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## **A Study to Assess the Suicidal Behaviour among the Psychiatric Patients in a Tertiary Care Teaching Hospital, Guntur**

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***Keywords:** Suicidal Behaviour, Psychiatric Patients, Tertiary Care, Hospital, Guntur*

Suicide attempt is a deliberate act of self harm with at least some intent of die that does not result in death. Such act has a wide range of medical seriousness. Individuals with psychiatric disorders are far more likely to commit suicide than the others. People who are psychologically disabled are often commit suicide from years of pain, frustration and depression. Spiritually they may perceive themselves as hopelessly damaged and lose all sense of purpose and meaning of life.

Suicide is not a diagnosis or a disorder. it is a behaviour. Suicide is a worldwide, national, local and familial problem. 90% of people who kill themselves suffer from a diagnosable and preventable problem such as depression co-occurring mental and substance use disorders are common and potent combination among those who die by suicide.

Suicide has been recognised since early civilization. Hanging was a method frequently used before such tools as knives became commonplace. Attitudes towards suicide have shifted through the centuries as people gave names to feelings like shame and guilt. Suicide is now seen as an act with complex motivation and many contributing factors. It occurs in every culture, although at widely differing rates and is affected by cultural practices, expectations and values.

The threat to self concept or role performance causes some maladaptive behaviour in persons which in turn leads to self destructive behaviour. The incidence of suicidal behaviour is increasing day by day, the persons may commit suicide because of many reasons, psychosis is considered as a risk factor for the suicidal behaviour. Even though all the psychiatric patients do not commit suicide, it is considered as a leading cause. So, there is a need to identify the suicidal behaviour among the psychiatric patients.

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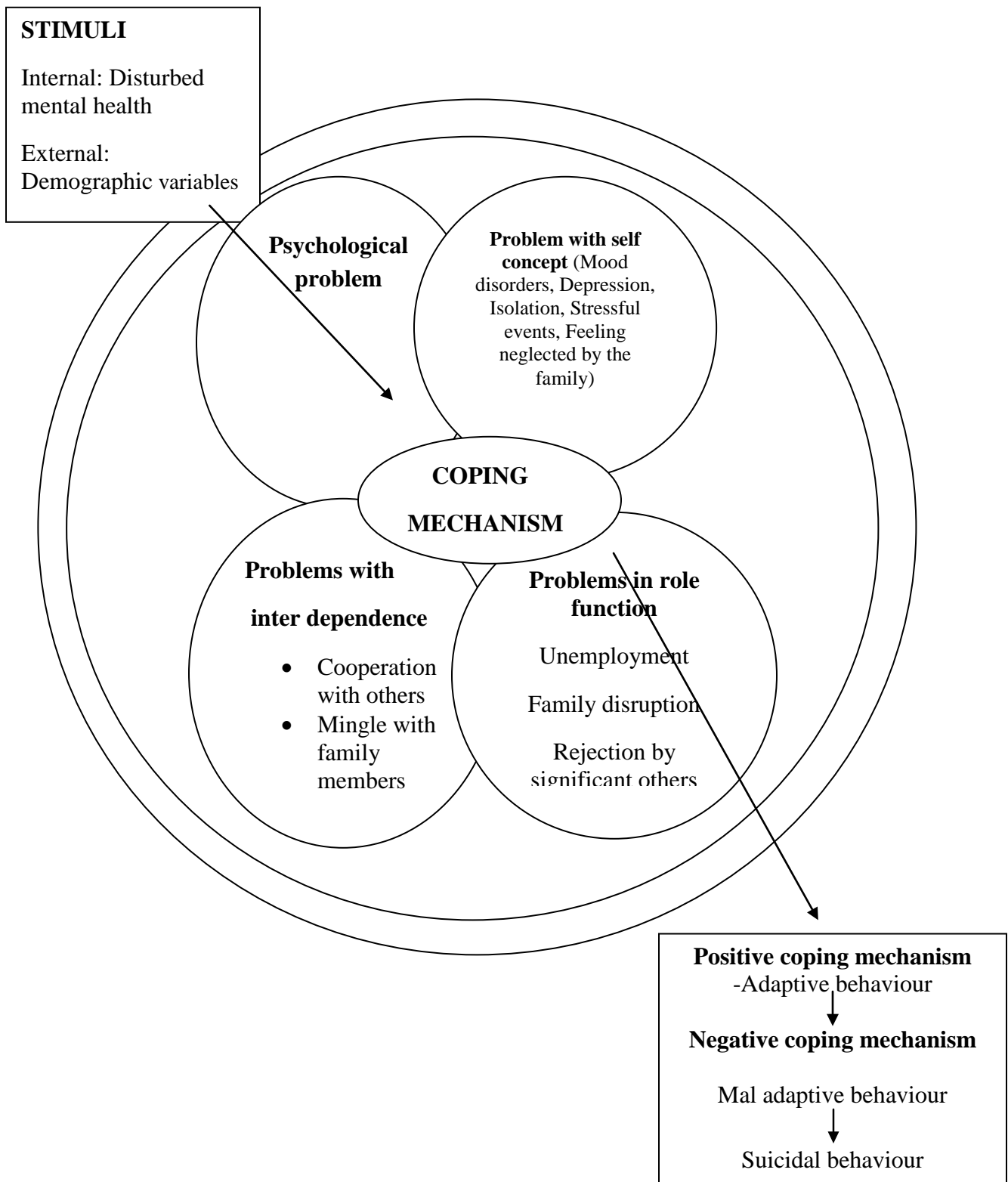
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**CALLISTA ROY'S AND REW'S MODIFIED ADAPTATION THEORY**



