

28th Meeting of the Elderly Commission
Summary for Press Briefing

The Elderly Commission (EC) held its 28th meeting today (4 April 2002) with the following three items on the agenda:

(1) **Report on ‘ A Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong’**

- The EC received a presentation from a research team of the University of Hong Kong and the Chinese University of Hong Kong on ‘ *A Multi-Disciplinary Study on the Causes of Elderly Suicide in Hong Kong*’. The Study was commissioned by the Health and Welfare Bureau (HWB) on the advice of the EC, and aimed at providing evidence-based research on the issue of elderly suicide in Hong Kong.
- The Study consists of a literature review of the elderly suicide problem, examination of the need for setting up a monitoring and surveillance system on suicide data in Hong Kong, a population-based prevalence study of elderly suicidal ideation, and a psychological autopsy study in Hong Kong.
- The key findings and observations of the Study were as follows –
 - (a) According to the Study, Hong Kong’s general suicide rates lie in the middle of the global scale.
 - (b) The elderly suicide rate in Hong Kong has been on a decreasing trend since 1997 and remained stable in 2000, despite an increase in the overall suicide rates.
 - (c) According to the prevalence study and the psychological autopsy study, elderly suicide is a complex issue with multiple high risk factors, including poor physical health, poor mental health in the form of depression, current psychiatric disorders, negative life event, personality trait of being more neurotic, less extroverted, less agreeable and less conscientious, and financial and relationship problems. Depression, in particular, has been identified as the most significant psychological risk factor.
- The Study made the following recommendations –
 - (a) To set up a surveillance and monitoring system for the timely estimates of suicide figures in Hong Kong, and data archives for data collection and international exchange.
 - (b) To adopt preventive strategies including the development of a diagnostic tool to identify high-risk elders, intervention at primary care level, community

outreach to homebound elders and those with suicidal wishes, education of family members and the public at large to look out for warning signals, promotion of healthy ageing, formulation of an effective strategy of suicide prevention with coordination between different sectors, and appropriate resource allocation for intervention and public education.

- The EC was advised that many of the recommendations mentioned above had already been taken on board by the Administration. For example, Census & Statistics Department has already worked to improve the updating of suicide statistics with the latest available data. The Working Group on Suicide, chaired by HWB, has also developed a Centralized Statistical Information System for the early collection and analysis of suicide death and attempted suicide cases since 1 January 2002. Recommendations on preventive strategies on elderly suicide are also being taken on board in a wide range of general services aimed at supporting healthy ageing of elders, and specific services aimed at tackling the problem of elderly suicides organized by the Administration.

(2) **Support for Vulnerable Elders**

- The EC held discussion on a multi-factor framework of elder abuse and suicide, as well as on the strategies and programmes/services adopted by the Administration in providing support for vulnerable elders.
- Vulnerable elders refer largely to elderly persons who have poor health, decreased ability in self-care or are mentally or physically impaired. Some socio-environmental factors, such as negative socio-cultural values including ageism, sexism and changes in family values, may diminish the roles and status of elders and weaken the intergenerational ties. Together with risk factors associated with an individual or family, these will all contribute to the vulnerability of elders to abuse and suicide. However, caution must be exercised that these risk factors should not be treated as the causes of abuse or suicide.
- It has been found that depression is the most significant psychological factor on an elderly person developing suicidal wishes or a feeling that life is meaningless. Depression is likely to be associated with poor health, poor self-rated financial state, unsatisfactory living arrangement, a lack of social support and relationship problem etc. On the other hand, elders who are vulnerable to abuse are characterized as having a measure of dependency and loss of autonomy. Their relationship with and the characteristics of their caregivers or family members (other than the elders' own characteristics) are important contributing factors in the case of elder abuse. A number of risk factors associated with caregivers or family members may increase the likelihood of them abusing and neglecting dependent elders, including poor physical health, sense of incompetence and low self-esteem, depression, lack of support (particularly in their care-giving role) etc.

