

[Taiwan]

Program of National Suicide Prevention Center in Taiwan

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Key words Suicide, Taiwan, National strategy

Suicide is a worldwide public health problem. The crude mortality rate of suicide in Taiwan increased from 10 per 100,000 in 1997 to 19.3 per 100,000 in 2006, and strikingly increased by 23% from 2004 to 2005. For effective integration of the counter measures of suicide, the Taiwan Department of Health assigned the Taiwan Association against Depression (2005 to 2008) and Taiwanese Society of suicidology (2009 to 2012) as the task-force to set up the Taiwan Suicide Prevention Center (TSPC). The mission of the TSPC is suicide prevention and the facilitation of efficient related care delivery system networks nationwide. The Goals of TSPC included: (1) To conduct a pilot program in suicide prevention; (2) To establish a conceptual framework for suicide prevention in Taiwan; (3) To outline the priorities, aspects, topics and strategies of suicide prevention; (4) To set up a method for evaluating the programs in suicide prevention based on empirical evidence; (5) To guide suicide prevention and treatment onto a track where clients are considered the first priority, family a basic supporting unit, and community a solid foundation. The TSPC also standardized the National Suicide Surveillance

System and organize community support networks. The Center provides continuous training and certification to strengthen the abilities of all individuals involved in dealing with depression and intervention to prevent suicide attempts. The overall objective of the Program of National Suicide Prevention Center is to reduce the suicide rate and improve the mental health of the entire community. Besides, the Department of Health also established a crisis hotline (0800-788-995) for suicide prevention since 2006. All of the efforts made by the Center are intended to promote the core values of “Cherishing Life, Restoring Hope,” and that “Suicide Prevention is Everybody’s Responsibility.” In Taiwan, suicide had been one of the top ten causes of death for many years. In 2010, suicide fell to the 11th place and the crude mortality rate of suicide is 16.8 people per 100,000 populations. Future national suicide prevention program in Taiwan will include indicative, selective and universal strategies. The TSPC will also cooperate with county/city authorities of health and social welfare to launch local suicide prevention plan for further reduction of suicide deaths.

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The Role of Physicians in Suicide Prevention: Taiwan Report

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Suicide is

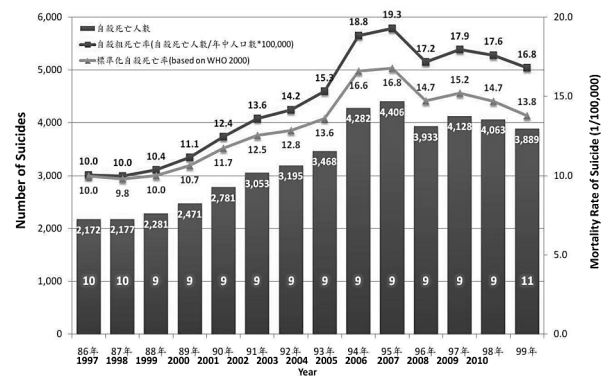
- Although not a disease, suicide is a tragic endpoint of **complex etiology** and a leading cause of death worldwide.
 - Knox KL et al., *Am J Public Health* 2004;94:37-45.
- Suicide is usually the **tragic end point of various possible pathways**, influenced by mental ill health and psychological, socioeconomic, familial, interpersonal, and genetic factors.
 - Hawton K., *BMJ* 1998;317:156-157.

