



The Canadian Michael Phillips is one of the leading experts on suicide in China.

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MY CHINA DREAM | MICHAEL PHILLIPS

'One suicide is too many'

A Canadian psychiatrist pioneers research on people who attempt to kill themselves. **Yang Yijun** and **Xu Junqian** report in Shanghai.

Michael Phillips is used to people referring to him as the “modern Henry Norman Bethune” — a reference to the Canadian physician devoted to Chinese people during wartime in the 1930s. The 62-year-old, who's among the leading experts on suicide in China, disagrees. While both are Canadian, Phillips says there's a huge difference between a surgeon and a psychiatrist. And “there's no way Mao Zedong would write an article about me” like he did about Bethune, Phillips says, jokingly.

Phillips, who has pioneered research on Chinese suicide for more than two decades, is also the director of the Suicide Research and Prevention Center of the Shanghai Mental Health Center.

He's leading six scientists to continue his suicide studies in the center's branch in Shanghai's suburban Minhang district.

Phillips first came to China in 1976, when he was working as a doctor in a hospital affiliated to a New Zealand university. He accompanied a student group on a three-week trip.

“It was a very poor country, but still, even in the distant rural areas, there was some level of healthcare, which was not true in India or other countries of similar economic levels at the time,” he recalls.

“The thought in the back of my mind was that maybe there was something I could learn here about the public health system. Then, I could promote such a system in other third-world countries like those in Africa.”

Two months later, he secured a chance to stay in China for two years as a New Zealand exchange scholar.

But he was not able to attend a school of public health because he was not from a developing country. He used the two years to study Chinese.

“Over those two years, it became clear there were things I could do in China,” Phillips says. “But I needed more professional training to make a contribution.”

So, he went to the United States to train as a psychiatrist and earned master's degrees in epidemiology and anthropology.

In 1985, he returned to China for good. He has worked in many cities, including Hunan province's capital Changsha, Hubei province's Shashi, Beijing and Shanghai.

Psychiatry was then barely known by the public and the least respected major in the medical field, Phillips says.

He recalls one of his Chinese colleagues dared not tell others he was treating mental health patients.

“If he did, he wouldn't be able to find someone who would be willing to marry

him,” Phillips says. “At that time, people regarded those working with mental patients at risk of getting a mental illness themselves.”

But that wasn't a problem for Phillips, who was already married. His wife, whom he knew during his years in the US, works as a nurse treating mental health patients.

Phillips always had a keen interest in psychiatry and especially in people experiencing psychological crises. The Canadian says he realized this in college, when he was an intern in a hospital emergency room where Phillips occasionally encountered patients who attempted suicide. He would care for them and listen to them after they regained consciousness.

Speaking out

“I came to realize that I really hoped to understand why they wanted to end their own lives,” he recalls. “What kind of difficulties had they faced? In fact, it was helpful to simply give them a chance to speak out. I was only 18 or 19 then. But I have subsequently developed an interest in psychiatry and suicide.”

China's underdevelopment in the field of psychiatry reinforced Phillips' decision to come.

“I've been able to make contributions here that I probably wouldn't be able to make in the West,” he says. That's because the field was relatively under-developed in China, while many were already working in it in the West.

But it took several years before Phillips could touch on the topic of suicide — once a taboo in the field of research, not to mention among the public — in the country.

The chilly attitude started to thaw in 1990, when the Ministry of Health began to provide data on suicide to the World Health Organization.

“It's a huge issue, which was almost blank in China,” Phillips says.

“As an interested mental health professional with training in anthropology and epidemiology I was a perfect candidate to take up research on the issue.”

He moved to Beijing and cooperated with the country's Center for Disease Control and Prevention to conduct the largest-ever study of suicide in the world. They talked with families to find out the reasons for members' suicides at 23 sites nationwide from 1995-2000.

When the survey was drawing to its end in 1999, Phillips was awarded the Great Wall Friendship Medal, the highest award granted by the Beijing Municipality for “foreign experts who have made outstanding contributions to the country's economic and social progress.”

Three years later, Phillips published a paper *Suicide Rates in China, 1995-99* in *The Lancet*, revealing to the international public for the first time a clear picture of China's suicides.

It turns out there are major differences between China and the West when it comes to suicide.

The major difference is that, in the West, 95 percent of people who die of suicide and who attempt suicide have mental illnesses but in China, a third of people who die from suicide and two-thirds who attempt it don't have mental illnesses at the time, Phillips says.

“There is probably more impulsiveness,” he explains. “In China, a lot of people don't really want to die but use very lethal means when they attempt suicide, especially pesticides; this is another big difference from the West.”

Based on his study, he set out to find ways to save at-risk people.

“One suicide is too many,” he says.

That's the slogan his research team developed for the Beijing Suicide Research and Prevention Center, the first of its kind in the country. It was established in 2002 by Beijing Huilongguan Hospital. In 2006, the center became the WHO Collaborating Center in Research and Training in Suicide Prevention.

