

Research Article

Role of Psychosocial Factors in Completed Suicide-A study Conducted at RML Mortuary from 2017 to 2021

Shalini Girdhar*

Forensic Medicine ABVIMS&RML Hospital New Delhi, India

Abstract

Suicide is the second leading cause of death in 15-29 Years old population and close to 8 lakh people die due to suicide every year. India reported 381 suicides every day in 2019 with 3.4% rise in suicide rate as compared to 2018. Total of 139,123 suicides occurred in India in 2019 which are alarming. Also amid of corona virus pandemic these year (2020-21) there is effect on psychological and social life of people and it may increase the suicide rates during and after pandemic. Our study conducted at RML mortuary from 2017-2021 where we collected 50 suicide and 50 non suicide cases and filled Proforma and studied their Sociodemographic profile to find the difference in age, sex, socioeconomic status, Personality, previous attempt, physical and psychiatric history. In our study we found that lower education status i.e. illiterate, Male sex, maximum were between 20-40 years age group married, hanging as most common mode and no exact reason given was being most common cause which was stated by relatives of deceased.

Keywords: No difference; Psychosocial factors; Suicide

Introduction

The word "Suicide" was first coined by Sir Thomas Browne in his Religion Medici in 1642 and Subsequently by Walter Charleston in 1651, (Schneindman 1976). Prior to that self-killing, self-destruction and self-murder were in use conveying the same meaning.

Suicide may be defined for psychological, social, administrative and legal purpose. Only a few studies on suicides have been conducted in India. The reported incidence of suicide vary from 53 per

*Corresponding author: Shalini Girdhar, Forensic Medicine ABVIMS&RML Hospital New Delhi, India, E-mail: drshalinimlh@gmail.com

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million. A research team has identified biochemical and clinical signs that may help predict suicide attempt, estimated to cause one death every 40 seconds worldwide Majority of suicides occur in young population. Life events were present in majority of cases. DSM III R Axis disorder, family history of psychopathology and recent life events were found to be significant risk factors. Anxiety disorders are the most common class of mental disorders in USA with life time prevalence between 2.6 % and 4.6 %Also, social phobia was also risk factors for suicide. Psychosocial functions, physical disorders are risk factors for suicide.

Review of literature

In a study done in Orissa in year [1] on suicide attempters it was found that male to female ratio was 1:3. Younger age, lower middle economic group, rural background, unemployed, school educated were more in study More no of attempters had a family history of psychiatric illness.

Childhood trauma was noted in 40 percent of the attempters. Factors like family history of psychiatric disorders, family and marital conflicts, financial loss, and failure in examination are common events.

In a study in [2] the suicide attempters had experienced more negative and less positive parentalrearing factors than normal, but no difference was found between suicidal and non-suicidal. Parental loss due to divorce had occurred among suicide attempters.

In a study in [3] anxious attachment was associated with past suicide attempt.

In a Study in year [4] Burn Cases of females were grouped as suicidal 25% accidental 3% homicidal 2%. Imp causes were psychiatric disorders (23%), physical illness (15%) and marital interpersonal problems(51%). For presence of Axial I disorders for family history of psychopathology for life events in the previous month.

In a study conducted in year [5] it was found that maximum no of attempters and completers belonged to 26-35 years followed by 16-25 years and 36-45 years. There was predominance of males. The majority in all three groups were literate up to high school.

Among the suicide ideaters had a past history of attempt. Family history of attempt or completed suicide was also most common among patients suffering from depression. In completed suicide most common method was hanging followed by burns and poisoning. Family history of attempted or completed suicide was common. It was reflected that 60 percent of patients were married among completed suicide hanging was most common method followed by burning. NCRB 1993 reported poisoning as the commonest method of suicide followed by hanging and burning.

The suicide and completers had a family history of attempted suicide. Attempted suicide was common among patients suffering from depression. Organo phosphorus compound intake was common in attempters while hanging was common in completers.

In a study done in year [6] Post traumatic stress disorders, depressive disorder, depression, epilepsy, pain and poor work and social functioning all predicted a shorter time to suicide attempt.

In a study in year [7] attempters and non-attempters, rate of suicide attempt and of a family history of suicide were higher in BP II DISORDER. Suicide attempts were explained by family history of suicide and mood disorders, recurrence of depression needs psychiatric treatment.

In a study done in [8] risk factors for suicide occurring from interaction between the individual are abuse, loss, family discord and stressful life events, social influence and support.

Materials and Methods

It was very interesting to collect data relatives from 50 suicide cases and 50 non suicide cases and then we compared results by applying statistical tests. Sociodemographic proforma is attached along with paper [9,10].

Results

In our study Male predominately committed suicide, married, illiterate, 20-40 years age group, hanging was the common mode. Suicide group.

