

Study of Psychosocial Factors, Modes of Attempt and Psychiatric Morbidities of Suicidal Attempters

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ABSTRACT

Background: Suicide and suicidal attempt is growing concern around the world. We are now at the stage to formulate effective preventive strategies to decrease number of suicides, which is rising significantly for the past few decades. To make effective preventive programme we must study the people who attempted suicide for number variables because they are having the high risk of committing suicide later years. **Aim:** To analyze psycho social factors, methods of attempt and diagnosis of patients admitted for attempted suicide. **Method:** It is a retrospective study and includes 548 patients admitted for attempted suicide during the period of June 2014 to May 2016 have been registered in psychiatry department of SRM Medical College and Hospital analyzed retrospectively regarding age, sex, marital status, modes of attempt and diagnosis, results will be discussed. **Results:** Among total no of attempted suicide, female outnumber male that is 59% of attempted suicide were female, regarding marital status 54% of attempted suicide persons were unmarried, 57% of attempted suicide were less than 30 years of age, regarding method tablet poisoning was most common mode of suicidal attempt that is 52% followed by Insecticide poisoning that is 38%, and 29% of suicidal attempters diagnosed as primary psychiatric diagnosis, depression (41%) is common diagnosis among all psychiatric diagnosis followed by adjustment disorder (21%). Anxiety disorders (20%). **Conclusion:** We cannot explain suicide and suicidal attempt as a single perspective and we need to look into all factors on every suicidal attempt. For making effective preventive strategies we must be evaluate every individual in all Bio-psycho-social aspects. High prevalence of major mental disorders among the suicidal attempters is alarming because still there are remarkable percentage of individual not getting adequate psychiatric treatment if we identify them at early stages and initiate appropriate treatment we can prevent large proportion of individual who committed suicide ultimately.

Keywords: *suicide attempt, modes of suicide attempt, psychiatric morbidities*

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Lifetime suicide attempt rate was 2.9% in the five-site National Institute of Mental Health Epidemiologic Catchment Area (ECA) Study.

Suicide is a major social and public health issue in India. There is a consistent increase in suicidal deaths in India; from 1975 to 2005 the suicide rate increased by 43% (Vijayakumar L 2010).

Now we can here lot of voices across the country and even across the world to decriminalize the suicidal attempt that probably might be reflected in new mental health care bill which is soon going to be passed in our country. So many reasons have been pointed out for this step. But as a psychiatrist the important reason for decriminalize the suicidal attempt is to re-conceptualize suicidal attempt from individual weakness into disease pattern.

By considering suicidal attempt as a disease pattern we can effectively formulate preventive strategies to prevent the number of suicidal attempts and thereby and number suicidal death.

As we are all aware that 78% of global suicide occurred in low- and middle-income countries in 2015 and it was estimated to represent 1.8% of the total global burden of disease in 1998; in 2020, this figure is projected to be 2.4% in countries with market and former socialist economies.

According to the World Health Organization that globally suicide is the second leading cause of death in 15-29 years olds and people who attempted suicide having the higher risk committing suicide in later years.

WHO in its report on suicidal prevention states “For every suicide there are many more people who attempt suicide every year. Significantly, a prior suicide attempt is the single most important risk factor for suicide in the general population. For both suicides and suicide attempts, improved availability and quality of data from vital registration, hospital-based systems and surveys are required for effective suicide prevention”.

By considering this, we need to evaluate and assess all the persons who attempted suicide for their psychosocial factors and the method of attempting suicide. Since presence of any major mental disorders is the single most independent risk factor for suicide it is necessary to do detailed psychiatric assessment to rule out any major mental disorders in these individuals. By delivering prompt treatment at early stages of illness we can prevent these type lethal complications later.

Due to expansion of the problem of attempted suicide, major research effort has been directed towards investigation on the characteristics of people who attempt suicide and is given a high

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priority in suicide prevention. At risk population for suicide and attempted suicide is a group, which has to be identified and intervened to prevent death from this eminently preventable cause.

Aim

- To analyze psychosocial variables, modes of suicidal attempt and Psychiatric diagnosis of patients admitted for attempted suicide.

METHODOLOGY

SRM Medical College and Hospital is tertiary care private hospital situated in outskirts of Chennai, Tamilnadu. The General physician will initially treat all the patients who are admitted for suicidal attempt. Then, patient once is physically stabilized have been referred to the suicide prevention clinic of department of psychiatry.

In suicide prevention clinic, the psychiatrist examines patient and all clinical parameter of the patient will be entered in the suicide pro forma.

For this study, we retrospectively reviewed suicidal pro forma of the patients who have been admitted for attempted suicide during the period of June 2014 to May 2016 for the socio demographic profile, mode of attempt and clinical diagnosis for this study.

Observation and Results

Totally 548 patients admitted for attempted suicide during the period of June 2014 to May 2016

Socio demographic profile

Among total number of attempted suicide, female patients outnumber male patients. In total 548 patients, 326 (59%) were females and 222 (41%) were males. 57% of our total sample constituted by patients whose age is less than 30 years. Only 6 % of Patients belongs to the age group more than 45 years of age.

Regarding marital status most of them were unmarried. In total 548 patients 296 (54%) were unmarried, 208 (38%) were married. Regarding educational status people who are a literate attempt suicide more than people who are illiterate. Attempted suicide rate more on daily wages group that is 237 (44%) patients admitted for attempted suicide were currently working on daily wages.