Phillips was the center's first executive director. It opened the country's first national suicide intervention hotline in 2002.

“Anybody can become suicidal if they

have enough stress,” Phillips says. “If you have a good social support network, people whom you're able to talk to about difficult things will help you increase your ability to deal with external stress.”

But he reiterates that psychiatry alone won't prevent suicides.

“Suicide is a very complicated problem,” Phillips says.

He explains that 58 percent of suicides in China are by pesticide ingestion.

“So, we have to restrict access to pesticides,” Phillips believes. “That needs cooperation from the Ministry of Agriculture. We also need to have the schools, the police, the Ministry of Health and the Ministry of Social Welfare involved. That's something (for which) you need an overall plan that ensures all these different people are working together and the resources are properly allocated — and that's supported by the government, both financially and politically.”

Scientific approach

Chinese Center for Disease Control and Prevention researcher Yang Gonghuan says: “Phillips is the first to combine clinical psychiatry and public health in China. The combination has allowed us to create scientific methods to approach suicide research.”

Phillips conquers the stress of dealing with suicide every day by viewing his two daughters' paintings, which show sunshine, green grass and cute girls.

His wife, Marlys Bueber, says Phillips is a “great father.” “Though he works very hard, he is always present at our important occasions,” she says.

“There's a big influence from him on the two girls. It may be just an assumption, but there's a good chance our bigger daughter chose her science major because of her father.”

Both children, ages 19 and 16, speak perfect Mandarin, including to each other, since they were raised in China.

Bueber says it has been interesting living as a family in various Chinese cities over the years.

“We first came here when the country just started its opening-up,” she says. “In Shashi, the place we first stayed at in Central China, it was quite difficult to buy an air ticket or to make phone calls back home. China has been changing so rapidly in the past decades and it's been exciting to be part of all the changes.”

Phillips has no plans to leave.

“As I age I hope to continue what I've been doing,” he says. “I can't think of anything else more interesting to do.”

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It doesn't matter whether you're black or white, or Chinese

“Do you feel more white or Chinese?” I asked my son, after returning from my first visit to South Africa — its history of apartheid still fresh in my mind.

At the Apartheid Museum in Johannesburg, visitors are given a ticket randomly assigning them “white” or “non-white”. Visitors must then enter through the designated gates. At the entrance, the walls close in to form an impenetrable steel fence separating the two sides. You can see the others through

the cage but physical contact is limited to a few fingers wiggled through the holes.

As we walked inside, dozens of poster-sized

ID cards from the 50s to the 80s swung above our heads. They carried the person's name, photo, place and race: “white”, “black” and “colored”. I found it interesting that a couple of men who could pass for my uncles weren't listed as Chinese but colored — and they had very un-Chinese names such as “Brown” or “Doben”.

When I married, I chose to take on my husband's Anglo-Saxon name, but for these grim faced Asian men on the ID cards, I presumed they were given their names under different and less joyous circumstances.

My husband, ironically, was on the other side of the fence, having pulled a “non-white” ticket. Intellectually I knew that this was a constructed exercise to expose visitors to a glimpse of life lived under segregation but the all-too-real bars gave me an unstoppable sliver of panic. I was relieved to find the exit and be able to hold his hand once more.

Reading through the history of apartheid, I learned that justice, privilege and wealth was systematically and strictly enforced for the very few. Beginning in 1948, comprehensive plans for the segregation of all races in South Africa was formalized. Whites were at the top, blacks at the bottom.

Where did the Chinese fit in? Various designated as Asian/sub-section Chinese or colored, they were restricted to lower quality living areas, schools, employment, and facilities. For well-to-do Chinese families, there was the possibility of moving into a white neighborhood if and only when all the white neighbors had given their permission.

Special approval was also required for any Chinese student wanting to enroll in a white school. Their restrictions and conditions were better than for blacks but even the most ambitious Chinese person knew there was a racial ceiling over their heads — any advancement was guaranteed to be limited.

It was the small things that daily reminded people what place they held in society, such as signs allowing you to sit on a park bench or warning you to stay off. There were overcrowded buses for some and first class train compartments for others.

The freedom to swim in the ocean, and lunch on the beach was a right for citizens but citizenship itself was unjustly denied to others. Whole neighborhoods were evicted and relocated according to their race, forcing apart family members. Interracial relationships were outlawed even though the growing colored population was proof that South Africans dared to cross the racial line.

In 1994, after decades of struggle, protest and worldwide support, the people of South Africa rejected the system of apartheid and the barriers — physical and psychological — came down. What struck me most was not the decades of brutality or injustice handed out to the majority of South Africans during the apartheid years, but led by Nelson Mandela, the very people who were oppressed showed forgiveness and worked hard toward unity and a peaceful reconciliation.

It's hard to imagine a life predicated on the color of your skin. Privileges and restrictions based on how you look rather than what you merit. A life of hope or despair decided at birth. And with this in mind, I'm thankful to be living in a time when my son's answer as to whether he feels more white or Chinese is just a point of discussion rather than a factor that will determine his future.

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