

Understanding the Mental Wellbeing of our Young Generation

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I've come here to share some of our findings about understanding our youth today. One thing I would really like to do today is to show you a more holistic approach to see where our young people are now, where they are going to go to and what sort of problems are facing them.

Who are they? I think you know this is the leader of Scholarism, for overseas visitors, he's the one who took the lead. But actually there are also some other young people there looking like this and also we have a lot of people - I think they are having the same situation. So I think we are not trying to have one side the people - I think what we are looking at now we do have a very heterogeneous population and actually a couple of years ago we have a very sad case, this young man who returned from Australia and actually he killed himself, that was the situation.

We all try to understand our young people. I think sometimes I feel we are taking the tail and then when we think we know our young people. So what we like to do now hopefully we have a more 360 look at our young people today.

Young Suicide and Mental Health

The World Health Organisation defines mental health "as a state of wellbeing which

the individual realises his or her own abilities and cope with the normal stresses of life and can work productively and fruitfully and is able to make a contribution to his or her community".

When you look at the latest suicide report, I think it was just released last September - that is ten years ago the whole in red I think this is in the so-called high suicide rate. But ten years later we have big changes especially when you see the changes in China (Figure 1). Originally I think the suicide rate was about 13 per 100,000 in red, in what we call above world average. But ten years later in 2012 the data suggests to us that it actually has come down to about 9.8. There's a lot of questions to ask here - is the data change believable, is it trustworthy. If we believe the absolute value could be different but I think the trend should be reviewed. What we see in the last ten years or the suicide rate in mainland China has come down from 23 something to 9.8 per 100,000. I think that that magnitude of reduction has not been seen in other countries - There's a lot of explanation coming to it - they are talking about the urbanisation and the modernisation and then the opportunities they are giving to the rural population especially for the rural females. I think this is one of the explanations to the drastic decline of suicide in the rural areas in Mainland China.

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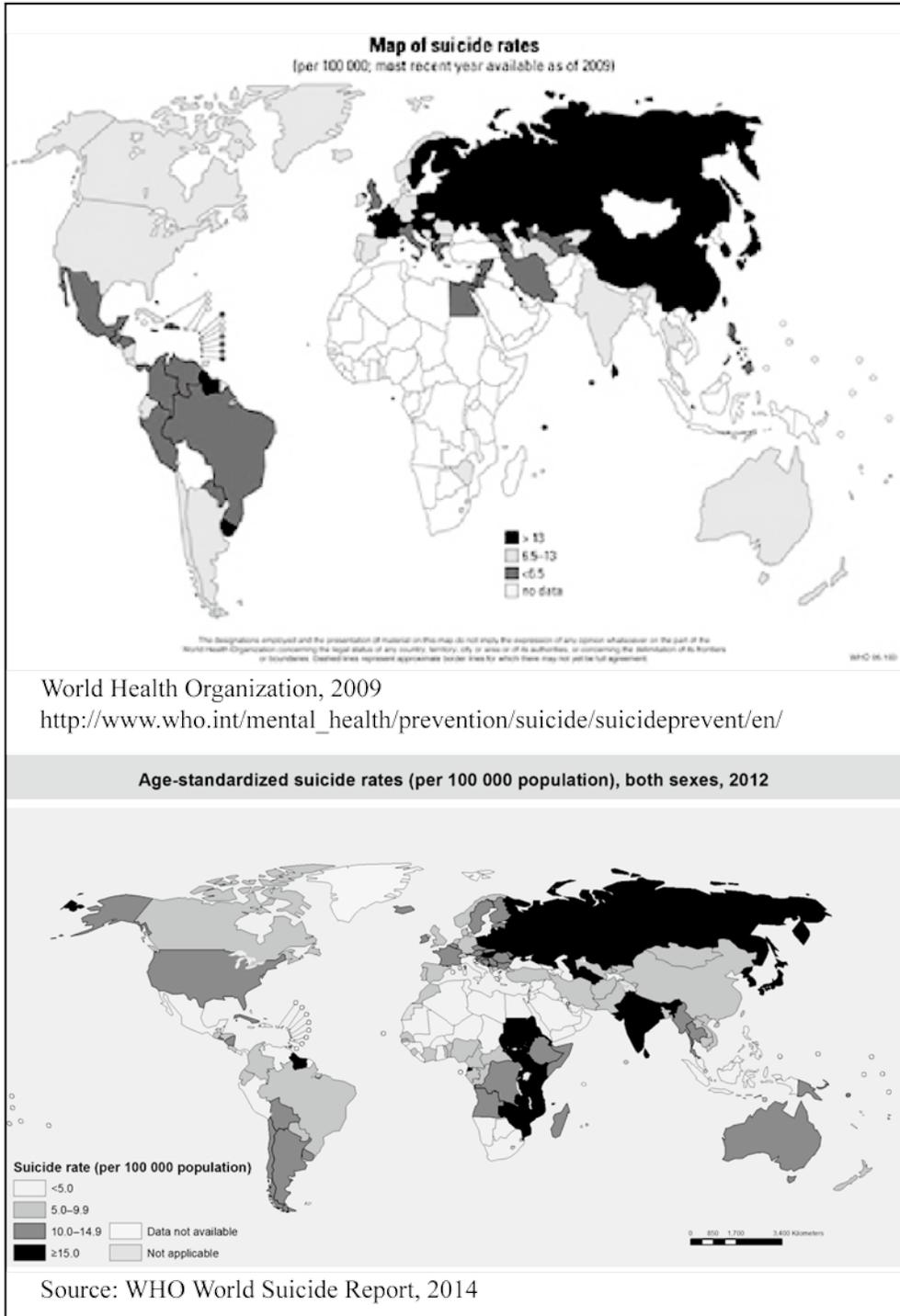


Figure 1: Map of suicide rates

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Why I like to show this is because we are talking about a lot of young people now - we are worrying about the lack of opportunities, the lack of space - It's something that we have to look at. From what we have learned from mainland China, how the suicide rate comes down and is there anything we can learn from that.

In Hong Kong the suicide rate from 1997 has gone up and then in 2003 (Figure 2) - that

was the so-called high at the time of SARS and we have all the very not so good things that all happened in 2003 - SARS, high unemployment rate and also our beloved Leslie Cheung - he jumped to his death on 1 April 2003 as well. It actually drew in some copycat suicides. I think what he said. Six people used the same method of dying, the same method of killing themselves - jumping - and also middle aged, also bisexual and also they are depressed.

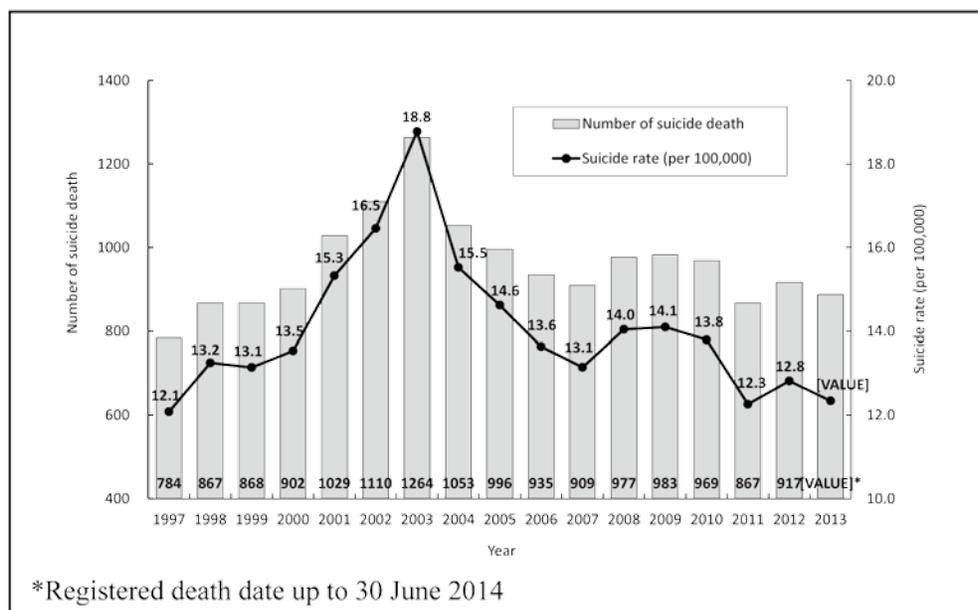


Figure 2: Number of suicide death and suicide rate in Hong Kong, 1997-2013

Now what we have seen from 2003 onwards it has come down quite nicely and I think the Mental Health Association has made some contribution to the decline. It has come down quite nicely. However, when we look at this, when we look at the male - that is male rate, that is the female rate - it seems that it has come down but it has levelled off now (Figure 3). But when we look at the age, the age groups (Figure 4 & 5), the age that is aged 60 or over, then that is the middle aged, and this is 15 to 24 and this is young people here. This is less than 15. But we need to be aware of male and female - it seems that the male rate is coming down, we have a drastic coming down of the elderly suicide since 2003. But for the female actually there is some

concern - age 15 to 24 what we see there is some sort of change, there is some sign of increase and I think we need to pay more attention to this.

