.2
Make friends	95	5.8
Seek help	77	4.7

J. Opinions on online help-seeking/expression

Factor analysis of the opinion items

Respondents reported their opinions on online help-seeking/expression on 7 items. An exploratory factor analysis was conducted to understand the underlying structure and relationships of these items. The application of principal component factor analysis (PCA) revealed two factors with eigenvalues greater than one. They explained 56.4% of the variance

in total, 30.5% and 25.9%, respectively. The varimax rotation presented a simple two-factor solution, where each of the 7 items was loaded on exactly one of the factors. Results of loadings and communalities are demonstrated in Table 17.

Table 17. *Pattern Matrix of PCA with Varimax Rotation of Two-Factor Solution of Opinion Items towards Online Help-seeking/expression*

	Factor		Communality
	1	2	
<i>Criticism and risk</i>			
Item 9	.78	.26	.68
Item 10	.80	.25	.71
Item 11	.66	.003	.44
Item 12	.66	-.24	.49
<i>Benefits</i>			
Item 7	.03	.73	.54
Item 8	.09	.75	.58
Item 13	.03	.72	.52

Note. Major loadings of items were highlighted by **bold type**.

Factor loadings of each factor are similar, so we chose to use the sum as a summary score to represent the strength of the opinion towards these factors:

- Factor 1: Criticism and risk. It contained 4 items that related to criticisms on the purpose of online help-seeking/expression and associated risks. The sum score of these responses would reflect the extent of the negative evaluation of online help-seeking/expression.
- Factor 2: Benefits. It contained 3 items that related to the advantages of online help-seeking/expression. The sum score of these responses would reflect the extent of the perceived effectiveness of online help-seeking/expression.

A higher sum score means greater agreement on the respective aspects of opinions on online help-seeking/expression.

Table 18 shows the response frequency on items of the two factors. Around 80% of the respondents disagreed about the criticisms on online help-seeking/expression. Comparatively, less than half of the respondents agreed with its usefulness (37.0%) and flexibility (48.1%). Most respondents had neither negative nor positive impression of online help-

seeking/expression, and it might explain why not many of them would seek help online when in distress.

Table 18. *Response frequency of opinions towards online help-seeking/expression*

Opinions towards online expression	Strongly disagree		Disagree		Agree		Strongly agree	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
<i>F1: criticism and risk</i>								
-The purpose of online emotion expression is to attract “likes”	498	29.8	874	52.3	252	15.1	47	2.8
- The purpose of online emotion expression is to seek attention	537	32.1	855	51.1	233	13.9	47	2.8
-People might be doxed for expressing emotions online	229	13.7	712	42.7	631	37.8	96	5.8
-It is usually useless to seek help online	175	10.5	877	52.5	507	30.4	111	6.6
<i>F2: benefits</i>								
-You can fully vent your emotions online	125	7.5	543	32.5	864	51.7	140	8.4
-It is easier to share worries with net friends	215	12.9	653	39.1	669	40.1	133	8.0
-People will usually be encouraged when seek help online	104	6.2	473	28.4	984	59.0	107	6.4

Association of demographic characteristics, sources of stress and online help-seeking/expression

As displayed in Table 19 and 20, multivariable regression analysis was conducted to find out which groups were more favourable or negative towards online help-seeking/expression, in terms of sources of stress, opinions and willingness to seek help. Independent t-tests and ANOVA were carried out to further study between-group comparisons. Males (8.7 (2.4) vs 8.2 (2.0), $p < .001$) and Band 3 students ($F = 4.4$, $p = .013$) scored significantly higher on factor 1, meaning that they expressed more agreement on negative evaluation of online help-seeking/expression, while Band 1 students scored significantly lower on factor 2 ($F = 5.3$, $p = .005$), showing less of them perceived its benefits. On the other hand, those who had ever sought online friends’ help during stressful time (8.8 (1.4) vs 7.7 (1.6), $p < .001$), and those who felt distressed due to “relationship issue” (8.1 (1.6) vs 7.6 (1.7), $p < .001$), both groups scored significantly higher on factor 2, meaning they agreed more that online sharing was

useful and convenient.

Table 19. *Multivariable regression analysis on demographic characteristics with opinions on online help-seeking/expression and willingness to seek help from online friends*

	Factor			
	1		2	
	<i>t</i>	<i>B</i> (<i>p</i> -value)	<i>t</i>	<i>B</i> (<i>p</i> -value)
<i>Sociodemographic</i>				
Gender	-2.6	-0.33 (.01*)	-0.1	-0.01 (.95)
School banding	2.1	0.21 (.04*)	2.6	0.19 (.01*)
<i>Seek help from online friends</i>	1.1	0.20 (.28)	-7.6	-1.04 (.001***)
<i>R</i> ²		0.03		0.07
<i>F</i>		2.2**		5.2***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

Table 20. *Multivariable regression analysis on online expression with sources of distress*

	Factor			
	1		2	
	<i>t</i>	<i>B</i> (<i>p</i> -value)	<i>t</i>	<i>B</i> (<i>p</i> -value)
<i>Sources of distress</i>				
Academic pressure	0.6	0.08 (.58)	-1.8	-0.20 (.07)
Family conflicts	2.3	0.27 (.02*)	-0.8	-0.07 (.42)
Financial problems	-1.8	-0.23 (.08)	-1.8	-0.18 (.07)
Bullying	-1.2	-0.30 (.25)	-0.7	-0.15 (.47)
Relationship issue	-0.4	-0.05 (.72)	-4.3	-0.43 (.001***)
Peer comparison	0.8	0.11 (.41)	-1.7	-0.18 (.09)
Teachers' criticism and punishments	-0.3	-0.05 (.80)	-0.3	-0.04 (.79)
Media report	0.5	0.10 (.60)	-0.2	-0.03 (.87)

Conflicts with classmates/ friends	-0.3	-0.04 (.79)	0.4	0.05 (.67)
R^2		0.01		0.03
F		1.3		3.7***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

K. Attitudes towards open discussion about suicide

Respondents' attitudes towards suicide did not necessarily correspond to their willingness to discuss about suicide, regardless of being conducted in private or group manner. Table 23 presents respondents' opinions on open discussion about suicide in schools as well as the reasons behind approval or objection.

