

RISK AND PROTECTIVE FACTORS IN NON-FATAL SUICIDAL ACTS

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Abstract:

Objectives: Descriptive and statistical study of socio-demographic, clinical variables as well as other factors that circumscribe the appearance conditions of non fatal suicidal acts.

Method: The material of our study consists of 54 patients (50 of them remaining to finish the study) that address to Psychiatry Hospital from Sibiu / Urgency Department. The evaluation implies data from psychiatric interview, evaluation scales (The Intent Suicide Scale, Beck Hopelessness Scale, The Reasons for Life Scale).

Results: The distribution of cases regarding the associated psychopathology is: (1) "Adjustment disorder with depressed mood" (23.7%); (2) "Alcohol related disorders" (16.7%); (3) "Mood disorders" (15.6%); (4) "Psychotic disorders" (9.3%); (5) "Dementia and other organic disease" (5.5%). The mean of the values of the Intent Suicide Scale as a result of the intrinsic factors of psychiatric disorders is significant larger ($p = 0.002$) than that of the patients confronted with psychosocial stress factors. There is a significant positive correlation between age and the score of the subscale "Child-Related Concerns" ($r = 0.360$, $p < 0.05$) and a significant negative correlation between age and the score of the subscale "Fear of Social Disapproval" ($r = -0.422$, $p < 0.01$). There isn't a significant difference between the motivation and alcohol consumption that precedes acting non-fatal suicide (two tailed exact Fisher $p = 0.028$). The mean of the values of the Beck Hopelessness Scale and the Fear of Suicide at the patients which proclaim the intent of death is significant larger ($p = 0.002$) than that of the patients without the intent of death. The mean of the values of the Survival and Coping Beliefs Subscale at the patients who declare the intent of death is significant smaller ($p = 0.003$) than that of the patients without the intent of death.

Keywords: risk factors, protective factors, non fatal suicidal acts

Introduction

Despite advanced in prevention and treatment of psychiatric diseases, recent epidemiologic research indicates that suicidal behavior still constitutes a major public health problem. The argument of this relative reduced efficacy of the therapeutic modalities used in treatment of suicidal behavior may be the identification of a simplistic explanatory model of suicidal behavior that portrays suicide as a response to extreme stress or the existence of a psychiatric disease (1).

Statistical studies indicate a variability of suicide ciphers according to the series of demographic risk factors (age, sex, religion, ethnic group, etc), predisposed genetic factors, precipitant / favourably factors (psychiatric diseases, psychosocial factors, severe somatic illnesses, etc). These data have been integrated in explanatory models of the suicidal behavior that point out the intervention of a stress factor on a predisposed ground (2).

Suicidal behavior refers to the suicidal acts with a fatal (realized suicide) or non fatal outcome. The latest one is known in speciality literature with many terminology variants, according

to some characteristics, as: letality (the degree of physical harm) and intent (degree of intention of the death). It distinguishes the “attempted suicid” term uses especially in USA, reserved to acts that include at least some intent to end one’s life, “self harm” term, in USA reserved to suicidal acts without any intent of death, or in UK to all suicidal acts with non fatal outcome (3).

Studying suicidal behavior constitutes a difficult research theme due to the complexity of psychological / psychopathological dynamic trained in the course of the initiation of this behavior. Present study aims to highlight the relations between variables that describe the clinical motivational, circumstantial framework of non-fatal suicidal acts; it contains, therefore, the comparative study of two groups: one group named “self harm group” – without intention of death and the other group named “attempted suicide group” – with intention of death that delineate the research of the existence of a descriptive profile that regards socio-demographics, clinic and other variables.

Material and method

The material of our study consists of 54 patients (50 of them remaining to finish the study) that addresses to Psychiatry Hospital from Sibiu / Urgency Department. The interview comprises data about demographics, personal and pathologic history, somatic, psychiatric and psychological clinical examination, paraclinical examination that lead to psychiatric diagnostic according to DSM IV TR. Besides, we made an appreciation over the non fatal suicidal acts through the evaluation scales:

The Intent Suicide Scale (4) is a structured interview that measures the seriousness of the intent to commit suicide. The scale consists of 15 items that quantifies the verbal and nonverbal behavior before or during the latest suicidal act.