- Not all individuals or families with the risk factors are abusive, nor are all elders with the risk factors mentioned above suicidal. There are some common protective factors that enhance resilience and serve to counterbalance or buffer the negative impact of risk factors. These include psychological and physical health, coping skills, the ability to manage stress, community support and strong family ties. A multi-factor framework is shown in the Annex.
- The EC was advised that the Administration had already developed various strategies of **prevention, early identification** and **intervention** in order to provide support and care for vulnerable elders. They include:
 - *Major General Prevention Strategies*
 - The EC launched a three-year Healthy Ageing Campaign in 2001 to promote awareness on the importance of healthy ageing.
 - The Elderly Health Centres (EHCs) and Visiting Health Teams of the Department of Health conduct regular education programmes for community-dwelling elders and carers, and provide health assessments to high-risk elders attending EHCs.
 - Social Welfare Department (SWD) mobilises all existing community support service units for elders to provide appropriate welfare service to vulnerable elders. It has also set up 36 Support Teams for the Elderly, launched a Senior Volunteer Programme (recruiting over 10,000 elder volunteers) and an Opportunities for the Elderly Project to strengthen support and care for vulnerable elders.
 - *Major Specific Strategies for Addressing Elderly Suicide*
 - SWD, Hong Kong Council of Social Service and the Hong Kong Psychogeriatric Association have organised a three-year ‘Live Life! Joint Project on Prevention of Elderly Suicide’ in late 2001 to provide hotline services, volunteer visits, casework counselling and consultation services with psychogeriatric specialists for elders at risk. The project is organised with a funding support of \$7.96 million from the Hong Kong Jockey Club Charities Trust.
 - The Hospital Authority will establish an ‘Elderly Suicide Prevention Programme’ by late 2002 to provide multi-disciplinary services to elders with mental illness and suicidal tendency. The programme will be run as a two-tier service model at a cost of about \$24 million on a full year basis. The first tier involves early detection and screening of elderly patients with suicidal risks while specialist treatment will be provided by psycho-geriatricians at fast track clinics at the second tier. There will be five elderly suicide prevention teams, treating about 700 elderly patients with suicidal risk every year.

- *Major Specific Strategies for Addressing Elder Abuse*
 - With a grant from Lotteries Fund of \$2.7 million, Haven of Hope Christian Service and Caritas – Hong Kong each have been implementing a three-year pilot project since April 2001 to provide community education, hotline service, volunteer visits, mutual support groups, short-term counselling and health promotion programmes to vulnerable elders.
 - With a Lotteries Fund grant of \$2.3 million, Hong Kong Christian Service has since February 2002 been implementing a two-year project for “Conducting a Research and Setting-up an Infra-structure to Combat Elder Abuse”. It includes research on the phenomenon of elder abuse in Hong Kong, the production of a protocol and a computerised registry, as well as the organisation of training sessions.
 - A Working Group on Elder Abuse has been set up to examine the issue of elder abuse in Hong Kong. Further strategies and action plan to address the problem of elder abuse will be worked out upon completion of the research conducted by the Hong Kong Christian Service.
 - *Training for Professionals and Non-professionals*
 - It is crucial for professionals and non-professionals to understand the problems of elderly suicide and elder abuse before they can effectively deliver the programmes and services mentioned above. As such, a number of training sessions will be provided to 260 social workers on handling of suicide cases; and 400 professionals and 600 non-professionals on handling of elder abuse in 2002-03.
 - *Strengthening Support for Families*
 - Since many elders are residing within their family setups, SWD has adopted a three-pronged approach in strengthening support for families. Strengthened preventive work is provided at the primary level. At the secondary and tertiary level, there are the provision of a full range of resource, support and counseling services by the Integrated Family Service Centres and the establishment of specialized service units with crisis intervention respectively.
 - The EC was advised that the Administration will undertake regular evaluation of the programmes/services to ensure that they address the identified risk factors, and tie in with the strategies of prevention, early identification and intervention, so that the welfare of the vulnerable elders will be safeguarded.
- (3) **Healthy Ageing Campaign – Report of the Work Done in 2001-02 and Proposed Strategies in 2002-03**
- The EC noted a report on the promotion of the Healthy Ageing Campaign in 2001-02, which included: -