Suicide as a Worldwide Public Health Problem

- Every year almost *one million* people die from suicide
- A "global" mortality rate of *16 per 100,000*
 - One death every 40 seconds
 - In the last 45 years suicide rates have increased by 60% worldwide.
- Suicide is among the **three** leading causes of death among those aged **15-44 years** in some countries.
- Suicide attempts which are up to **20 times** more frequent than completed suicide.

http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/

Annual Suicide Mortality Rates, Numbers of Suicide, and Rank of Suicide in All Causes of Death in Taiwan (1997 to 2010)



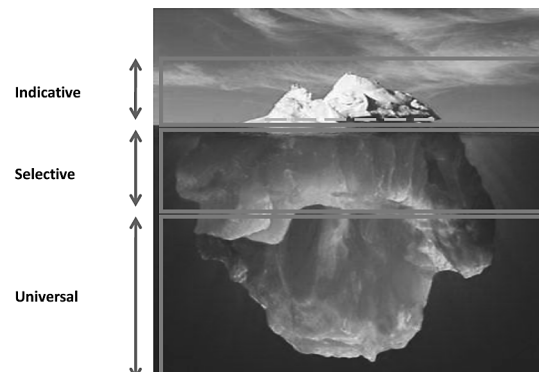
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Risk factors of Suicide Death

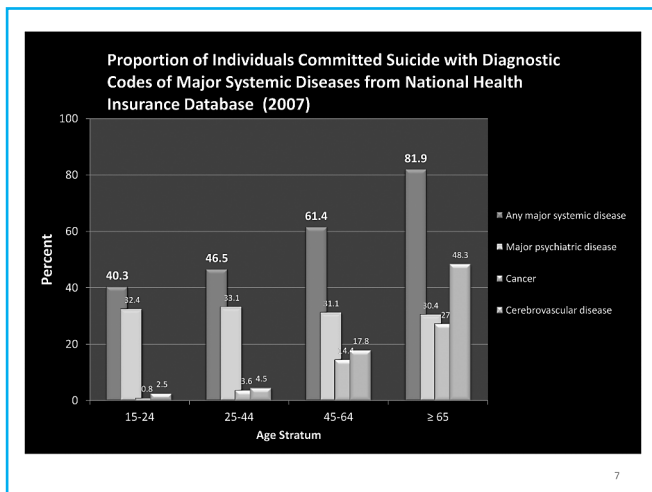
- **Distal risk factors**
 - Genetic loading
 - Personality characteristics: impulsivity, aggression
 - Restricted fetal growth and peri-natal circumstances
 - Early traumatic life events
 - Serotonin and hypothalamic-pituitary dysfunction
- **Proximal risk factors**
 - Psychiatric disorder
 - Physical disorder
 - Psychosocial crisis
 - Availability of means
 - Exposure to models

Hawton K & von Heeringen K: *Lancet* 2009;373:1372-81.

Suicide is usually the **tragic end point of various possible pathways**, influenced by mental ill health and psychological, socioeconomic, familial, interpersonal, and genetic factors.



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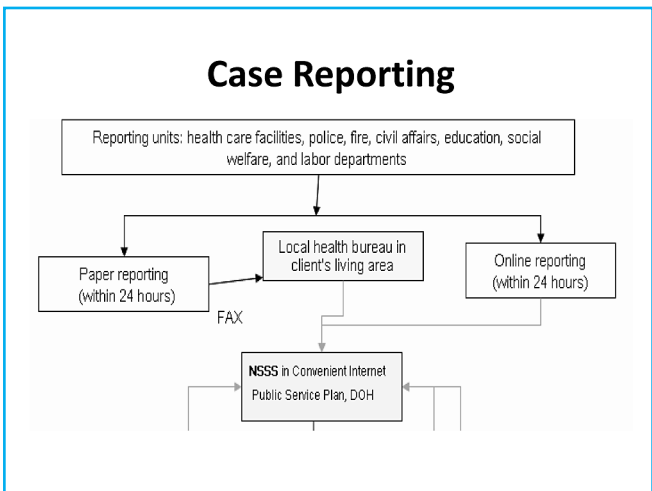