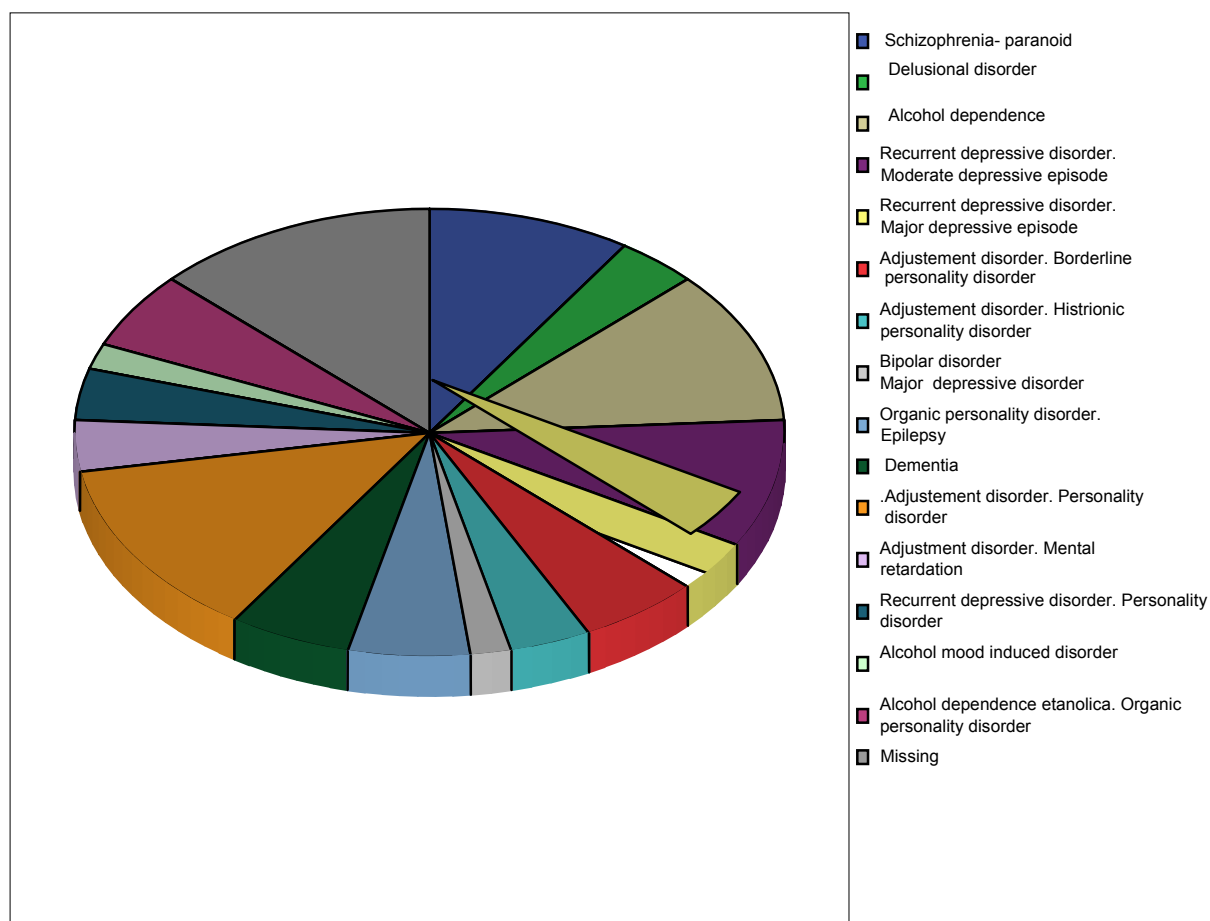
Beck Hopelessness Scale (5) is a self administrated instrument that contains 20 items with “yes” or “no” answers with values of “0” and “1” that measures the degree of positive and negative beliefs about the future in the last week.

The Reasons for Life Scale (6) is an inventory with 48 items that evaluates the convictions and expectancies that guide the individual to avoid the suicide. The scale includes 6 subscales: Survival and Coping Beliefs (24 items), Responsibility to Family (7 items), Child-Related Concerns (3 items), Fear of Suicide (7 items), Fear of Social Disapproval (3 items), and Moral Objections (4 items). Every item is provided with a Likert scale from “1” meaning “at all important” and “6” meaning “extremely important”. Data obtained from these sources will be processed with SPSS program using Pearson correlation, T test student, Chi-square test, Fisher’s test, at $p < 0.05$.