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**Objective**

1. To identify the suicidal behaviour among the psychiatric patients
2. To find association between suicidal behaviour and selected demographic variable.
3. It was a non experimental descriptive study conducted using 60 patients suffering with psychiatric illnesses. Pilot study was conducted using 10 psychiatric patients.

**Description of the Data Collection Tool**

The data collection tool consists of two sections

**SECTION-A:** Demographic characteristics such as age, sex, education, occupation, social aspects of living, marital status, family history of suicide, history of hospitalization, informers, income levels.

**SECTION-B:** A checklist consists of 25 items regarding suicidal behaviour among the psychiatric patients. Each item has 2 options YES/NO. Each yes response carries a score of 1 and no responses carries a score of zero. Thus for 25 items there is a 25 maximum obtainable score.

**Scoring the Suicidal Behaviour among the Psychiatric Patients**

Risk of suicidal behaviour	Score	Actual score
Severe suicidal behaviour	>75%	19-25
Moderate suicidal behaviour	50-75%	13-18
Mild suicidal behaviour	25-50%	7-12
No suicidal behaviour	<25%	0-6

**RESULTS**

Data was collected and analyzed, interpreted by using inferential statistics i.e., chi square test and descriptive statistics such as frequency and percentage.

**SECTION-A: DEMOGRAPHIC DATA ANALYSIS**

The sample was taken from psychiatric patients of inpatient and outpatient departments by simple random sampling technique.

**Frequency and Percentage Distribution According To Age**

Age	Frequency	Percentage
21-30	28	46.7%
31-40	24	40%
41-50	2	3.3%
51-60	6	10%

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Majority (46.7%) of the psychiatric patients were in the age group of 21-30 years ,40% belong to the age group of 31-40 years,3.3% of the subjects are in the age group of 41-50 years and 10% having the age in between 51-60 years

***Frequency and Percentage Distribution According To Sex***

<b>Sex</b>	<b>Frequency</b>	<b>Percentage</b>
Male	40	66.6%
Female	20	33.4%

In the current study, most of the respondents were the males (66.6%) and remaining (33.4%) were the females.

***Frequency and Percentage Distribution According To Education***

<b>Education</b>	<b>Frequency</b>	<b>Percentage</b>
Illiterate	16	26.8%
Primary school education	24	40%
secondary school education	12	20%
higher school education	4	6.6%
college education	4	6.6%

***Frequency and Percentage Distribution According To Occupation***

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
House wife	14	23.3%
Daily wages	28	46.7%
Government employee	0	0%
Private employee	0	0%
Self employee	18	30%

***Frequency and Percentage Distribution According To Social Aspects Of Living***

<b>Social aspects of living</b>	<b>Frequency</b>	<b>Percentage</b>
Living alone	6	10%
With family	54	90%
With friends	0	0%
Orphanages	0	0%

Highest percentage(40%) of patients have primary school education where as 26.8% were illiterates ,12(20%) have secondary school education. most of the study participants (46.7%) work as daily labour and 90% were living with their families. many of them (33.3%) were separated .

