

INTENT SUICIDE AS A FACTOR RISK ON PERSONS WITH MENTAL HEALTH PROBLEMS

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Abstract

Objective: The purpose of this study is to present an overview of suicide intent in subjects who were submitted at emergency first aid at the Psychiatric Clinic and to highlight the relation between suicide intent, psychiatric diagnosis, and demographic data such as gender, age and social status.

Methods: Collected data are based on recording statistics at the Emergency Psychiatric Clinic, Hospital University Center "Mother Theresa", Tirana, Albania. Analyses of the data were made by a group searching through quantitative methods focusing on admissions statistics and identification of intended suicide during a three-year period from 2011- 2014 .

Results: Attempted suicide have a significant relation with a psychiatric diagnosis. Demographic variables such as gender, occupational status, marital status and place of residence were not found to have a link with suicidal attempts. The presence of psychiatric disorders emerge as the key in determining suicidal attempts.

Conclusion: Research confirms the influence of psychiatric diagnosis, where mood disorders are of broad expandure to intent suicide in the treated population of Psychiatric Clinic. A hight relationship was between suicide intent and bipolar depression, schizoaffective disorder, major depression with psychotic traits, major depression.

Keywords: Suicide Intent, Psychiatric Diagnosis, Depression, Psychiatric Clinics

Introduction

Intended suicide refer to the intensity of the desire of the person to death (Chandrasekaran et al., 2003) at the time of the suicide intent. Intended suicide as a self-injury act are usually seen as a high risk factor for other attempts of the future where the a person could take this step. First, suicide intents are associated with a range of demographic and clinical variables. In various researches, the intent suicide has been associated with factors such as age, gender, living alone, substance abuse, even though this relationship is not clearly defined. Even clinical variables such as the presence of schizophrenia (Ponizovsky et al., 2003), psychotic disorders and depression represent a strong correlational link with the intended suicide in the population of mental health issues (Hamdi et al., 1991).

Given the clinical judgment of experts in the field of psychiatry there are a range of evidence associated with suicidal attempts in the clinical population. It is commonly predetermined that there is no a significant distinction based on gender, the tendency to fulfill serious suicide attempts (Harriss et al., 2005). However, most patients who have made serious suicide attempts, have been affected by bipolar and unipolar depression (Zalsman et al., 2006). As the most typical places where suicide attempts are completed, are usually the bedroom or bathroom, and as a means to fulfill the act are the usage of bedding cover or clothing, but also any other means found in these environments can pose a serious threat to the person who tends to make a suicide (Harriss et al., 2005).

Referring to the literature on potential factors that could lead a person to suicide attempts some components are defined as risky factors such as: previous suicide attempts, suicide intentions expressed; severe mental health state, feelings of hopelessness, self-hatred, hopelessness, the concerns of the moment, psychosis, the desire for death, family history associated with suicide, lack of social support, work, religion, history of substance abuse, recent presence of a powerful stressor.

These potential risk factors for attempted suicide are defined based on the review of data 126 psychiatric institutions of newly admitted adults after a suicidal intent (Gupta et al., 2011). In our country there is commonly a frequent presentation on news the incidence of suicide and suicide attempts, often associated with the economic crisis on one plan and discussions in groups of researchers referred to psychiatric diagnosis rather as a guiding factor of suicidal attempts on the other plan. In such a background we start to undertake a research which will enable us an overview and analysis of attempted suicide in the admission room of victims, thus the emergency psychiatric clinic.

Methodology


The study is a retrospective type based on statistical data of the past three years, aimed at explore on the phenomenon of suicide. The data are taken from the statistics of Emergency Psychiatric Clinic at the Hospital University Center "Mother Theresa", Tirana (Q.S.U.T), on individuals admitted at the emergency room. We referred to the data obtained from the records of admissions and personal inpatients folders at the Psychiatric Clinic at the Hospital University Center for a short period of three years, as 2012-2014.

Data analysis were conducted by Statistical Package for Social Scientist (SPSS.16). Descriptive statistics were used to analyze the data for suicide attempts focusing on the frequency, percentage, mean and standard deviation (SD). Test (chi-square test) was used to test the correlation between socio-demographic variables and psychological factors. Intercorrelation between psychological factors was calculated by Pearson's correlational coefficient.

Results

We have examined records of admissions and inpatient personal folders in the period 2012-2014 at the Emergency Psychiatric Clinic in Q.S.U.T, from which it was found that the total number of admissions for a 3-year period were 3967 admissions, of which 1 373 resulted with mood disorders, and by the total admissions, 183 admissions were due to the realization of a suicidal attempt (figure1). The rest of the admissions were due to other problems because of mental health, such as schizophrenia, psychotic disorders, adjustment disorders and delusional disorders.

Table 1: Data on total admission number at the Psychaitric Clinic within 2012-2014



Total admission number of patients for period 2012-2014	• 3967
Admissions for mood disorders	• 1373
Admissions for suicidal attempted	• 183

The research examined 183 people hospitalized due to a suicide attempt, where 108 (59%) were female and 78 (41%) males. The average age of male and female patients hospitalized was 35.1 [+ or -] 9.3 years. Most of them belonged to the age of 35-50 years. From a total of 183 patients, 113

(61%) of them were unemployed, 33 (18%) were invalid, 20 (10%) were employed, 7 (4.6%) were schoolchildren, 4 (2.8%) were students and 6 (3.6%) were retired. Among demographic and suicide attempts was not found a significant relation regarding being male or female. On the same situation, it is for other demographic data related to the professional status of the employee or the unemployment, marital status, married or single, town or village residence. A significant relation results regarding the presence of a psychiatric disorder in cases of attempted suicide (Figure 2). In terms of the most common diagnosis in the studied champion showed that 144 (78.6%) patients were diagnosed with mood disorders and 39 (21.4%) were diagnosed with other psychiatric disorders.