In one of the latest tables that we have in the BMJ we look at how the global economic crisis affected suicides and when we look at the global level in 2008 (Figure 6) in the last quarter we saw the mini-financial crisis and our projection shows that there are 5,000 deaths arising because of the small financial crisis in the last quarter of 2008 and by that time you can see the unemployment rate actually has gone up. This impact of the unemployment, it falls differently in different age groups (Table 1). Everybody can see for the age

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group for 15 to 20 especially in America they have the largest decrease. I think this is group itself when you have a look at the rest of the European countries and we have a very high

unemployment rate due to the financial crisis and it seems that the risk itself is high for 15 to 24, and also at the age of 45 to 64, it also shows that there is a large amount of decrease.

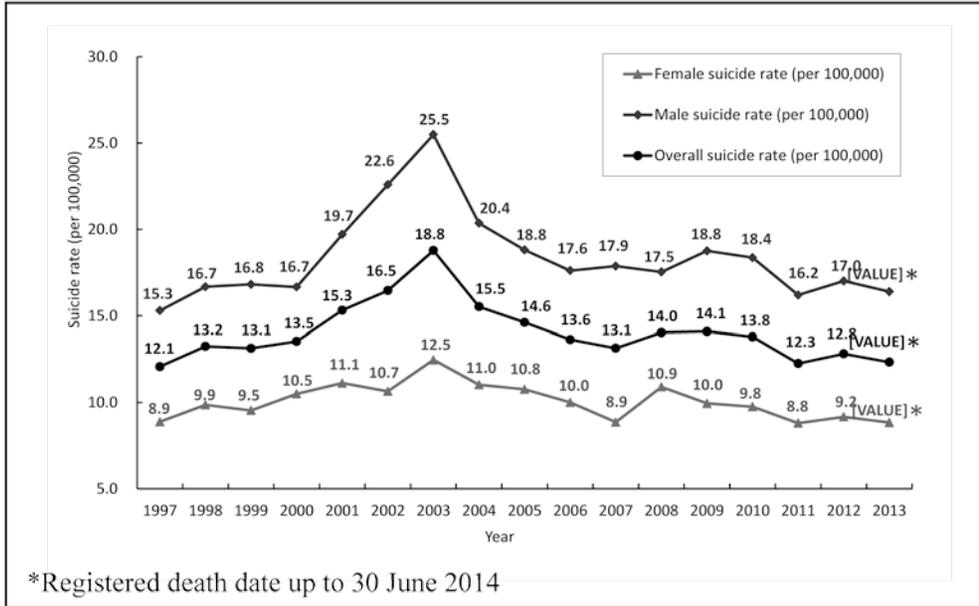


Figure 3: Suicide rate in Hong Kong by gender, 1997-2013

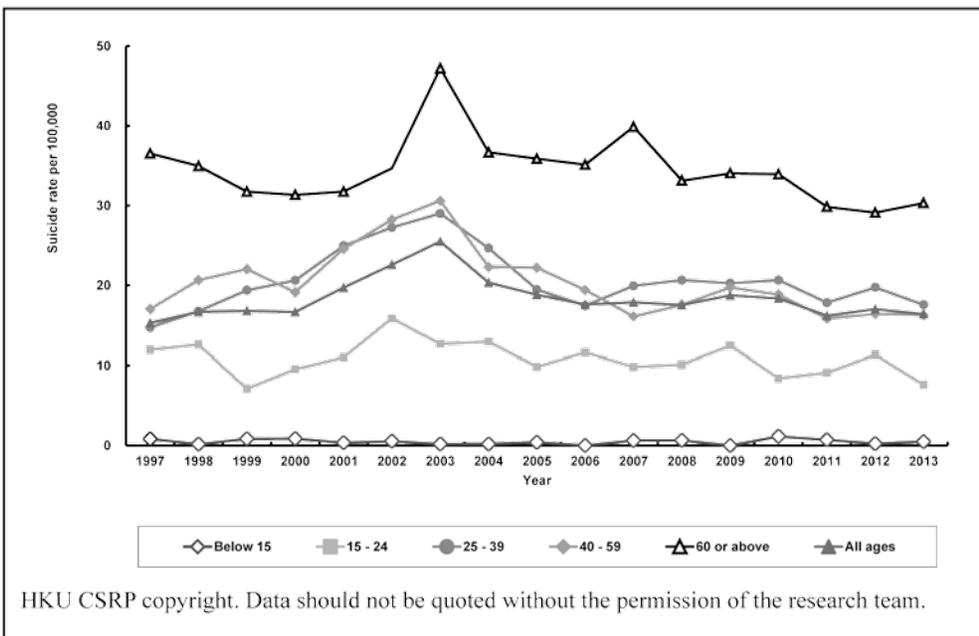


Figure 4: Male suicide rates by age group in Hong Kong, 1997-2013

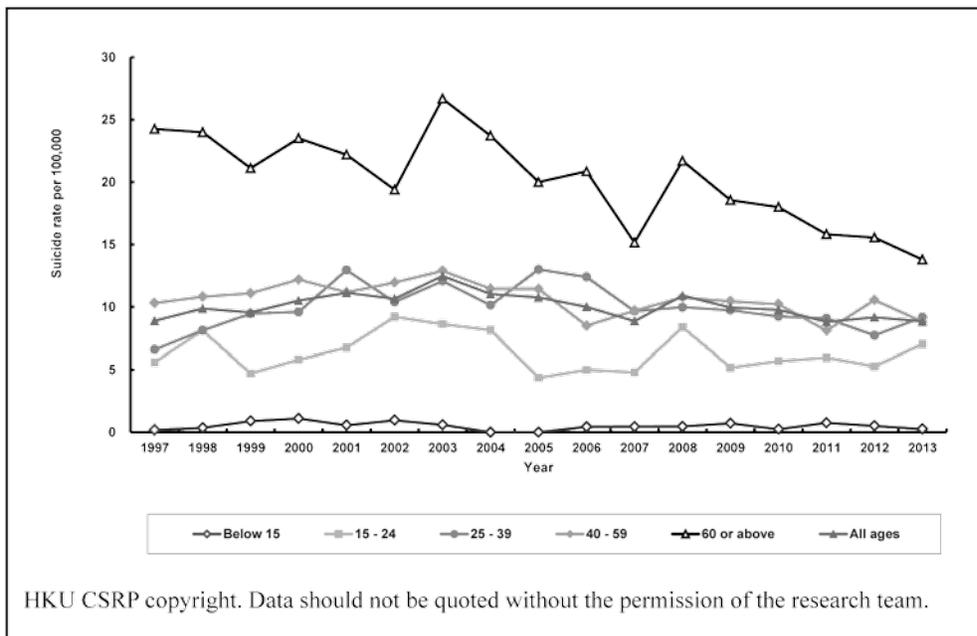


Figure 5: Female suicide rates by age group in Hong Kong, 1997-2013

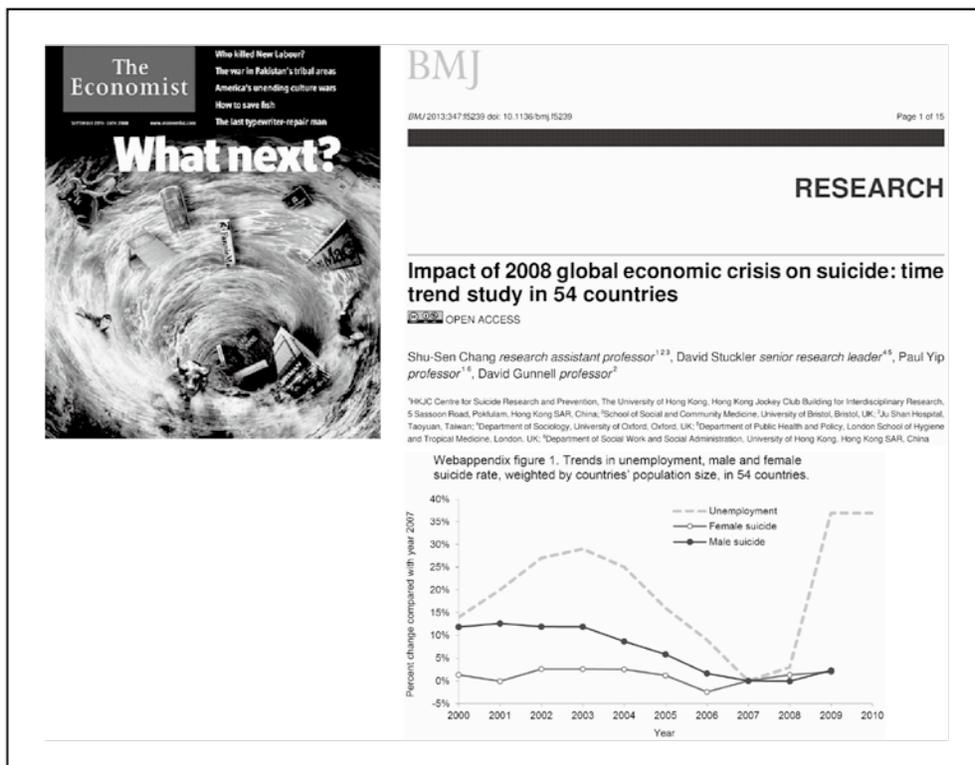


Figure 6: Impact of 2008 global economic crisis on suicide: time trend study in 54 countries

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Table 1
Global suicide rates by age group

Age group	Sex	Rate ratio	(95% CI)	Excess suicide	(95% CI)	p
All study countries (n=54)						
All age groups	Males	1.033	(1.027 , 1.039)	5124	(4219 to 6029)	<0.001
	Females	0.995	(0.987 , 1.003)	-240	(-607 to 126)	0.20
European countries (n=27)						
All age groups	Males	1.042	(1.034 , 1.051)	2937	(2400 to 3475)	<0.001
	Females	1.003	(0.995 , 1.010)	49	(-87 to 186)	0.48
Aged 15-24	Males	1.117	(1.072 , 1.166)	811	(521 to 1101)	<0.001
	Females	1.106	(1.028 , 1.197)	149	(43 to 255)	0.006
Aged 25-44	Males	1.055	(1.031 , 1.080)	1302	(753 to 1852)	<0.001
	Females	1.009	(0.967 , 1.055)	41	(-160 to 241)	0.69
