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PSYCHIATRIC ILLNESS IN SUICIDE ATTEMPTERS

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SUMMARY

Sample consisted of a series of 100 cases of attempted suicide who were hospitalized in medical or psychiatric wards of the two hospitals of Lucknow city during a period of two years. The study revealed about 80% subjects were in the age range of 15-34 years. Psychiatric disorders were observed in 62% of these subjects. 58% subjects had shown clinical features of abnormal personalities, usually of schizoid, hysterical or passive-aggressive type. Socio-demographic variables associated with self-destructive impulse were investigated. The enquiry also incorporates certain clinical impressions about 61% subjects who were followed-up for a period of two years. Two of the attempters committed suicide during the follow-up.

There has been a well-documented recent increase in the number of attempted suicides (Weissman, 1974). Clinically it is evident that these patients are heterogeneous, demonstrate a range of severity of attempt, possess different personality attributes and are associated with a variety of psychiatric ailments as well as socio-demographic variables (Beck and Greenberg, 1971 ; Kreitman, 1976 ; Wold & Tabachnik, 1974). Weisman (1974) reported an increasing incidence of attempted suicide showing an annual incidence rate for various countries in the order of 160 to 300 per 100,000 by the beginning of 1970's. According to a report (Medical Tribute, 1968), suicide ranks as third major cause of death in the age group 15 to 45 years in eight highly industrialized countries. There are also several other reports showing an increasingly higher rate of suicide attempts in the younger age group (W.H.O. Chronicle, 1975).

A very high incidence of psychiatric morbidity among the persons attempting or committing suicide has also been observed by several investigators. It has been suggested that suicide is usually, if not always, an act of mentally ill person. Dublin (1963) found an annual rate of 34 suicides for 10,000 patients admitted to the New York State Mental Hospitals. Suicide was most common among patients suffering from manic depressvie and involutional disorders. It was next most common among cases of cerebral arteriosclerosis and schizophrenia. In another study of attempted suicide, Morgan *et al.* (1975) reported neurotic depression in 52%, personality disorders in 29%, functional psychosis in 12% and alcohol addiction in 10%. According to Murphy (1971), depression and schizophrenia are frequently associated with suicidal behaviour. Silver *et al.* (1971) found 80% of the attempters having depressive features. A significant correlation between depth of depression and the degree of suicidal intent was also evident. Barraclough (1974) found 93% of the suicides being mentally ill, depression accounting for 70%. In a long term follow-up study of psychiatric patients, Winokur and Tsuang (1975) showed that 10% of schizophrenics, 8.5% of manics and 10.6% of depressives who were deceased had died by suicide while none of the controls had committed suicide.

Certain thought provoking studies on suicide have also been reported from this country (Venkoba Rao, 1965, 1971 ; Venkoba Rao and Chinnian, 1972 ; Sathyavathi, 1971 ; Bagadia *et al.* 1976; Sethi *et al.* 1978) and most of them seem to suggest a high incidence of psychiatric illness among

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the suicidal cases. There is however considerable disagreement with regard to the association between nature of psychiatric illness and suicide. The present study is an effort in this direction with certain follow-up impressions about the studied sample.

METHODOLOGY

Sample :

The sample of this study consists of 100 cases of attempted suicide admitted to G. M. & A. Hospitals, Lucknow and Balrampur Hospital, Lucknow. Each case of poisoning or deliberate self harm admitted to the department of Medicine and Psychiatry in these two hospitals during a period of two years (1975—1977) was interviewed by a psychiatrist to ascertain suicidal intent. Suicidal attempt in the present study refers to a non-fatal act by the individual himself carried out in the knowledge that it was potentially dangerous to his life. The definition undoubtedly involves proper understanding of the nature and circumstances of the event. The consultants of the respective departments were requested to refer all the suspected cases of poisoning and self injury or those seeking hospitalization for suicidal behaviour. Of these cases 69 were derived from medical wards of the two hospitals since they had indulged in excessive over-dosage of drugs. The remaining 31 cases were admitted to the Department of Psychiatry for impulsive episodes such as attempt at drowning or other self-inflicted injuries.

1. Case History Proforma :

It included a detailed account of socio-demographic variables, method of suicide, precipitating factors and any previous attempt of suicide.

2 Psychiatric Evaluation :

The evaluation was done by a psychiatrist according to D.S.M. II. Attempt was made to record history of psychiatric illness prior to the present attempt of suicide and psychiatric treatment taken in the past.

Each patient was evaluated on the 2nd or 3rd day of admission and detailed information was obtained from the available family members regarding his behaviour and adjustment in and outside the family. The family members as well as the patient often required considerable persuation to reveal psychiatric problems and realizing its role in the management and prevention of self-destructive behaviour, remarkable cooperation could be obtained in majority of cases. For this purpose a close follow-up and psychiatric treatment had to be continued for a few weeks or months which provided a congenial atmosphere to obtain reliable case history. Each case was followed up for a period of two years as of the initial contact. Four subjects did not belong to Lucknow city, 22 furnished incomplete or wrong address and 13 subjects could not be contacted due to change of residence, or lack of cooperation. As such the present report is restricted to the follow-up of 61 subjects only. Nineteen of them had been regularly attending the psychiatric OPD. For the remaining cases, letters were sent after two years and if they failed to respond family visits were undertaken for all the local subjects. Follow-up was done by a team comprising of a psychiatrist and a psychiatric social worker who had evaluated these subjects at the initial stage.

