# **Elderly Suicide in Hong Kong: Strategies and Welfare Services**



Mr. Peter K H NG
Chief Social Work Officer (Family & Child Welfare)2
Social Welfare Department
Hong Kong Special Administrative Region

### Policy objectives on care for elders

#### Care for Elders

 One of the government's strategic policy objectives since 1997

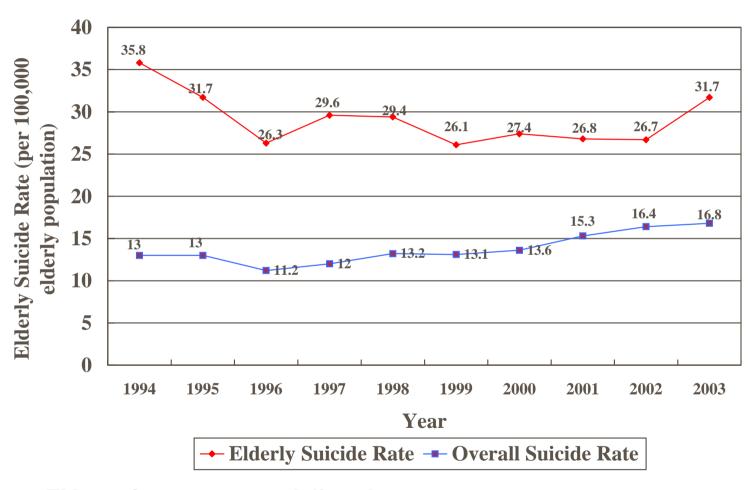
### Core principles on Care for Elders

- Ageing in place
- Continuum of care

#### Mission

To build a caring community with selfsufficiency, dignity, harmony and happiness

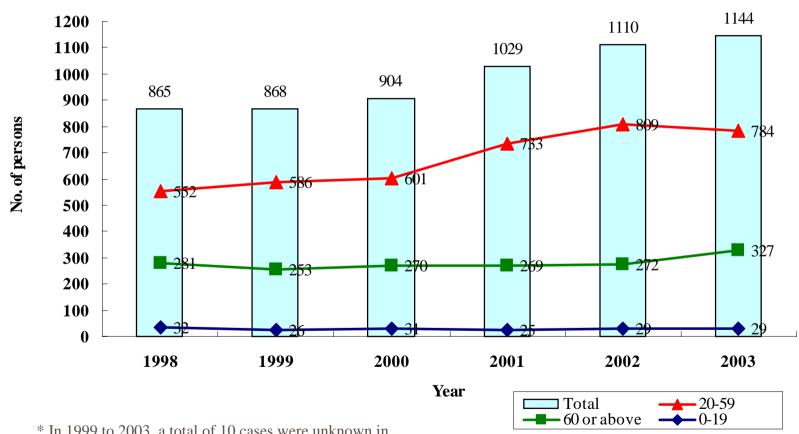
### Elderly suicide in Hong Kong



Elders refer to persons aged 60 or above Source : Census and Statistics Department, HKSAR

## Elderly suicide in Hong Kong (Con't)

## Number and Age Profile of Committed Suicide Cases (1998-2003)



<sup>\*</sup> In 1999 to 2003, a total of 10 cases were unknown in their age.

Source: Census and Statistics Department

### Strategies for prevention of elderly suicide

- ♣ Enhancing understanding of the problem through research and compilation of data base
- Strengthening preventive work through public education and promotion of healthy ageing
- Providing a full range of supportive and remedial services
- Strengthening training for frontline professionals and health care workers
- Mobilizing multi-disciplinary / cross-sectoral collaboration

## Enhancing understanding of the problem

- **A Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong** 
  - Depression has been identified as the most significant psychological factor on elder person developing suicidal wishes
  - Risk factors contributing to a sense of depression include poor physical health, sense of incompetence, low selfesteem, poor self-rated financial state, unsatisfactory living environments, decreased ability in self-care, lack of social support, etc.
  - A significant proportion of suicidal elders did consult medical practitioners shortly before they committed suicide

# Enhancing understanding of the problem (Cont'd)

- Hong Kong Jockey Club Centre for Suicide
   Research and Prevention (CSRP) set up in 2002
  - Set up a surveillance and monitoring system
  - Conduct evidence-based researches
  - Provide training and develop training manual/ resources.
- Central Suicide Information System has been set up under the Health, Welfare and Food Bureau since 2002

## Strengthening preventive work

#### 1. Promotion of healthy ageing

#### **Healthy Ageing Campaign**

- To plan and launch a series of educational and publicity programmes at central and local level
- To promote personal responsibility, strengthen community action, create supportive environment and improve image of ageing.

