衞生防護中心
Centre for Health Protection

Non-Communicable Diseases Watch

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Health Tips

To prevent suicide, we can play our part on knowing the warning signs of suicide, dissipating the stigma and debunking the myths about suicide, as well as encouraging people to seek help in their moments of despair.

In this Issue Page

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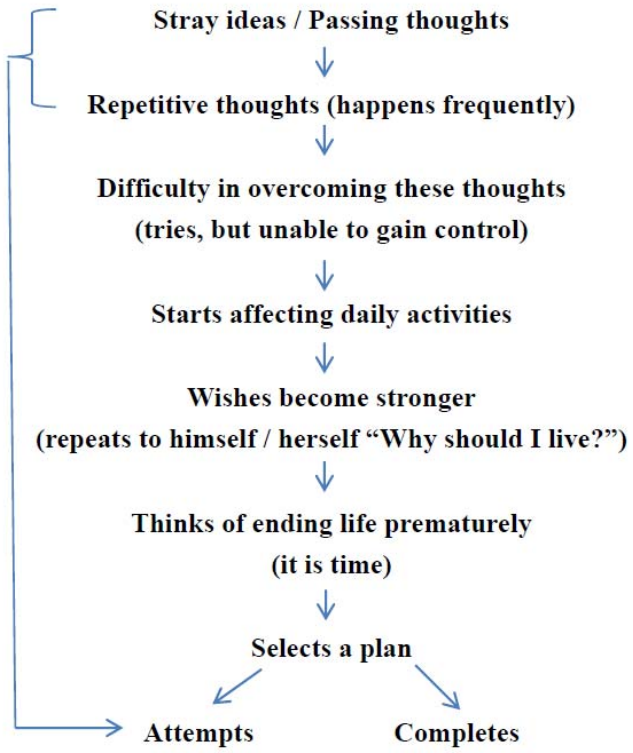
Suicide : A Preventable Public Health Issue

Suicidal behaviours can range from just thinking about ending one's life (suicidal ideation), to having a plan and attempting to kill oneself (attempted suicide), and finally carrying out the act with a fatal outcome (completed suicide). While some people act impulsively, especially in moments of crisis and in the context of serious physical or mental illnesses, others may pass through a gradual process with suicidal wishes becoming stronger to select a definite plan to commit suicide (Figure 1).[1]

Figure 1: Pathway to suicide



Source: World Health Organization, 2001.

Risk and Protective Factors of Suicide

Regardless of what specifically triggers someone to think of and commit suicide, the impetus to suicide often results from multiple predisposing and triggering risk factors (Box 1).[2] These factors can vary based on gender, age and culture, and may occur in combination or change over time. For example, teenage girls who commit suicide are more likely to have had previous attempts and

conflicts with their parents than teenage boys.[3] Economic problems are more frequent among the stressors for men and those in their mid-life.[4] Although physical illness has frequently been singled out as a trigger in suicidal behaviours at all ages, it is in fact the major precipitating stressor among elders.[4,5]

Box 1: Risk Factors of Suicide (non-exhaustive list)[2]

Individual	Socio-cultural	Situational
• Previous suicide attempt • Mental/ Mood disorder • Alcohol or drug abuse • Hopelessness • Sense of isolation • Lack of social support • Aggressive tendencies • Impulsivity • History of trauma or abuse • Acute emotional distress • Major psychiatric or chronic illness, including chronic pain • Family history of suicide • Neurological factors	• Stigma associated with help seeking behavior • Barriers to access health care, especially mental health and substance abuse treatment • Certain cultural or religious beliefs (e.g. the belief that suicide is a noble resolution of a personal dilemma) • Exposure to suicidal behaviours, including through the media, and influence of others who have died by suicide	• Job and financial losses • Relationship and social losses • Easy access to lethal means • Local clusters of suicide that have a contagious influence • Stressful life events

