

[Thailand]

The Role of Physicians in Suicide Prevention: Thailand Country Report

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Suicide is an important public health problem throughout the world. Approximately one million people committed suicide in 2000 a global mortality rate of 16 per 100,000 (WHO, 2002) with an average of one person successfully committing suicide every 40 minutes.

Suicide Prevention is the science and practice of identifying and reducing the impact of risk factors associated with suicidal behaviour and of identifying and promoting factors that protect against engaging in suicidal behaviour.

Suicide Rate in Thailand

Thailand experiences between 4,000–5,000 successful suicides per year, with no less than 20,000 people affected by the victims' passing. The suicide rate in Thailand is now 7–8/100,000 population per year.

It began showing a tendency to increase in 1983 and reached a peak in 1999, Data from 1991 to 2001 indicates that the suicide rate in Thai men has increased while the rate in women remained unchanged. The most common age group in men for suicide has been 20–29 years, but during 1998–2002 an increasing tendency to commit suicide has been noted in older persons. With the great effort of mental health department running a lot of suicide prevention program. since then it has been declining gradually.

3,634 Thais committed suicide last year. 2010 5.7:100,000 population ratio, compared with world average ratio of 16:100,000. Economic problems were cited as the main cause of suicide.

Thailand Suicide Monitoring

The mental health department has kept monitoring the situation by joining hands with the Village

Health Volunteers in each area to conduct a survey in a bid to measure the jeopardy rate of those who undergo depression and are prone to commit suicide.

Suicide Prevention Program in Thailand

1. Suicide Hotlines.
2. A Buddhist Approach to Suicide Prevention.
3. Educational program for General practice.
4. Suicide prevention Day.
5. Million care million share.
6. Monitoring program: National, Regional and Provincial.
7. Suicide prevention programs given priority in provinces with the highest rate.

Suicide among Thai Physicians in Ten Year Survey

The sample consisted of 18 subjects (17 males, one fem). The age range was 30–49 years old. Most victims were specialists (11 out of 18; 3 gynecologists, 2 psychiatrists, 2 pediatricians, 2 surgeons and 1 internist, 1 radiologist). The methods of suicide were 6 hanging, 5 gun shots, 5 intravenous injections, 1 jumping and 1 drug over-dose. Psychiatric disorders were found in 11 out of 18 cases, and depressive disorder was the most common disorder. More than 90% of people who take their lives have a diagnosable mental disorder commonly a depressive disorder.

The Role of Physicians in Suicide Prevention: AATP Model

Awareness

- chronic physically ill patients
- untreatable/unrelievable physical suffering

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- prominent depressive, psychotic symptoms
- notify psychiatrist as soon as possible

Ask

- Do you ever wish you would go to sleep and not wake up?
- Do you ever wish you were dead?
- Do you ever think about harmful yourself or taking your life?
- Have you ever made a suicidal attempt?
- What have you thought of doing?

Treat

- adequate treatment of physical suffering: pain, dyspnea, confusion
- psychiatric illness: depression, psychosis

Prevent accessibility

- transfer to the front of nursing counter, away from windows, balconies
- remove knife, rope, belt

- all time one to one observation
- aware medication overdose
- sudden improvement of depressive symptoms

Conclusion

General Practice settings are usually the first point of contact with the health and social support services, providing a unique opportunity for early diagnosis, intervention and treatment initiatives. The importance of the GP as the first point of contact in relation to mental health is highlighted in international and national studies. We need to support the development of mental health care within primary care services and to develop suicide prevention awareness and skills training for primary health care workers.

The issue of suicide in doctors is the important agenda for the medical association to be considered for the welfare of the members and need to have reach out program for this group.