Aged 45-64	Males	1.048	(1.013 , 1.086)	1177	(321 to 2033)	0.007
	Females	1.003	(0.975 , 1.033)	19	(-164 to 203)	0.84
Aged 65+	Males	1.018	(1.004 , 1.033)	246	(51 to 440)	0.013
	Females	0.990	(0.965 , 1.017)	-56	(-206 to 95)	0.47
American countries (n=18)						
All age groups	Males	1.064	(1.054 , 1.075)	3175	(2692 to 3658)	<0.001
	Females	1.023	(1.011 , 1.035)	305	(144 to 466)	<0.001
Aged 15-24	Males	1.009	(0.983 , 1.036)	75	(-141 to 292)	0.50
	Females	1.012	(0.966 , 1.064)	30	(-87 to 146)	0.62
Aged 25-44	Males	1.036	(1.015 , 1.057)	656	(289 to 1023)	<0.001
	Females	0.994	(0.969 , 1.020)	-28	(-151 to 94)	0.65
Aged 45-64	Males	1.052	(1.031 , 1.073)	850	(525 to 1174)	<0.001
	Females	1.010	(0.982 , 1.040)	53	(-94 to 199)	0.48
Aged 65+	Males	1.038	(1.017 , 1.060)	286	(133 to 439)	<0.001
	Females	1.023	(0.987 , 1.061)	32	(-19 to 83)	0.22

In Hong Kong for the past five years or so, every day there is a suicide, there's a number there - in Shatin somewhere here. When we do the survey, we like to identify how this suicide occurs - how does it relate to the environment. I think we are talking about how do we manage the resources within the community and then what we like to do is if we identify some so-called high risk areas whether we can have more focussed intervention in a particular place.

Now, what we can see in Hong Kong, although it's a very small place - we have over 1,000 square kilometres with 7.1 million people - there is quite a lot of heterogeneity.

All the red colour we have a higher rate and actually in Shatin, in Pokfulam and that is actually the so-called north western side - they are more deprived, the poverty level is higher than the overall average and they do have more challenges than other districts (Figure 7). Actually what we can see is from this, Sheung Shui, the northern district when we look at this actually we think in this very small area there is heterogeneity (Figure 8). I think these are the places which have the less way and these are the places where they have a higher rate. I think in Sheung Shui that is where the teen where there is a social custom of young people there.

