



亞洲創傷心理研究學會 Asian Society for Traumatic Stress Studies

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PRESS RELEASE

Survey on the Psychological Impact of Road Traffic Accident
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Part One: **Research Background**

- 1.1 The Asian Society for Traumatic Stress Studies (hereafter, AsianSTSS) was founded in 2005 in Hong Kong. Its aim is to set up a platform for professionals to share information on trauma psychology and to enhance knowledge among the general public about the nature and consequences of highly stressful events. It also provides a forum for the sharing of research, clinical strategies, public policy concerns and theoretical formulations on trauma studies in Hong Kong.
- 1.2 Hong Kong is a thriving city and its people have enjoyed a safe and war-free lifestyle for many years. However, according to the Hong Kong Police Force, during 1998-2007, an average of 178 people died, 3,032 people were seriously injured and 19,428 people were slightly injured each year as consequences of road traffic accidents on average. According to the World Health Organization (hereafter, WHO, 2002), road traffic accident was the 11th leading cause for mortality worldwide and the 9th leading contributor to the global burden of disease (measured in DALYs: Disability-adjusted life years lost ^a). The WHO also warned that, on current trends, road traffic injury will become the 3rd leading contributor of global burden of disease by 2020.
- 1.3 Road traffic accidents not only cause morbidity and mortality but they can also have significant psychological impact on victims and their family members, as well as witnesses. To get a clearer picture of the local context, the AsianSTSS commissioned the Public Opinion Programme of the University of Hong Kong (POP hereafter), to conduct the 'Survey on the Psychological Impact of Road Traffic Accident' in late April, 2008. Target population of this survey is Cantonese speakers in Hong Kong aged 18 or above. Respondents were interviewed for their knowledge and opinions about the psychological impact of road traffic accidents. The survey was designed by the POP upon initial consultation of the AsianSTSS. Its operation, data collection and analysis were completed independently by the POP without influence from other parties. Having full autonomy over the design and operation of the current survey, the POP assumes total responsibility of the results produced.
- 1.4 To encourage the general public and the government to deal with the problems road traffic accident could cause psychologically, AsianSTSS has released the 'Position Paper on the Psychological Impact of Road Traffic Accident' based on the latest research evidence worldwide and the current local survey results.
- 1.5 Through this press conference, AsianSTSS hopes to empower members of the general public to seek appropriate treatment as soon as needed through a better understanding on the psychological consequences of road traffic accidents. AsianSTSS will also provide the government with suggestions on ways to increase public awareness on road safety.

Part Two: Survey Design

- 2.1. The survey was conducted by telephone interviewers under close supervision. To minimise sampling bias, telephone numbers were first drawn randomly from residential telephone directories as “seed” numbers, from which another set of numbers was generated using the “plus/minus one/two” method in order to capture the unlisted numbers. Numbers were then mixed in random order to produce the final telephone sample.
- 2.2. The target population of this survey was Cantonese-speaking people of Hong Kong aged 18 or above. When telephone contact was successfully established with a target household, one qualified person would be selected from all those present using the “next birthday” rule (i.e. selecting the member whose birthday was nearest to the interview date).
- 2.3. Telephone interviews were conducted during the period of 23 to 24 April 2008. A total of 514 qualified Hong Kong people were successfully interviewed. The overall effective response rate of this survey was 67.7%, and the standard sampling error for percentages based on this sample was less than 2.2 percentage points. In other words, the sampling error for all percentages using the total sample was less than plus/minus 4.4 percentage points at the 95% confidence level.

Part Three: Content and Major Findings of the Survey

Respondents’ experiences in road traffic accidents

- 3.1. Of all respondents, 79% indicated that neither their family members nor themselves had experienced any road traffic accidents. There were 23% of the respondents reported that they and/or their family members had experienced road traffic accident(s) and within this group of respondents, 26% of them claimed that they and/ or their family members had suffered from psychological distress as a result of their road traffic accident(s), even to the extent of impairing their emotional, familial, occupational and/or social functioning.

