

28th World Congress (IASP on June 16-20, 2015, Montréal, Canada)

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International Association for Suicide Prevention (IASP)

THE TRANSITION AND CHALLENGE OF SUICIDE PREVENTION ON TAIWAN LIFELINE INTERNATIONAL

Yu-Chia Chen¹, Hui-Man Yang², Chen-Yu Ho³, Chiao-Yi Chung⁴, Shih-Chien Chen⁵

1. HONORARY PRESIDENT, TAIWAN LIFELINE INTERNATIONAL; ASSO. PROFESSOR, DEPT. OF SENIOR CITIZEN SERVICE, NATIONAL TAINAN COLLEGE OF NURSING, TAIWAN
2. LECTURER, DEPT. OF SOCIAL WORK, ASIAN UNIVERSITY
3. SECRETARY-GENERAL, TAIWAN LIFELINE INTERNATIONAL; DOCTORAL CANDIDATE, DEPT. OF SOCIAL WORK, TUNGSHAI UNIVERSITY
4. SOCIAL WORKER, TAIWAN LIFELINE INTERNATIONAL; LECTURER, DEPT. OF SOCIAL WORK, MEIHO UNIVERSITY OF SCIENCE AND TECHNOLOGY
5. ASSO. PROFESSOR OF DEPT. OF PUBLIC HEALTH, CHINA MEDICAL UNIVERSITY, TAIWAN.

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A.Introduntion

1. It has been 46 years since MacKay Memorial Hospital introduced the intervention method of suicide prevention line from Australia Lifeline in 1969.
2. Taiwan Lifeline International has developed from only one Lifeline association in Taipei into a total of 24 local Lifeline associations in the country;
3. the amount of cases has also increased from about one hundred cases per year to 160 thousand phone calls per year.
4. Suicide prevention line has become an important representative index in suicide prevention measures in Taiwan.
5. During these 46years, the service and efforts from local associations(non-profit, NGO) have been changing and adjusting in different time in response to social transformation and alteration.
6. The future development of suicide prevention needs to be discussed thoroughly.

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B.The history --Taiwan Lifeline

1. The development of suicide prevention line originated from Lifeline International in Australia. Lifeline International. The ministers, doctors and social workers in MacKay Memorial Hospital visited Lifeline International in Australia to learn the mode and introduce it into Taiwan.
2. The mode became a part of community care promoted by the hospital, and then became non-medical community movement, Taipei Lifeline.

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B.The history --Taiwan Lifeline

3. Subsequently, under the eager promotion of ministries and other local people, Hsinchu Lifeline (Catholic), Kaohsiung Lifeline (Christian), Taichung Lifeline (Christian) were successively founded and under development within eight years.
4. Sung Shih-Hsuan, the Chief Executive of China Youth Corps, introduced telephone counseling when attending Lifeline anniversary activity. He also created “Teacher Chang Foundation” in China Youth Corps as Taiwanese teenagers counseling line.

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C.The dev. and transformation of Taiwan Lifeline

1. The first decade(1969-1979): While the agricultural society in Taiwan transformed into industrial society, the problem of suicide started to be concerned. Local Lifeline associations were founded by churches and became noticeable.
2. The second decade(1980-1989): During the period of stable development and expansion, local Lifeline associations were successively founded. More and more people faced the problem of suicide because of the rapid social changes, and the main reasons were relationships, marriages and economic problems. The recruitment of volunteers were so highly active that two to three hundred people often attended one recruitment. Apart from counseling line, speeches in large scale were often crowded.

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C.The dev. and transformation of Taiwan Lifeline

3. The third decade(1990-1999): During the period of deep development and promotion, Lifeline associations started to launch various kinds of suicide prevention education, in order to prevent and manage suicide incidents.
4. The fourth decade(2000-2009): The period of diverse expansion. While the 921 earthquake in 1999, the suicide rate in disaster area raised two to three times. Lifeline associations promoted assistance in disaster areas, and Lifeline associations in Taichung City, Taichung County, Nantou County and Chiayi County were all actively engaged in reconstructions after the earthquake.

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D. THE CHALLENGE

1. Since Taiwanese society has already gone through postmodern society transformation after rapid social development, the suicide rate has also undergone the process of increasing, fluctuating and then decreasing.
2. Right after the 921 earthquake, two disaster areas (Nantou County and Taichung County) both established mental health service centers in response to increasing suicide rate.
3. Currently, local health bureaus have carried out mental health policies and set tracking and counseling works of suicide prevention.