Positive (46.2%) and negative (53.8%) attitudes towards open discussion on suicide topics were approximately equally distributed among the respondents. The perceived benefit of emotional support was the main reason for those who voted for support on open discussion (71.6%), while others who did not want open discussion considered suicidal topics too heavy to be discussed in the open environment like schools (56.0%).

Table 21. *Response frequency of attitudes towards open discussion on suicide and associated reasons*

Open discussion about suicide	Frequency	%
<i>Preferred</i>	757	46.2
Help channel the emotions	542	71.6
Learn useful knowledge and skills	375	49.5
Arouse people's concern	254	33.6
<i>Unwanted</i>	881	53.8
Too heavy	493	56.0
Never reach a conclusion	299	33.9
Cause panic	223	25.3
Safer to talk within one's own circle	195	22.1
Induce people to imitate	141	16.0

Association between attitudes towards suicide and open discussion about suicide

Respondents scored higher on sympathy and empathy towards suicide were more willing to

join open discussion ($p < .001$). Multivariable regression analysis and Independent t -tests were carried out to explore the reasons behind their preferences (Table 22). Respondents scored higher on “negative evaluation” on suicide were more likely to think open discussion would “cause panic” (12.4 (2.8) vs 11.9 (2.7), $p = .005$); the “supportive” to suicide group were more likely to worry that open discussion might “never reach a conclusion” (18.7 (4.0) vs 18.0 (3.7), $p = .006$); while the “sympathy and empathy” group believed open discussion was beneficial to “arousing people’s concern” (6.2 (1.2) vs 5.9 (1.2), $p < .001$) and “helping channel the emotions” (6.2 (1.2) vs 5.8 (1.2), $p < .001$).

Table 22. *Multivariable regression analysis on attitudes towards suicide and open discussion about suicide*

	Factor					
	1		2		3	
	<i>t</i>	<i>B</i> (<i>p</i> -value)	<i>t</i>	<i>B</i> (<i>p</i> -value)	<i>t</i>	<i>B</i> (<i>p</i> -value)
Open discussion about suicide						
<i>Preferred</i>						
- Arouse people’s concern	0.6	0.18 (.58)	-0.6	-0.27 (.56)	-2.8	-0.38 (.006**)
- Learn useful knowledge and skills	-1.4	-0.43 (.16)	2.3	1.00 (.02*)	-1.5	-0.19 (.15)
- Help channel the emotions	0.04	0.01 (.97)	1.3	0.59 (.20)	-2.0	-0.28 (.046*)
<i>Not preferred</i>						
-Never reach a conclusion	-0.6	-0.18 (.52)	-2.1	-0.83 (.04*)	0.6	0.07 (.55)
-Induce people to imitate	1.4	0.55 (.17)	-1.3	-0.71 (.20)	-0.9	-0.15 (.40)
-Safer to talk within one’s own circle	0.6	0.18 (.56)	0.4	0.16 (.72)	-1.1	-0.15 (.26)
-Cause panic	-2.6	-0.79 (.01*)	0.8	0.33 (.44)	0.7	0.10 (.48)
-Too heavy	-2.9	-0.77 (.004**)	0.1	0.03 (.95)	-2.4	-0.27 (.02*)
<i>R</i> ²		0.03		0.03		0.04
<i>F</i>		2.3*		2.0*		3.7***

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$

L. Opinions on useful strategies for student’s suicide prevention

Table 23 shows the suggestions and recommendations from students on how to improve suicide prevention. “Recognizing one’s self-value” was the most popular strategy among the respondents to prevent youth suicide (59.4%), followed by “communication and social skills” (39.0%), which included the need to further “enhance parental-child communication” (35.5%). In addition, schools still played a role in suicide prevention by providing “counseling” (37.3%) and “career planning services” (22.2%). New forms of intervention were accepted by the younger generation to some extent, such as “watching videos produced by key opinion leaders” (30.2%). The traditional approach of providing routine mental health services and life education was not that popular compared to other strategies.

Table 23. *Response frequency of opinions on useful strategies for student suicide prevention*

Useful strategies for student suicide prevention	Frequency	%
<i>Self-value recognized</i>	982	59.4
<i>Skills</i>		
Improve communication and social skills	644	39.0
Strengthen parent-child communication	586	35.5
<i>School</i>		
School counseling	616	37.3
Career planning	367	22.2
Extracurricular activities of life education	315	19.1
Reinforcement of school facilities	197	11.9
Students designing suicide prevention programs	182	11.0
<i>Technologies</i>		
Video by celebrities (YouTuber)	499	30.2
Artificial intelligence tools	127	7.7
<i>Mental support services</i>		
Online emotional support platform	373	22.6
Hotline counseling	310	18.8

M. Differences among three groups of respondents: no suicide ideation/attempt; having suicide ideation but no attempt; and suicide attempters

We tried to compare the respondents by dividing them into three groups based on their suicidal experience: a) those without suicide ideation and attempt (N=1,228); b) those with suicide ideation but no attempt (N=354); and c) suicide attempters (N=61). Logistic regression analyses and one-way ANOVA were conducted to identify significant variables that helped differentiate those with suicide ideation/attempt and those without. The variables tested included: sources of distress (life stressors), attitudes towards suicide, perceived reasons of suicide, coping strategies towards peer suicide and self-distress, barriers to help-seeking, online help-seeking/expression, attitudes towards open discussion about suicide, and opinions on useful strategies for student suicide prevention. Table 25 summarizes the results:

Table 25. *Comparisons among respondents with and without suicide ideation/attempt*