Table-1 Socio-demographic data

S.NO	Variables		N (548)	Percentage (%)
1	SEX	Male	222	41
		Female	326	59
2	Marital Status	Unmarried	296	54

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S.NO	Variables	N (548)	Percentage (%)	
		Married	208	38
		Separated	44	8
3	Education	Illiterate	55	10
		School	341	62
		Graduate	152	28
4	Occupation	Unemployed	52	9
		Daily wages	237	44
		Skilled/Semi skilled	132	24
		Professional	57	10
		Student	70	13

Table-2: Age

S.No	Age	N (1462)	Percentage (%)
1	Less than 20 years	46	8
2	21-30 years	266	49
3	31-45 years	202	37
4	More than 45 years	34	6

Modes of attempt

Tablet poisoning is common mode of attempted suicide (52%) followed by insecticide poisoning (38%). Hanging is the third most common method of attempted suicide (6%). Other mode of attempt like Self inflicted injuries, attempt to drown, attempt to fall are least likely method (4%).

Table-3 Mode of attempt

S.No	Mode of attempt	No (1462)	Percentage (%)
1	Tablet poisoning	287	52
2	Insecticide poisoning	209	38
3	Hanging	32	6
4	Others	20	4

Comorbid Psychiatric diagnosis

Out of 548 patients 159 (29%) patients diagnosed as having some of psychiatric illness at that time of examination.

Table-4 Presence of primary Psychiatric illness

S. No	Psychiatric illness	N (548)	Percentage (%)
1	YES	159	29
2	NO	389	71

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Table-5 Primary psychiatric illness

S. No	Primary psychiatric illness	N (159)	Percentage (%)
1	Depression	65	41
2	Adjustment disorders	34	21
4	Anxiety disorders	32	20
5	Psychosis	20	13
6	OCD	8	5

Among 159 patients diagnosed as psychiatric illness, Depression and adjustment disorder are most common comorbid conditions, which constitute 41% and 21% of all psychiatric illness. 20% of patients having anxiety disorders, psychosis and OCD are 13% and 5% respectively.

DISCUSSION

In this study we found that attempted suicide is more common in younger age. It is reflected global trend as well as another study done by L Vijayakumar et al.

According to the WHO report suicide is second most cause of death in people belongs to 20-30 years.

In our study majority of suicidal attempters were female. Though many studies have found that there are very minimal difference is found in male female ratio, most of the literature found that attempted suicide is more common among females.(Banerjee g 1990).

In our study, Tablet poisoning is most common method of attempted suicide, which is contradicted with other suicide epidemiological studies. Venkoba Rao, in his article reported that insecticide is the most common mode of suicidal attempt.

Primary psychiatric diagnosis is 28 % of our total sample. 159 out 548 persons who attempted suicide having at least any one of axis I psychiatric diagnosis. Many research found that psychiatric illness constitutes a major cause for nonfatal suicidal behavior..[Kessler 1999, Chang 2011, Bertolote JM 2004)].

These findings were also confirmed by Jain, et al also found that 37.5% of the suicide attempters had a diagnosis of depression, 39.28% of the subjects showed mild to moderated suicidal intent and 16% of them had a high score on the hopelessness variable. Similarly, in their study using the method of psychological autopsy, Khan, et al identified the presence of psychiatric illness and stressful life events as the two most important reasons for completing suicide.

In order to find out these psychiatric morbidities and initiate appropriate treatment at early stage it is very necessary to refer to the psychiatrist of all patients who attempted suicide irrespective

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of which specialty they admitted for. Decriminalizing suicidal acts is much needed and play a important in this aspects.

CONCLUSION

Suicide is now among the three leading causes of death among those aged 15-44 years (both sexes). It is very difficult to prevent suicide in community settings. Many studies found that people who were attempted suicide is likely to commit suicide in future. It is essential to analyze various socio demographic profiles and psychosocial factors of patients who admitted for attempted suicide. Since suicidal attempt is a multi-causal phenomenon, its therapy and prevention should be complex and these psychosocial differences should be taken into consideration while building up our strategies.

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REFERENCES

- Banerjee G, Nandi DN, Nandi S, Sarkar S, Boral GC, Ghosh A. The vulnerability of Indian women to suicide. A field study. *Indian J Psychiatry* 1990;32:305-8
- Bertolote JM, Fleischmann A, De Leo D, Wasserman D. Psychiatric diagnoses and suicide: Revisiting the evidence” *Crisis*. 2004;25:147–55. [PubMed]
- Chang B, Gitlin D, Patel R. The depressed patient and suicidal patient in the emergency department: Evidence-based management and treatment strategies. *Emerg Med Pract*. 2011;13:1–23[PubMed]
- Jain V, Singh H, Gupta SC, Kumar S. A study of hopelessness, suicidal intent and depression in cases of attempted suicide. *Indian J Psychiatry* 1999;41:122-30.
- Kessler RC, Borges G, Walters EE. Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Arch Gen Psychiatry*. 1999;56:617–26. [PubMed]
- Khan FA, Anand B, Devi GM, Murthy K. Psychological autopsy of suicide: A cross sectional study. *Indian J Psychiatry* 2005;47:73-8
- Moscicki EK, O’Carroll P, Rae DS, Locke BZ, Roy A, Regier DA. Suicide attempts in the Epidemiologic Catchment Area Study. *Yale J Biol Med* 1988;61:259-68
- Rao VA. Attempted suicide. *Indian J Psychiatry* 1965;7:253-64.
- Vijayakumar L Indian Research on suicide, *Indian J Psychiatry* 52, Supplement, January 2010
- Vijayakumar L. Indian research on suicide. *Indian J Psychiatry* 2010;52 Suppl 1:S291-6.
- World Health Organization: Preventing suicide, A global imperative. 2014

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