

出國報告（出國類別：國際會議）

## 國際自殺防治協會第 **29** 屆世界大會 與會報告

服務機關：國立暨南國際大學

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### 摘要

蕭富聰助理教授至馬來西亞古晉參加『國際自殺防治協會第29屆世界大會』，本次國際會議共計有來自將近50個國家超過600位相關領域的研究者與實務工作者與會。蕭富聰助理教授除了在會議中口頭發表研究論文 Psychological Autopsy Study of Seven Completed Suicides due to Relationship Problems 以及壁報發表研究論文 The Psychological State of Suicide Completers: Analyzing Their Last Phone Calls to the Hotline，會議期間與國內外專家學者多有互動和專業交流，包括美國國家自殺防治熱線專案主任John Draper、香港賽馬協會防止自殺研究中心知名學者葉兆輝博士（Paul Yip）、國際生命線台灣總會理事長陳宇嘉博士、台灣自殺防治中心副執行長張書森助理教授、英國撒瑪利亞協會代表、馬來西亞Befrienders協會代表等多人，並於會議結束返國後促成台灣與美國、以及台灣與香港二場遠距會議。

## 目次

摘要.....	2
本文.....	4
目的.....	4
過程.....	4
心得及建議.....	7
附錄一.....	9
附錄二.....	12
附錄三.....	13

## 本文

### 目的

國際自殺防治協會是自殺領域首屈一指的國際非政府組織，致力於自殺防治學術研究與實務工作之精進與推廣，除了出版列名SSCI的學術期刊Crisis—The Journal of Crisis Intervention and Suicide Prevention，並且與世界衛生組織有正式公務上關係。國際自殺防治協會每二年舉辦一次世界大會，此次『第29屆世界大會』在馬來西亞古晉舉行，會議期間有12場大會演講、11場專題演講、40場研究論文口頭發表以及3場研究論文壁報發表，共計有來自將近50個國家超過600位相關領域的研究者與實務工作者與會。蕭富聰助理教授此次與會的主要目的是進行二篇研究發表，並希望能進一步加深與國內外相關領域學者專家的專業連結。

### 過程

國際自殺防治協會第29屆世界大會於7月18日開始會前工作坊，隔日19日上午8點正式開幕，協會理事長Jane Pirkis以及砂勞越州總理Abdul Rahman Zohari進行開幕致詞（請見圖一），然後在砂勞越原住民族傳統舞蹈表演中揭開會議序幕。

蕭富聰助理教授先於7月20日上午11點至中午12點研究論文口頭發表場次，向與會各國學者專家介紹Psychological Autopsy Study of Seven Completed Suicides due to Relationship Problems，這是全世界第一篇根據西方自殺學理論探討台灣自殺個案的剖析研究，由於資料舉世罕見，與會者與研究者有相當深入的

圖一



圖二





圖四



作、諮商心理與人力資源發展學校的課程教學、以及台灣自殺防治熱線的顧問與研究工作都有相當程度的啟發，例如有效的自殺防治策略、同理心在自殺個案的應用、網路文字熱線、新聞媒體在自殺防治中的角色與功能、以及自殺與憂鬱症的迷思等（請見上圖四）。除了專業知識與技能的學習，蕭富聰助理教授亦把握機會在午餐時段或是小組專題討論時（請見下圖五）與各國專家學者交流，參與小組專題討論包括美國國家自殺防治熱線專案主任John Draper、香港賽馬協會防止自殺研究中心知名學者葉兆輝博士（Paul Yip）、國際生命線台灣

圖五



圖六



總會理事長陳宇嘉博士、台灣自殺防治中心副執行長張書森助理教授、英國撒瑪利亞協會代表、馬來西亞Befrienders協會代表等多人，也因此於會議結束返國後促成台灣自殺防治熱線（蕭富聰助理教授代表）與美國國家自殺防治熱線的交流（部分內容請參見附錄三），以及台灣自殺防治熱線與香港賽馬協會防止自殺研究中心的遠距視訊會議（請見圖六）。

### 心得及建議

自殺防治在世界各國都是重要的公共衛生議題，而國際自殺防治協會是自殺領域首屈一指的國際非政府組織，致力於自殺防治學術研究與實務工作之精進與推廣，此次第 29 屆世界大會在馬來西亞古晉舉行，會議期間有 12 場大會演講、11 場專題演講、40 場研究論文口頭發表以及 3 場研究論文壁報發表，共計有來自將近 50 個國家超過 600 位相關領域的研究者與實務工作者與會。蕭富聰助理教授在會議期間與學者專家多有交流互動，從中得到許多寶貴的學習與想法，分述如下：

