6 May 2002

To: Ms Doris CHAN
Clerk to Panel
Legislative Council Secretariat
Council Business Division (2)

(Fax No.: 2509 9055)

Dear Ms CHAN

## **LegCo Panel on Welfare Services**

## Meeting on 13 May 2002

Thanks for inviting representatives of our Association to attend the above meeting.

Hong Kong has a very high elderly suicide rate. For instance, in 1992, the suicide rate in the general population was 12.7 per 100,000 while that of the elderly of age 70 or above was 52.0 per 100,000. It is important to recognize that elderly suicide is related to a number of factors, including presence of mental and / or physical illnesses, social isolation, financial problems, accommodation problems, and sense of hopelessness. Among these factors, presence of mental illnesses is probably the most important.

Depression, in particular, is present in 60% of elderly who committed suicide. Since depression is a highly treatable mental illness, one may be able to decrease the elderly suicide rate if one can detect and treat it early and effectively.

Our Association is satisfied about the progress of various projects that the Government or other agencies have done or contemplated in the prevention of elderly suicide. For examples, the Social and Welfare Bureau has completed a consultancy study on elderly suicide; a 3-year pilot project 'Live Life! Joint Project on Prevention of Elderly Suicide' has been in good progress (jointly organized by the HK Council of Social Service, Social Welfare Department, and our Association); more resources will be put into the hotline component of the above project; and the Government will allocate, in the next three years, funding to increase the manpower of psychogeriatric teams of the Hospital Authority for the programme 'Prevention of Elderly Suicide'.

Of course, more can be done. Our Association believes that the followings may help in early detection and effective treatment for depression (and other mental illnesses) in the elderly: to increase public awareness via public education as well as better psychogeriatric training of professionals, including social workers and doctors in primary medical care; and better coordination and interfacing between the welfare and health services.

Finally, I wish to mention that the Asia Pacific Regional Meeting of the International Psychogeriatric Association, titled 'Dementia, Depression, and Suicide in the Elderly: Cultural and Clinical Aspects', will be held locally from 23 to 26 October this year. Our Association has been very active in the preparation of this meeting. Members of LegCo are welcome to attend it. You may give the names of interested members to our Association and the rest will be taken care of.

Thanks again.

Yours sincerely,

(signed)

Dr Wah-fat CHAN Vice-President, HKPGA