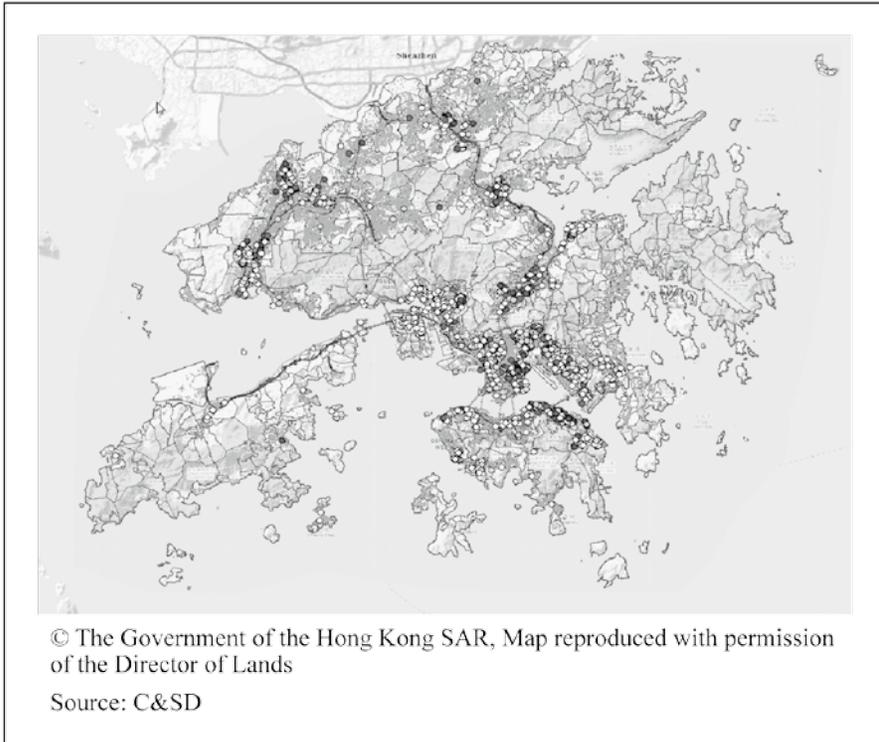


Figure 7: From spatial distribution to understand suicide problem

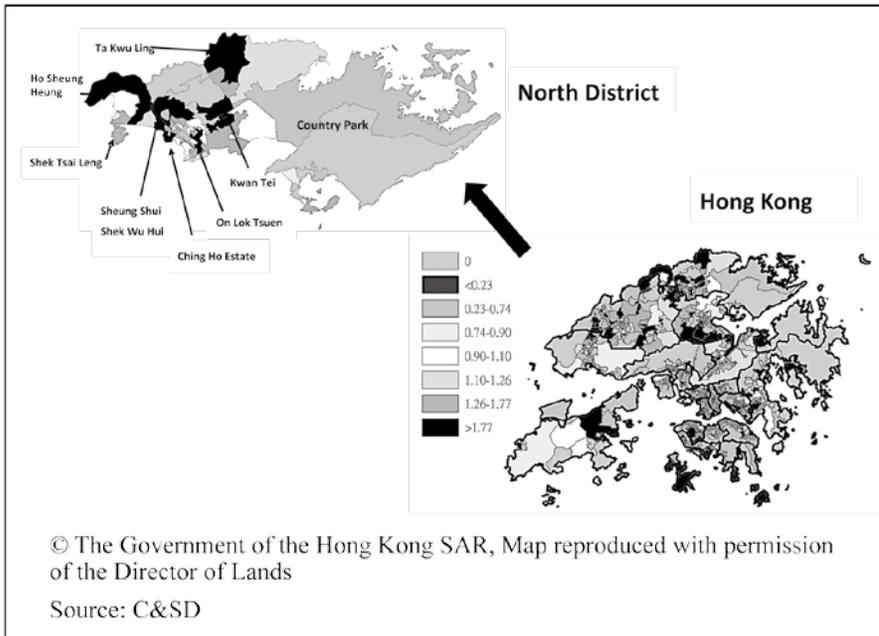


Figure 8: Standardized Mortality Ratios (SMRs) for people aged 15+ in North District in Hong Kong, 2005-2010

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In Hong Kong because we all live in a very small area, just a street divided by two places - some are the public housing, some are the private housing - actually you can see a very different socio-economic profile. Also because of that they are also a variable health outcome as well. What we have shown in here, is that we have done a suicide cluster in Tin Hee House and there are six people - they killed themselves, within that housing estate there (Figure 9).

What we have found here - we classify Hong Kong according to what we call a large street block which is about 2,000 people within each street block (Figure 10). We look at the income level - what we have found is that the upper 20% and that is the bottom 20%, and what we have shown is that the suicide rate for the bottom 20% is actually about 2.5 times higher than the top 20%. So we divided the whole region into five groups - the bottom 20% and 40, 60, 80 and 100. Also this so-called differential - it is more obvious among the younger age group so if you look at the age 10 to 44 and actually this differential is about 3.6 times higher than the top 20%. However, when you move it along, when you look at 65 or above actually the difference is not that important.

What we are saying is when you look at the people that kill themselves of course it's a multi-factual problem. For the elderly it's poverty. It would not be as important as those in the younger group, because in one of those psychosis studies that we have done for the elderly group, we have found that 80% of the people suffer from chronic illness and so on. But those who suffer from chronic illness are not necessarily poor, you will suffer from chronic illness. Even if you are rich you can

still suffer from chronic illness. For the elderly people what we have shown in our study it suggests that it is not so much difference. However, for this younger group it actually shows that for this district in the bottom 20% it does have a least favourable effect. It's not only about suicide rate, it's also premature mortality and some other social problems.

We have looked at some of our data it suggests that the employed and the unemployment - it all shows that if you have a job and for young people it is a prospective factor and it shows for those who are unemployed it does experience a much higher suicide rate among the unemployed (Table 2). That applies not only for men but also for the females as well. I think what others have been saying and now it's not only men who suffer females in Asian countries, they also suffer boredom. They normally have to look after the family and also now more of them go out to work as well. You can appreciate the difficulties, they are under pressure - the experience among the females.

We have to look at the other aspects as well. One of our studies shows that self harm is usually one of the indicators and we can see the self harm is really an opportunity for those people to hide (Table 3). So we have been working with the A&E hospitals in Eastern Hospital and try to help to engage these people who self harm and send themselves to the emergency department and how to engage them, and how to bring them back and how to improve the life plan of these people. And also the depressed symptoms and the negative behaviour. And this one is the reason for living - so if they do find a reason for living if they are social mixing they can cut down by 49%. So I think it has really given a purpose.

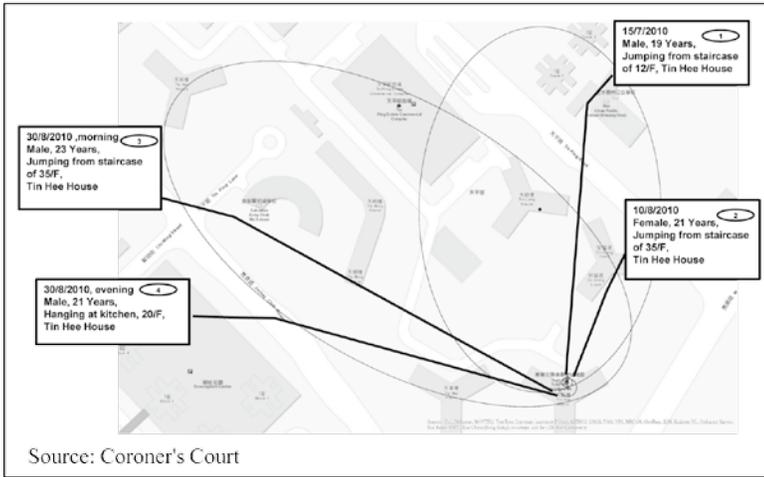


Figure 9: Most likely clusters: Tin Ping Estate, Tin Hee House (all covered by the media)

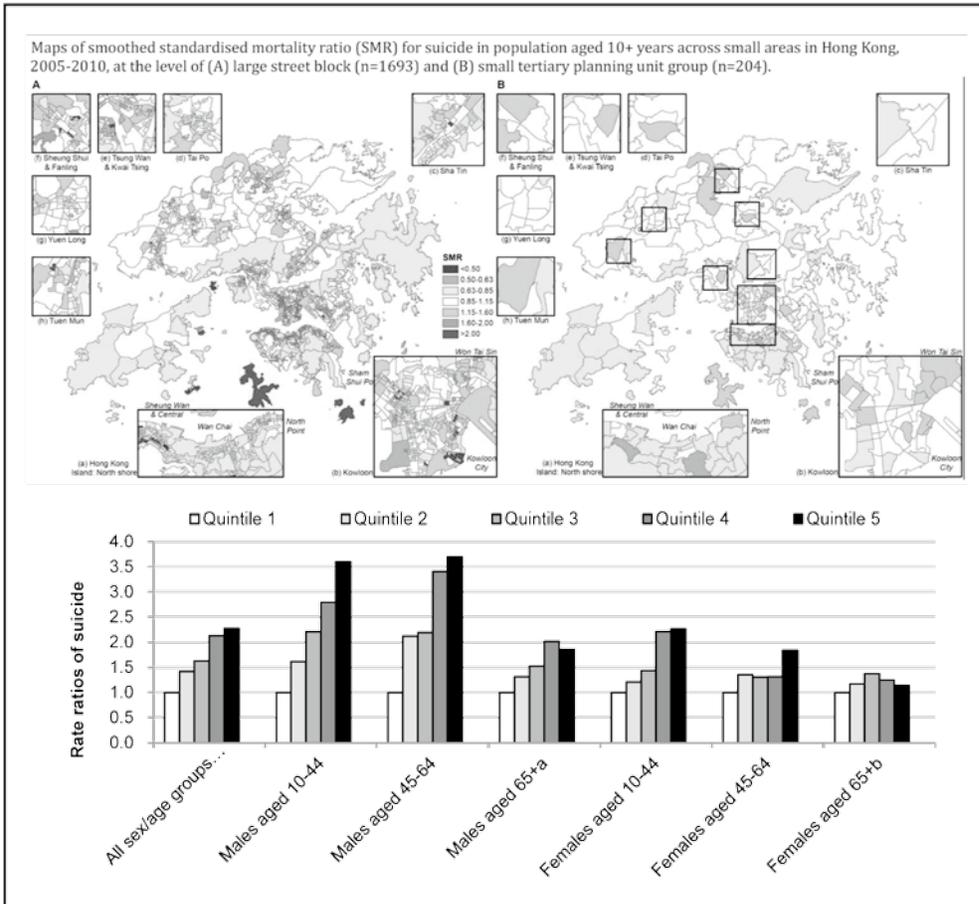


Figure 10: Maps of smoothed standardised mortality ratio (SMR) for suicide in population aged 10+ years across small areas in Hong Kong, 2005-2010, at the level of (A) large street block (n=1693) and (B) small tertiary planning unit group (n=204)