Items with significant difference*	a) No ideation and attempt	b) With suicide ideation	c) With suicide attempt
<i>Life stressors</i>	- More likely to feel stressful about teachers' criticisms and punishments	- family conflicts - relationship issues - bullying - lack of self-value	- conflicts with classmates/ friends (compared to group b)
<i>Attitude towards suicide</i>	- negative attitude	- supportive or sympathy and empathy	
<i>Coping strategies – peer suicide</i>	- seek help from families	- seek help from others in general - seek help from online friends	- keep secret for suicidal peers - Less likely to ignore
<i>Coping strategies - self-distress</i>	- talk with others - seek help from families and classmates/friends	- cry - attempt suicide - vent online - self-isolate - self-harm	- attempt suicide (compared to group b) - seek help from social workers
<i>Perceived reasons for youth suicide</i>		- out of impulsivity	- retaliation
<i>Barriers to seek help</i>		- no one can be trusted - would rather die	- had tried but didn't work (compared to group b)
<i>Online expression</i>	- Facebook users - online expression of life sharing	- spent more time on social media - online expression of emotions	
<i>Open discussion on suicide</i>	- learn more useful knowledge and skills		- induce imitation
<i>Suicide prevention</i>	- school counselling and life education programmes		

**The items in each column represent the respondents would more likely engage in those behaviours or present those attitudes unless otherwise stated. Blank columns represent no significant difference was found for that item or group.*

Life stressors - perceived sources of distress

A larger proportion of respondents with suicidal ideation reported stressors including family conflicts (OR=1.93, $p < .001$), relationship issue (OR=1.44, $p = .011$), lack of self-value (OR=2.44, $p < .001$), and bullying (OR=2.21, $p = .004$). Moreover, in terms of relationship issues, significantly more suicide attempters reported the stressor of conflicts with classmates/friends (OR=2.22, $p = .017$). For those without suicide ideation/attempt, teacher's criticisms and punishment as a source of distress was more significant for them (OR=0.58, $p = .009$).

Attitudes towards suicide

One-way ANOVA was applied to determine the significant association between attitudes towards suicide and the emergence of suicidal ideation and implementation. Significant differences were identified on all the three factors of attitudes so the post-hoc analyses were conducted by Tukey HSD and Bonferroni.

On factor 1 (negative evaluation), respondents with no suicidal ideation/attempt scored with a mean of 12.15, which was significantly higher than respondents with suicidal ideation but had no action (mean=11.4) and suicidal attempters (mean=10.65). On factor 2 (support), respondents with no suicidal ideation (mean=17.6) scored significantly lower than respondents in the other two groups. On factor 3 (sympathy and empathy), respondents with no suicidal ideation (mean=5.8) scored significantly lower than respondents with suicidal ideation but had no action (mean=6.1).

Coping strategies towards peer suicide and self-distress

Multinomial logistic regression was applied to determine the significant coping strategies towards peer suicide related to the emergence of suicidal ideation and implementation. When dealing with peer suicide, generally speaking, respondents with suicidal ideation and without suicidal attempts would be more active in seeking help from others for the peers in need compared to those without suicide ideation (OR=1.48, $p = .011$). In particular, those without

suicidal ideation and attempt were more willing to seek help from families (OR=1.89, $p < .001$) for the suicidal peers while respondents with suicidal ideation but without attempt were more willing to seek help from online friends (OR=2.22, $p < .001$). On the other hand, compared to those with suicide ideation but had no action, suicide attempters would be more willing to keep secret for their suicidal peers (OR=2.30, $p = .006$).

In case of self-distress, coping strategies including crying (OR=1.64, $p < .001$), attempting suicide (OR=4.21, $p < .001$), venting online (OR=1.45, $p = .012$), self-isolation (OR=1.95, $p < .001$), and self-harm (OR=2.03, $p = .014$) were significantly associated with the increasing likelihood of suicide ideation, while finding someone to talk to was significantly associated with the decreasing likelihood of suicide ideation (OR=0.57, $p < .001$). Regarding the source of help they trusted, those without suicidal ideation and attempt were more willing to seek help from families (OR=2.76, $p < .001$) and classmates/friends (OR=1.91, $p = .004$), while suicidal attempters were more willing to seek help from social workers (OR=4.28, $p = .002$) compared to respondents with suicidal ideation. Meanwhile, suicide attempters were even more likely to attempt suicide when having self-distress compared to those who had suicidal ideation only (OR=4.61, $p < .001$).

Perceived reasons of suicide

No significant difference was found among the three groups. However, a larger proportion of suicide attempters reported they perceived retaliation (OR=3.46, $p = .003$) as reasons for suicide, and significantly less of them regarded suicide was out of impulse (OR=0.45, $p = .011$) compared to those with suicidal ideation but had no action.

Perceived barriers to seeking help from others

More respondents with suicidal ideation but had no attempt thought “no one can be trusted” (OR=1.47, $p = .009$) and “would rather die” (OR=5.22, $p < .001$) would prevent them from seeking help. On the other hand, a larger proportion of suicide attempters voted for “tried but didn’t work” (OR=2.48, $p = .005$) as the main barrier to seeking help.

Use of online platforms and purposes of online expression

Respondents with suicidal ideation but had no action spent longer time daily on social media compared to other two groups ($F = 3.7, p = .015$). More respondents with no suicide ideation/attempt would use Facebook for online expression ($OR=2.39, p < .001$). However, a larger proportion of respondents with suicidal ideation but no attempt would express emotions online ($OR=1.43, p = .005$), but less for sharing lives compared to those with no suicidal ideation/attempt ($OR=0.75, p = .032$).

Attitudes towards open discussion about suicide

More respondents with no suicidal ideation/attempt agreed that open discussion about suicide would enable them to “learn useful knowledge and skills” ($OR=2.36, p = .003$). On the other hand, a larger proportion of suicide attempters thought open discussion would “induce imitation” ($OR=7.21, p = .004$).

Opinions on useful strategies for student suicide prevention

No significant difference was found on opinions on useful strategies for student’s suicide prevention between suicide attempters and non-attempters. However, more respondents with no suicidal ideation/attempt favored school counseling ($OR=1.73, p < .001$) and life education programmes ($OR=1.72, p = .005$).

DISCUSSION

This mixed-methods study focused on youth suicide where students' attitudes towards suicide, coping strategies on peer suicide and self-distress, as well as online expression and help-seeking behaviors, were investigated.

