

# Cross Cultural Newsletter

## *“Identification and Management of Elderly Asians at Risk of Suicide in the Community and Nursing Homes”*

*Presenter: Dr Gary Cheung*

11<sup>th</sup> October, 2017

October 2017

Dear members,

This is to report back to our members that we have again had a successful evening with more than 60 of our members attending. Because of personal health problems, I must apologise for the belated issue of this letter.

The topic for the evening was **“Identification and Management of Elderly Asians at Risk of Suicide in the Community and Nursing Homes”**. The speaker was none other than our eloquent speaker **Dr Gary Cheung**. Dr Cheung filled our audience with both interesting but much elaborated information about the topic. Unfortunately, because of the limit of space, I could only present a skeletal structure of the talk leaving the flesh behind to be attached when one views the webcast. The latter is already available for viewing on the caste. Please contact Diane for the password.

Gary first outlined his presentation by dividing this into four parts:

1. The NZ late-life suicide statistics.
2. the local late-life suicide research
3. There being little local information for the Asians, Gary presented International studies of Significant factors among Asians associated with suicide and lastly
4. Elucidation on measures to identify and prevent suicide among Asians.

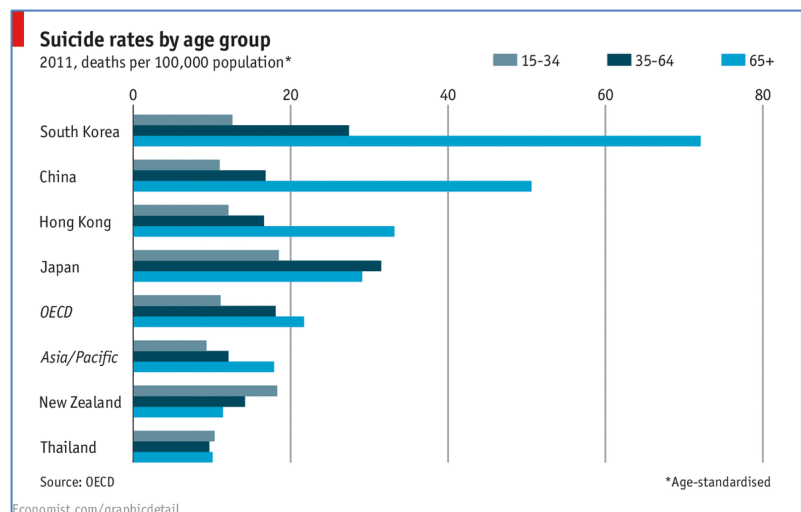
According to the **2013** statistics, **Asians 65 and older, comprised 4.5 % of NZ’ers, and 11.5% of Aucklander’s**. Surprisingly, the suicide deaths of **75-85 year olds** were more than other ethnicities viz **12.6 vs. 10.1** in the **75-79** group and **57.1 vs 14.1** group in the **over-80** group. This is only compared to Europeans.

The comparison with Maori and PIs the ratios are even higher. Theories of suicide indicate that bio-psychosocial factors interacted and contribute to the high rates.

Of the social factors, perceived burden to one’s family, thwarted belongingness and not being afraid to die are like three overlapping circles the centre of the intersection represented high risk of suicide or near lethal attempts.

The New Zealand study of death wish among older New Zealanders showed that, of the stresses associated with death wish, **three stand out: perceived physical illness, family discord** and **financial trouble** in this order.

Apart from these precipitating factors, overall predictive background factors include **depression, self-rated poor**



**physical**, and **loneliness**. These three factors determine how the older people would react to acute precipitating stresses.

Gary presented a model depicting how these factors interact to determine how physical illness ultimately precipitates suicidal attempts. Worse, 2.1% of attempters finally successfully killed themselves. However, on a more positive note, Gary also highlighted mitigating factors that act against the suicidal push viz family and community supports; and personal resilience.

He then presented International research studies on suicidality among Asians including Koreans, and Chinese. Similar to New Zealand studies, again they point to roughly similar negative predicting omens such as depression, physical illness and functional limitation; and loneliness and reduced social network. Protective factors include family support (children dedicated to filial piety)

Gary then quoted his own study on late life suicide in Asian people in NZ. Again, the main themes are almost similar; **social** (surrounding community, cultural isolation, and adjustment); and **declining physical health**.

From this survey, Gary proposed five strategies targeting at these perceived predisposing and triggering factors:

1. Routine screening of depression and suicide risks in older people with chronic medical conditions in primary care. He suggested using screening tools such as the **InterRai Depression rating scale**; **Geriatric Depression scale**; **PHQ-9**; and **P4 suicidality screener with cut-off points that require attention**. He also suggested integrating questions on suicidal thought into routine history taking for older people.
2. Assertive treatment of depression in primary care.
3. Better integration between mental health services, geriatric medicine, primary care and hospital specialists
4. Limit the amount of prescription to at risk older people
5. Active follow up and treatment for older people following an episode of self-harm; including psychological treatment for depression.

Other psychosocial interventions services that could be recruited as resources include: the use of volunteers; programmes operated by the Chinese Positive Aging Trust; counselling from Asian Family services; and involvement of family to provide them with psycho-education relating to cultural understanding of depression.



There was much discussion on the development of assessment tools and intervention strategies including, most importantly, ways to reduce the shame. The evening concluded at 815.

I must apologise that the above is only a digest of the presentation, far from accurate rendition of the information given. For those who wish to have a detail version of the presentation, please contact Diane Evans for the password to the webcast.

**NEXT PRESENTATION** The next session is on **“The Development of a Befriending Telephone Line to Engage and Provide support to Elderly Chinese”**. The speakers are **Dr Gary Cheung** and **Mr John Wong QSM**. The latter would be supported in his presentation by **Ms Sandy Nip**. It will be held on **28<sup>th</sup> November**. **RSVP Friday 24<sup>th</sup> November**.

Yours sincerely,

S Wong, on behalf of the Cross cultural Interest Group.



The edited version of the presentation can be ordered in a DVD format - **please request the DVD** from Diane Evans at [dianee@adhb.govt.nz](mailto:dianee@adhb.govt.nz) (please send \$2 worth of stamps to help cover costs).

Post stamps to ADHB CMHS, Cross Culture, Bldg 7, Level 4, GCC, Greenlane, 1051.

Most prefer to watch the edited version of the presentation, the Vimeo (video file accessed on the internet) which is usually available approximately 10 days later. Ideal for those who cannot attend or who want to share/discuss in a team situation.

For ADHB staff, previous newsletters and flyers can be viewed on the Intranet – click on this link:

[http://adhb.intranet/Mental Health/Resources/CrossCulture.htm](http://adhb.intranet/Mental_Health/Resources/CrossCulture.htm)