

Reaching the Target Population: A Descriptive Analysis of the National Suicide Prevention Hotline and the Taipei Lifeline Database

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Objectives: Established in 1969 and then undertaking the National Suicide Prevention Hotline from the Department of Health since 2009, the Taipei Lifeline Association has provided much-needed counseling services for hundreds of thousands of callers each year. The purpose of this descriptive study was to answer a simple yet important question: Did the service reach the target population?

Methods: Archival data from the National Suicide Prevention Hotline and the Taipei Lifeline 2009-2011 Database were used to summarize the demographic characteristics and counseling issues of the callers. The findings were then compared to government data drawn from the National Statistics and the Taiwan Suicide Prevention Center.

Results: Overall, more and more people with suicide ideation and/or suicide plan or who were taking actions to kill themselves were willing to call the hotlines (from 6,012 in 2009 to 11,875 in 2011). The hotlines were also able to intervene more and more acute suicide crises (from 143 in 2009 to 475 in 2011). However, contradicting to the fact that the suicide rate for males was two times higher than that for females, 56.1% of the calls were made by females. Young adult and middle-aged females were more likely to call the hotlines for family, intimacy, emotion, and marriage related issues; while young adult and middle-aged males were more likely to seek help for issues related to mental illness, substance abuse, financial crisis, and sex, which are similar to the national suicide statistics. Inconsistent with the national statistics that more than 40% of mature adults committed suicide for physical health problems, only 6.3% of elders sought help for concerns related to physical health. Last, people in urbanized areas with lower suicide rates were more likely to use the hotline service than those in rural areas with higher suicide rates.

Conclusion: The suicide prevention hotline service did reach the target population, especially among those in young adulthood and middle age. More effort, however, is needed to promote the service among males, physical ill elderly, and rural people.