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D. THE CHALLENGE

4. In 2009, the Department of Health also founded a 0800 hotline and entrusted Taiwan Association against Depression, Taiwan Medical Association and Taiwanese Society of suicidology of which was founded later, to support the hotline.
5. In 2012, the 0800 hotline was then supported and operated by Taipei Lifeline association, becoming a contract proposal of Taiwanese government. The government finally actively promoted suicide prevention and cooperated with local groups. Therefore, there are two systems in Lifeline at present: one is 0800 hotline, and the other in 1995 hotline.

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D. THE CHALLENGE

1. In 2009, Suicide mortality rates have been steadily rising in Taiwan, and suicide has been among the top-ten causes of death for the last consecutive eight years .
2. In response to this situation , the Taiwan Department of Health assigned the Taiwanese Society of suicidology tsetting up the Taiwan Suicide Prevention Center.
3. The mission of the Center is suicide prevention and the facilitation of efficient related care delivery system networks nationwide. The Center will also standardize the national suicide report format and care delivery system , improve mental health service quality , and organize community support networks.

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D. THE CHALLENGE

4. It pursues an encompassing health care mechanism model, where clients are considered the first priority, family a basic supporting unit, and community a solid foundation. The Center will offer a helping hand for individuals who have attempted suicide, maintaining a spirit of showing positive values and achieving mutual benefits.

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E. FUTURE

According to the suicide prevention developing history(both government policy and non-profit Lifeline centers), social alterations and demands, how does Taiwan Lifeline develop in the future?

1. From promotion of civil no-profit association(Lifelines) to cooperative promotion of the government and local groups: In democratic countries, the promotion of health welfare is launched by civil no-profit association(Lifelines), and then managed by the government. Currently, the system of suicide prevention has already set 1995 and 0800 two hotlines , in order to track the client's conditions to prevent repetitive suicide and to intervene. Moreover, promoting suicide prevention and postvention are still needed to draw more public attention.

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E. FUTURE

2. From passive counseling line to active promotion of mental health in community: In the past, the measures of suicide prevention of the government or Lifeline all focused on treatments after suicide—passive consultation and intervention. In the future, the measures should include active promotion into community, such as various kinds of promotions, campaigns, group activities, speeches in elementary schools and gatekeeper fostering.

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E. FUTURE

3. From rescue management to recovery shelter management: At present, the suicide patients discharge from hospitals only two to three days after being rescued. In fact, the patients still need recovery time, trauma treatments and short-term companions. The government do not have related plans, but local groups should promote to build recovery shelters for the patients.

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E. FUTURE

4. From telephone helping to group assistance: Both suicide prevention and treatments after suicide need group assistance. The patients can receive long-term treatments in individual and small group activities, drama plays, sandplay therapy and art therapy. However, such treatments are high-cost and highly professional, and the patients cannot afford the treatments. The government should pay attention to their needs, and local centers should promote and raise more funds from more resources.

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E. FUTURE

5. From intervention and consultation of suicide prevention to active service for mentally healthy and happy life: In the past, suicide prevention was considered passive and sad jobs. The measures of suicide prevention should transform into active movements for mental health and strategic intervention, so that the service of suicide prevention can positively develop in the future.

**THE CONCLUSIONS**

In the future, suicide prevention measures and Lifeline should respond to the following social needs:

1. Foreign brides and their family(1/3 Taiwanesees)--from South Asia and Mailand China
2. Geriatrics care and depression counseling in aging population
3. Intervention and companionship during disastrous incidents
4. Group counseling of the injured people--follow up postvention
5. Complex consultation of multiple deep treatment methods, such as rational-emotive therapy, crisis intervention art expressive arts training group, play therapy and drama group rehabilitation.
6. Thorough promotion of mental health in community
7. Employee Assistance Program (EAP) and mental consultation in companies/factories
8. Mental and crisis help of social vulnerable groups
9. Mental and crisis help / telephone line of the indigenous and remote tribes
10. Companionship and intervention helping of people with drugs/alcohol addiction, depression and AIDS.



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THANK YOU FOR YOUR ATTENTION

Taiwan Lifelines will continuously
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and respond the emerging need of
the society.

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