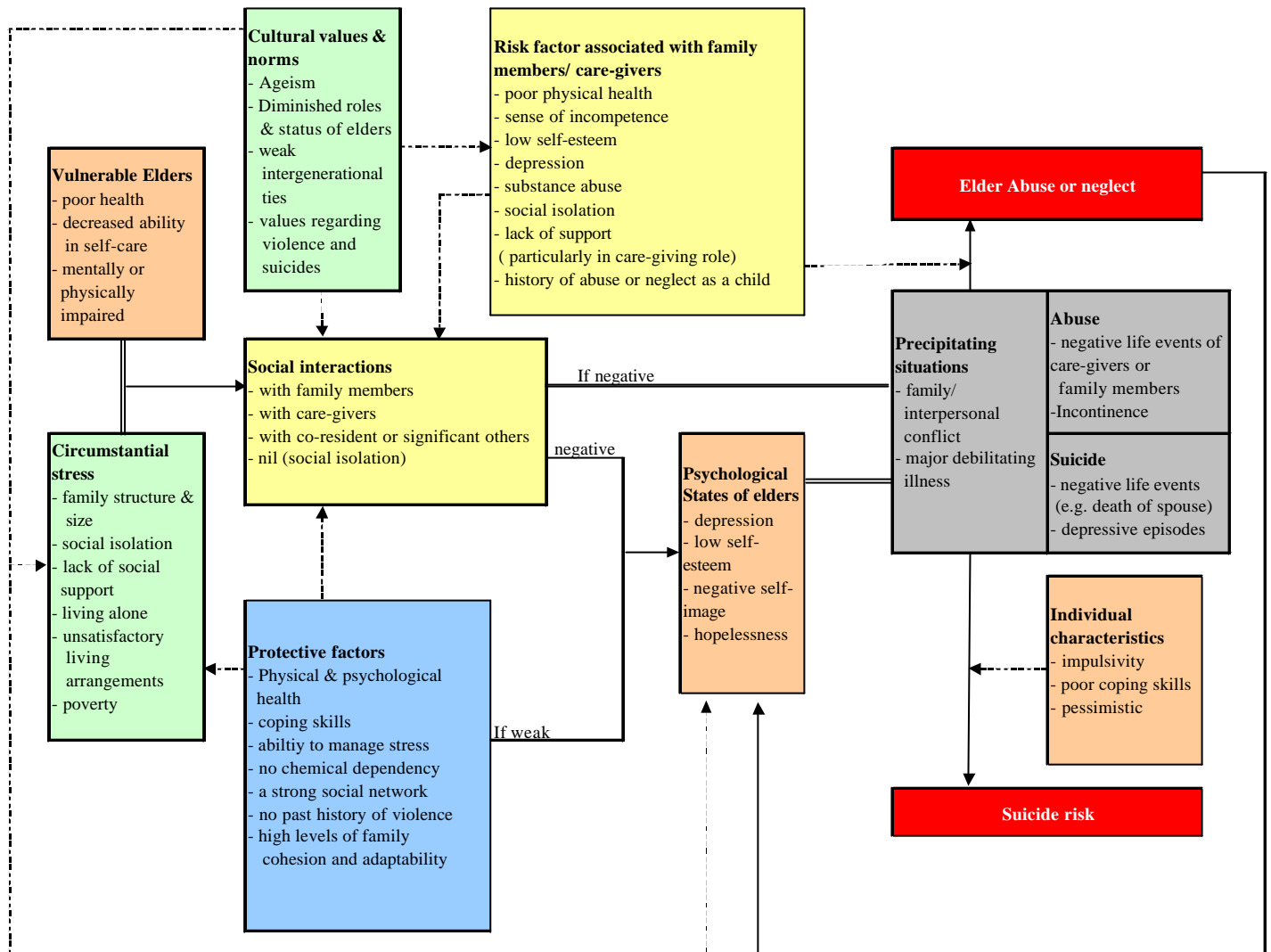
- (a) a public education and publicity program (organizing a Healthy Ageing Convention, distributing 2,500 presentational kits promoting the concept of healthy ageing, broadcast of TV publicity film, setting up healthy ageing website (www.healthyageing.gov.hk), etc.); and
 - (b) a Community Partnership Scheme (CPS) set up with a \$21 million grant from the Hong Kong Jockey Club Charities Trust. The Scheme provides funding support to promote wider community participation in the Campaign. The first funding exercise allocated \$6 million to 42 projects, covering diverse topics from variety health promotion programmes such as senior volunteerism, health ambassadors, health talks and training for elders, to thematic activities, e.g. bird watching, sex education, smoking cessation, gardening, IT, etc. The number of elder beneficiaries of these CPS projects in terms of head count is estimated at 190,000.
- For 2002-03, the Campaign would focus on: -
 - (a) broadening sectoral collaboration to involve District Councils and other sectors not normally involved in ageing issues, including the business sector and professional groups.
 - (b) strengthening the Community Partnership Scheme to expand collaboration with sectors such as private medical practitioners/dentists, interest groups such as environmental protection, astronomy, etc.
 - (c) developing a coherent and focused public relations and publicity strategy to appeal to the mass media to participate in the promotion of healthy ageing.

The EC also noted progress on the preparation for the Symposium and Exhibitions on 'Challenges and Opportunities of an Ageing Population' to be held at the Hong Kong Convention and Exhibition Centre on 8 June 2002. The symposium would examine population ageing from a macro level, covering such topics as the framework and strategy for an ageing society, the economic and business perspectives of an ageing population, public perception of ageing, concept of retirement, built environment, health maintenance, etc. Five roving exhibitions to be held during June/July 2002 across Hong Kong would further promote awareness about population ageing.

Ends.

4 April 2002

A multi-factor framework of elder abuse and suicide



- > Background influence
- > Effects
- Reinforcing
- Weakening
- Orange box: Factors associated with individual elders
- Green box: Socio-environmental factors
- Yellow box: Interpersonal factors
- Blue box: Positive factors
- Grey box: Precipitating factors