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***Frequency and Percentage Distribution According To Marital Status***

<b>Marital status</b>	<b>Frequency</b>	<b>Percentage</b>
Married	15	25%
Unmarried	6	10%
Widow	11	18.3%
Separated	20	33.3%
Divorced	8	13.3%

***Frequency and Percentage Distribution According To Family History Of Suicide***

<b>Family history of suicide</b>	<b>Frequency</b>	<b>Percentage</b>
Yes	32	53.3%
No	28	46.6%

***Frequency and Percentage Distribution According To Monthly Family Income***

<b>Monthly family income</b>	<b>Frequency</b>	<b>Percentage</b>
1000-5000	16	26.7%
5001-10000	34	56.7%
>10,000	10	16.6%

***Frequency and Percentage Distribution According To Informer***

<b>Information received from</b>	<b>Frequency</b>	<b>Percentage</b>
Parents	40	66.7%
Life partners	8	13.3%
Siblings	4	6.6%
Other relatives	8	13.3%

***Frequency and Percentage Distribution According To Type Of Illness***

<b>Type of illness</b>	<b>Frequency</b>	<b>Percentage</b>
Depression	12	20%
Bipolar	8	13.3%
Schizophrenia	12	20%
Alcoholism with associated psychiatric disturbances	20	33.4%
Psychosis	8	13.3%

42(70%) of psychiatric patients are having the family history of suicide. many of the participants (56.7%) have the monthly income of rs.5000-10,000/-most (66.7%) of the patients are presenting with their parents as their informers. According to this study, alcoholic patients with

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associated psychiatric disturbances are more prone to suicide than patients with schizophrenia , bipolar and depression.

**SECTION –B:**

***Item Wise Distribution of Psychiatric Patients According To the Suicidal Behaviour***

S.NO	ITEMS	Total no. of patients answered YES	
		Frequency	Percentage
1.	The patients has desperation and guilt	32	53.3%
2.	Patient has history of aggression and violence	40	66.6%
3.	Patients showed withdrawal from relationship and become isolated	36	60%
4.	The patient is in sad depressive mood	50	83.3%
5.	The patient has lack of concentration in doing activities	52	86.6%
6.	The patient sleeps too much or too little	42	70%
7.	The patient has lack of interest in personal appearance	34	56.6%
8.	The patient declined interest in friends or activities previously enjoyed	42	70%
9.	The patient has hopelessness	40	66.6%
10.	The patient has self hatred	38	63.3%
11.	The patient showed sudden interest in personal will or insurance	0	0%
12.	The patient passing negative statements such as “i want to die”,” this is the last time you will see me “	28	46.6%
13.	Patient wrote suicidal note	6	10%
14.	Obtained a weapon such as knife, collection of pills from the patient	14	23.3%
15.	The patient has history of suicide attempt	18	30%
16.	The patient is always talking about suicide	16	26.6%
17.	The patient has sudden interest in activities after a long period of depression	18	30%
18.	The patient knows about his psychiatric disorder	50	83.3%
19.	The patient is found with suspicious circumstances during night or day time eg: wandering outside, sitting alone	42	70%
20.	The patient says that someone commanding him to do suicide	18	30%

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S.NO	ITEMS	Total no. of patients answered YES	
		Frequency	Percentage
21.	The patient comments suggests thoughts of suicide	32	53.3%
22.	The patient has uncharacteristic risk taking e.g., reckless driving	14	23.3%
23.	The patient appearing overwhelmed by recent stressor	26	43.3%
24.	The patient challenging people in an aggressive manner	22	36.6%
25.	The patient displaying poor impulse control and unusual behaviour	30	50%

The above table of item wise distribution of suicidal behaviour of psychiatric patients shows that many of the psychiatric patients have lack of concentration in doing activities (86.6%) and sad depressive mood is found in 83.3% of psychiatric circumstances, declined interest in friends or activities and disturbances. only 30% of psychiatric patients are having the history of previous suicide attempt where as one showed sudden interest in personal will on assurance.

***Frequency and Percentage Distribution According To Level of Suicidal Behaviour***

Level of suicidal behaviour	Frequency	Percentage
No suicidal behaviour	6	10%
Mild suicidal behaviour	20	33.3%
Moderate suicidal behaviour	24	40%
Severe suicidal behaviour	10	16.7%

The above table shows that 6(10%) of patients have no suicidal behaviour, 20(33.3%) have mild suicidal behaviour, 24(40%) of patients have moderate and 10(16.7%) have high suicidal behaviour. overall 54(90%) of patients with psychiatric disorders have suicidal behaviour.