Protective factors, on the other hand, act as important buffer for people in face of adverse circumstances of suicide. These factors can reduce a person's vulnerability to suicidal behaviours and also exist in different levels: individual (such as strong connections to family and problem-solving skills), social (such as availability of community support and restricted access to means of suicide) and cultural (such as religious beliefs that discourage suicide and support self-preservation) (Box 2).[2]

Box 2: Protective Factors of Suicide[2]

- Strong connections to family and community support
- Skills in problem solving, conflict resolution, and non-violent handling of disputes
- Personal, social, cultural and religious beliefs that discourage suicide and support self-preservation
- Restricted access to means of suicide
- Seeking help and easy access to quality care for mental and physical illnesses

Scope of the Problem

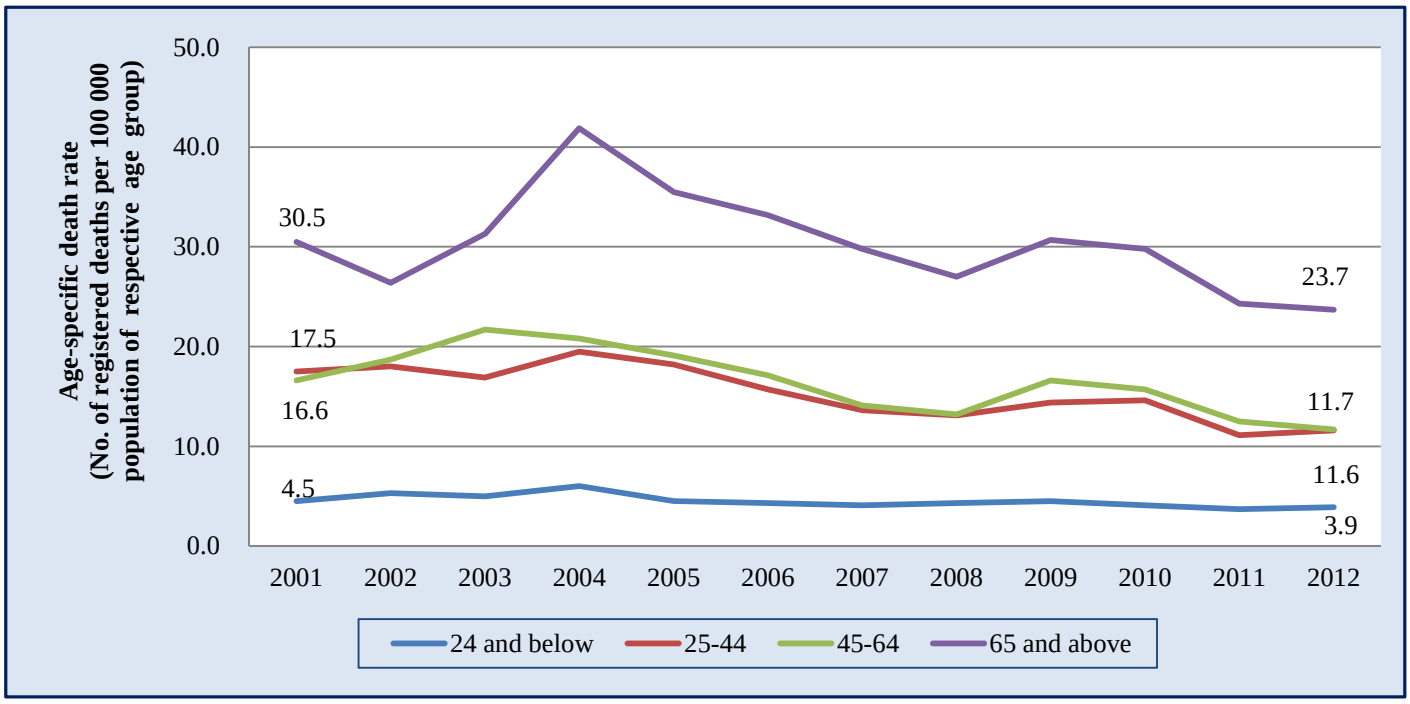
Global

Suicide is an important contributor to global patterns of mortality. As the Global Burden of Disease Study 2010 estimated, the number of people dying of self-harm worldwide increased from about 669 800 in 1990 to 883 700 in 2010, representing a nearly 32% increase in numbers over the interval.[6] However, suicide deaths are only part of the picture. For every committed suicide, there are at least 20 suicide attempts.[7] Between 1990 and 2010, the number of global disability adjusted life years (DALYs, expressed as the number of years of healthy life lost to ill-health, disability or early death due to a particular condition or disease) attributed to suicide increased from about 29.6 million to nearly 36.7 million, representing a 23.8% increase in 20 years.[8]

Local

In Hong Kong, the age-standardised suicide rate decreased from 12.6 per 100 000 standard population in 2001 to 8.8 per 100 000 standard population in 2012. As shown in Figure 2, the corresponding rates for people aged 24 and below, 25-44, 45-64 and 65 and above decreased from 4.5, 17.5, 16.6 and 30.5 to 3.9, 11.6, 11.7 and 23.7 over the same period respectively. However, suicide still amounted to 822 registered deaths in 2012. Analysed by sex and age group, males (62.4%) and people aged 25-64 (63.6%) accounted for the majority of registered suicide deaths. Regarding the method used to commit suicide, the commonest was jumping from a high place (51.1%) (Table 1).[9]

Figure 2: Age-specific death rate of suicide, 2001-2012



Sources: Department of Health and Census and Statistics Department.