Among 1,643 respondents in school surveys, 415 of them had ever thought about suicide (25.3%) and 61 were previous suicide attempters (3.7%). Only 22 out of 61 (36.1%) suicide attempters sought others' help. It reflected the severity of suicide issues in Hong Kong adolescents. As no previous study focused on this specific age group, our study offered updated information of the suicide situation in youths aged 15-19.

Although the sources of distress varied among the respondents, academic pressure was still perceived as a stressor by most respondents (82.5%), particularly by students from better banding schools and higher forms. Over half of them regarded feeling lost about the future (50.4%) as a stressor. Participants in qualitative interviews also indicated that academic performance was a great stressor for them. When we compared the three groups of respondents, our findings revealed that those with suicidal ideation or attempt were more likely to be troubled by interpersonal conflicts occurring within the family, school (bullying), and among their peers, while conflicts with classmates/friends were particularly stressful for the suicide attempters. The lack of self-value was also a significant aspect that needed to be taken note of and strengthened. At a life stage where academic success is the goal, how one asserts one's own value may be of crucial importance to enable the youths to stand up against different challenges, one of which is to maintain a sound relationship with their peers. The lack of adaptive coping skills and social support network would greatly increase the suicidal risk of these two groups of youths.

That explains why no matter encountering peer-suicide (79.0%) or self-distress (79.8%), seeking help from peers and friends was always the most preferred option in the list of coping strategies for most respondents. While seeking help for peer suicide was the norm among the respondents with or without suicidal ideation, the suicide attempters, in comparison, would

tend to keep secret for their suicidal peers and were less likely to make joke or ignore such ideation of their friends. This may subject the friends of this group of young people (suicide attempters) and themselves to greater risk as they may not have the needed skills and capacities to deal with the crisis situation. Hence, it is significant to conduct education programmes and campaigns targeting peer support and peer-to-peer learning, coaching youths about the appropriate approaches and skills to help those in the emergency of suicide or emotional breakdown as well as the proper ways to encourage or persuade peers in need to seek help from the professionals.

In addition, school education had significant impact on how students would deal with distress or others' suicide ideation. Students from school with better bandings were more active in providing solutions and suggestions to peers' problems (68.9%) or simply accompanying them (68.5%), and usually chose more constructive approach to relieve the stress on themselves, compared to those from school with lower bandings who preferred to cope with pressure by indulging in video games (38.3%). Logistic regression analysis also showed that in coping with self-distress, the without suicidal ideation/attempt group were more likely to choose talking with others to relieve their stress, while the suicidal ideation group tended to engage more in self-confinement behaviours, including crying, self-isolation, self-harm, venting online and even attempting suicide. Of special interest is the group of suicide attempters who were more likely to seek help from social workers in time of self-distress. And yet, they were also the group who believed that people committed suicide because they 'had tried [to seek help] but did not work'. It would be an aspect worthy of further research into the actual help-seeking experience of suicide attempters, in order to understand how such experience, if any, would affect their suicidal behaviours.

Moreover, the help-seeking rate to professionals was lower in coping with self-distress compared to peer suicide. Respondents were more willing to turn to professionals for peers but not for themselves. The rate of help-seeking towards medical professionals was low among the respondents, including psychiatrists, clinical psychologists, and particularly family physicians. The most common barrier to seeking help from others was "don't want to bother others"

(57.6%). The low self-image and misconception that seeking help would “bother” or “disturb” others needed to be reframed so that the prevalence of help-seeking intentions and behaviors could be improved. When it came to professionals, common concerns that prevented respondents from seeking help included “lack of trust”, “privacy leakage”, “being labeled”, and “effectiveness”. This was especially significant among the suicide ideation group who tended to believe that ‘no one can be trusted’ and people ‘would rather die than seek help’. Therefore, how to enhance their training in these respects and establish the trust relationship might be the principal topics that professionals and relevant organizations should consider resolving for a more efficient promotion of their programs and services.

Instagram (63.0%) and WhatsApp (55.3%) had attracted more than half of the respondents to be their frequent users. Most respondents had neither a negative nor positive impression of online expression, and it may explain why not many of them would seek help online when respondents were upset (26.4%). Nonetheless, those who ever sought help online when they were distressed thought online expression were more beneficial, especially for those with family and relationship problems, sharing problems online helped overcome the awkwardness to talk with them face to face. Therefore, online expression and help-seeking should be promoted in youths in need by informing them of the advantages of expressing and seeking help online if they hesitated or refused to face others and encouraging them to have an attempt. Suicidal attempters in qualitative interviews also mentioned that although they believed online platforms were useful and had some advantages for them to seek help, none of them had tried.

Comparison among different groups of respondents revealed that those without suicidal ideation/attempt were more likely to be Facebook users and shared more about their daily life online. The suicide ideation group tended to spend more time on social media, and their engagement also focused more on expression of emotions instead of recording life events. This indicated their greater need for emotional sharing and support.

Regarding respondents’ attitude towards suicide, in line with previous studies, those who had no ideation/attempt within the past year were more likely to be negative about suicide, while those who had thought about or attempted suicide would hold a more supportive or permissive

attitude, they would show more sympathy and empathy towards people that committed suicide. Overall results also indicated that the majority of respondents would rather adopt a non-judgmental standpoint, that people should not criticize those who committed suicide (90.5%). Negative perception of suicide, such as “sympathy-seeking” and “unpreventable”, were not dominant among respondents. Instead, the suicide ideation group would regard impulsivity while the suicide attempters would pick retaliation as their perceived reason for youth suicide. Learning how to control one’s impulses and change of cognition may be helpful in this regard.

Moreover, it is noteworthy that respondents in this study preferred to understand the painful experiences of those who wanted to commit suicide and offer help to them, instead of merely taking the role of a commenting bystander to what had happened. It is particularly obvious when the person who committed suicide was someone with whom they knew or had built a deep relationship. In qualitative interviews, some participants might show indifference to the topic of suicide or even revealed negative judgments on suicidal attempters at the beginning when they faced a general question about opinions on suicide. However, their attitudes gradually changed when a specific case report was provided or when they were prompted to recall some of the suicidal events they personally had come across, and then they would start to express more subjective feelings towards suicidal individuals, including compassion, empathy, and support.