Results

The analysis of socio-demographic factors reveals: female / male rapport is 2.6:1, the age peak is between 20 – 30 years, the subjects come from urban area in 53.7% of cases, a light predominance (51.9%) of “married” status faced to “anomie” marital status, an increased percent (33.3%) of people with “unemployment” status.

As regards the distribution of psychopathological profile of the subjects associated with non fatal suicidal acts (fig. 1): the most cases (12 cases – 23.7%) were diagnosed with “Adjustment disorder with depressed mood”, on the 1st axis and “Personality disorder” or “Mental retardation” on the 2nd axis. On the 2nd place there are situated “The mood disorders” (10 cases – 15.6%), thus: 7 cases (13%) manifest “Recurrent depressive disorder”, 2 cases (3.7%) presented “Recurrent depressive disorder. Personality disorder” and 1 case (1.9%) were diagnosed with “Bipolar affective disorder. Major depressive disorder”. On the 3rd place we found “Alcohol related disorders” (9 cases – 16.7%) from which: “Alcohol dependence” (6 cases – 11.1%) and “Alcohol dependence. Organic personality disorder” (3 cases – 5.6%). It follows the group of psychotic disorders: “Schizophrenia-paranoid type” (2 cases – 3.7%) and “Delusional disorder” (3 cases – 5.6%). On the last places there are the organic psychiatric diseases: “Organic personality disorder. Epilepsy” (3 cases – 5.6%) and “Dementia” (3 cases – 5.6%).

Fig. 1. Psychiatric disorder

The mean of the values of the Intent Suicide Scale as a result of the intrinsic factors of psychiatric disorder ($M = 27.53$, $SD = 5.471$) is significant larger ($t = 3.26$, $DF = 45$, two tailed $p = 0.002$) than that of the patients confronted with psychosocial stress factors ($M = 22.53$, $SD = 4.47$).

There is a significant positive correlation between age and the score of the subscale Child-Related Concerns ($r = 0.360$, $p < 0.05$) and a significant negative correlation between age and the score of the subscale Fear of Social Disapproval ($r = -0.422$, $p < 0.01$) (table I).

		age	child related concerns	fear of social disapproval
age	Pearson Correlation	1	.360 *	-.422 **
	Sig. (2-tailed)		.010	.002
	N	54	50	50
child related concerns	Pearson Correlation	.360 *	1	-.084
	Sig. (2-tailed)	.010		.560
	N	50	50	50
fear of social disapproval	Pearson Correlation	-.422 **	-.084	1
	Sig. (2-tailed)	.002	.560	
	N	50	50	50

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Tab. I: Correlations between age, child related concerns, fear of social disapproval

The mean of the values of the Reasons for Life Scale with “married” marital status ($M = 22.97$, $SD = 3.29$) is significant larger ($t = -2$, $DF = 48$, two tailed $p = 0.020$) than that of the patients with “single” marital status ($M = 20.00$, $SD = 3.29$).

There isn't a significant difference between the motivation and alcohol consumption that precedes the non fatal suicidal act (two tailed exact Fisher $p = 0.028$). As regards alcohol consumption, those who present, as suicidal act triggers, intrinsic factors of the psychiatric disorder aren't different from those who present psychosocial factors.

The comparative study of two groups on the basis of assertion the intent lack of intent of death shows: at «the attempted suicide group» it remarks that the great percent (42.10%) is due to «Recurrent depressive disorder», followed by the «Adjustment disorders» that superimposed on the «Personality disorders» and «Mental retardation», «Schizophrenia», «Dementia» (15.7%), «Alcohol dependence» and «Bipolar disorder» (5.26%); at «the self harm acts» dominate the «Adjustment disorders» (37.93%), followed by the «Alcohol dependence» (27.58%), «Organic personality disorders» (19.34%), «Recurrent depressive disorder» (10.34%), «Schizophrenia» and «Delusional disorder» (6.89%).

As regards the comparative study, the mean of the values of the Beck Hopelessness Scale on the patients which proclaim the intent of death ($M = 13.32$, $SD = 10.93$) is significant larger ($t = 3.2818$, $DF = 46$, two tailed $p = 0.002$) than that of the patients without the intent of death ($M = 2.64$, $SD = 2.41$).

Therefore, the mean of the values of the Survival and Coping Beliefs Subscale at the patients who declare the intent of death ($M = 2.89$, $SD = 0.82$) is significant smaller ($t = -3.085$, $DF = 45$, two tailed $p = 0.003$) than that of the patients without the intent of death ($M = 3.74$, $SD = 1.004$).