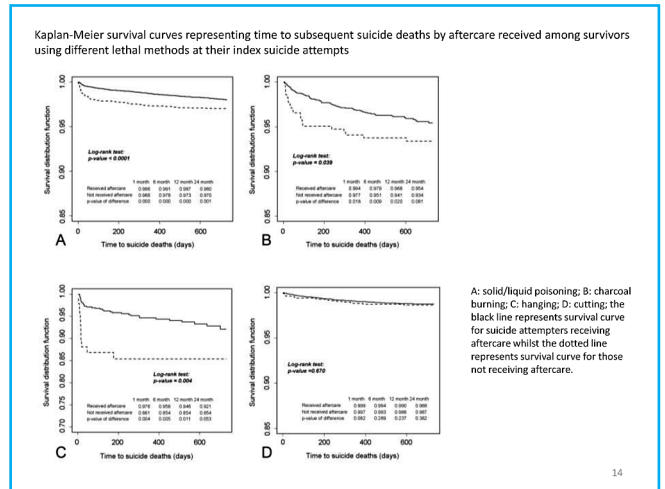
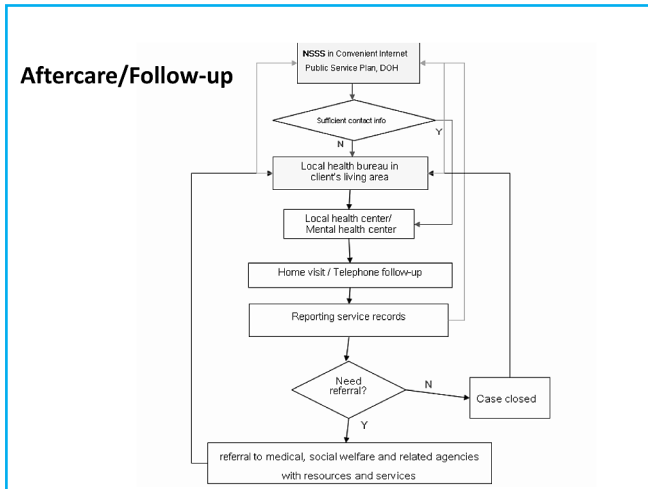
- ### National Strategies of Suicide Prevention
- **Universal (General public)**
 - Prevention and health promotion
 - **Selective (High-risk groups)**
 - Specific populations with risk factors
 - Gate keeper training
 - Screening and transferring
 - **Indicative (Highest-risk individuals)**
 - Suicide attempters and survivors

- ### Health Care in Taiwan
- **National Health Insurance**
 - National Health Insurance (NHI), was instituted in 1995
 - A single-payer compulsory social insurance plan which centralizes the disbursement of health-care funds.
 - 22.7 million (99%) enrolled
 - Comprehensive benefits, including psychiatric services
 - 92% services providers are contracted
 - 99% file claims ELECTRONICALLY
 - **Total-population database since 1998**
 - Diagnosis, procedures, prescription
 - **Mental health resources (2009)**
 - Acute psychiatric beds: 7,830 (3.4 per 10,000)
 - Chronic psychiatric beds: 13,190 (6.57 per 10,000)
 - Boarded psychiatrists: 1,360 (5.91 per 100,000)

INDICATIVE STRATEGY

- ### Purposes of Taiwan's National Suicide Surveillance System (NSSS)
- (1) To identify attempters and high-risk individual referral to mental health or social welfare services;
 - (2) To provide follow-up care, counseling services and health education for attempters' family members;
 - (3) To understand more about the characteristics of attempters
 - In order to modify prevention strategies





SELECTIVE STRATEGY

Gatekeeper Training for Suicide Prevention

- Taiwan Association of Family Medicine (TAFM)
 - Regular course of Continuous Medical Education (CME)
 - Elective ethical credit for renewal of medical license
- Taiwan Medical Association (TMA)
 - Cooperation with Taiwan Joint Commission on Hospital Accreditation (TJCHA)
 - Core educational courses for patient safety and health care quality
 - Elective ethical credit for renewal of medical license
 - Island wide video conference

Training Course Outline

- Basic knowledge and skills about suicide
- Identifying and assessing suicide risk
- Integrating referral resources

