Psychosocial correlates among suicidal attempters (Trans-Cultures study).

Thesis
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دراسه المتلازمات النفساجتماعيه لمحاولي الانتحار في ثقافات مختلفة

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ماجستير الأمراض النفسية والعصبية

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Introduction

Suicide is a complex phenomenon that has attracted the attention of philosophers, physician, sociologists, artists and psychiatrists over the centuries. Suicide has occurred consistently throughout recorded history however many researchers found that attitudes towards suicide have varied widely in different ages, cultures and societies ***(Minios G., 1999).***

Surprisingly, more people are dying from suicide than in all of the several armed conflicts around the world and, in many places, about the same or slightly more than those dying from traffic Accidents. In all countries, suicide is now one of the three leading causes of death among people aged 15-34 years; until recently, suicide was predominating among the elderly, but now suicide predominates in younger people in both absolute and relative terms ***(WHO 2006).***

The World Health Organization (WHO) estimated by the year 2020 there will be approximately 1.53 million people who will die by suicide, according to current trends. Worldwide, suicide attempts will be about 10-20 times more than deaths by suicide. Their will be an average of one suicide every 20 seconds and a suicide attempt every 1-2 seconds. ***(WHO 2002).***

Pearson et al. (2001) claim that, suicidal attempts range in intent and medical severity from mild to very severe.

All suicidal attempts regardless of the extent of injury, are indications of severe emotional distress, unhappiness and/or mental illness goes back to the propositions of the early psychoanalytical psychiatrist who regarded the amount of violence which is implicit in person with a suicidal attempts as a form of failed homicide, the turning of aggression against the self that was formerly directed against another person ***(Diego, 2000).***

Suicidal attempts result in major economic losses. Direct costs reflect treatment and hospitalization following suicide attempts, and indirect costs represent lost potential lifetime income due to suicide-related disability. Notably, every youth suicide implies a loss of productivity of 50 years or more. The resulting economic burden from suicides and serious attempts were estimated to exceed $16 billion annually in the United States (Palmer et al 1996), with nearly similar costs in Europe ***(Kind P. et al., 1993).***

The definitions of attempted suicide used by many authors differ from those used by psychiatrists. The most likely explanation is that the people who responded to anonymous inquiries were using broader definition of attempted suicide than that by professionals ***(Hollinger PC, 1982).***

Having suicidal thoughts now is not abnormal for many people. They are part of the normal development process, as are working on existential problems and trying to understand life, death, and the meaning of life. Suicidal thoughts becomes

abnormal for people when the realization of those thoughts seems to be the only way out of their difficulties at this point there is a serious risk of attempted suicide or even a successful suicide ***(McGoldrickm et al., 1983).***

O,Caroll (1996) have provided definition for suicidal attempts as a potentially self-injurious behavior with a non-fatal outcome, for which there is evidence (either explicit or implicit) that the person intended to kill himself or herself?

De Leo D, et al., (1999) stated that, the endorsement of the evidence-based perspective in public health has promoted a moving from the interpretive investigation to an outcome-based practice that created the ground for a shift in the use of terminology. Consequently, "fatal suicidal behavior" is proposed for those suicidal acts that result in death, while "non-fatal suicidal behavior" refers to suicidal behavior that does not result in the person's death.

The intention to die is not always a necessary criterion, but the attempters should be aware that the action he/she initiates might cause death. Interestingly, this new approach seems to be closer to the old definition of Durkheim "all those death cases directly or indirectly resulting from a positive or negative act of the victim, who is aware of the consequences of its behavior"***(Durkheim E., 1897).***

More recently and precisely WHO defined suicide attempt as a self-damaging act carried out with some intent to

die and distinguished from other self-destructive types of behavior, such as self-mutilation, noncompliance with medical treatment in severely ill individuals, and the use of substances such as alcohol and tobacco ***(WHO, 2002).***

Now an essential preliminary step in clinical management of persons who attempt suicide is to consider relevant risk or causal factors. Many researches and investigation are still done all over the world trying to understand and evaluate risk factors for suicide and attempted suicide, as it will help to predict the protective factors against this 'phenomenon.

Many risk factors are correlated to suicidal attempters ranging from cultural and sociodemographic factors, family factors, cognitive style and personality factors, psychiatric disorders and situational risk factors ***(NIMH, 2004).***

Low socioeconomic status, poor education and unemployment in the family are risk factors. Indigenous people and immigrants may be assigned to this group, since the often experience not only emotional and linguistic difficulties but also the lack of social network. In many cases, these factors are combined with the psychological impact of torture, and isolation. These cultural factors are also linked with low participation in society customary activities as well as with conflict between various group values. Specifically, this conflict is a powerful factor for girls born or reared up in a new

and freer country, but who retain strong roots in their parents, even stronger conservative culture ***(Jilek-Aall L., 1988).***

Individual growth is inter-wined with collective culture tradition. People who lack culture roots have marked identity problems and lack a model for conflict resolution. In some stressful situations, they may resort to self-destructive behavior such as a suicide attempt or suicide ***(Jilek-Aall L 1988).***

In Arab countries there are small available data regarding suicide. In Egypt, ***Lotaif, et al., (1979)*** reported that the crude rate of suicide attempts in Cairo was 38.5 per 100 000 per annum.

