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Suicide in Hong Kong: epidemiology, changing patterns, associated phenomena and prevention

Suicide is still a sensitive topic in Asian countries. Since 1997, Hong Kong has experienced one of the most drastic changes in its suicide rate. The rate rocketed from 12.5 per 100,000 in 1997 to a historical high of 18.6 in 2003, almost a 50% climb for the seven-year period. Although we have not yet returned to the level of 1997, the reduction of 23.3% between 2003 and 2009 (13.8 per 100,000 in 2009) is significant and phenomen(ial (http://csrp.hku.hk). Nevertheless, the Hong Kong suicide rate is still at about the world average, and higher than that of the US (10.0), UK (7.0) and Australia (11.0). It definitely underscores calls for participation from the wider community to tackle the problems of suicide prevention.

In Hong Kong, a higher suicide prevalence was noted in males, with a gender ratio (M:F) of 2:1, though the ratio is lower than that of the Western countries. In 2009, jumping from a height (52%) was the most frequent suicide method for all age groups, then by hanging (21%) and charcoal burning (18%). As more than 80% of the population live in high-rise buildings, this provides an accessible and lethal method of suicide; the case fatality rate of jumping is over 90%. The charcoal-burning suicide method from carbon monoxide poisoning has contributed to both the rise and decline of the suicide rate for the period 1997-2007.

Demographics

In terms of age, older adults’ (ages 65 or above) suicide rate is still recorded as the largest group across years and was found to be associated with depressive symptoms in our psychological autopsy studies. Also, those older adults who are mentally unwell, living alone or widowed have a higher risk of committing suicide. However, having children, and social support, including a wider social network and more accessible resources within the network, appeared to be a protective factor against suicide.

On the other hand, youth suicide is the leading cause of death among the 15-24-year-old age group. Figures collected from the coroner’s court in 2009 showed that more teenagers attempted suicide (completed and uncompleted) than other age groups. The suicide rate of male teenagers (ages 15-24) has experienced a 30% rise from 8.9 to 11.7 per 100,000 between 2008 and 2009, indicating a lack of problem-management skills and poor help-seeking tendencies. Among school drop-outs, the underemployed and unemployed, these young people are experiencing a 10 to 20-fold increase in suicide rate compared to those who are at school for the same age group.

Young people nowadays are facing more interpersonal and social difficulties (eg. divorce of parents, relationship and academic stress). The burden of youth suicide and economic loss on our society becomes even more serious when year of life loss is considered to assess the burden of suicide to Hong Kong. The youth age group does demand more preventive concern and intervention, especially in new towns (eg. Tin Shui Wai and Yuen Long), which are more remote and disconnected from the community.

Public health issue

One life lost is one too many. Advocating the World Health Organization (WHO) and the International Association of Suicide Prevention (IASP) concept of risk-factor reduction, we have adopted the public health approach. Instead of traditional symptom or disease-oriented treatments, we promote risk factor-oriented preventive measures. Collaborating with multidisciplinary professionals and front-liners, including physicians, police and security guards, we developed a community-based suicide prevention programme with multi-layer levels (universal, selective and indicated) of interventions.

We held training to enhance gatekeepers’ understanding of suicide prevention and mental health literacy at local schools and introduced protocols to provide round-the-clock outreach crisis intervention. A community approach has been adopted to reduce the number of suicides in the holiday flats on an offshore island in Hong Kong. The implemented strategies also include refusing single tenants who look depressed or emotionally unstable and approaching distressed visitors proactively.

Raising awareness in the community with the support of the police force and community leaders is important. After the launch of the community-based programme, the number of suicides has reduced, from over 50 suicide deaths reported by
charcoal burning in late 2002 to a total of only 11 cases in the following two years.4

**Interventions**

In addition, empirical studies have found that a lot of suicide cases come from impulsiveness, especially in Asia. Restriction of access to the means of committing suicide from the impulsive types is another important activity we exercised. One of our studies found that installation of screen doors in our underground railway stations has eliminated suicide incidents by jumping onto the railway tracks.5 Similar practices have been adopted in high-rise shopping malls.

We have also carried out comparative studies in limiting access to charcoal bags in supermarkets. Charcoal bags were removed from the shelves, where they had been sold openly. The tactic of limiting easy access to charcoal made the potential suicides think twice and we created a window of opportunity to let the interventions take place. The results proved that the exercise of access limitation can significantly hinder individuals from imminent impulsive suicides.6

Last but not least, we are connecting the disconnected via the web 2.0 medium. We are building a platform for those people who are difficult to reach to try to connect them in cyberspace.

**Conclusion**

In sum, there is no quick fix for suicide prevention. A holistic and integrated approach is needed to make the suicide prevention programme focused and sustainable. We are appealing for support from the government, non-government organisations and other stakeholders in the community to join the effort for suicide prevention. We can all contribute to suicide prevention. Sustaining efforts that contribute to helping the vulnerable is important. Connecting disconnected individuals, especially the younger ones, is urgent and requires more attention from the community. The reduction in the suicide rate from 2003-2009 in Hong Kong so far is encouraging and unique. It is due not to luck but to dedicated commitment and hard work from stakeholders on all fronts in the community. Suicide is preventable. We can all work together to build a healthy community.

**References**

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