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Table 2
Suicide rates by employment status and age

Sex 性別	Employment Status 就業情況	Age groups 年齡組別			
		15 – 29	30 – 39	40 – 49	50 – 59
Total 總數	Employed 就業	7.0	7.9	6.4	6.4
	Unemployed 失業	113.3	239.8	173.9	250.4
	Economically Inactive 在非從事經濟活動(就業不足)	3.7	10.0	6.9	9.9
Male 男性	Employed 就業	9.1	10.1	8.1	8.2
	Unemployed 失業	130.3	233.3	196.5	257.4
	Economically Inactive 在非從事經濟活動(就業不足)	4.4	44.6	12.6	21.9
Female 女性	Employed 就業	5.2	5.8	4.3	3.4
	Unemployed 失業	88.7	248.6	139.0	238.1
	Economically Inactive 在非從事經濟活動(就業不足)	3.1	7.0	6.3	6.3

Table 3
Adolescent Mental Health and Suicidal Ideation (Chan et al, 2009)

	Odds Ratio at 95% Confidence Interval
Personal Effects 個人因素	
Deliberate self-harm 自毀行為	7.00 (2.23-21.96)
Depressive symptom score 抑鬱症狀	1.49 (1.01-2.19)
Negative coping (Behavioural disengagement) 負面的應付方法 (迴避行為)	1.68 (1.04-2.73)
Reason for living (Responsibility to family) 生存的理由 (家庭責任)	0.51 (0.35-0.75)
Situational Factors 環境因素	
Chronic illness 長期病患	4.87 (1.66-14.29)
Low household income 低家庭收入	3.92 (1.31-11.77)
Media influence 傳媒影響	3.79 (1.40-10.23)

In our survey among the schoolchildren, the parents are psychiatrically disordered, past suicide attempt, end in death, unemployment, never married, social support and also the attempt to work again has proved to be a prophetic barrier. Now this social support, we're not talking about just support within the family but within the school, within the neighbourhood - if you can empower them within the neighbourhood and provide the social support and it will be beneficial to young people too.

Youth Mental Health

In the WHO they are suggesting that the effective way to tackle the youth mental illness

- 1) enhancing the knowledge of the mental health and the mental illness of the adolescents, and
- 2) helping adolescents develop the coping skills and strategies that enhance positive mental health.

So I think that what we have to do in our set is to go to the schools to develop a society image. When you go to the schools, the schools are not very welcoming to us because they have an image that it's a bad thing for them, so what we are trying to do - we change their mindset from within the society - we talk about, we are not going there to teach you a school intervention, we are going there to tell you how to solve the problem, how to build up the self-esteem and we are much more welcomed by the school. And then for the mental health approach - what we believe for the society mentioned for the high risk would have a modest effect on the population of society when you were developed, but what it means that actually the effect is not much. Basically what is suggested - reducing a small risk in a large population is more effective for high risk in a small population.

What we've been doing when we deal with young people we talk about the indicative and selective and then the universal (Figure 11). Now a lot of mental health programmes just spend on the indicative - like those people they said they have this sort of psychosis but actually if we are not doing this effectively we will have problems with the selective role, talking about the single parent families, we are talking about these low income families, these have been shown that they are high risk. And also for the universal how do we make the universal approach more conducive for enhancing the wellbeing of our schoolchildren. So we are looking at it from the individual level, the community level and have a good look at it from the community level and how do we do it together (Figure 12).

I'd like to show why the young people feel so frustrated. Aging - because our population pyramid - 15 to 24 - they are there - so we are all here, we are all sitting on that and we do not bury fast enough, so we do not have enough opportunity for this (Figure 13). We do not produce enough babies to create the job opportunities for them too, so they are all stuck here. Actually, there's a lost generation, when they become grown up but we are talking about our retirement age now so we are going to hang on there for a bit longer so actually they do not have much time to do what they want and by that time we are going to retire at the age of 40 or 50 already.

Hopefully we can be more sympathetic to them. In 2041 that doesn't look like a population pyramid any more, it looks like a hurricane - when hurricanes pass through they create damage and illness, so I think that by 2041 if you are still alive and haven't gone to heaven yet I think we are somewhere here (Figure 14). You see that is the population structure we are dealing with and that is the population structure that our young people are facing now (Figure 15).

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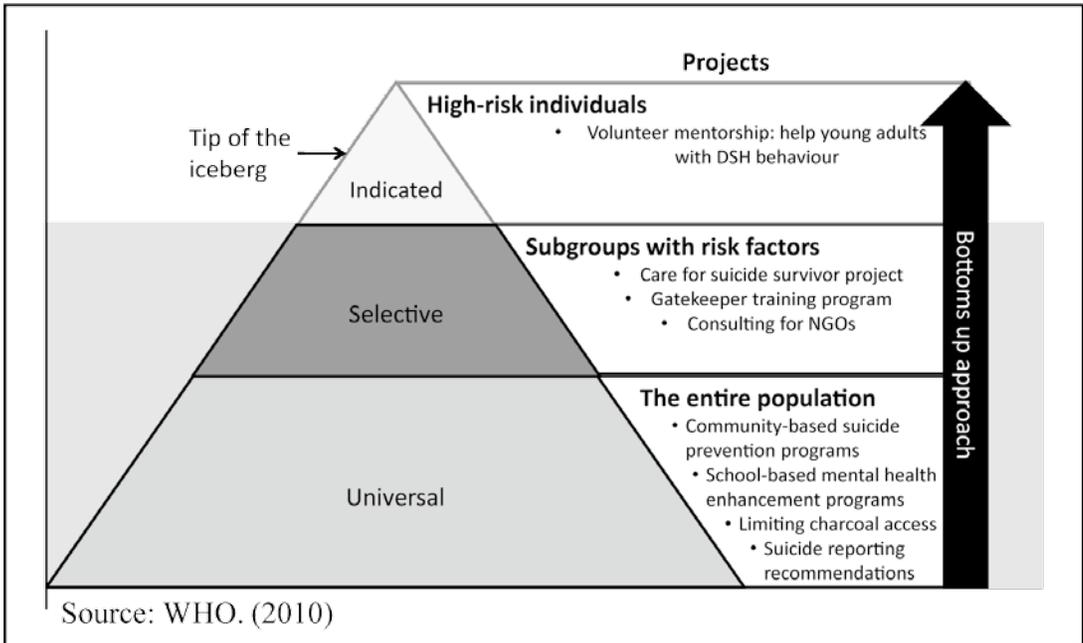


