

EXPRESSION OF SUICIDAL INTENT IN DEPRESSIVES

SUNIL SRIVASTAVA & NAMITA KULSHRESHTHA

ABSTRACT

The study was undertaken to find out correlation, if any, between severity of depression and suicidal intent communication and its relation to age, marital status, duration of illness, previous admission in a psychiatric hospital in patients of depression diagnosed using criteria of ICD-IX category codes F31.3, F31.4, F31.5, F32 and F33. Sample consisted of 30 patients from the OPD of Agra Mansik Arogyashala. The Hamilton Rating Scale for depression was used to measure severity of depression and suicidal intent questionnaire was used to assess suicidal intent communication. A positive correlation between severity of depression, being married, being male, being employed, being ex-mental hospital patient, duration of illness being more than one month and age being less than or equal to 35 years was found. Further research in this area is required.

Key words : Suicidal intent, depression, product moment correlation

Suicide implies taking one's own life. The phenomenon is as old as human history itself. Incidence of suicide may occur at any time from the start of adolescence to the age of even hundred years (Chaube, 1991) or more. The "suicidal person" may be one who successfully commits suicide, unsuccessfully attempts suicide, threatens suicide, demonstrates suicidal ideation or behaves in generally self destructive patterns. The expression "suicidal act" is used by the World Health Organisation to denote the self infliction of injury with varying degree of lethal intent and awareness of motive. For attempted suicide the action must have a self destructive intention however vague and ambiguous (Stenegel, 1963). Sometimes the intention has to be inferred from the patient's behaviour. The suicidal gesture is similar except that the action is performed in a manner that other persons might interpret as suicidal in purpose. In suicidal threats the intention is expressed but no relevant action is performed. In suicidal ideation the person thinks or talks or writes about suicide without expressing any definite intent or performing any relevant action.

Suicidal intention, obviously, is common denominator of all forms of suicidal behaviour.

Chronic patients of serious and fatal diseases have been reported having committed suicide. Depression is one of the commonest presentation in primary care. It affects 6% to 10% of patients (Katon, 1987). Data from National Comorbidity Survey indicates that the life time prevalence of major depression is 17%. The life time psychiatric comorbidity rate for major depressive disorder may be as high as 43% (Depression Guideline Panel, 1993). Untreated depression can also be devastating in terms of associated mortality, suicide being the primary cause with an estimated 60% of suicide attributed to depression (Depression Guideline Panel, 1993; Greenberg et al., 1993). Beck et al. (1985) on a study of people who had attempted suicide found a significant correlation between the seriousness of suicidal attempt and the level of hopelessness. Neuringer (1967) demonstrated the importance of negative cognitive sets in depressed and suicidal patients. Stenegel (1968) indicated that suicidal intent is always ambivalent. Lewinson (1974) found that central antecedent condition is

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insufficient response contingent positive reinforcement (attention, love and the like). Beck et al.(1985) reported that the initial level of depression distinguished the eventual suiciders from the survivors. They hypothesised that a sense of hopelessness in depression arises from the activation of specific underlying cognitive tendencies (schemata) and the individuals differ in the extent to which they are vulnerable to developing pessimistic attitude even when suffering from similar level of depression. Despite a vast literature on suicidal behaviour and centrality of suicidal intention for timely intervention to prevent mortality communication of suicidal intent has not received due attention (Gupta et al., 1983). The nature and extent of suicidal communication in psychiatric population has been reported by only a few investigators (Delong & Robins, 1961; Rudestam, 1971; Khalid et al., 1997). Therefore the present study was done to study suicide intent communication in relation to variables of present illness, past history, employment status, age, sex and marital status.

MATERIAL AND METHOD

Sample of the study consisted of 30 patients taken from the patients attending the outdoor of Agra Mansik Arogyashala, diagnosed to be suffering from Depression as per the criteria of ICD-9 category codes F31.3, F31.4, F31.5, F32 and F33. On a predesigned proforma identification data along with details of present history, past history, and premorbid personality were recorded. Thereafter the patients were administered Hamilton Rating Scale for Depression (Hamilton, 1960) to measure severity of depression. Suicidal intent communication was measured by "Suicidal Intent Questionnaire" of Gupta et al.(1983). It consists of ten questions related with expression of suicidal intent. Each question has three responses which are 'often' (score 2), 'sometimes' (score 1) and 'never' (score 0). Subjects are instructed to give one most appropriate response to each question. The sum of scores is subject's SIQ score. The scale has been found to be reliable indicator of suicidal intent (Khalid et al., 1997).