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***Association of Suicidal Behaviour with the Demographic Variables among the Psychiatric Patients***

***Association of suicidal behaviour of psychiatric patients with age and sex***

Demographic variable	No suicidal behaviour	Mild suicidal behaviour	Moderate suicidal behaviour	Severe suicidal behaviour	Degree of freedom	Chi square		Level of significance
						Cal $\chi^2$	Tab $\chi^2$	
<b>Age in years</b>								
21-30	1	12	13	2	9	13.22	16.91	NS
31-40	2	6	10	6				
41-50	0	0	2	0				
51-60	2	2	2	0				
<b>Sex</b>								
Male	2	8	24	6	3	4.36	7.81	NS
Female	4	12	0	4				

***Association of suicidal behaviour of psychiatric patients with education and occupation***

Demographic variable	No suicidal behaviour	Mild suicidal behaviour	Moderate suicidal behaviour	Severe suicidal behaviour	Degree of freedom	Chi square		Level of significance
						Cal $\chi^2$	Tab $\chi^2$	
<b>Education</b>								
a. Illiterate	3	4	7	2	12	22.71	21.02	Significant
b. Primary school education	0	8	10	6				
c. Secondary school education	1	4	7	0				
d. Higher secondary education	0	0	4	0				
e. College education	0	4	0	0				
<b>Occupation</b>								
a. House wife	0	2	10	2	12	11.60	21.02	NS
b. Daily wage	4	8	12	4				
c. Government employee	0	0	0	0				
d. private employee	0	0	0	0				
e. self employee	0	10	6	2				



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*Association of suicidal behaviour of psychiatric patients with social aspects of living and marital status*

Demographic variable	No suicidal behaviour	Mild suicidal behaviour	moderate suicidal behaviour	Severe suicidal behaviour	Degree of freedom	Chi square		Level of significance
						Cal $\chi^2$	Tab $\chi^2$	
<b>Social aspects of living</b>	0	0	4	2	9	5.07	16.91	NS
5	20	23	6					
A.Living Alone	0	0	0	0				
B. With Family	0	0	0	0				
C. With Friends	0	0	0	0				
D. Orphans	0	0	0	0				
<b>Marital status</b>	0	8	4	3	12	12.83	21.06	NS
A.Married	0	3	2	1				
B.Unmarried	0	3	6	2				
C.Widow	2	3	10	5				
D.Separated	1	1	3	3				
E.Divorced	1	1	3	3				

*Association of suicidal behaviour of psychiatric patients with family history of suicide and monthly family income*

Demographic variable	No suicidal behaviour	Mild suicidal behaviour	moderate suicidal behaviour	Severe suicidal behaviour	Degree of freedom	Chi square		Level of significance
						Cal $\chi^2$	Tab $\chi^2$	
<b>Family history of suicide</b>	2	7	15	8	3	4.27	7.81	NS
Yes	4	14	6	4				
No	0	0	0	0				
<b>Monthly family income</b>	2	0	10	4	6	18.77	12.59	Significant
a.Rs 1000-5000/-	1	16	16	1				
b. Rs 5000-10000/-	2	4	2	2				
c. Rs >10000/-	0	0	0	0				

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***Association of suicidal behaviour of psychiatric patients with informer and type of illness***

Demographic variable	No suicidal behaviour	Mild suicidal behaviour	moderate suicidal behaviour	Severe suicidal behaviour	Degree of freedom	Chi square		Level of significance
						Cal $\chi^2$	Tab $\chi^2$	
<b>Informer</b>								
A.Parent	3	18	13	6	9	21.52	16.91	Significant
B.Life Partners	0	0	2	2				
C.Siblings	0	2	6	0				
D.Other								
Activities								
<b>Type of Illness</b>								
A.Depression	0	2	7	3	12	27.63	21.02	Significant
B.Bipolar	2	4	2	0				
C. Schizophrenia	0	2	6	4				
D.Alcoholism	2	8	6	4				
E.Psychosis	0	2	4	2				

From the above tables, it was found that Age , Sex, occupation , social aspects of living , marital status ,family history of suicide is not significant in identifying the suicidal behaviour among the psychiatric patients .Education , monthly family income , informers , type of illness affect the suicidal behaviour of the patients.

## CONCLUSION

Suicide is an act or instance of taking one's own life voluntary. in psychiatric practice, suicide threats and gestures are taken as an emergency . It may be a symptom of psychiatric syndromes such as depression, psychosis or mood disorders. Identification of suicidal behaviour among psychiatric patients can be helpful to prevent suicide. Health care professionals should educate the family members and can help in reducing and controlling the psychosocial problems.

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### *Conflict of Interests*

The author declared no conflict of interests.

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