Data on suicidal ideation and suicide attempt among local population are limited. The Population Health Survey 2003/04 revealed that in the 12 months preceding the survey, 3.6% of people aged 15 and above had seriously considered suicide; 2.6% had made a plan about how they would commit suicide; and 1.4% had actually attempted suicide. Of those who attempted suicide, over half (52.8%) resulted in injuries or poisoning which required medical treatment.[10]

Among adolescents, a longitudinal study of over 3 300 Secondary 1 students (mean age of 12.6 years) in the school year 2009-2010 found that 13.7% of adolescents had seriously thought about attempting suicide; 4.9% had made specific suicidal plan; and 4.7% had actually attempted suicide during the past year. In addition, 14.5% of those who attempted suicide reported that their attempts had resulted in an injury or poisoning that required medical treatment.[11]

Table 1: Registered suicide deaths by sex, age and method in 2012

	Number (Proportion)
Sex	
Male	513 (62.4%)
Female	309 (37.6%)
Age group	
24 and below	66 (8.0%)
25-44	259 (31.5%)
45-64	264 (32.1%)
65 and above	232 (28.2%)
Unknown	1 (0.1%)
Method	
Jumping from a high place	420 (51.1%)
Hanging, strangulation and suffocation	209 (25.4%)
Exposure to other gases and vapours (such as carbon monoxide)	110 (13.4%)
Drowning and submersion	38 (4.6%)
Others	45 (5.5%)
Total	822 (100.0%)

Note: Add-up may not equal to 100.0% due to rounding.

Sources: Department of Health and Census and Statistics Department.

Be Aware of Warning Signs for Suicide

While some suicides are impulsive in nature, most suicidal people have expressed suicidal thoughts or displayed warning signs to families, friends, co-workers or even health professionals. Therefore, all verbal and non-verbal clues that may convey an expression of dying should be taken seriously. Possible warning signs for suicide include[12,13]:

- Talking about wanting to die or to kill themselves; feeling hopeless, trapped or in unbearable pain; being a burden to others; or having no reason to live
- Saying goodbye in an odd context
- Putting personal affairs in order intentionally, such as giving prized possessions or belongings away, arranging for a funeral, setting financial affairs, taking out insurance or making a will
- Displaying extreme mood swings; acting depressed, anxious or agitated
- Sleeping problems, particularly waking up early
- Withdrawing or isolating oneself
- Engaging in self-destructive behaviours, such as reckless driving, increased use of alcohol or drugs
- Looking for a way to kill oneself, such as searching online or stockpiling medications or toxic substances, exploring rooftops or bridges

