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Abstract



Sri Lanka is one of the countries with highest number and rate of suicides and is ranked among the top ten in the world. A majority of studies carried out on suicide so far has been in clinical settings. As a result this significant public health problem, suffers from a shortage of data at community level hindering primary and secondary prevention strategies. Author's aim was to employ methods to study this gap from a community perspective. Therefore, a cross sectional survey of suicidal behaviours was implemented on a representative community based sample selected from Ratnapura District.

Psychological autopsy method was used to investigate potential risk factors and the circumstances that led to completed acts of suicide. From this information, a psychological treatment package was developed based on cognitive behaviour therapy (CBT), linking the community-based findings to treatment development research. A small-scale intervention as a preliminary feasibility study was attempted with participants having suicidal ideations. This involved a randomized controlled trial (RCT) using CBT against standard treatment by a psychiatrist.

In the cross sectional survey the lifetime prevalence of life weariness was between 7.3- 7.6%, passive suicidal ideations were 6.2% and active suicidal ideations were 3.6%. Suicide attempts during lifetime were 1.5%. The estimated number of suicidal attempts was 495 per 100000 population. Compared with suicidal rates, this shows 16 suicidal attempts per each suicide. Active suicidal ideators were young adults, widowed or separated, unemployed and have less formal education than the others in the sample.

A majority of active suicidal ideators (69%) reported financial difficulties compared with others (21%). They were less religious, and infrequently interacted socially and were less likely to discuss their problems. Active suicidal ideators were more likely to be exposed to attempted or completed suicides.

In the psychological autopsy study a majority of the deceased were men (70%) with low income, with no higher education, unemployed or doing unskilled jobs. A majority had a recent or past history of mental ill health (63%), abused alcohol (68% of males) and reported poor marital relationships (82% of ever married) and had not consulted a doctor recently (63%). Most of them (52%) died after ingestion of a pesticide. A majority (74%) died in their first attempt.

In the RCT, required number of participants (68) could not be recruited. However, the strength is that it can serve as a feasibility exercise for a future study to recruit the adequate sample. The present study will provide the necessary prevalence figures, to decide on a realistic sample size.

However, with this small number (9), there was 100% compliance by the intervention group participants for uptake of CBT. None of the control group participants complied with the treatment offer. The intervention patients accepted CBT and the control participants were available for follow-up. The Beck Scale for Suicide Ideation showed a trend towards improvement but the General Health Questionnaire – 30 did not. Suicidal ideations can be resolved by CBT much earlier as it works towards changing the way one thinks, but the distress and the probability of common mental disorders remains much longer.

The knowledge on the risk factors significantly associated with suicide should be used in the development of suicide prevention programmes. Suicide prevention should be community based, as most of these people do not visit a health care provider. Adequate treatment of psychiatric patients and improved detection and treatment of common mental disorders in the general population are essential for suicide prevention. Researchers extending this study further in the community can give more insight into the issue.