Figure 11: Public Health Approach: Interventions

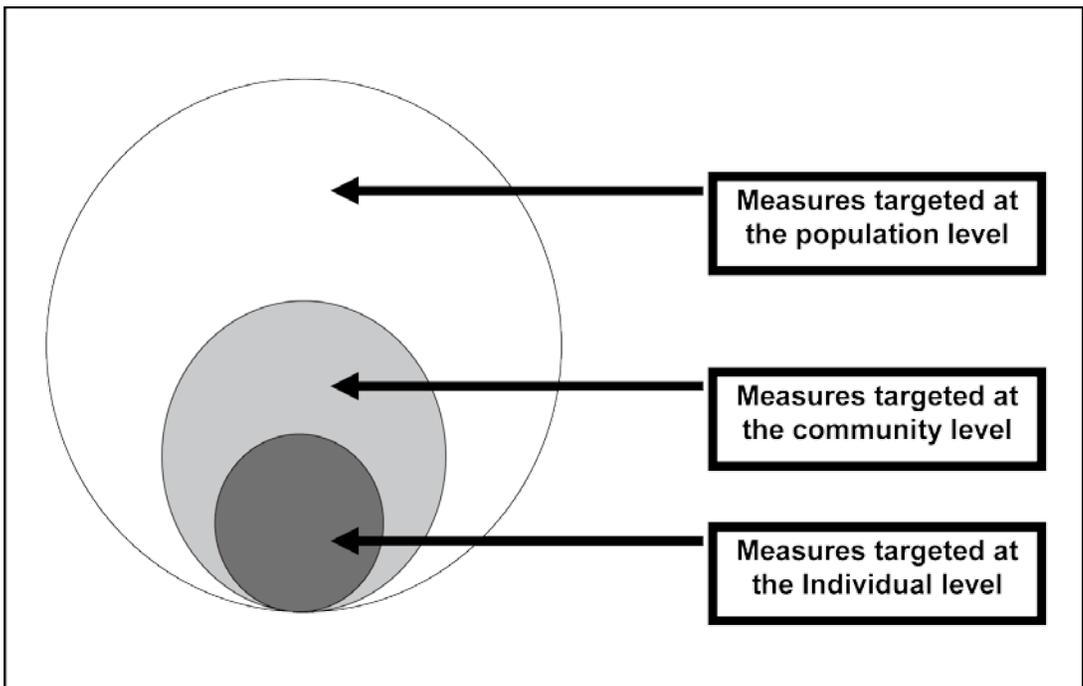


Figure 12: Framework of suicide prevention

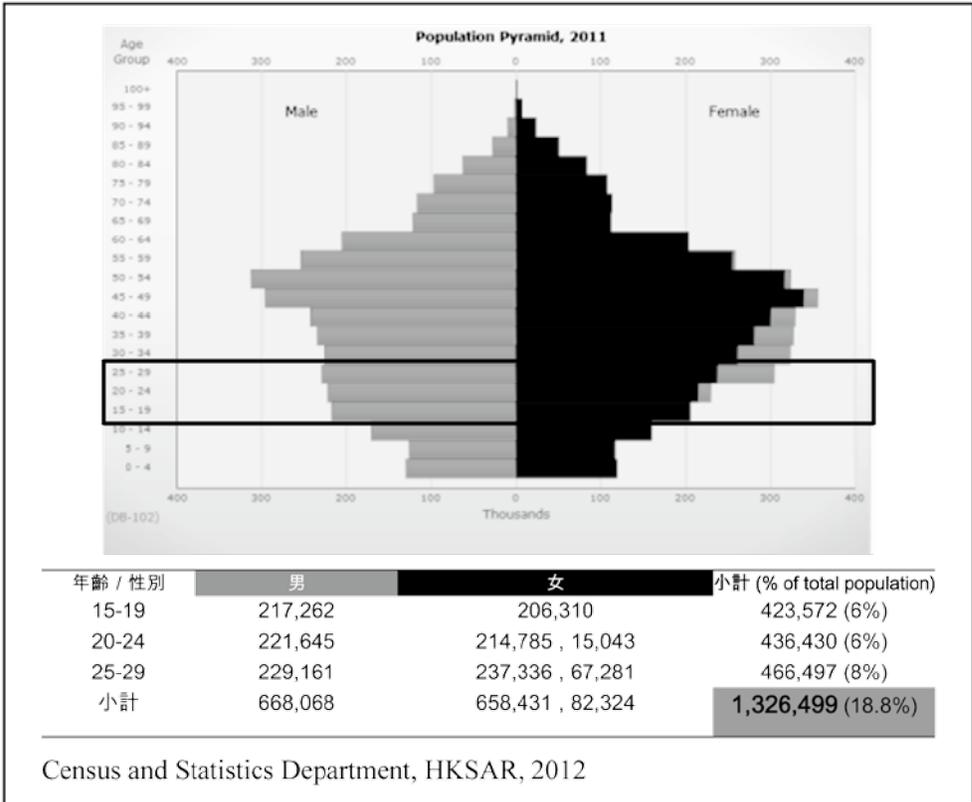


Figure 13: Population pyramid of Hong Kong in 2011

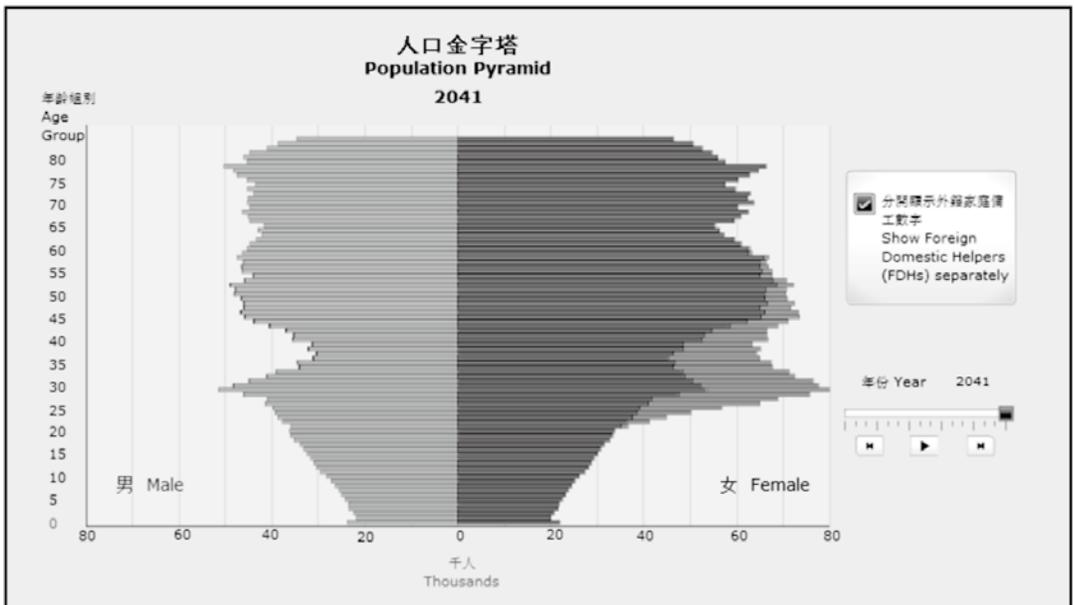


Figure 14: Population pyramid of Hong Kong in 2041

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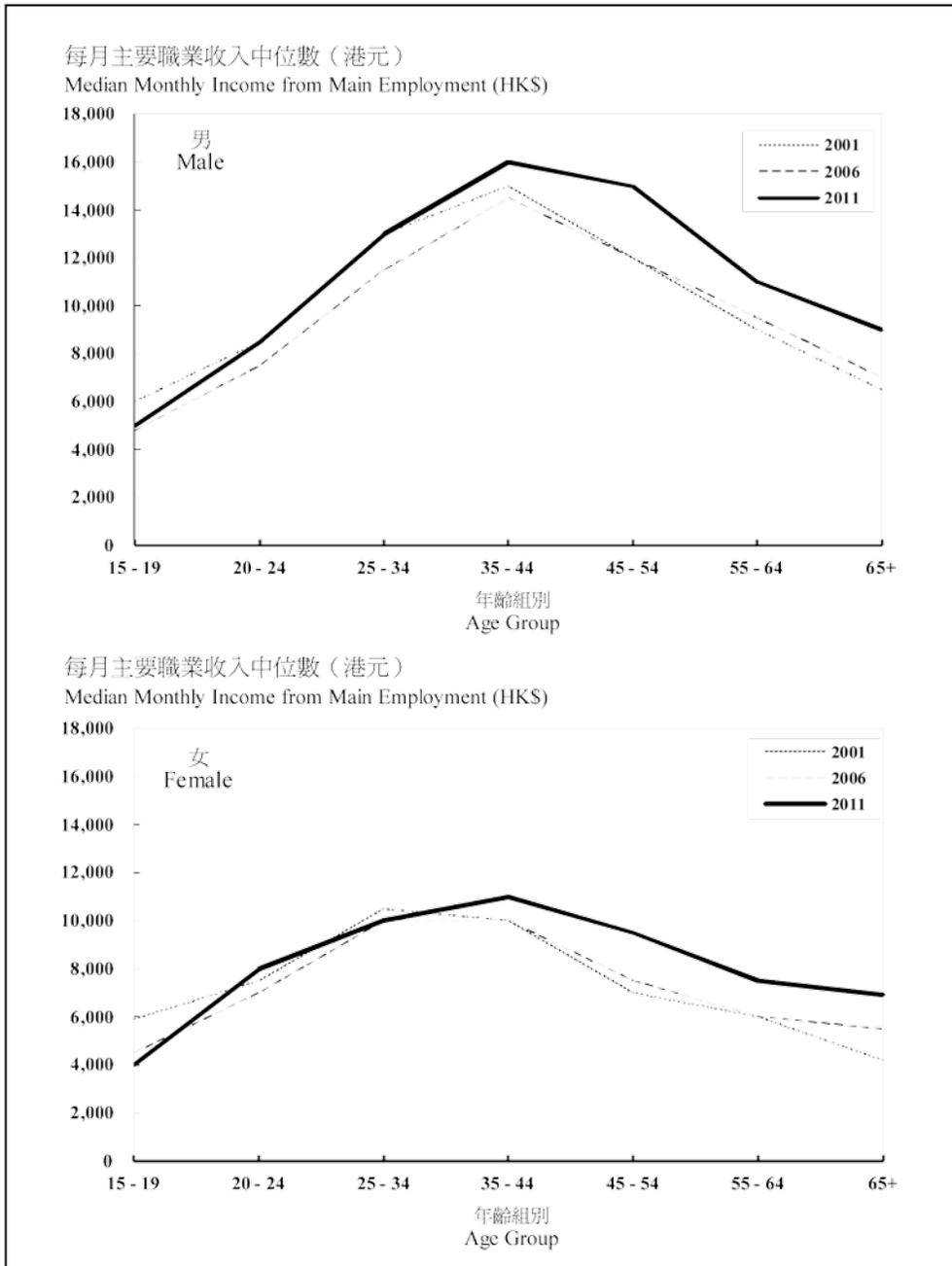