Table2 . Demographic data and score correlations to intended suicide

Variable	Suicide intent score (mean [+ or -] SD)	Significance
Gender		
Male	7.9 [+ or -] 3.2	No significance
Female	12.1 [+ or -] 3.2	
Professional state		
Unemployed	10.1 [+ or -] 3.3	No significance
Employee	9.7 [+ or -] 3.2	
Marital Status		
Married	9.8 [+ or -] 3.3	No significance
Single	11.1 [+ or -] 3.1	
Residence		
City	11.0 [+ or -] 3.5	No significance
Village	11.1 [+ or -] 3.3	
Psychiatric morbidity		
Present	12.1 [+ or -] 4.7	p < 0.05
Lack	7.6 [+ or -] 2.9	

Another interesting relationship result concerns significant correlation between attempted suicide and bipolar disorder ($r = 0.12$, $p < 0.05$), schizoaffective disorder ($r = 0.25$, $p < 0.01$), major depression with psychotic features ($r = 0.21$, $p < 0.01$), major depression ($r = 0.13$, $p < 0.05$) (Figure 3).

Table 3. Pearson's correlation between suicide intent and bipolar depression, schizoaffective disorder, major depression with psychotic traits, major depression.

Variable	Pearson's correlation (r)	Significance
Bipolar Disorder	0.12	p<0.05
Schizoaffective Disorder	0.25	p<0.01
Major Depression with psychotic traits	0.21	p<0.01
Major Depression	0.13	p<0.05

Discussion

This study focused primarily on the identification of suicide attempts in patients who were admitted to emergency room of the Psychiatric Clinic in Tirana, to have a specific view of relations to socio-demographic factors, or other factors that contribute to increasing the number of suicide attempts. There were found not a significant correlation link between gender and attempted suicide, although referring to data obtained from the records it was found that the number of women (59%) who were hospitalized as a result of a suicide attempt was greater than that of men (41%). Gender in our case is not seen as a factor to be related to suicide attempts, which is confirmed either by various studies (Portzky, 2008; Garlow, 2002; Doors, Kreitman, 1984; Pierce, 1977). In some cases it was found that the age factor is seen as significant in relation with suicide intents (Chandrasekaran & Gnanaselane, 2005; Manoranjitham et al., 2007), but our study did not confirmed. Other elements that are thought to have a kind of connection with suicide attempts that were examined, were marital status, but there were not any significant connection between being married or single. If we would refer to other factors such as professional status and residence, these factors again do not seem to have any connection with suicide attempts even though it appears that the largest number of hospitalized patients were unemployed and came mainly from urban areas. Even in this case, there was not any significant relation between these two variables and attempting suicide, maybe concerning the fact that most of the Albanian population in recent years has moved from rural to urban areas.

Our study confirmed what findings marked as the relation that exist between suicide attempts and comorbidity with psychiatric disorders (Bhattacharya, 2011; O'Conner, 2006; Skegg et al., 2004). The group of psychiatric disorders showed a high significance of suicide attempts (Darshan, 2012; Dick, 2010; Zalsman, 2006). Most of those hospitalized in the psychiatric emergency suffering from psychiatric disorders and attempted suicide were diagnosed with one of the forms of mood disorders such as major depression, bipolar depression, major depression with psychotic features, while the rest of inpatients were diagnosed with psychotic disorder and schizoaffective disorder. The finding was significant either between attempted suicide and mood disorders were also confirmed in a number of other studies (May et al., 2012; Mc Girr et al., 2007; Jain et al., 1999; Aptera et al .1993). Although in many cases of attempted suicide it is the existence of external stressors, such as quality of life in general, social support, adaptive ability of individuals (Kumar, 2013; Turner et al., 2012; Edwards et al., 2010) ,when seen as risky factors (Wilson et al., 2014) are combined with the presence of psychiatric

disorders. Referring to collected data from personal inpatient folders not only were they diagnosed with a psychiatric disorder but also other psychosocial factors (Kumar, 2013) that associate their condition appear to be contributing factors for raising suicide attempts rates in patients treated in Psychiatric Clinics.

Conclusion

The current study aimed to identify risk factors that increase the probability of a person to undertake a suicide attempt. It identified a range of important factors that play a key role in increasing suicide attempts in this category of persons, factors that are correlated together. We can not say that we are dealing only with the influence of one of such factors, it is generally a combination of several factors that leads the individual self-injury acts. What emerges is the presence of a psychiatric problem, namely the presence of psychiatric disorders increases the likelihood of suicidal attempt, also if we would refer to psychiatric disorders as permanent concomitant suicidal attempts are mood disorders, where the relation between intended suicide and mood disorders such as major depression, bipolar depression, major depression with psychotic features are typical. By referring disorders it was found that a significant relationship between suicide attempts and schizoaffective disorder, delusional and psychotic. In demographic factors there was not identified any relations, however psychosocial and demographic factors influence one way or another to suicidal attempts though not directly.

The study was an attempt to explore the risk factors to suicide attempts referring to data obtained in statistical form inpatient files and records in the Psychiatric Clinic. These data are insufficient to fully approach risk factors for suicide. We suggest that other studies must be undertaken with a different methodology in order to generate concrete results that will help researchers and experts who work with these categories of patients.

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