- 一、最新的發展與知識——憂鬱疾患在自殺行為中扮演重要的角色，但不是絕對！越來越多實徵研究證實，自殺個案可以區分為二大類型，分別是長期受到生理心理疾病困擾的人以及遭遇重大壓力事件的人，前者多採計畫性自殺，而後者則偏向衝動性自殺。傳統自殺防治將重心放在精神醫療，也就是那些長期受到生理心理疾病困擾的人，導致多年來各國自殺防治皆不見明顯成效。是時候需要調整自殺防治策略了，精神醫療固然重要，建立重大壓力事件受害者的社會安全網以及心理支持也很重要；
- 二、拓展學術人脈、強化國際學術能見度——會議期間與國內外專家學者多有互動交流，包括美國國家自殺防治熱線專案主任 John Draper、香

港賽馬協會防止自殺研究中心知名學者葉兆輝博士（Paul Yip）、國際生命線台灣總會理事長陳宇嘉博士、台灣自殺防治中心副執行長張書森助理教授、英國撒瑪利亞協會代表、馬來西亞 Befrienders 協會代表等多人，也因此於會議結束返國後促成台灣自殺防治熱線跟美國國家自殺防治熱線取經，以及香港賽馬協會防止自殺研究中心跟台灣自殺防治熱線取經；

- 三、未來實務工作與研究想法—青少年和青年族群已逐漸捨棄傳統電話通訊、轉向使用社群網站和網路通訊軟體，美國和澳洲已開展新服務，提供網路和即時通訊軟體的自殺防治協談，台灣也需要急起直追。

大型國際學術會議對於專業成長與學習非常重要，不僅能交流各國最新的實務作法和研究發現，更可以協助建立堅實的學術人際網路。蕭富聰助理教授有幸獲得本校補助成行。值此國家財政困難之際，不論政府預算或企業私人捐助都是僧多粥少、競爭激烈，但是蕭富聰助理教授仍呼籲政府和校方能更加重視並補助教師與研究生參與研究以及出國參與大型國際會議。畢竟台灣欠缺天然資源，人才就是台灣最重要的資源，所以人才的培育養成絕對是最重要的投資，即便短時間內不容易見到成效，日後絕對是台灣能長遠發展的重要力量。




## 附錄一

THE 29<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

### Psychological Autopsy Study of Seven Completed Suicides due to Relationship Problems

Fortune Shaw    Yung-An Chang



THE 29<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTION

### Suicide Attempts and Suicide Deaths in Taiwan

In 2016

- Reported suicide attempts: 30,100
- Suicide deaths: 3,765 (16.0 per 100,000 people)
  - 12th leading cause of death in the general population
  - 11th in males (21.8 per 100,000 people)
  - 12th in females (10.2 per 100,000 people)
- 2nd leading cause of death among 15 to 24 years of age
- 3rd among those 25 to 44 years of age

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**Most suicide ideations does not result in attempts.**

**Most suicide attempts do not result in deaths.**

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### Research Aims

- Identifying signs of imminent risk for suicide
- Improving the quality of case conceptualization for suicide behavior
  - Validating three theories of suicide: the psychache theory, the suicidal belief system, & the interpersonal-psychological theory
  - Hopefully, developing a culturally relevant theory of suicide

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### Methods

- IRB process is a pain
- 19 completed suicides among those who called the National Suicide Prevention Hotline from 2011 to 2013 and with enough data were identified
- Seven of them killed themselves for relationship problems
- Qualitative template matching was then used to analyze verbatim transcripts based on three theories of suicide (i.e. the psychache theory, the suicidal belief system, & the interpersonal-psychological theory) and the Confucian relationalism

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ID	Age	Past Suicide Attempt	Cause for Suicide
M1	52	1	Being left out of family relationships.
M3	41	1	His girlfriend broke up with him.
M6	45	0	Couldn't get over his wife's affair.
F6	27	3	Her fiancé called off their wedding and then vanished.
F7	60	Multiple	Being left out of family relationships for money disputes.
F8	30-39	0	Being left out of family relationships for her boyfriend. But, after a while, her boyfriend broke up with her.
F10	23	1	Being left out of family and church for being gay.

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Results — *Psychache Theory*

	M1	M3	M6	F6	F7	F8	F10
Unbearable Psychological Pain		v	v	v	v	v	v
Frustrated Psychological Needs							
Thwarted Love	v	v	v		v	v	v
Fractured Control	v		v		v		v
Assaulted Self-image		v	v		v		v
Raptured Key Relations	v	v	v	v	v	v	v

THE 29<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTIONResults — *Suicidal Belief System*

	M1	M3	M6	F6	F7	F8	F10
Suicidal Modes							
Suicide as a Desirable Solution		v	v	v	v	v	v
Rigid, Dichotomous Thinking		v	v		v	v	v
Poor Problem Solving Skills	v	v	v	v	v	v	v
Feelings of Hopelessness							
Helplessness	v	v	v	v	v	v	v
Inability to Tolerate Distress		v	v	v	v	v	v
Unlovability	v	v	v		v	v	v