RESULTS

A. Socio-demographic variables of the studied sample (Table- 1) :

78% of the subjects were in the age group of 15 to 34 years. There was comparatively a very low percentage in the higher age group. Vast majority was drawn from urban area, usually belonging to Lucknow City. Hindus constituted 3/4th of the sample, Muslims slightly more than

TABLE- 1—*Sociodemographic Characteristics of the sample*

Domicile : Urban=96, Rural=4

Sex : Male=59%, Female=41%

Age : 78% Between 15-34

Religion : Hindu=76%, Others=24%

Marital Status=Unmarried=62%, Married=32% Divorced and Widowed=6%

Education= Primary=18%, Upto H.S.=35%
Inter and Graduate=36% ; Above Graduate=11%.

Occupation=Students=31% ; Housewives=16%
Unemployed (Males)=16% ;
Others (Office workers, businessmen, skilled and unskilled workers)= 37%

1/5th. Sikhs and Christians numbered only 3; 57% of these subjects belonged to a small family size of 5 or less, 29% and 14% belonged to medium (6 to 8 members) and large sized families (9 or more) respectively. Their analysis in terms of family structure shows that 68% of the sample had a unitary set up. As regards marital status the majority of these subjects (62%) was unmarried, about 1/3rd being married and six of them being divorced or widowed. Further, 18% of the subjects were just literate or had education up to primary class only, 35% were educated up to junior high school or High School and 36% had educational status of intermediate or graduate level and very few of them were above graduate level. Table 1 also shows that students formed the largest numbers (31%) followed by housewives (16%) and the unemployed (16%). The remaining (37%) were skilled workers, businessmen, office workers or agriculturists, and labourers.

B. Characteristics of the Suicidal Behaviour :

Barbiturates, hypnotics, phenothiazines, and organophosphorus compounds were consumed by the majority (62%) of subjects investigated whereas 17% took metallic preparations, opium, dhatura or cannabis for committing suicide. Jumping, drowning and other types of self-inflicted injuries were observed in 1/5th of the subjects and majority of them were psychotics admitted to the department of Psychiatry. Analysis in terms of duration of suicidal ideas indicated that majority of the subjects had suicidal ideas for a matter of few days (22%) to a month (36%), 12% had suicidal thoughts for one to six months, and 24% subjects harboured these thoughts for more than six months. There were 13 patients who had made previous attempt at suicide and one had a history of several suicidal attempts who was diagnosed as a case of chronic schizophrenia.

C. Psychiatric Illness in persons attempting suicide :

An intensive enquiry into the behaviour patterns of these individuals revealed that 62% of the cases were presenting with various types of psychiatric problems (Table-2). Neurotic depression was observed in 24%, other neurotic manifestations in 14%, schizophrenia in 12%, psychotic depression in 6% and drug dependence in 6% cases. There were 58% subjects in whom some evidence of abnormal personality patterns was noticed. It consisted of 56% males and 61% females of the studied sample. Schizoid, hysterical and passive-aggressive type of personality patterns were observed in 23%, 18%, and 10% subjects respectively. Sociopathic and inadequate personalities were rather infrequent (4% and 3%). Males exhibited more frequently schizoid characteristics whereas females were of hysterical pattern.

As regards the presenting symptom-

TABLE-2—*Diagnostic Breakup and Personality Patterns of the Attempters*

	Male (59)	Female (41)	Total (100)	
Psychiatric Diagnosis :				
—Neurotic Depression	15	9	24	
—Anxiety neurosis	4	6	10	
—Hysterical Neurosis	—	4	4	62%
—M.D.P. (Depressed)	3	3	6	
—Schizophrenia	9	3	12	
—Drug Dependence	6	—	6	
—No Psychiatric illness	22	16	38	
Personality Pattern				
—Schizoid	18	5	23	
—Hysterical	5	15	18	
—Passive-aggressive	6	4	10	58%
—Sociopathic	3	1	4	
—Inadequate	3	—	3	
—Average	26	16	42	

atology of 62 psychiatrically ill subjects the majority of them was suffering from insomnia, anxiety, sadness, hopelessness, irritability, lack of interest, loss of energy, and body aches and pains. Suicidal ideas were also present in 26 (41.9%) psychiatrically disturbed subjects and most of them were cases of depression. The duration of symptoms in the 2/3rd subjects ranged from 4 weeks to 2 years. The vast majority of subjects (82%) had had no psychiatric consultation.