Okash, et.al., (1986) concluded that persons who attempted suicide are often facing interpersonal problems, and that their acts may be interpreted more as a trial to remedy an intolerable situation than a desire to die.

But in Kuwait, only few papers touched this problem, two of them examined the psychosocial profile of deliberate self harm by ***Suleiman, et al., (1986) and AI Sahlawi, et al.,(1998)*** stated that female rates are higher than male and the most common methods usage of paracetamol overdose. Common risk factors noticed were exposure to stressors and also suffering from depression. But these studies were retrospective and only in one general hospital at Kuwait called Mobarak hospital.

Suicide attempters with cluster B personality disorders who have a history of self-mutilation tend to be more depressed, anxious, and impulsive, and they also tend to underestimate the lethality of their suicide attempts. Therefore, clinicians may be unintentionally misled in assessing the suicide risk of self-mutilators as less serious than it is**.** ***(Barbara et al., 2001).***

As a serious public & costly public health problem suicidal attempts (non fatal suicidal behavior) deserves the attention in Arab societies. Investigating different psychosocial factors & or correlates of people who attempted suicide will enable us to understand this phenomenon better and will help the mental health professionals to tailor successful preventive programs for suicidal attempters.

Rational for the study:

Attempted suicide is important since 30% to 60% of suicides have been preceded by an attempt, and 10% to 14% of those who attempt suicide eventually kill themselves, at rates about 100 times higher than in the general population.

The psychiatrist encounters six or more potentially suicidal persons in their practice each year. More than half of persons who commit suicide has consulted their physician within the previous few months, and at least 20% have been under psychiatric care during the preceding year.

Suicide attempts have direct, indirect and tangential costs. Internationally, the annual economic cost of suicidal behavior is estimated to be in the billions of dollars, considers that for every attempt suicide there are at least 5-6 persons on average whose lives are profoundly affected emotionally, socially, economically (and often for many years)

Empirical research support for common ways of interventions aimed at preventing suicide and suicide attempts remains strikingly limited and largely inconclusive all over the world.

Because many psychosocial risk factors are often involved in attempt suicide, recognition of them is the most important contributions a psychiatrist can make to predict protective factors.

Hypothesis:

Suicidal attempts constitute one of the most Common emergencies in psychiatry. However, its prediction and prevention still represent a very complex and puzzling clinical problem. Complexity of suicidal ideation and behavior across different culture, makes risk factors are vary widely different from one country to another, depending on social, personal and psychological factors.

We are hypothesizing that there are different psychological correlates and risk factors for suicide attempters coming from different cultures i.e the culture

has an impact on these correlates , or in other words each culture has its own correlates.

Aim of the work:

This thesis will cover the following topics:

Theoretical part:

To review other literatures that investigates psycho-social aspects of suicidal attempters in different countries, preferably areabic one .

Practical part:

Trying to answer the question:

What are the psychosocial risk factors linked to suicidal attempters in Egypt?

Methodology:

Subjects of study:

The study will be comprised of one main group, consists of at least 70 subjects of Egyptian patients attending the toxicology department and the psychiatry department at Ain Shams hospitals with a suicidal attempt.

Method:

The psychiatric assessment identifies risk factors that contributed to the attempt and help to predict a plan for appropriate treatment.

It consists of establishing rapport; understanding the suicide attempt, its background, the events preceding it, and the circumstances in which it occurred; appreciating the current difficulties and problems; thoroughly understanding personal and family relationships, which are often pertinent to the suicide attempt; fully assessing the patient's mental state, to recognize any mental disorders and interviewing the spouse, close relatives or friends.

Evaluation should follow a hierarchical assessment, based on simple direct questions concerning thoughts about Life the moment of the act, current level of life dissatisfaction, presence of thoughts about death, preoccupation with self-harm

or escape, and the formulation of specific plans and access to a method of self destruction.

Effective assessment for suicide risk also includes attempts to assess levels of intent and lethality, based on evaluating the nature of and access to a proposed method, and the presence of other persons, particularly family members or friends who may be able to prevent a suicidal act or offer additional support.

A. Site of the study:

This study will be done in Egypt and will be hold in Ain Shams university hospitals including toxicology centre. Comparing with other leading studies preferably with other arab countries.

B. Number of cases:

This thesis will be conducted throughout one group of Egyptian live in Egypt and consist of at least 70 patients.

C. Inclusive criteria will include:

1. Age from 18 or older
2. All attempters coming to psychiatric hospital (inpatient or outpatient) or any other referral from other hospitals (general or special).

3. Mini- Mental State Examination(MMSE) equal or more than 25 to exclude cases with cognitive impairment and\or organic causes.

D. Exclusive criteria will include:

1. Age below 18 years.
2. Mine-Mental State(MMSE) less than 25.
3. Patients who can not speak and write Arabic language well as used tools are self –reported.

E.Tools:

1. ICD 10 check list.
2. Semi structured sheet including age, sex, social status, marriage, way of attempt suicide, etc……. this sheet will be designed by the researcher under supervision of the supervisor.
3. Life events coping questionnaire (**Leonard W. 2003**).
4. Meaning of life scale **(Haroun, 1998)**.

Statistical analysis:

Findings will be analyzed by computerized version of statistical package for social science (SPSS)12version.

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