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 taskforce 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.

Program of National Suicide Prevention Center in Taiwan

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Key words Suicide, Taiwan, National strategy

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

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.


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

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)

Case Reporting

- Reporting units: health care facilities, police, fire, civil affairs, education, social welfare, and labor departments

- Paper reporting (within 24 hours)
  - To local health bureau in client's living area

- Online reporting (within 24 hours)

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

INDICATIVE 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 BSSRS-5)
- 2 to respond
- 3 to refer

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

① 经SRS-S量表量表测试8分以上(情况有很)者有22.4%曾到医疗机构求助，检测值10分以上者有42.7%曾到医疗机构求助。
② 妇年调查比较来看，到医疗机构求助的比率逐年上升趋势，今年较去年上升2.4
个百分点。卡方检验显示，近年调查没有显著差异。

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<th>2009</th>
<th>2010</th>
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<tr>
<td>Value</td>
<td>18.4%</td>
<td>21.8%</td>
<td>22.4%</td>
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</tbody>
</table>

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
Our Ultimate Goal

1. 肢解防治、人人有責 — Suicide prevention is everyone’s responsibility.
2. 網絡相連、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.

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 QFR
    - 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