



ABSTRACT

Sri Lanka is reported to have one of the highest suicide rates in the world and the burden of disease and death related to suicidal acts pose a significant public health problem.

A group of persons, who were admitted to a Teaching Hospital in Sri Lanka, following a suicidal attempt was studied, in order to identify the circumstances that led these persons to attempt suicide, risk factors of attempted suicide, and to assess the problems experienced and the support available to them on their return to community. The study consists of three components. The descriptive component focused on the circumstances in and around suicidal acts and the risk factors were studied in the case control component. In the third component, a sub group of suicidal attempters was followed up in the community for a period of six-months.

Interviews, clinical assessments and secondary data collection from Bed Head Tickets were the techniques used in data collection. Data related to all three components was collected by the Principal Investigator.

Suicidal attempts was mainly carried out by relatively young persons (15 -29 years) and problems related to the family, marital discords and losing self respect due to a conflict were the common precipitating factors leading to suicidal attempts. Of this group, 48.7 % were suffering from depressive illness. Alcohol abuse, presence of mental stress due to family discords, exposure to suicidal acts of others, low monthly income and parental deprivation were the other important risk factors.

Based on the data obtained from different components of the study, it was possible to develop a "model" identifying relationships between precipitating factors,

predisposing factors and depressive illness which enabled identification of strategies for intervention.

Only 21.7% were referred for follow up care on discharge. Compliance for those referrals was not always satisfactory for a variety of reasons and most were related to inadequate information provided by health personnel.

Three months after discharge from the hospital, about 50%, still had the same precipitating problems and 24% were suffering from depression and only few of them were under psychiatric treatment. Except for the support received from the family, persons attempting suicide did not get much support from health personnel and members of the community.

Based on the observations of the study, several recommendations could be made. They include: Empowering individuals & families to cope with situations where a suicidal act might occur, taking actions to control depressive illness, improving patient management skills and facilities at local and specialist hospitals, and establishing a program for the follow up of persons who attempt suicides after returning to community from hospital.