D. Follow-up Observations :

Analysis of follow-up data of 61 subjects revealed presence of intense suicidal ideas in seven subjects and further suicidal attempt in one case (Table-3). Two of them had committed suicide within one year of the initial contact. Both were females, married, aged 18 and 25, and had education up to High School. One of them had made six suicidal attempts during a period of one and half years prior to the initial contact and was diagnosed a case of schizophrenia. The other subject, 25 years, had history of only one attempt and appeared to be suffering from psychotic depression. Other psychiatric symptoms were observed in more than one-third of these subjects although only a few of them were regularly in touch with hospital services.

TABLE-3—*Two-Year Follow-up Data* (N=61)

Persons committed suicide	— 2 (3.3%)
Further suicidal attempt	— 1 (1.6%)
Intense Suicidal ideas	— 7 (11.5%)
Other psychiatric symptoms	— 24 (39.3%)
No Psychiatric illness	— 27 (44.3%)
Reasons for Dropouts (N=39)	
Incomplete or wrong address	— 22
Change of Residence	— 7
Lack of Cooperation	— 6
Outside city	— 4

DISCUSSION

The study reveals that 62% of the subjects had psychiatric manifestations and most of them had exhibited certain psychiatric symptoms prior to the present suicidal attempt. Neurotic depression was the major category (24%), other neuroses and schizophrenia accounted for 14% and 12% respectively. Psychotic depression was rather infrequent (6%). This is indeed a high percentage of psychiatric morbidity and implies that psychiatric illness plays a crucial role in the suicidal behaviour. There are several reports which have shown a close relationship between suicide and mental illness. Barraclough (1974) retrospectively analysed one hundred cases of suicide and found clinical evidence of depression in as many as 70% of the cases. There are several other reports indicating depression being the most common diagnostic entity in 35% to 80% of the attempters (Weissman, 1974). In comprehensive review of several studies reported in W.H.O. reports (1968, 1975) it is

opserved that depression is frequently associated with attempted as well as successful suicide. Depression was found to be present in more than 30% of the attempters in 9 out of 12 studies. Some of them found it to the extent of 88.6%. It has also been observed that about 15% of these cases of depression may ultimately die by committing suicide. The report also points out that schizophrenics treated over a long period with phenothiazines were found to develop symptoms indistinguishable from endogenous depression and thus contributed to suicidal acts. Planansky and Johnston (1971) reported suicidal attempt in 25% of the hospitalised schizophrenic patients.

As regards the incidence of personality disorders in the suicidal patients there are conflicting reports about the extent and nature of the problem. In our earlier enquiry of 75 cases of attempted suicide personality disorder was observed in more than half of the sample investigated, 48% males and 60% females (Sethi *et al.*, 1978). Almost similar was the impression in the present study wherein 58% of the subjects were found to have pathological personality traits. Schizoid, hysterical and passive-aggressive patterns of behaviour were present in a substantially large number of cases. Many of them also exhibited some kind of emotional disturbance especially anxiety or depression. Their manifestations were usually in the form of insomnia, sadness, hopelessness, irritability, lack of interest, loss of energy, and restlessness. In majority of cases these symptoms were present for one to six months and in 1/3rd of the cases the problems were present for more than six months. In spite of these psychological disturbances, only a small percentage sought psychiatric treatment and they were usually cases of schizophrenia. It may therefore, be concluded that persons with depressive illness undoubtedly constitute a high risk of suicidal behaviour. Moreover, the onset and the decline of the depressive illness are stages when suicidal act is most likely to occur and as such high priority should be given in recognition and treatment of these conditions.

In view of the findings obtained in this study as well as the ones reported by several other investigators, there is unquestionably a high incidence of psychiatric disorders among the persons exhibiting suicidal behaviour and as such each case requires a thorough psychiatric probe. The general consensus is that it helps tremendously in the prevention of further episodes and strengthens personality attributes responsible for healthier social adjustment. The greatest obstacle observed in the ameliorating programme is that suicide in this country is still an offence and hence these subjects seldom seek any voluntary help from psychiatrists on account of medico-legal complexities.

Follow-up data also provided some meaningful observations in this regard. The fact that 2 out of 61 follow-up cases committed suicide within one year of the past episode undoubtedly indicates a high risk of suicide among the attempters. The outcome of a suicidal act depends on a variety of factors not all of which are within the control of the individual. Unexpected and unpredictable intervention from outside may often defeat the act of self-destruction. Scheider (1954) found that after 10 years about 10% had killed themselves, but his sample was highly atypical. Similar impressions were reported in reviews by Stengel, (1968); Weissman (1974). In a comprehensive study of 1112 attempters of 18 years and above, Tuckman and Youngman (1963) made a comparison between the suicide rates for the attempters and general population. The rates per 1000 were 0.14 for the general population and 19.51 for the subjects of attempted suicide. The empirical data show that persons who have attempted suicide are at much higher risk of actual

suicide than those who have not been found so. Further, there are also certain personal, familial and social factors associated with higher risk. Identification of these risk-related factors would require a long-term follow-up on a larger sample.

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