Respondents’ attitudes towards open discussion about suicide were closely associated with their attitudes towards suicide. More than half of the respondents perceived the recognition of one’s self-value (59.4%) as an effective strategy for suicide prevention, especially for those who were more tolerant of suicide. Training on communication skills, school counseling (37.3%), and watching videos produced by key opinion leaders (30.2%) were also popular strategies for suicide prevention among the young respondents. Therefore, when designing activities for suicide prevention and peer support, forms of activities should be in line with the preferences of the younger generation, for example, filming and playing the videos in collaboration with social celebrities on the topic of social and parent-child communication. As mentioned by participants in the qualitative interviews, apart from having dreams and goals

about the future, social support was another essential preventive factor of youth suicide. Love and care from families and friends would stop a person with suicidal ideation from attempting. Therefore, a good parent-child relationship could reduce the risk of suicide in adolescents.

Limitations of the study

There were several limitations to the survey. First, the survey findings were based on self-reported data from the respondents. However, the potential recall bias should be small as the questions were about their attitudes and recent experiences. Second, compared with the Hong Kong population, a higher proportion of our survey respondents lived in the New Territories. Third, we recruited a sample for the questionnaire survey which was slightly smaller than the planned sample but was considered large enough for statistical analysis.

POLICY IMPLICATIONS AND RECOMMENDATIONS

Based on the research results, we suggest the following strategies from a bio-psycho-social perspective to reduce youths' suicide risks and enhance their coping and help-seeking skills:

1) Database on adolescent suicide

Current official information regarding youth suicide covers mainly youths aged between 15 and 24. The lack of systematic reporting of data that focus on younger adolescents, a unique target group of concern, makes studying youth suicide challenging. We therefore suggest setting up a database to record and track suicide statistics for both younger (aged 11-14) and older adolescents (aged 15-19). Appropriate level of recognition of suicide among these age ranges is helpful to ensure all prevention initiatives are not neglecting any of these youths.

2) Fostering a “*I here you*” culture to suicidality in school and society

Treating suicide as a taboo topic or a violation against school or family rules does not help in preventing it, neither does it encourage help-seeking. For instance, almost 50% of our respondents opted for open discussion on this matter. At the same time, it is notable that students reported suicide ideation/attempt tended to employ passive and self-confined coping strategies towards their own distress. It is helpful and less frightening if students understand that simply by being there and listening helps lower the impulse of any individual with suicidal thought and enhances the intention to seek professional help. Below is a series of initiatives for implementation:

2.1) Peer-to-peer learning and peer support

Peers and friends are usually the first contact point for help, as preferred by almost 70% of our respondents, not health or social work professionals. The same preference applies to adolescents with suicidal attempt, even though they are more likely than their peers with only suicidal ideation to have conflicts with classmates. It is crucial to integrate peer-to-peer learning in coaching youths the appropriate skills to help those in the emergency of suicide or emotional breakdown (e.g. mental health first aid programs). The 2-way reciprocal learning facilitates the students to develop their communication skills and normalizes seeking help for both

educational and personal needs.

When designing formats of suicide prevention programs, simulation and case studies are better options compared to lectures and class teaching. In addition to the finding that students found traditional life education programs/career planning uninteresting and unhelpful, especially among those with suicide ideation/attempt, it is difficult for students to learn to empathize with the suicidal individuals and understand their confusion, problems, and difficulties by simply listening to the tutors and teachers or reading course materials. Communication and social skills, one significant strategy for suicide prevention the students selected, are highly practical and experiential. Students are likely to gain much more in the discussion of real case scenarios and practice their skills by role-play to have a better mental and technical preparation of coping strategies when facing someone who may have suicidal ideation.

2.2) Separation of student guidance and discipline

Guidance team should be clearly separated from discipline team. While the Education Bureau (EDB) has the Whole School Approach to Guidance and Discipline which serves as a guideline for schools to establish a discipline team and a guidance team, the potential overlapping duties of teachers, due to limited manpower and excessive workload, in punishment and guidance could be a deterrent for students who want to seek help. In our study, criticism, punishment from teachers were reported to be sources of distress experienced more among students without any suicidal ideation or attempt, which can be a reason why they tend to persuade distressing peers to seek help from classmates/families instead of seeking teachers' help. A distinct separation can reduce the worries of the students and hence encourage them to approach guidance team for advice.

The current Whole School Approach from the Education Bureau might have stressed the teachers out without considering students an active and critical component of a school system. A few qualitative interview participants expressed reluctance towards seeking help from teachers for the reason that teachers were busy enough and that teachers' own psychological wellbeing were at risk. On the other hand, students can be active and experiential learners and good practitioners especially from peer's influence and appropriate facilitations. Guidance

team from schools can use a peer-to-peer mentoring framework similar to the organized structure, such as the prefect system, of a school discipline team. With regular supervisions and advice from their guidance teachers, peer mentors who are selected with strong interpersonal and communication skills and offered training will be able to provide supportive response and companionship to their assigned group of peers. The emotionally supportive mentor-mentee interaction can provide a student with better motivation to seek help, and greater access and use of available professional resources if needed.

2.3) Innovation in life education programs and interventions

Life education programs should not only be aimed to battle student suicide but to fulfill students' psychological needs. Students' full potential of learning and developing can only be achieved when the needs are expressed and responded timely. The highly positive ratings on "What is Life" talk, which basically covers personal story of the speaker, implied students' willingness to understand and discuss about life and death when compared to the finding that only 19.1% found traditional life education programs meaningful. Teams of certified counsellors can be employed to provide tailor-made curriculum and interactive teaching that emphasize the recognition of self-value, self-worth, communication skills, and peer support. Small group size, for example, a facilitator-student ratio of around 1:8 should be considered in facilitating small group discussions to encourage students sharing experiences that may easily be judged or stigmatized. Smaller groups also allow the facilitator delicate handling of overwhelming emotions (e.g. appropriate relaxation techniques), and provide debriefing that recognizes each student's experience and effort.