Figure 15: Median monthly income from main employment of working population by age group and gender, 2001, 2006, 2011

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The unemployment rate is very high, in Hong Kong 15 to 19 (Figure 16), and also I know there are a lot of complaints about the employment opportunities for the associate degrees which is reflected in the data here too (Figure 17). When you are a university graduate you will have better employment opportunities

but when you are here you are actually you are doing worse than a high school graduate. I think these people get trapped there, they are not made to do something less than a high school graduate but they are not good enough to be for the job of the graduate, so they are trapped and it is something they have to deal with.

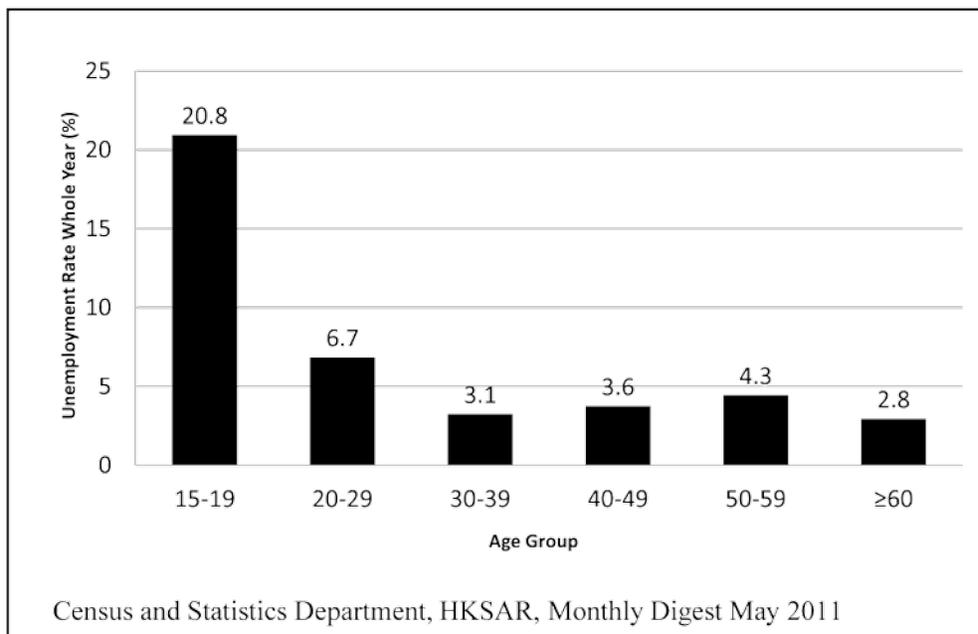


Figure 16: Unemployment rate by age groups in 2010

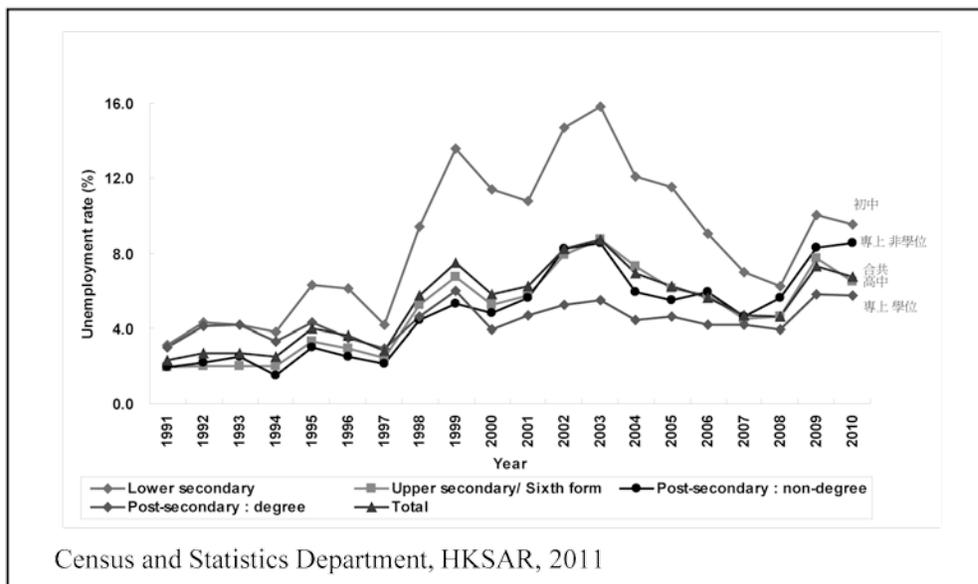


Figure 17: Unemployment by education attainment amongst youths age 20-29

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We call this ladder, this mobility - the young people in the 1970s and 80s we can still climb up this ladder but in the 1990s the gap is much larger - it's like they moved the gap to climb over (Figure 18). I see that for the young people, we should give a hope, a prospect, a job - you can keep on selling iPhone 3, 4, 5, 6 and 6 Plus but it doesn't go much further. So what we hope we can do is some sort of training and give these young people training.

Now I was in London last summer and I saw this young man, he's only 23 or 24, by making sandwiches he actually can earn quite a decent salary and he can have a car and he can have a house and he can have a family. I mean for us, of course this much is very expensive,

these people can do more. But in Hong Kong I think that as McDonalds people they only earn minimum wages, they work for 12 hours - they do not have much protection.

The high risk group - we would like to show you some of our study using the regular programme. We have a Mentorship Programme - the mentorship variation there and let them to become - so we teach them how to do problem solving and our goal is to help them solve them. We went to the school and the school has more so-called disadvantaged students, so we go there, we spend time with them and we see big changes. That is the programme we go to put in the school (Figure 19). So what we like to do is raise awareness aside from the school curriculum - I think that is very important.