THE 29<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTIONResults — *Interpersonal-psychological Theory*

	M1	M3	M6	F6	F7	F8	F10
Thwarted Belongingness							
Loneliness	v	v	v	v	v	v	v
Reciprocal Care	v	v	v		v	v	v
Perceived Burdensomeness							
Liability	v		v		v	v	v
Self-hate		v	v		v	v	v
Capability for Suicide							
Elevated Physical Pain Tolerance		v		v	v		
Lowered Fear of Death		v	v	v	v	v	v

THE 29<sup>TH</sup> WORLD CONGRESS OF THE INTERNATIONAL ASSOCIATION FOR SUICIDE PREVENTIONResults — *Confucian Social Relation*

- In Confucian culture, group-oriented behavior such as harmonious interaction of group members is highly valued
- Confucian culture also values the principle of respecting and obeying the superior
- Disrupting family harmony, such as violating parents' expectations, is thus unacceptable and socially condemned

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The family should be the resource of last resort, but *filial piety and obedience*, *conditioned family support*, and *excessive relational control* sometimes make it the last straw that breaks the camel's back.

F8, "Once my parents were so angry with me because I moved out of their house to live with my boyfriend. It took a while but they finally accepted that..... Now my boyfriend wanted to break up with me and asked me to move out..... My parents told me to maintain the job and keep my life out there. I responded to them by saying, 'I know. But I worked at the same company with him. I couldn't bear it.' They were so mad at me for not keeping the job..... My family used to accommodate my mistakes, but now they are mad at me and have given up on me..... They even said to me why don't you just kill yourself to relief from the burden."

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The family should be the resource of last resort, but *filial piety and obedience*, *conditioned family support*, and *excessive relational control* sometimes make it the last straw that breaks the camel's back.

F10, "My parents told me children are born to meet parents' expectations. This is what I've learned ever since I was a kid..... My parents left me with extremely all-or-nothing choices: either being obedient or not loving them. I love them and I've tried very hard to fulfill their dreams, even though I'm desperate for my way of life..... Once I told them I want follow my dreams. Even if I fail, I won't regret it because I give it a try. They responded to me by saying, 'If you choose your way of life, you can never come home.' I was stunned when hearing it! That's what I was most afraid of."

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## Comments, suggestions, or feedback?

Correspondence:

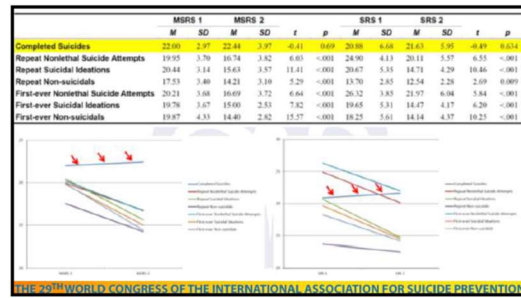
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## 附錄二

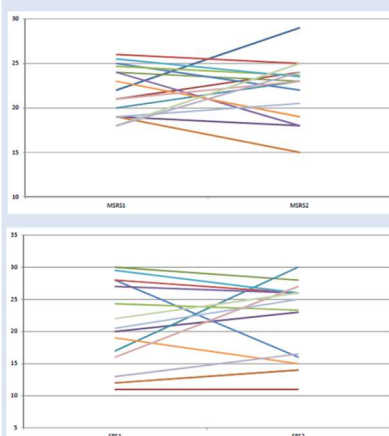
# The Psychological State of Suicide Completers: Analyzing Their Last Phone Calls to the Hotline

Fortune Shaw, Ph.D.



Department of Counseling Psychology and Human Resource Development  
National Chi Nan University

**Aim:** This study examined suicidality and emotional changes within suicide completers' last phone calls to the hotline.

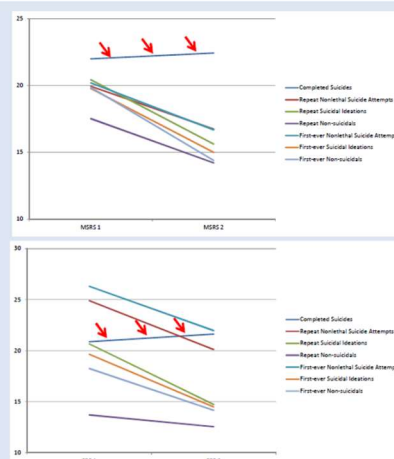


**Methods:** A total of 16 completed suicides among those who called the National Suicide Prevention Hotline from 2009 to 2013 were identified, and their last phone records were drawn from the eSOS database. All phone sessions were coded using (A) the *Mental State Rating Scale* for measuring the levels of callers' emotional distress, and (B) the *Suicide Risk Scale* for measuring the levels of callers' suicidality. The coded data would then be compared with data from previous study (phone sessions of 83 first-ever non-suicidals, 67 first-ever suicidal ideations, 89 first-ever nonlethal suicide attempts, 75 repeat non-suicidals, 141 repeat suicidal ideations, and 96 repeat nonlethal suicide attempts).