2.4) Breaking the link between psychological distress and suicide

Students are as susceptible as adults to common mental disorders e.g. depression and anxiety. A few qualitative participants who suffered from mood disorders recalled being helpless when they realized something went wrong within them and it took them some time to open up to someone. Besides relying on seeking help themselves, schools and parents should take a more proactive approach in screening for psychological distress. Class teachers, counselling personnel or school social workers are recommended to have regular briefing sessions with

each student in order to formalize positive communication medium between students and staff in schools who are ready to provide help.

One of the key findings in our study was that over two thirds of respondents considered suicide as the “free will” to end one’s life. Students should learn about common mental disorders, depression and anxiety in particular; how they differ from occasionally feeling sad or stressed, and how depression, which is treatable, can be life-threatening with suicidal ideation. Being aware of the link between depression and suicidal ideation prevents the students from taking suicidal ideation a free will of a sober person and facilitates help-seeking. They should be reminded that the decision made by a person during severe mental illnesses is often very different from that in his/her normal mood. When the mood improves, the intention for suicide usually recedes.

2.5) Stress relief activities

School is not just about learning and knowledge acquisition, but a place where the students spend around a third of their daily time to experience about life. As most respondents (82.5%) regarded academic pressure as their source of distress, schools should consider providing more stress relief activities, especially for students of better banding schools and higher forms. For example, schools can encourage the students to meet with a counsellor about their current problems and difficulties and maintain an on-going dialogue, assuring them that as a student they are not alone in feeling lost and they do not have to cope the feeling alone, that seeking help is not a sign of weakness but strength, that by seeking help, they are facing the problems and not avoiding them. Besides, concepts of mindfulness, breathing techniques and art therapy might be integrated in music, art and exercise classes to enhance opportunities and skills for stress relief.

3) Advocating a purpose to live

Hopelessness and life is meaningless were regarded by many respondents (74.1% and 57.6% respectively) as the reasons for suicide. Apart from instilling positive values of life to counteract young people’s supportive attitudes towards suicide, it is also important to advocate ‘a purpose to live’ and induce hope through which one’s self-value is recognized, e.g. *I do what*

I like, I like what I do. Adolescents are active seekers of their own interests and passions. Only with companionship and tangible support, they will be able to enjoy the moment, build up their self-esteem and self-value which can be gradually guided to unleash their potential. Having such a “purpose to live” help young people to enjoy living.

4) Career development for ALL youths

In addition, since many students are confused about their future and career plan (50.4%), instead of inviting “elite” and “successful” people or professionals to give speech to students, schools should also consider offering the opportunity for their students to meet with people from different backgrounds who might not have a sound academic performance in schools but still enjoy their work and have a clear goal about their career.

While provision of career planning services (22.2%) can be seen as a useful strategy in school, a career that suits oneself instead of a career for wealth should be promoted. Vocational education and internship programs should be introduced early and readily accessible as a career option for students who are more vocationally inclined. It is important to deliver the message to students that entering university is not the only way to success, and that vocational training is not inferior to the pursuit of academic excellence. Government, schools, and parents should put a higher emphasis on the psychosocial and developmental needs of the youths, such as personal achievements, the flexibility of career choices and a broader perspective in defining success (not limited to academic and career achievements).

5) Online social media promotion / seeking help for suicide

According to our qualitative findings, youths, suicidal attempters in particular, are passive expressers on social media platforms due to the lack of trust and privacy. However, 46.5% of survey respondents uses it to share about life, and those with suicidal ideation tend to make expressions of feeling/emotion online. Social media can be leveraged to raise awareness of suicide and psychological distress and promote help-seeking with the use of relatable internet memes, illustrations, and short video clips. Such online interaction can be a way for depressed/suicidal adolescents to maintain social relationships and have access to helpful resources.

Most students are hesitant about seeking help over hotlines or online platforms, not because of doubts on reliability or effectiveness of these platforms, but because they are not motivated to do so. Therefore, there should be more promotion on online platforms of social agencies for helping people with suicidal ideations. Key opinion leaders, whose videos are widely accessed and accepted among students (30.2%), can be invited to act as the ambassadors for these platforms. Information and introduction of these platforms should be promoted in schools and on social media to enhance their popularity.

6) Enhanced accessibility to professional help

Health professionals, especially primary healthcare service providers who are readily accessible, are able to provide supports to people who have mental problems or emotional issues. As identified by a few qualitative participants who sought PCP's help for their mood disorder, one of the advantages of seeking help from primary care providers instead of specialist mental health service providers is that people do not have the concern of being labeled and stigmatized. However, the rate of help-seeking towards primary care providers e.g. family physicians is low among students. More promotional activities and programs can be conducted to inform the students that health professionals, not limited to psychiatrists and clinical psychologists but also family doctors and other primary healthcare service providers, could provide help and support if they are in need. Moreover, more training on counseling and communication skills should be given to health service providers in primary care settings.

7) Parent education and nurturing a positive parent-child relationship

Family conflicts is often brought up and the third most prevalent source of distress among students, especially those with suicidal ideations. These adolescents were less likely to make help-seeking expressions online. Conversely, family can be a crucial protective factor to adolescents if it provides warmth and harmony. Enhancing parent-child relationship helps both ways: reduce problematic behaviors at school and thus consequential punishment, and lower the risks of suicide in youths from cumulative exposure to distress encountered at school. Therefore, educating parents in both the prevention of youth suicide and parenting an adolescent is just as necessary as training our youth. Activities on how to enhance the skills,

efficiency, and effectiveness in parent-child communication should be held in schools and our society at large. By case studies, role-play and other expressive arts means, youths and parents will be able to understand each other more and adjust expectations with the help of professional moderator. The acquisition and adaption of a more comfortable yet effective way to communicate with each other should be helpful in reducing distress of both parents and children.