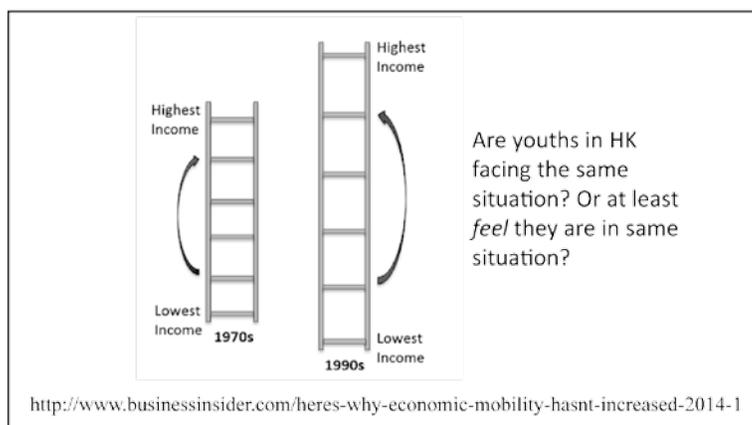


Figure 18: Illustrative example – economic mobility in the US

12 modules based on Cognitive Behavioral Approach	
Module 1	What is Mental Health and Positive Attitude towards Mental Health
Module 2	Mindfulness
Module 3	Positive and Negative Ways of Thinking
Module 4	Goal-directed Thinking
Module 5	Understanding and Coping with Stress
Module 6	Mental Relaxation
Module 7	Understanding Feelings of Other People
Module 8	Communication Skills
Module 9	Conflict Resolution
Module 10	Anger Management
Module 11	Hope / Optimism
Module 12	Positive Ways of Living

Figure 19: Mentorship Programme – structured learning modules

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So if you allow me to finish it - I would like to finish it in this mindset is this youth culture and the next generation whether you like it or not - I think they are able to do so. In our dinner time I ask all my children - can we put all the iPhones there so that we can talk, but it's still not successful.

I understand their concerns, their challenges, they are developing infrastructure support, a more friendly school curriculum environment, I think it's very important, and the focus groups for the selective group, the single parent household, the CSSA family - those people who receive social welfare - improvement of engagement with the high risk group and we will pass it on to the NGO. I always say that evidence based outcomes, making use of resources, complimentary to policy implementation, stakeholder's involvement,

community based approach and a broad based support.

I would like to finish by this metaphor (Figure 20) - among the meeting with young people, we are always planning, what we shall do - it is just like a fun method when the weather comes we have to save these people. However, we have to look deeply at what are the causes of the flooding - I think it's over logging, the upstream problems - so every time we only look at the downstream problems, we only look at the integrated group but suddenly we forget it's committed at the top. What we have to do - we have to look at the upstream, not only just look at the downstream problem because when the water comes you still have the flooding problem. If you can make the thing less serious but you have to move the gate and make the problem at the upstream and talk about, use the whole stream and this is important.

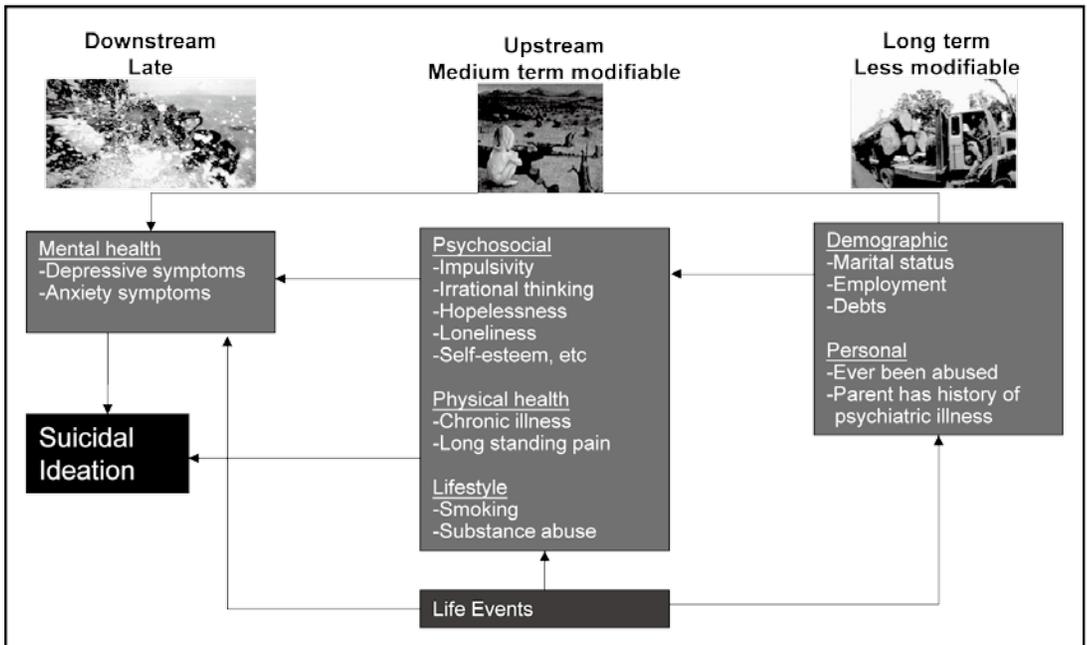


Figure 20: Working model of the pathways to suicidal ideation

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At the end I'd like to show you this graph, this is a bell-shaped graph (Figure 21) - this is the group of people who might have problems - we might have to deal with. However, if you manage to improve the overall wellbeing of the

young people, I think at the end of the day you can shift the mean, it will actually have less people to have a problem. Now, we all spend a lot of time to deal with these people but I think we forget the general community at large.

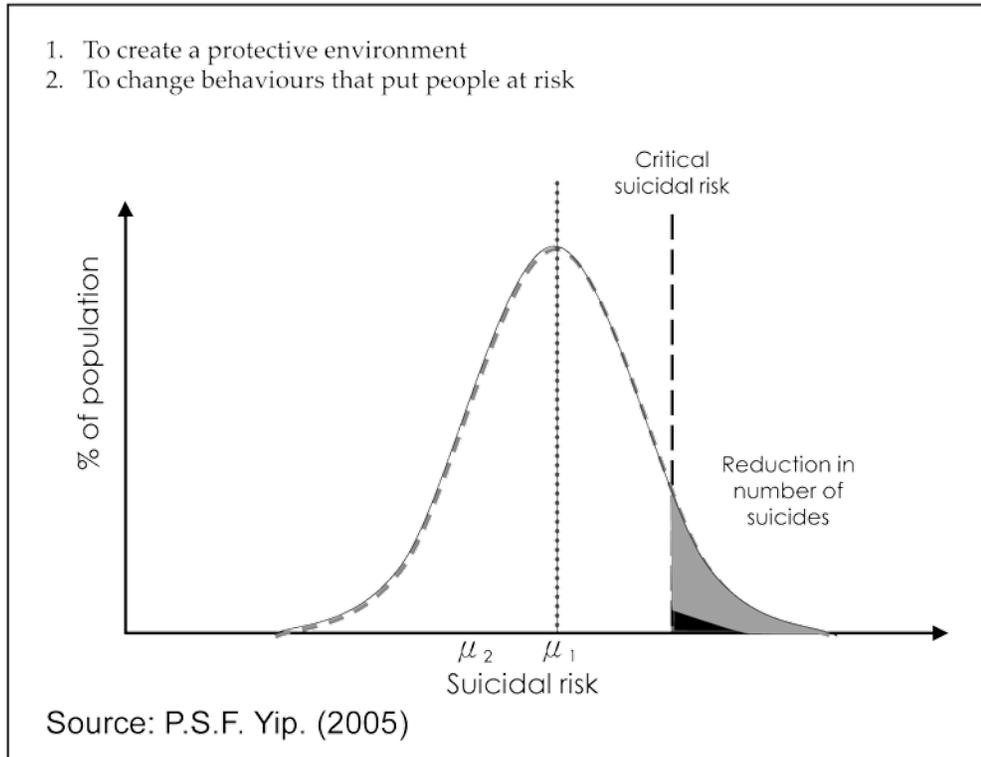


Figure 21: Public health approach: Aims

It is the government always like to do this - do you know what it is? It is about using a glass of water to try to put out a fire - I'm not sure if in Australia they have this sort of metaphor. But by giving more glasses of water, does it work? Of course it doesn't work - so I think what we need to do - we need to think out of the box. I think suicide is everybody's

business - not every suicide is preventable but you can make a difference and I also hope that we can persuade people - give them hope. This is how to connect the disconnected ones - we have so many young people who have become disconnected in our community. And also they are our present, a real present to us and, they will be investment cover for the future.