Besides, stigma towards those who have a history of suicide attempts or those who are bereaved by suicide, and myths associated with suicide (such as 'people who talk about suicide are just trying to get attention'; 'suicide always occurs without any warning signs'; or 'once people decide to die by suicide, there is nothing we can do to stop them') are man-made barriers that deter people in crisis from talking about their suicidal thoughts, seeking help and accessing suicide prevention services.[2,14] To enable the community to deal with the issue effectively and make people more willing to seek help in their moments of despair, we can play our part to dissipate the stigma and debunk the myths about suicide through candid dialogue, discussion and showing understanding, as well as encouraging help-seeking.

If a person reveals his/her suicidal intention, we could offer help by taking the initiative to talk and listen, and connecting the suicidal person with appropriate care and services (such as 24-hours suicide prevention hotlines of the Samaritan Befrienders Hong Kong at 2389 2222 or the Suicide Prevention Services at 2382 0000). During an acute crisis, never leave the suicidal person alone. Remove any object that could be used in a suicide attempt. If necessary, take the person to the nearest hospital.[13] Remember, suicide can have devastating and lasting effects on individuals, families and communities. However, suicide is largely preventable and all of us can play a part in suicide prevention.

World Suicide Prevention Day has been held annually on 10 September since 2003.
It is a day of awareness which aims to call attention to suicide as a leading cause of premature and avoidable death, and to highlight the ways in which suicide can be prevented.

This year's theme is "***Stigma: A Major Barrier to Suicide Prevention***".
Please visit http://www.iasp.info/wspd/index.php to know more.

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MENTAL HEALTH AND OLDER PEOPLE

World Mental Health Day, October 10 2013

World Mental Health Day is an international event held every year on 10th October since 1992. Initiated by the World Federation for Mental Health and supported by the World Health Organization, it is a day for global mental health education, awareness and advocacy. The theme of this year is "***Mental Health and Older Adults***".

By 2050, the world population over the age 60 is estimated to be 2 billion. Dementia and depression are two most prevalent mental health problems among older adults.

Depression and mental disorders are strong risk factors of suicide. This may explain why the risk of suicide is high among older adults in almost all cultures.

Ageing well in mental health is a right and an achievable goal for all people. Below are some tips for older adults to live a mentally healthy life:

- Keep brain active through life-long learning
- Participate in meaningful activities
- Build strong personal relationships
- Keep good physical health

To know more about World Mental Health Day and related activities, please visit **http://www.wfmh.com/00WorldMentalHealthDay.htm**.

News Bites

Early intervention of patients with psychosis could reduce suicide rate by 60%, a local study reported.

The study compared the 10-year outcomes of 145 patients with first episode psychosis who received early intervention services (EI group) with that of 145 patients matched for age, sex and diagnosis who received standard care (SC group) in order to evaluate the effectiveness of the early intervention service. Through face-to-face interview, information including symptom levels, current social and occupational functioning, medications and their side effects were collected. All the available medical records of patients over the past 10 years were also reviewed to determine any suicidal attempts, hospitalizations and other service utilization, and the cause of death if indicated. Results showed that the 10-year suicide rates of EI group and SC group were 4.1% and 10.3% respectively. The early intervention service thereby significantly reduced the suicide risk by 62%.

This study implicated that early intervention service could effectively reduce the suicide rate among patients with first-episode psychosis.

[Source: Chen EYH. Effects of early intervention service in Hong Kong on suicide rate of patients with psychosis – a 10-year outcome study of Early Intervention (EI) programme for psychosis in Hong Kong compared with Standard Care (SC) service. Hong Kong SAR: Department of Psychiatry, the University of Hong Kong. Press release dated on 10 June 2013.]

__Non-Communicable Diseases (NCD) WATCH__ is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of our commitments in responsive risk communication and to address the growing non-communicable disease threats to the health of our community.

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