Correlation between different groups of observation was established by calculating Pearson's Correlation Coefficient, Point Biserial Correlation Coefficient, Biserial Correlation Coefficient. Significance level was calculated by t-test.

RESULTS

The sample consisted of thirty patients of which 17(56.6%) were males. Majority of the patients i.e. 10(33.3%) belonged to the age group 20-29 years. 9(30%) patients were of age 30-39 years, 7(23.3%) being in age interval of 50-59 and remaining 4(13.3%) were in 40-49 years interval. A majority patients i.e. 21(70%) were married, 6 (20%) being single and 3(10%) were widow/widower. There was no history of previous admission in a mental hospital in 26(86.6%) cases. Of the sample 17(56.66%) patients were employed rest were unemployed.

After administration of SIQ it was observed that of 30 patients 22 (73.3%) were definite communicators while remaining 8 (26.7%) were partial communicators.

Pearson correlation coefficient was computed between the scores of SIQ and Hamilton Rating Scale scores to establish relationship

CORRELATION COEFFICIENT BETWEEN SIQ SCORE AND OTHER VARIABLES

Between SIQ score and	Correlation coefficient	Significance level
Total HRDC score	0.46	t=2.718 (p<.05)
Being male	0.15	
Age less than or equal to 35 yrs.	0.01	
Being married	0.32	t=1.775 (p<.05)
Being employed	0.24	
Being ex-mental hospital patient	0.11	
Duration (<1 month)	0.02	

between suicidal intent and depression. This correlation was found to be .046 (p<.05).

For various other categorical analysis point biserial correlation coefficient was computed assigning 1 for being male, being married, being employed, being ex-mental hospital patient, being of age less than or equal to 35 and to duration of illness being more than one months. It indicated that there was low

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positive correlation ($r=.32$, $t=1.775$, $p<.05$) between being married and SIQ scores. Very low positive correlation between being male ($r=.15$), being employed ($r=.24$) being ex-mental hospital patient ($r=.11$), being of age less than or equal to 35 years ($r=.01$) and duration of illness ($r=.02$) with SIQ scores was observed.

DISCUSSION

Correlation coefficient obtained in this study indicates a low positive relationship between severity of depression and suicidal intent. Khalid et al.(1997) also reported similar positive correlation ($r=.48$, $p<.05$) between scores of depression and SIQ scores. This finding is also corroborated by several other studies (Barracough & Pallis,1975, Beck et al.,1990). A very low positive correlation between being male and SIQ scores was observed in the study. Though Weissman (1974) reported suicide attempts to be more common in young females a number of workers from India (Sethi et al., 1978; Gupta & Singh,1981, Ponnudurai et al.,1986) and abroad (Okasha & Lotaf,1979; Lee & Lee,1982; Sato et al.,1993) have found male dominance in their studies. There was very low correlation between being of age less than or equal to 35 years and SIQ score ($r=.01$). Most of the Indian studies also have observed 15-34 years as high risk group for attempting suicide (Venkoba Rao,1971; Sethi et al., 1978; Gupta & Singh,1981; Ponnudurai et al., 1986). In two different reviews, Bridges & Koller (1966) and Holding et al.(1977) have also found attempted suicide to be more common among younger people. Earlier epidemiological studies from 1960-71 report 30 to 70 percent of suicide attempters being under 30 years of age (Weissman, 1974). A low positive correlation between being married and being employed and SIQ scores found in the present study is apparently at variance with earlier reports indicating a higher suicidal potential in single individuals. The sample of present study had majority of married patients (70%) and 73.3% patients belonged to category of definite suicidal intent communicator while no patients was in non

communicator SIQ category which shows that most of the sample patients had acute symptoms. The low positive correlation of marital status with SIQ score as seen in present study seems to reflect the influence of sample structure and quality. The very low positive correlation with employment and SIQ scores is generally at variance with earlier reports (Plat,1984, 1986) but it may be reflective of correlation of social status and employment related factors e.g. adjustment financial, job satisfaction and underemployment. The correlation was not significant ($p>.05$).

Though the study is further to investigate SIQ in patients of depression as standardised tool it has its limitations the important of which were (i) small sample size (ii) duration and like variables may have a non-linear correlation with suicidal intent expression and (iii) influence of treatment variable could not be controlled. Further work, therefore, in this area is required.

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