- 1 to ask (using BSRS-5)
- 2 to respond
- 3 to refer

“Mood Thermometer” as a national wide screening tool for the needs of mental health services

五大評量每週自我檢測

請您仔細回想「在最近一星期中(包括今天)」, 這些問題使您感到困擾或苦惱的程度, 然後選擇一個您認為最能代表您感覺的答案。

1	2	3	4		
1. 睡眠困難、譬如難以入睡、易醒或早醒	0	1	2	3	4
2. 感覺緊張不安	0	1	2	3	4
3. 覺得容易苦惱或動怒	0	1	2	3	4
4. 感覺憂鬱、心情低落	0	1	2	3	4
5. 覺得比不上別人	0	1	2	3	4
★ 有自殺的想法	0	1	2	3	4

★ 若有自殺想法：建議尋求專業諮詢或接受精神科治療。

歡迎多加使用「心情溫度計」, 若有任何問題, 請聯絡: 全國自殺防治中心(02)2381-7995

安心專線 0800-788-995 (0800-請幫幫-救救我)

**Symptom Rating Scale
(BSRS-5, Mood Thermometer)**

Instructions: How much were you bothered by each of the following items during the past week, including today? Please circle the number best describes your feeling about the item.

0: not at all 1: a little bit 2: moderately 3: quite a bit 4: extremely

1) Feeling tense or keyed up 0 1 2 3 4
 2) Feeling blue 0 1 2 3 4
 3) Feeling easily annoyed or irritated 0 1 2 3 4
 4) Feeling inferior to others 0 1 2 3 4
 5) Trouble falling asleep 0 1 2 3 4
 ★ Having suicidal thoughts 0 1 2 3 4

● **Scores and Recommendations**
 If your total score from Q1-Q5 is
 > Lower than 5, congratulations! You are very well adjusted.
 > Within 6 to 9, you have slight mental stress. We recommend that you seek emotional support. Talk to your friends or families!
 > High than 10, you are under great mental stress. We recommend that you seek psychological counseling and medical service.
 If your score to "having suicidal thoughts" is
 ★ Higher than 2, we recommend that you seek psychological counseling or medical service.

If you have any questions about the application of BSRS-5, please contact
 Dr. Ming-Been Lee at Telephone: 886-2-23123456/66789, E-mail: mingbeen@ntu.edu.tw

Collaborative Care System of Depressive Disorders

- National level of implementation
 - National Health Research Institutes (NHRI)
 - Taiwan Association Against Depression (TAAD)
 - Practice guideline for general practitioners
 - Bureau of National Health Insurance (NHI)
 - Insurance payments for antidepressant and clinical management for depressive disorders
- County-level implementation
 - Bureau of Health
 - Training program, operational manual, and certification
 - Core psychiatric Institute
 - Resources of in-service training and case referral

Proportion of people who had emotional problem have search for professional help

◎ 經BSRS-5簡易量表檢測達6分以上(情緒困擾)者有22.4%曾到醫療院所求助，檢測達10分以上者有42.7%曾到醫療院所求助。

◎ 歷年調查比較來看，有到醫療院所求助比率有逐年上升趨勢，今年較去年上升1.4個百分點。卡方檢定顯示，兩年調查沒有顯著差異。

圖37-1 有因剛提到煩惱或因提到醫療院所求助%

Score Range	n	Percentage
1分以上	1115	8.6%
3分以上	436	16.0%
6分以上	148	22.4%
10分以上	48	42.7%

圖37-1 歷次有向醫療院所求助%

Year	n	Percentage
97年	189	18.1%
98年	178	21.0%
99年	148	22.4%

Q.請問您有沒有因剛才提到的這些煩惱或因提到醫療院所求助？調查對象：BSRS-6簡易量表達6分及以上者(n=189)

