

Introduction

Suicide and Suicide Prevention in Asia

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Suicide is a global public health problem, particularly in Asia where high suicide rates in a few countries with large populations account for a majority of the world's suicides. Efforts to address the problem have been unsystematic but there is increasing recognition by governments, community members, and professional groups of the need to do more. This monograph is the product of Suicide Prevention International's (SPI) Strategies to Prevent Suicide (STOPS) project, currently focused on Asia. STOPS in Asia aims to describe systematically and, where possible, evaluate current suicide prevention strategies in the participating Asian countries and to help stakeholders in these countries to develop, implement, and fund innovative, culture-sensitive suicide prevention initiatives that are likely to be effective.

Each year worldwide approximately one million individuals die of suicide, 10-20 million attempt suicide, and 50-120 million are profoundly affected by the suicide or attempted suicide of a close relative or associate. Asia accounts for 60 percent of the world's suicides, so at least 60 million people are affected by suicide or attempted suicide in Asia each year (Beautrais, 2006).

Despite this, suicide has received relatively less attention in Asia than it has in Europe and North America. Lack of resources and competing priorities in many Asian countries have contributed to this under-emphasis. Cultural influences, religious sanctions, stigmatization of the mentally ill, political imperatives, and socio-economic factors have also played a significant role. As a result, the magnitude of the problem is unknown in some Asian countries and – although there are some highlights in terms of preventive initiatives – overall efforts are uncoordinated, under-resourced, and generally unevaluated (Vijayakumar et al., 2005a; Vijayakumar et al., 2005b; Vijayakumar et al., 2005c; Beautrais, 2006; WHO, 2007).

SPI is a nongovernmental organization based in the United States of America that develops, implements, and funds suicide prevention projects in the United States of America and worldwide. SPI utilizes its international network of experts to decide what projects are most likely to prevent suicide, selects the investigators to work on

them, and is an active partner in conducting the projects from the beginning to the end.

STOPS steers a mid-course between two approaches on evaluating suicide prevention activities: one that considers statistically significant reduction in suicide or suicide attempts as the only meaningful measure of outcome and another that employs token measures (e.g., participant satisfaction) or non-measurable parameters (e.g., clinicians' impressions) to assess outcome. The former is often unfeasible because of the huge sample sizes required to demonstrate effectiveness; the latter does not provide meaningful information upon which to base or modify suicide prevention efforts. STOPS supports the use of intermediate evaluative measures such as improvements in the ability to identify and provide help for individuals at risk for suicide. STOPS also encourages the use of the 'harder' outcome measures of fatal and non-fatal suicidal behaviour where feasible.

Methodology

In 2006, the Planning Committee, composed of Herbert Hendin, José Bertolote, Michael Phillips, and Danuta Wasserman developed the STOPS Project in Asia and was instrumental in implementing it. The initiative brought together suicide prevention experts from Asian countries whose governments have undertaken or are considering undertaking national strategies designed to prevent suicide and from countries where less government-led progress has been made but nongovernmental organizations or a group of investigators have been active in suicide prevention research. The goal is to stimulate and improve suicide prevention initiatives in participating Asian countries and to help develop, implement, and fund suicide prevention initiatives that seem likely to be effective. Initiatives that have effective evaluation measures are highlighted to serve as a model for others. Many of the suicide prevention initiatives presented have no evaluation components built into them. They are described and discussed to present a picture of what is currently being done, to examine what might be possible in the way of evaluation, and to stimulate further suicide prevention research in the participating countries.