A positive relationship between parent and child also facilitates a healthy parent-teacher-adolescent triangle. Sustaining such consistent feedback loop fosters healthy dialogue and help-seeking for an adolescent in both home and school environment.

8) Future research on suicide prevention

Youth suicide is a complex social and public health issue worldwide. The causes are often multiple and rapidly changing, especially in this digital age. While Hong Kong can learn from research of other countries, support for local research is of prime importance to help establish effective youth suicide prevention programs as there are incidents and characteristics which are unique to Hong Kong. Future intervention studies may target the core risk factors and preventive factors identified from this study, and to provide support and special funding for experimental interventions targeted at offering intensive workshop training and care for students in school.

PUBLIC DISSEMINATION

Findings of the Study will be published in international journals in the fields of youth mental health, suicide research and prevention, and health promotion.

Custom postcards and folders were designed together with our website, and were given out to participating students as souvenirs and a means of encouraging help seeking. The Website 3MC contains a collection of useful links on youth-related issues including emotional problems and suicide prevention. It enables instant access to suicide prevention organizations, redirects distressed individuals to any available support and provides more insight into how our community explores youth suicide and prevention.

<https://www.fmpcevent3.hku.hk/>

An abstract titled “Attitudes, Coping Strategies and Online Help-seeking Behaviors towards Suicidality among Hong Kong Youths: A Qualitative Study” was accepted by 24th Research Postgraduate Symposium (RPS) held by The University of Hong Kong.

Another abstract titled “Getting Connected with Suicidal Youths in Hong Kong: A Newly Developed Informative Website” was accepted by Artium Medicina.

However, due to the unstable social situation in Hong Kong, these two conferences were either postponed or cancelled. We aim to present the findings in international and local conferences this year to inform the policy makers, health and social care professionals.

CONCLUSIONS

The current study provided more information and updated knowledge about youth suicide among Hong Kong youths aged 15-19. We found that one-fourth of the survey respondents had suicidal ideation in the past 12 months; 3.7% were actual suicide attempters. Most of the respondents would rather adopt a non-judgmental stance and embrace a more supportive attitude. Yet, analysis also showed association between respondents' suicide experience and their attitudes towards suicide, the absence of suicide ideation/attempt was associated with a negative attitude towards suicide compared to those with suicide ideation/attempt who were more likely to tender support and empathy to suicide. Interviews with young participants reflected that students' attitudes towards suicide were not static, and would change under specific context and scenario.

Sources of the distress and perceived reasons for suicide varied among respondents, where "academic pressure" and "feeling of lost about the future" were the most commonly cited stressor while "hopelessness" and "life is meaningless" were perceived as a major reason for suicide by most respondents. Further analysis revealed that interpersonal conflicts and lack of self-value were especially prominent among those with suicide ideation, while conflicts with classmates/peers were significant for the suicide attempters. The lack of adaptive coping skills and social support network would greatly increase the suicidal risk of these two groups of youths.

No matter encountering peer-suicide or self-distress, seeking help from peers and friends was always the most preferred option in the list of coping strategies for most respondents and the most common barrier to seeking help from others was "don't want to bother others". The question of whom and how to seek help was important and worthy of further study. While the suicide ideation/attempt group's self-confined ways of coping differentiated them from the others, it also reflected the importance of having successful help-seeking experience especially for the suicide attempters. When it came to professionals, common concerns that prevented respondents from seeking help included "lack of trust", "privacy leakage", "being labeled", and "effectiveness".

More than half of the respondents were frequent users of Instagram and WhatsApp. Most of them did not exhibit a clear negative nor positive impression of online expression, and they rarely tried to seek help online. Online expression of emotions was found significant among the suicide groups, the importance to channel this need for emotion sharing and support needed to be emphasized. Regarding suicide prevention, more than half of the respondents emphasized the “recognition of one’s self-value” as an effective strategy. Overall, factors relating to personal development and coping strategies have strongest influence on the mood and suicide risks of the youth, while peers play an important role in the help-seeking pathway. Fostering a “*I here you*” culture in school and society will enhance the role and positive function of peer-to-peer learning and support.

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香港大學家庭醫學及基層醫療學系

這是一份不記名的問卷調查，請你在最合適的答案加上✓號，一切資料將會絕對保密。

[第一部份] 你的情緒表達方式

1. 請圈出可以代表你近日心情的公仔：(可選多項)



好靚



好邋



無感覺



開心



唔開心



好驚



好煩

2. 你會在哪些社交媒體或網上平台表達自己的情緒？(可選多項)

Facebook

Whatsapp

Twitter

YouTube

Instagram

Telegram

Skype

抖音

Messenger

Snapchat

微信

微博

連登

討論區(如高登)

不適用

其他：_____

3. 你在網上出 post 是想？(可選多項)

紓發情緒

打卡

求助

分享生活

發表意見

記錄生活

因為無聊

識人

呃 like

建立形象

其他：_____

4. 你每日使用社交媒體或網上平台的時間：_____小時

5. 你擁有幾個：Facebook 賬號？ 沒有 1 個 2 - 3 個 4 個或以上

Instagram 賬號？ 沒有 1 個 2 - 3 個 4 個或以上

6. A. 在網上出 post 時，你曾否使用密友分享/名單 (close friends sharing/ list) 的功能？

從不

很少

間中

經常

- B. 你會在哪些情況下使用密友分享/名單 (close friends sharing/ list) 的功能？(可選多項)

講八卦

告密

吸引注意

傾密計

不適用

其他：_____

[第二部份] 你是否同意下列的講法？

	非常 不同意	不同意	同意	非常 同意
	1	2	3	4
7. 在網上可以盡情發洩自己的情緒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. 和網友更容易講心事	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 在網上表達情緒是為了呃like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. 在網上表達情緒是為了博同情	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. 在網上表達情緒可能會被起底	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. 在網上求助通常都是無用的	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. 在網上求助通常會得到別人鼓勵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[第三部份]

14. 你的情緒或壓力通常來自於？(可選多項)