Male	37
Female	13

6	Graduate	7
Total		50

Reason for suicide

1. No exact reason given by- 17 cases
2. Family problem- 2 cases
3. Depression- 5 cases
4. Drug abuse & alcohol intake - cases
5. Marital conflicts relationship failure - 5 cases
6. Financial debits - 4 cases
7. Cause not given- 8 cases
8. Total - 40 cases

Occupation

1	Daily wage labor	14
2	Students	08
3	House wife	07
4	Unemployed	11
5	Any other	10
Total		50

Education status

1	Educated up to 12th	9
2	illiterate	16
3	Up to 5 th class	8
4	Up to 8 th class	6
5	Postgraduate	4

Married	26
Unmarried	15
Engaged	4
Divorced	5
Total	50

Religion

Hindu	48
Muslim	2
Total	50

0-20	6
21-40	23
41-60	15

Random 50 non suicide cases Age Group

61-80	6
Male	35
Female	15

1	Daily wages labor	18
2	Students	0
3	House wife	11
4	Unemployed	10
5	Any other	11
Total		50

Occupation

	illiterate	5
	Up to 8 TH Class	17
3	Up to 10 th class	8
4	Up to 12 th class	6
5	Postgraduate	4
Total		50

Education status

Discussion

Suicide is result of mental illness which is behind the pain of the person who chooses to end life. The suicidal mind described the experience of psychological pain in a crisis state as a precursor to suicidal impulse. Trigger factors and events precipitate this state of crisis. What we can all do for suicide prevention?

- Building the protective factors that reinforce positive wellbeing in how those around us regard themselves and their social environment.
- Creating a stronger social networks.
- Promoting help seeking and the provision of caring responses to others in times of personal crisis makes a difference.

0-20	6
21-40	22
41-60	10

Age group

61-80	5
Not known	7
Total	50

- The socio demographic factors such as literacy, occupation, socio-economic status and habitat. Past history of suicide was present in suicide ideates, attempters and completers indicating that it is an important risk factor in some cases. Family history of attempted suicide or completed suicide was also common among patients from depression
- Among the suicide attempters' adjustment disorders with depression was the commonest among psychiatric diagnosis.

Among the completers hanging was the most common method followed closely by burning. Unemployment is a known risk factor for suicide attempt. Lower economic strata and poverty have been associated with suicide attempt. Being Single, Divorced, or separated or divorced is risk factor for suicide. Poisoning was most frequently used by adolescents, first time attempters, depressives and attempters without psychiatric disorders. Physical methods were more frequently used by those having unequivocal intent to die, those from extended family, repeaters.

Childhood trauma has been shown to be significantly associated with suicidal behavior. Lack of parental care and alcoholism in a parent were common themes. Negative parental rearing, parental loss, negative perception of parents and physical abuse have been reported as factors for adolescent suicide attempt.

However there were no parental divorces, separation instances in study.

A majority of attempters in this study were having psychiatric illness. Personality disorder was hardly diagnosed for the study.

Characteristics of most of the associated physical illness were chronic non-remitting pain, restriction of occupational and recreational endeavors and physical mobility. A considerable proportion of attempters communicate their intentions. The suicidal ideation was associated significantly with adult attempters, psychiatric patient.

Majority of risk were males, middle aged, adults, unmarried, persons, those with psychiatric illnesses, particularly depression, substance abusers and repeaters had made comparatively more high potential attempts.

Lack of family warmth, disturbed parent-child relationship were associated with child and adolescent psychopathology.

Stressful life events often precede a suicide or suicide attempt. The loss of one's home, failure in studies, unemployment, financial difficulties and bankruptcy are common life events among people who commit suicide. Impairment in social adjustment before suicide attempt was introduced as one of the strongest risk factors for reoccurrence of suicidal behavior. Psychosocial factors such as acute or chronic stressors, facilitating of suicide.

Our result was similar to study conducted by MS Bhatia et al 2000 which showed that trend of suicide was almost similar after 10 years also. With these results it was proposed that males of lower socioeconomic status with no exact cause given and married are more prone to suicides. In another study in 1999 in Chennai it was found that widowed, separated and divorced individuals were more common in study who committed suicide. The suicide method was hanging followed by, self-immolation, poisoning and drowning followed by jumping from height. Alcoholism and mood disorders were common diagnosis.

Introduction of spirituality in school education or through media is the only solution to reduce the suicide. As the saying believe in God. Everything happens for the best and what will happen is for the best. In physics we say stress is undue pressure on something which makes that thing under stress so we have to distress ourselves we have to go by Geeta saying "only karma is there in your hand, not the result" so accept everything in life with positive way. We have to think that what we have i.e. positive thinking and not look upon into which we do not have.

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