STOPS is currently focused on three South Asian countries (India, Sri Lanka, and Thailand), belonging to the WHO South-East Asia Region, one country belonging to the WHO Eastern Mediterranean Region (Pakistan), and eight countries (Australia; China; Japan; Malaysia; New Zealand; the Republic of Korea; Singapore; Viet Nam;

SUICIDE AND SUICIDE PREVENTION IN ASIA

and China, Hong Kong, Special Administrative Region [Hong Kong SAR]), belonging to the WHO Western Pacific Region. For the remainder of this report, these 12 countries and Hong Kong SAR are collectively termed ‘participating Asian countries.’ They provide a spectrum of examples in which there is governmental or nongovernmental interest in suicide prevention. Some have instituted national strategies designed to prevent suicide (e.g., Australia, New Zealand, Sri Lanka, and Japan); others are in the process of doing so (e.g., Malaysia, the Republic of Korea, and Thailand). All rely to varying degrees on nongovernmental organizations to develop and implement prevention strategies. There are striking cultural differences among the countries and major economic differences among them that transcend their geographic location. Australia, Hong Kong SAR, Japan, New Zealand, the Republic of Korea, and Singapore are relatively affluent so they have more resources that can be allocated to suicide prevention than other less affluent countries.

Participants were chosen on the basis of their being known internationally as outstanding experts on suicide in their countries. In some cases, they were known to the STOPS project’s planning committee from their published work and their participation in regional and/or international workshops. Others were known in Asia and recommended by the initial group of chosen representatives, who were familiar with their work. The project’s director contacted potential representatives directly, sought written and oral confirmation of their expertise in the area, and explored their willingness to be involved. This information was shared with the project’s Planning Committee, which made the final determination about membership.

Once the country representatives were selected, they were invited on the basis of expertise and preference to join one or more (at most three) of the nine topic-specific task forces established by the Planning Committee:

- Epidemiology of suicide in Asia
- Socio-economic, cultural, and religious factors affecting suicide prevention
- Creating public awareness of depression as treatable and suicide as preventable
- Improving portrayal of suicide in the media
- Educating gatekeepers
- Innovative approaches to identifying those at risk for suicide
- Reducing access to lethal means of self-harm

SUICIDE AND SUICIDE PREVENTION IN ASIA

- Improving treatment of depression and other disorders that convey suicide risk
- Addressing the problems of survivors of suicide

The planning group appointed a leader for each task force and a delegate from Europe or the United States of America who was a recognized expert in the topic area covered by the task force. The task forces were responsible for summarizing information about the current status of their respective topics in the participating countries.

Each participant completed a two-part country-specific questionnaire, drawing on official statistics, documentary evidence, and the expertise of others in his or her own country. The first part sought data on the epidemiology of suicide; the second elicited information on the contextual factors influencing suicide and suicide prevention efforts. Task force leaders combined the information from the questionnaires with a selective literature review to prepare topic-specific reports which summarized the situation in each country and highlighted common barriers and facilitators to action. These preliminary task force reports were circulated to task force members for comments and revised accordingly. Then the reports were circulated in advance of a four-day workshop, held in Hong Kong SAR in November 2006. The workshop, which brought together participants who until then had been in touch by email and by phone, was hosted by the Hong Kong Jockey Club Centre for Suicide Research and Prevention which joined WHO and SPI in sponsoring the workshop.

The workshop began with country-specific presentations and then moved on to task force presentations in which the task force leader integrated the relevant results from the country reports and the European or American task force member described the European/American experience in the topic area. The workshop was designed to be interactive, so brief preliminary presentations were followed by much longer discussion sessions. Task force leaders subsequently revised their reports based on suggestions made at the workshop and on a comprehensive search by SPI of relevant publications on Medline, WHO, and PsychINFO databases from 1975 to February, 2008 using terms related to suicide and suicide prevention in Asia. This monograph is based on all of this information.

The first chapter of the monograph describes the epidemiology of suicide in the participating Asian countries. It is followed by a chapter discussing socio-economic, cultural and religious factors affecting suicide and suicide prevention in Asia. That

chapter is followed by seven chapters (Chapters 3-9) which concentrate on particular suicide prevention strategies that are being undertaken in participating countries and a final chapter (Chapter 10) which considers the implementation of strategies that could make a meaningful difference. Several country-specific proposals for suicide prevention initiatives were presented and discussed at the workshop. SPI has worked collaboratively with principal investigators on three of the initiatives to develop, implement, and fund them. These projects are discussed in the final chapter.

References

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