Respondents’ opinions on the potential psychological distress of road traffic accidents

- 3.2. Of all respondents, 88% agreed that road traffic accident can cause significant psychological distress to those who experience it. Less than 5% (i.e. 3%) disagreed with this.

Respondents’ knowledge on the available assistance for psychological distress caused by road traffic accidents

- 3.3 Out of all respondents, 78% reported that they had no knowledge of the assistance available to them for alleviating the psychological distress caused by road traffic accidents. Only 22% reported that they knew where to seek help for such need.
- 3.4 Of those who claimed to know where to seek help for the adverse effects of road traffic accidents, 50% of them referred to the family services or counselling centres of the Social Welfare Department or Non-Government Organisations as service providers. Only 18% of them made references to the hospitals/ emergency rooms/ clinics under the Hospital Authority. Fewer references (16%) were made to private specialist clinics, (which include psychiatrists, clinical psychologists and counsellors) and even fewer references (5%) were made to private family clinics.

- 3.5 All respondents were asked if they had heard of the following relevant help-seeking channels. Of all respondents, 38% of them were not aware of the services provided by the hospitals or emergency rooms or clinics under the Hospital Authority. There were 26% who had not heard of assistance offered by Social Welfare Department or Non-Government Organisations in their family services/ counselling centres. The percentages of those who were not aware of the relevant services offered by private specialist clinics (including that of psychiatrists, clinical psychologists and counsellors) and private family clinics were 43% and 58%, respectively.

Respondents' opinions towards the public education on the psychological distress caused by road traffic accidents

- 3.6 Of all respondents, 87% supported the opinion that it is insufficient for the government to only publicise the physical impairments caused by road traffic accidents in its public education campaigns to promote road safety. They supported the idea that publicising the psychological distress (among these are emotional, familial and social impacts) that can be brought on by road traffic accidents would further improve public awareness on road safety. Only 3% of all respondents opposed to such an opinion.

Respondents' attitudes toward promoting Hong Kong as a Safe City for Road Users

- 3.7 Based on the data obtained by the WHO and those by the Hong Kong Police Force, the mortality rate of road traffic accidents in Hong Kong is among the lowest in the world's major countries, suggesting that Hong Kong is one of the safest cities for road users. Of all respondents, 86% considered this as an asset of Hong Kong that deserves to be valued and promoted. Only 5% disagreed with this idea.

Part Four: Summary of Results

- 4.1 The current survey results suggested that approximately 20% of Hong Kong people reported that they and/or their family members had experienced road traffic accident(s). Among them, 30% claimed to have suffered from psychological distress caused by road traffic accidents, to the extent of significant impairment to their emotional, familial, occupational and social functioning. This implies that approximately 5% of Hong Kong people (that is, 600 in every one million) may suffer psychological distress caused by road traffic accidents, which clearly warrants attention from the government and the general public.
- 4.2 Furthermore, the present survey results indicated that currently, most of the people or their family members had not experienced any road traffic accidents; however, most of them agreed that road traffic accidents can cause significant psychological distress to their victims. In terms of public education on road safety, most of the people considered it insufficient for the government to only publicise the physical impairment caused by road traffic accidents; instead they think it would be more effective to also publicise the psychological distress (including its emotional, familial and social impacts) as an adverse impact of road traffic accidents. Certainly, increased publicity would lead to increased public awareness on the psychological impact of road traffic accidents, which would empower road traffic accident survivors suffering psychological distress to seek help as soon as possible.

- 4.3 The survey results suggested that Hong Kong people have little knowledge (and hence, little public awareness) of the psychological services related to road traffic accidents. Given the significant personal physical and psychological impairments, as well as the social and economic burden caused by road traffic accidents, there is a strong call for the government to further promote the help-seeking channels to the public.
- 4.4 While promoting Hong Kong as a modern and advanced city, the government should highlight that Hong Kong is one of the world's safest cities for road users. This is a precious asset of Hong Kong that has been hard to earn. It warrants consolidation and promotion through appropriate public education and government policy.



Footnote:

^a Disability-adjusted life years lost (DALYs) is a measurement of health gap, which estimates the equivalent years of 'healthy' life lost by virtue of being in states of poor health or disability.

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