	MSRS 1		MSRS 2		<i>t</i>	<i>p</i>	SRS 1		SRS 2		<i>t</i>	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
<b>Completed Suicides</b>	22.00	2.97	22.44	3.97	-0.41	0.69	20.88	6.68	21.63	5.95	-0.49	0.634
<b>Repeat Nonlethal Suicide Attempts</b>	19.95	3.70	16.74	3.82	6.03	<.001	24.90	4.13	20.11	5.57	6.55	<.001
<b>Repeat Suicidal Ideations</b>	20.44	3.14	15.63	3.57	11.41	<.001	20.67	5.35	14.71	4.29	10.46	<.001
<b>Repeat Non-suicidals</b>	17.53	3.40	14.21	3.10	5.29	<.001	13.70	2.85	12.54	2.28	2.69	0.009
<b>First-ever Nonlethal Suicide Attempts</b>	20.21	3.68	16.69	3.72	6.64	<.001	26.32	3.85	21.97	6.04	5.84	<.001
<b>First-ever Suicidal Ideations</b>	19.78	3.67	15.00	2.53	7.82	<.001	19.65	5.31	14.47	4.17	6.20	<.001
<b>First-ever Non-suicidals</b>	19.87	4.33	14.40	2.82	15.57	<.001	18.25	5.61	14.14	4.37	10.25	<.001

## Results:

1. Lethal attempters were more emotional distressed than other callers.
2. The *Suicide Risk Scale* scores alone were not effective in differentiating lethal attempters from others.
3. While the hotline service was effective in reducing psychological distress and suicidality for non-suicidal, suicidal ideation, and nonlethal attempt callers in just one phone call, lethal attempters did not benefit from the service. It seems their suicidal minds had become so constricted and resistant to change.





## 附錄三

2017/10/4

https://webmail.ncnu.edu.tw/cgi-bin/msg\_read?cmd=print\_mail&amp;m=24694154&amp;mbox=@&amp;msgid=h3\_1L1BQCU5IT

國立中央大學  
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收信: ftshaw &lt;ftshaw@ncnu.edu.tw&gt;

日期: Tue, 29 Aug 2017 23:21:50

標題: **RE: Fortune Shaw (met at the IASP World Congress) would like to have some info from you**

附檔: Lifeline\_Crisis\_Chat\_Manual\_-\_Updated\_August\_2017.pdf (634k)

Hi Fortune,

Great to speak to you!

Attached is our Training Manual for our Chat Centers. I trust that this will be for your organization's eyes only! Please look through this carefully (including Appendices), and then please come back to me with your questions. It's a bit of a WIP, but it will be a very good start for you.

Please don't hesitate to reach out with further questions! Starting a chat and text service is a great step, so, congratulations! If it's done strategically and carefully, and you commit to learning about chat's critical (yet teachable!) differences, you'll make a difference using this medium.

Below are the pre-chat questions.

Take care!  
Michelle

PRE CHAT SURVEY (answered by Chat Visitors before they communicate with a Chat Counselor):

1. Date [system generated]
2. Name/Alias [open field]
3. Age [open field]
4. What is your gender identity (how you define yourself)?
  - ☐ Female
  - ☐ Male
  - ☐ Transgender female
  - ☐ Transgender male
  - ☐ Genderqueer
  - ☐ A gender not listed here (please specify): \_\_\_\_\_
  - ☐ Not sure what my gender identity is (Questioning)
  - ☐ Decline to answer
5. What is your main concern? [drop down - choose one]
  - a. Depression
  - b. Anxiety
  - c. Eating Disorder
  - d. Bullying/Problems in School
  - e. Relationship Issues/Violence
  - f. Family issues
  - g. Financial issues
  - h. Addictions
  - i. Physical, Sexual, and/or Emotional Abuse
  - j. Physical Health
  - k. Self-Harm
  - l. Sexuality
  - m. Other (Please list): [Mandatory Answer - Free Text Box]
6. Do you have thoughts of suicide? [drop down - choose one]
  - a. Yes – Current (within the past 24 hours)
  - b. Yes – Recent Past (within the past few days)
  - c. No
7. How upset are you? [Scale of 1 – 5 – choose one]
  - a. 1 = I'm doing OK
  - b. 2 = A little upset
  - c. 3 = Moderately upset
  - d. 4 = Very upset
  - e. 5 = Extremely upset
8. (OPTIONAL for visitor to answer) Should our chat session end unexpectedly is there an email address or phone number we may reach you at?
  - a. [Free text box labeled "contact info"]