**[Singapore]**

# The Role of Physicians in Suicide Prevention

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## Suicide Statistics in Singapore

The annual number of suicides in Singapore has consistently ranged between 300 to 400 in the last two decades, with men completing suicide at a higher rate than women.

## Depression in the Elderly

With the growing number of elderly in Singapore, there has been a corresponding increased in suicides among those aged 65 and above. General practitioners, as a frequent first point of contact whom the elderly often consult for pain treatment, should look deeper into the emotional and psychological needs of geriatric patients. They should be alert if patients request for higher doses of hypnotics or come more frequently for these drugs, and should be aware that some complaints could be psychosomatic.

## Suicide Is Preventable

It is important to identify patients with significant suicide risk. The majority of those who commit suicide have given clear indications of suicidal intent shortly before the act. Various factors have to be taken into consideration in the assessment of suicide risk

## Barriers Facing Physicians

Often, patients are unable to obtain appropriate treatment due to a dearth of appropriately trained primary care physicians. In addition, there is a general lack of public understanding of depression and suicide in our population.

## What Can Physicians Do?

Our professional bodies can create awareness of depression as a treatable condition and to emphasise that suicide is preventable. We can improve public understanding of depression and suicide through use of the media. From there we can reduce the stigma of depression and increase help seeking behaviour. In daily practice, we can consciously identify patients at risk for suicide if they are being treated for depression, anxiety or substance abuse. We can also ask directly about suicide ideation and engage the help of multidisciplinary teams to assess patient progress over time, in order to enhance treatment and follow up of depression and educate patients.

## Nationwide Efforts

We should all cooperate in improving public understanding of depression and suicide. Moving forward, we have specialist training programmes in suicide prevention, screening guidelines for depression and counselling for those who require it. Studies have been conducted on the prevalence of depression. Public education programmes are coordinated by the Ministry of Health and the Health Promotion Board. A physician's knowledge of depression is also regularly kept up-to-date via face-to-face sessions and distribution of information booklets.

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This article is based on a presentation made at the Symposium "The Role of Physicians in Suicide Prevention" held at the 27th CMAAO General Assembly, Taipei, Taiwan, R.O.C., on November 12, 2011.

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SINGAPORE MEDICAL ASSOCIATION

## SUICIDE STATISTICS IN SINGAPORE

| Year | Total | Male | Female |
|---|---|---|---|
| 2010 | 353 | 227 | 126 |
| 2009 | 401 | 267 | 134 |
| 2008 | 364 | 232 | 132 |
| 2007 | 374 | 215 | 159 |
| 2006 | 419 | 260 | 159 |
| 2005 | 405 | 263 | 142 |
| 2004 | 381 | 227 | 154 |
| 2003 | 346 | 214 | 132 |
| 2002 | 361 | 211 | 150 |
| 2001 | 357 | 214 | 143 |
| 2000 | 348 | 225 | 123 |
| 1999 | 309 | 205 | 104 |
| 1998 | 371 | 221 | 150 |
| 1997 | 346 | 223 | 123 |
| 1996 | 271 | 167 | 104 |
| 1995 | 401 | 245 | 156 |
| 1994 | 347 | 207 | 140 |
| 1993 | 296 | 178 | 118 |
| 1992 | 298 | 168 | 130 |
| 1991 | 319 | 190 | 129 |

Source: Registry of Births and Deaths, Singapore Immigration and Registration, Singapore

## Depression in the elderly

- Suicides increased from 69 in 2006 to 87 in 2007
- Increased suicides among those aged 65 corresponding with growing number of elderly
- GPs, whom the elderly often consult for pain treatment should look more into the needs of geriatric patients because they are their first point of contact

## Depression in the elderly

- Many depressed elderly present to the general practitioner with somatic complaints like headache or chest discomfort, which may mislead the doctor
- Some doctors are reluctant to raise the subject for fear of putting the idea into the patient
- Doctors should also be alerted if the patient requests for a higher dose of hypnotics or comes more regularly for these drugs

Elderly Suicide in Singapore, E H Kua, SMJ, 1989, No 30: 148
http://smj.sma.org.sg/3002/3002a4.pdf

- "GPs are often busy and might not have time to detect depression among the elderly"

http://www.c3a.org.sg/images/pdf/05Aug08_st.pdf

## Suicide is preventable

- Identify patients with significant suicide risk
- The majority who commit suicide have given clear indications of suicidal intent shortly before the act. In the assessment of suicide risk the precipitating factor, the intensity of suicidal intentions, the patient's motivation for suicide and the lethality of the attempt have to be taken into consideration.

## Barriers facing physicians

- Unavailability of appropriate treatment and/or primary care physicians
- Lack of public understanding of depression and suicide

## What can physicians do?

- Creating awareness of depression as treatable and suicide as preventable
- Improving public understanding of depression and suicide
- Reduce stigma
- Increase help seeking

## What can physicians do?

- Identify patients at risk for suicide - often being treated for depression, anxiety of substance abuse.
- Ask directly about suicide
- Engagement of collaborative care, via multi disciplinary teams to assess patient progress over time, enhance treatment and follow up and educate patients

## Nationwide efforts

- Specialist training in suicide prevention, screening for depression, counselling for those who require
- Studies conducted on the prevalence of depression
- Public education activities coordinated by the Ministry of Health and the Health Promotion Board
- Updating physician's knowledge of depression via face-to-face sessions and distribution of booklets