Discussions

The increased frequency of the «Adjustment disorders» is explained by the existence of depressive symptoms (depressive mood, anxiety, the feeling of incapacity, helplessness) that appear as a result of stress factors. It is remarkable the association of this disorder with «Personality disorders» or «Mental retardation» that induces a psychological vulnerability. Thus, «Personality disorders» is characterized by an increased emotional reactivity and impulsivity that favours the suicidal act. Secondly, «Mental retardation» participates to this vulnerability through the following symptoms: instability, emotional immaturity, impulsiveness, aggression and the cognitive deficits.

In the 2nd place, we find out that «Alcohol related disorders» are due to the disturbed existential conditions associated with addictive behavior or to the comorbid psychiatric disorders like «Organic personality disorders» that determine impulsiveness, aggression or «Affective disorder alcohol related» that produces depressive symptomatology.

In the 3rd place, there is the “Recurrent depressive disorder”. The main cardinal point of mood disorders is depressive symptomatology through the affective element / depressive mood or the cognitive element – hopelessness, helplessness or the behavior elements – agitation, aggression. It is cited, in the speciality literature that 90% of those who made a suicidal act present, manifested at that time, depressive mood (7). Therefore, depressive symptoms – agitation, hostility, hopelessness – alone or conglomerated in a mood disorder have a larger degree of predictability than the cognitive aspects of depression (8). It takes place, due to depression exacerbation (9), judgement distortion, or negative psychosocial factors.

It follows the group of psychotic disorders – «Schizophrenia», «Delusional disorder». In this case, non fatal suicidal acts are linked to the intrinsic psychopathological factors – psychotic symptoms. Patients with schizophrenia represent 10% of those who commit the suicidal act and this is due to the social retraction, reducing social abilities, lack of social contacts (10), especially in the active phases and in early phases (11).

In the last two places there are cases with «Organic personality disorders» and «Epilepsy» and «Dementia». In this case, the suicidal act takes places due to the organic perturbation brought by disturbed behavior (impulsiveness, aggression, explosive), affective symptoms (depression) or cognitive deficits (judgement deficits) (12).

As regards the motivation, the presence of psychosocial stress factors participate in a small degree to the intent than the factors related to the disease (agitation, anxiety, psychotic elements, short circuit reaction, etc). This indicates that, in the first case, the suicidal act produces as a result of a psychological crisis, while, in the second case, it intervenes pursuant to the psychiatric symptoms that lead to the intent of death, when is reduced the manifestation of free agency.

Positive correlations between age, Child-Related Concerns and Fear of Social Disapproval is explain by the fact that progression of age and the increase of responsibility conduct to the enhancement of Child Related Concerns, and, in the same time, of the Fear of Social Disapproval, probably because of an increasing social uniformity.

Additionally, it reveals a better score at Reason for Life Scale at married people, so the family offers a protection to the individual concerning sociability, in giving affective, moral, financial support and these facts are highlighted especially in that acute moments when the individual doubts the opportunity of life.

As regards the relation between alcohol and motivation of parasuicide, there wasn't distinguished a significant difference between the two groups characterized by intrinsic / extrinsic factors and this point out reveals that alcohol didn't represent an adjuvant of reactive states determined by diverse stress factors.

In the case of the comparative study between the one's with / without intent of death, we noticed a predominance of «Depressive disorder» at «the attempted suicide group» that reflects the association of depressive disorder with his clinical particularities and the intent of death; «the self harm acts group» dominate the «Adjustment disorders», where stress factors induce the reactive depressive symptomatology.

About the same groups, there is a significant difference between the two groups at the Survival and Coping Beliefs Subscale. The patients that proclaim intent of death (from the attempted suicide group) present smaller values at the mentioned subscale (a decreased efficacy of coping mechanisms) beside patients who doesn't proclaim intent of death (the self harm acts group). This association reveals the fact that the intent of death occurs in a larger degree when the individual doesn't dispose of coping mechanisms capable of reducing the suffering caused by different adversities of life.

Conclusions

In conclusion, the study relieves a multitude of correlations between risk factors of suicidal behavior that realizes a description of motivation, intent of death, appearance circumstances, lethality, premeditation, expectancy degree of a positive future, protective factors, factors that

disclose an important part of the psychological universe of the individual facing death. On the other hand, the extensive description of risk factors allows the identification of significance of this factor correlation that lead to the construction of an effective management plan of suicidal behavior capable of preventing many suicidal acts.

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