UNIVERSAL STRATEGY

CMAAO

Universal Strategy in Medical Settings

- Hospital Accreditation
 - Promote hospital-based resources of suicide prevention (psychosocial evaluation and consultation)
 - Suicide prevention in the curriculum of post graduate year (PGY) training
- Public psycho-education
 - Destigmatization of mental disorders
 - Mental health promotion

Propaganda Materials in Medical Settings

Poster

leaflet

The proportion of people who know about the hotline for suicide prevention

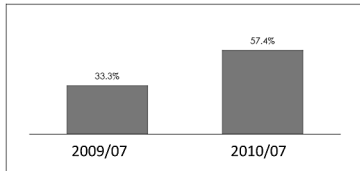


圖3-9-4 民眾知道自殺防治有諮詢專線比率之歷年調查比較

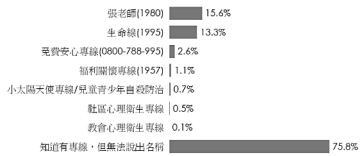
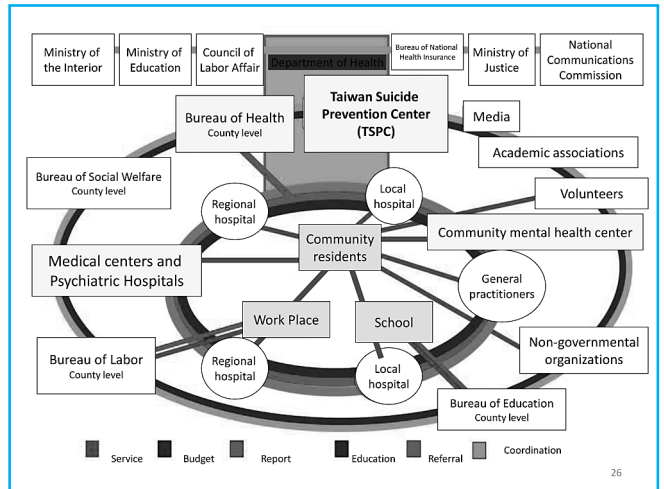


圖3-10-1 知道的自殺防治諮詢專線有哪些(n=1,223)

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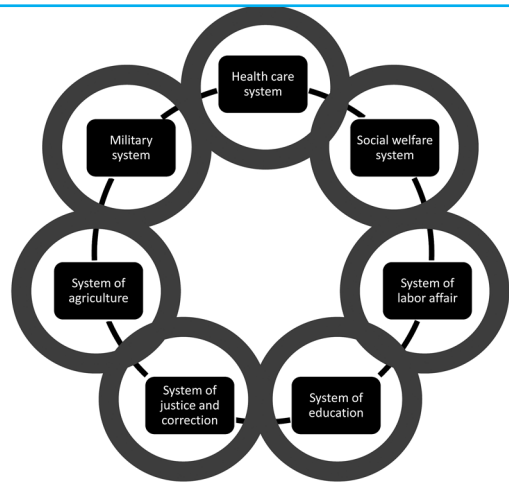


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Our Ultimate Goal

1. 自殺防治、人人有責
 - Suicide prevention is everyone's responsibility.
2. 網網相連、繼往開來
 - Network integration and continuous caring are crucial.
3. 人人都是珍愛生命守門人
 - Everyone should be the gatekeeper for saving life.

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Conclusions

- *Suicide is a worldwide public health problem.*
 - Physicians have high likelihood to contact with suicide attempters and subjects at high risk to die by suicide.
- *Physician is the key gatekeepers in the network of suicide prevention.*
 - CPR and QPR
 - Ask, response, and referral
 - Supportive relationships, medical ethics
 - Mental health screening (For example: Mood thermometer)
- *Through the joint efforts in suicide prevention*
 - Physicians can fulfill their commitment toward humanity

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**Humanity, Professionalism and safety:
Saving Lives, Restoring Hope**



Thank You for Your Attention