- 學業 家庭矛盾 經濟問題 對前途感到迷茫
 感情問題 同輩比較 健康問題 老師批評/責罰
 社會民生 媒體報導 同學/朋友不和 自我價值缺失
 制度問題 校園欺凌 其他: _____

[第四部份] 你是否同意下列的講法？

	非常 不同意 1	不同意 2	同意 3	非常 同意 4
15. 我會因為沒有幫到自殺的人而內疚	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. 每人都有權利結束自己的生命	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. 我們不應該站在道德高地去批判自殺的人	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. 一旦某人下定決心要自殺，沒有人能夠阻止	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[第五部份] 你對於情緒或壓力問題的處理方法

19. a) 當知道同學或朋友有自殺念頭，你會有什麼反應？(可選多項)

- 勸佢求助 保守秘密 講吓笑，轉話題 唔信佢真係會自殺
 冇嘢可以做 盡可能陪佢 不知所措，擔心自己無法處理對方情緒
 嘗試幫佢解決問題 其他: _____

b) 你會找人幫手嗎？

- 不會 會，包括：
 老師 家人 同學/朋友 求助熱線 精神科醫生/臨床心理學家
 網友 社工 中/西醫 輔導員 其他: _____

20. a) 當你不開心的時候，你會怎麼做？(可選多項)

- 哭泣 唔食飯/暴食 試圖自殺 網上宣洩情緒(包括和網友傾談)
 埋頭打機 玩自閉 整天睡覺 飲酒/濫藥麻醉自己
 自殘/弄傷自己 發脾氣打爛東西/和人吵架 其他: _____
 做其他嘢放鬆下(如聽歌、唱K、煲劇、睇電影、做運動等)

b) 你會找人傾訴嗎？

- 不會 會，包括：
 老師 家人 同學/朋友 求助熱線 精神科醫生/臨床心理學家
 網友 社工 中/西醫 輔導員 其他: _____

21. 當你不願尋求幫助，原因是：(可選多項)

- 唔想煩別人 無人信得過 諗住死左去就算 不想被人看低
 無人幫到我 試過冇用 覺得自己可以解決 擔心私隱被公開
 擔心會被他人標籤 唔知怎樣求助 唔想處理住 其他: _____

[第六部份] 你是否同意下列的講法?

	非常 不同意 1	不同意 2	同意 3	非常 同意 4
22. 旁人不會明白想自殺的人當下的心境	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. 自殺是個人的決定，與他人無關	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. 幾乎每個人都曾想過自殺	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. 某些情況下，自殺是一種解決問題的方法	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[第七部份] 你與身邊朋友的個人經歷

26. 過去 12 個月，你有沒有想過自殺?

- 沒有 有， 曾否試過執行：沒有
有， 曾否求助：有 沒有

27. 過去 12 個月，你的同學/朋友有沒有想過自殺?

- 不知道 沒有 有， 曾否試過執行：沒有
有， 人數：_____

28. 你是怎樣知道同學/朋友想自殺：(可選多項)

- 放負 post 傳媒報導 其他人提起 你自己看到/發現
學校週會 他們自己講 不適用 其他：_____

29. 你認為是什麼驅使年輕人去自殺：

- 絕望 報復 生命無意義 沒人明白自己
控訴 一時衝動 覺得自己是多餘 其他：_____

30. 你覺得學校提供的情緒支援是否足夠?

- 足夠 唔夠 不予置評

[第八部份] 你是否同意下列的講法?

	非常 不同意 1	不同意 2	同意 3	非常 同意 4
31. 自殺是一種逃避問題的行為	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. 自殺有時對人來說是一種解脫	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. 自殺好多時是一種衝動的行為	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. 自殺是無謂的行為	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. 有人想要自殺，只是為了博取同情	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. 選擇自殺的人是自私的	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[第九部份] 對於生命教育的意見

37. 你想想不想在校內公開討論自殺的話題?

想 (請答 a 項)

不想 (請答 b 項)

a)想，因為 引起大家關注 學習有用知識和方法 有助疏導情緒 其他：_____

b)不想，因為 唔會有結論 引人仿效 自己圈內人講安全些
引起恐慌 過於沉重 其他：_____

38. 你覺得下列哪些對於預防學生自殺是有用的：(可選多項)
- 學校輔導 名人(如 YouTuber)拍片 自我價值被認可 加強親子溝通 網上情緒支援平台
熱線輔導 學生設計預防自殺活動 改善溝通及社交技巧 人工智能工具 生命教育課外活動
生涯規劃 學校設施加固 (如加高天台欄杆) 其他: _____

39. 你覺得今天的講座怎樣?
- 超差 勁無聊 okay 啦 想聽多次
其他意見: _____

[第十部份] 個人資料

40. 性別: 男 女
41. 居住地區: 中西區 東區 南區 灣仔區 九龍城 觀塘
深水埗 黃大仙 油尖旺 離島 葵青 北區
西貢 沙田 大埔 荃灣 屯門 元朗
其他: _____
42. 年齡: _____ 歲
43. 兄弟姐妹的人數 (除自己外): _____ 個
44. 就讀年級: 中四 中五 中六
45. 居住的房屋類型: 唐樓 公屋 宿舍 丁屋/村屋
私人樓宇 居屋 其他: _____
46. 父母的教育程度:
- 父: 小學或以下 中學 文憑/大專 大學或以上 不知道
母: 小學或以下 中學 文憑/大專 大學或以上 不知道
47. 每星期大概有幾多零用錢 (包括兼職收入但扣除三餐及交通費用): \$100 以下 \$101 – 300 \$301 – 500 \$501 – 1,000 多過 \$1000
48. 父母的婚姻狀況: 已婚 離婚 分居 喪偶 離婚後同住 從未結婚
49. 宗教信仰: 無信仰 佛教 天主教 基督教 其他: _____
50. 參加宗教活動的頻密程度: 每星期 1 至幾次 每月 1 至幾次 每年 1 至幾次
不定期 很少或從不參與
51. 出生地點: 香港 中國大陸, 居港年期: _____ 年 海外, 居港年期: _____ 年

多謝你完成問卷!