#### **Active Ageing Campaign**

To plan and launch educational activities on "Active Ageing" which is in line with policy framework raised by WHO in 2002.

#### **Opportunities for the Elderly Project (OEP)**

To provide subsides to programs that promote a sense of worthiness and foster community spirit of care for elders; and assists elders to acquire new knowledge and skills

## Strengthening prevention work (Cont'd)

#### 2. Community education and participation

#### **Senior Volunteer Programme**

Social Welfare Department (SWD) of HKSAR has promoted senior volunteerism to encourage elders to contribute and participate as active members of the community

#### **Campaign Evergreen**

To call for cross-sectoral collaboration in promoting positive life value and community spirit.

#### **Elderly Health Centres & Visiting Health Team**

• 18 Elderly Health Centres & 18 Visiting Health Teams have been established under the Department of Health to enhance primary health care to elders in the community and improve their self-care ability

### Providing a full range of supportive and remedial services

#### Services to families and individuals

A wide range of mainstream services including integrated family services, medical social services and various community elderly support services available to meet the different needs of the elders as well as providing support to their carers.

#### Re-engineering of elderly services

- Moving from institutionalized care to home and communitybased care with services provided in an integrated and holistic manner since April 2003.
- Various elderly community supportive services have been strengthened/enhanced, i.e.
  - Services on the prevention and handling of elderly suicide/abuse
  - Educational programs and developmental groups
  - Outreaching service to needy elders
  - Counselling and crisis management

## Providing a full range of supportive and remedial services (Cont'd)

#### Live Life! Joint Project on Prevention of Elderly Suicide

A three-year pilot project since mid 2001 with three main components, i.e. Community Education, a 3-tier coordinated service model and an Asia-Pacific Regional Conference

#### **Elderly Suicide Prevention Programme**

- Launched since October 2002 by the Hospital Authority, in collaboration with NGOs providing elderly services. It is operated under a 2-tier model
  - 1st tier early detection and screening of elders with depression and suicidal risks
  - 2<sup>nd</sup> tier specialist treatment by psycho-geriatricians at 7 fast track clinics set up in 7 hospitals across in Hong Kong

## Providing a full range of supportive and remedial services (cont'd)

#### **Suicide Crisis Intervention Centre**

- Service target: persons in crisis situations (including elders) and at high / moderate suicidal risks.
- Services include
  - >round-the-clock outreaching
  - >crisis intervention
  - ≥6-8 weeks intensive counseling

#### **Life Education Centre**

- A 3-year pilot project since May 2002 under funding support from Hong Kong Jockey Club Charity Trust
- The Centre aims to provide life education programs, train up of community gatekeepers and set up a resources library
- More than 1,000 elders had joined the talks/ workshops organized by the Centre.

## Strengthening training for frontline professionals and heath care workers

#### **Social Welfare Department**

- A package of focused training on assessment and intervention skills of social workers in handling suicide cases.
- Workshop on elder, youth and teenage suicide
- Multi-Skilled training course and Advanced course for care staff working with elders

#### Joint Project on Prevention of Elderly Suicide

 Training organized for professionals, frontline staff and volunteers

#### **CSRP** and HA

Organized different training programs on suicide prevention

## Mobilizing cross-sectoral / multi-disciplinary collaboration

#### **Working Group on Suicide**

- Mobilize inter-disciplinary cooperation and coordination among different sectors in formulating strategies and policies relating to suicide prevention
- Chaired by Health, Welfare and Food Bureau with members from Hospital Authority, Social Welfare Department, Department of Health and Education and Manpower Bureau etc.

#### **Elderly Commission**

- The commission was set up in July 1997, with members comprising academics, social workers, medical professionals, community leaders and representatives from different Bureau and Departments
- Advise the Government on policies and services for the elderly

#### **Achievement**

- Re-engineered services to provide integrated and holistic care to the elders
- Promoted awareness on healthy ageing and the problem of elderly suicide in the community
- Upgraded the skills of workers involved in prevention of elderly suicide services
- Strengthened co-ordination and better interfacing of different sectors

### Way Forward

#### We will continue to -

- Undertake regular evaluation of the services provided to ensure that they address the identified risk factors
- Develop and update suicide prevention strategies / programs with evidence-based support
- Upgrade the skills of professionals and care workers
- Pursue better interface among various sectors and better integration of various services
- Watch out for any rising trend in elderly suicide

#### Conclusion

- Elderly suicide a global problem, no exception in Hong Kong
- Government, non-governmental organizations, professionals, and community all share responsibility
- Care for our elders, provide them with a secured and supportive environment, help them develop a positive self image and higher self-esteem, be alert to early signs of distress and other risk factors, and seek help when necessary
- Concerted effort is needed to further tackle the problem

## Thank You!