

LCQ3: Prevention of elderly suicide

Following is a question by Dr the Hon Tik Chi-yuen and a reply by the Secretary for Labour and Welfare, Mr Chris Sun, in the Legislative Council today (June 18):

Question:

Regarding the prevention of elderly suicide, will the Government inform this Council:

(1) whether it has compiled detailed statistics on elderly suicide over the past five years, including but not limited to the annual number of suicide cases, the comparison of suicide rates between persons aged above 60 and other age groups, the gender, age and geographical distribution of elderly suicide victims, and the proportion of cases involving mental health issues; whether it has conducted in-depth study on the issue of elderly suicide in Hong Kong; if so, of the main triggering factors for suicide and their respective proportions, as well as the characteristics of high-risk groups; if not, the reasons for that;

(2) what specific measures are currently in place to address the mental health of the elderly and prevent suicide, particularly tailor-made support measures for high-risk elderly persons, and the allocation of resources concerned; whether it has assessed the effectiveness of such measures; if so, of the details; and

(3) given that some members of the social welfare sector have suggested that the Government should establish a "register of high-risk singleton and doubleton elderly households", whether the Government will consider the suggestion; if so, of the details, including the frequency of updating the register, the support provided to the elderly on the register, and whether the Government will share data with, among others, the Hospital Authority and non-governmental organisations to collaborate in supporting the elderly persons concerned?

Reply:

President,

Elderly suicide is a multi-factorial issue with no single main cause, such as emotional problems, personal health and family relationships. In consultation with the Health Bureau, the Hospital Authority (HA), the Department of Health (DH) and the Social Welfare Department (SWD), the consolidated reply to the Member's question as follows:

The Coroners Ordinance (Cap. 504) sets out 20 categories of deaths which should be reported to the Coroner, including suicide cases. Relevant statistics related to elderly suicide cases from 2020 to 2024 are at the Annex. Figures show that the number of suicide deaths of persons aged 60 or

above has remained by and large steady in recent years, with a slight decrease in the proportion of all cases.

While the Government has not conducted any specific study on the subject of elderly suicide in recent years, the Government all along attaches great importance to the mental health of elderly persons, and has rolled out various measures to improve the psychological health of elderly persons and prevent elderly suicide. For instance, the DH's Elderly Health Centres (EHCs) provide health assessment for their elderly members, including early detection and prevention of elderly suicide through the use of an internationally recognised screening tool for local elderly people that targets the symptoms of depression (including suicidal ideation). Healthcare professionals of the EHCs will refer cases with depression and suicidal risk to the accident and emergency departments for immediate handling.

Apart from the DH, the HA has implemented the Elderly Suicide Prevention Programme (ESPP) since 2002 to provide timely and appropriate psychiatric diagnosis and treatments for elderly people suspected to have suicidal tendency, with a view to reducing the suicidal risk of the elderly concerned. Under the ESPP, an elderly person assessed to have suicidal risk by doctors or social workers will be referred to the HA's psychiatric services for early further follow-up, diagnosis and suitable treatment.

In addition, the HA and the SWD, through medical-social collaboration of seven HA clusters and 41 District Elderly Community Centres, implement the Dementia Community Support Scheme to enhance healthcare support at the community level. Elderly persons with mild or moderate dementia are provided with suitable support services in the community so as to stabilise their conditions and alleviate their distress in going in and out of the hospitals, and their carers also receive relevant support. The Government's "18111 – Mental Health Support Hotline" offers one-stop, round-the-clock support, including immediate mental health support and referral services, for people with mental health needs (including the elderly).

On the other hand, the SWD identifies and supports elderly persons with emotional distress and/or suicidal risks through a wide range of services. On mainstream services, there are 214 subvented elderly centres in Hong Kong providing services such as care visits, emotional support and counselling for elderly persons and their carers. The 65 Integrated Family Service Centres and two Integrated Services Centres across the territory provide preventive, supportive and remedial services to families in need. The 58 Medical Social Services Units in hospitals and clinics also offer counselling and support services, where social workers will assess the suicide risk of the service recipients when handling the cases. Besides, the SWD provides subvention to commission non-governmental organisations (NGOs) to operate 24 Integrated Community Centres for Mental Wellness territory-wide with one-stop, district-based community support services ranging from prevention to crisis management. In terms of specialised services, the SWD has been subventing the Samaritan Befrienders Hong Kong to operate the Suicide Crisis Intervention Centre, providing outreaching, crisis intervention and intensive counselling services for people with moderate or high suicide risk. Apart from the SWD's services, the NGO Suicide Prevention Services, with funding support from the

Hong Kong Jockey Club Charities Trust, has launched the Outreach Befriending Service for the Suicidal Elderly since 2006 to early identify elderly persons suffering from emotional disturbances or with suicide risk through outreaching. Furthermore, dedicated hotline services are operated by the SWD and subvented NGOs to help persons in emotional distress (including those with suicidal tendency). Such hotline services encourage and refer the clients to relevant service units to receive in-depth counselling services that suit their needs. Among them, professional social workers of the round-the-clock Designated Hotline for Carer Support 182 183 provide immediate consultation and counselling, outreaching, emergency support and referral services, etc, for carers in need (including aged carers).

The 2024 Policy Address announced that the Government is exploring the setting up of an inter-disciplinary and inter-organisation database on carers of elderly persons and persons with disabilities. The Government is studying the integration of data related to social welfare services scattered across different departments and organisations, with a view to building a data platform to promote inter-departmental collaboration as well as service innovation, and enhance service efficiency through sharing and analysis of data. The aim is to identify and encourage high-risk cases to receive support, intervene immediately for cases with sudden increase in risks under automatic monitoring (e.g. carers admitted to hospitals), strengthen the mechanism for medical-social collaboration, develop tailor-made support programmes, optimise allocation of resources and services, etc. The database on carers will initially include information on carers of elderly persons and low-income carers from the SWD, Care Teams and the Housing Department. As the purposes for which data are collected by different organisations may not necessarily include providing social welfare support services for the persons concerned, the Government is discussing with the Office of the Privacy Commissioner for Personal Data and relevant departments how to design data-sharing solutions, with a view to launching a pilot scheme in compliance with the requirements of the Personal Data (Privacy) Ordinance.