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EVALUATION OF STRESSFUL LIFE EVENTS AND SUICIDAL INTENT IN PATIENTS WITH DELIBERATE SELF HARM

Psychiatry

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ABSTRACT

Background: Deliberate Self Harm (DSH) is a psychiatric emergency. Stressors in life, suicidal intent and social variables like marital status, family, and social support are among the many determinants of DSH and have shown to be strongly associated with suicide. **Methodology** Aim was to evaluate stressful life events and suicidal intent in those who attempted DSH. Sixty consecutive patients admitted with attempted suicide were interviewed. Deliberate Self Harm Inventory, Beck Suicidal Intent Scale and Presumptive Stressful Life Event Scale were used along with a semi structured proforma during interview. Data was analysed using appropriate statistical tests. **Results** The demographical mean age of the participants was 25.2 years and 63% of participants were females.71.1% of the patients had stressful life event score between 101 and 200. About 66.7% had medium intent and 88.3% participants had self harm through poisoning. **Conclusion** Patients of attempted suicide had medium suicidal intent and poisoning was the commonly preferred method of self harm. This study implies that suicide attempters should be specifically looked for suicidal intent and their coping styles, so as to plan appropriate psychiatric therapy to prevent future suicide attempt.

KEYWORDS

Deliberate Self Harm, stressful life events, suicidal intent

INTRODUCTION

Deliberate Self Harm (DSH) is defined as an act with nonfatal outcome, in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognized therapeutic dosage, and which is aimed at realizing changes which the subject desires via the actual or expected physical consequences.(1) About 9% of the patients brought to emergency department have DSH. This increases to about 20% in a psychiatric setting.(2) There are several hypotheses regarding who attempts DSH and the reasons behind them. Stressful life events are considered as an important factor leading to DSH. DSH increases immediately after such events. Moreover, the emotional impact of each event is different and have variable lasting effects.(3) The other factor that influences the mortality and morbidity in DSH is the intent of dying. The intent to die may vary from time to time even in the same circumstance. Thus, it is not only the stressful events that pushes a person towards DSH, the intent of dying also modifies the outcome.(4) As DSH poses significant harm to the patient attempting it, the preceding events become valuable, in order to prevent such future attempts.

METHODOLOGY

The study protocol was approved by the institutional ethics committee. Written and informed consent was taken from all patients. It is a cross sectional study using purposive sampling on Sixty consecutive outpatients/inpatients, as well as patients referred to the Department of Psychiatry. The aim was to evaluate stressful life events and suicidal intent in those who attempted DSH.

Inclusion Criteria

1. Patient referred to psychiatry department with history of alleged attempted self-harm.
2. Patient visiting the department of psychiatry with history of alleged attempted self-harm
3. Patient aged above 18 years of age.

Exclusion Criteria

1. Those who cannot give sufficient history because of the effect of self-harm.
2. Those who refuse to give consent to be a part of this study.

INSTRUMENTS:

1. Semi Structured Performa: This is a questionnaire containing socio-demographic variables based on the modified kuppuswamy classificatory system. It also consists of questions about the mode of suicide attempt and any past attempt.

2. Deliberate Self-Harm Inventory. (DSHI) :The Deliberate Self-Harm Inventory (DSHI) is a 17-item, behaviourally based, self-report questionnaire developed by the author to assess deliberate self-harm. The DSHI is based on the conceptual definition of deliberate self-harm as the deliberate, direct destruction or alteration of body tissue without conscious suicidal intent, but resulting in injury severe enough for tissue damage (e.g., scarring) to occur.(5)

3. Beck's Suicidal Intent Scale (BSIS) :The Beck's suicide intent scale was used to assess the level of the intent. Beck Suicide Intent Scale contains 20 items each scoring from 1 to 3 points. Total score of 15-19 was recorded as low intent, score 20-28 was recorded as medium intent, and score 29 and above was recorded as high intent. It is important to understand a patient's will to die in order to assess the severity of the suicide attempt.(6)

4. Presumptive Stressful Life Events Scale (PSLES): This is a 51-item scale developed by Gurmeet Sing *et al.* in 1984 for a particular application to the Indian culture. The 51 items could be broadly pertaining to family, social, work, financial, marital, sexual, health, and bereavement aspects. Each event was given a score of zero or one. The presence of the event was given a score of one, and the absence was given a score of zero. A score based on the mean score of general population standardized for two time frames - Past 1 year and lifetime. The total score is used as stressful life event score.(7)

Statistical Analysis:

All the variables were tested for normality using Kolmogorov Smirnov test. Quantitative variables were expressed as mean and standard deviation and qualitative variables were expressed as frequency and percentages. Chi-square test was applied to find association of between BSIS and socio-economic variables. Analysis of variance test has been applied to test for significant difference of Presumptive stressful life events score for 1 year and life time for each variable. P value of <0.05 was considered statistically significant, <0.001 was considered very highly significant. The data was analysed by using SPSS version 27.

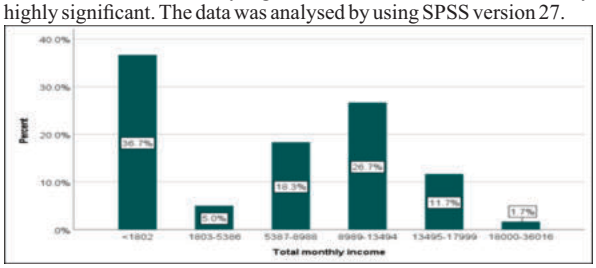

Figure 1: Income Distribution

RESULTS:

Majority of participants were females (63.3%) and males (36.7%). Mean age of total population was 25 years. Around 80% were from rural area and daily wage worker by occupation. Around 68.3% were unmarried. Preferred method of DSH was poisoning 88.3% and cutting wrist around 11.7% and 8.3% had history of previous attempt of DSH.

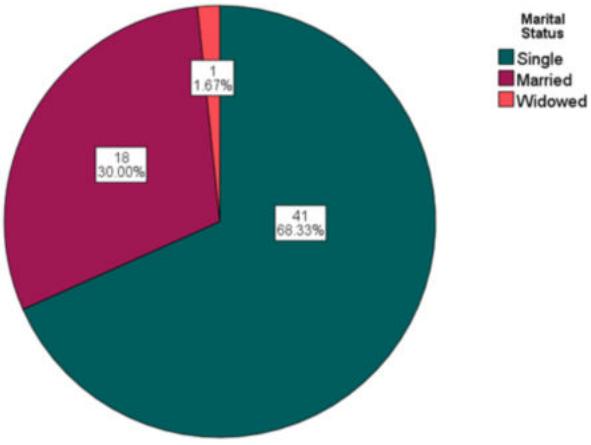

Figure 2: Marital Status

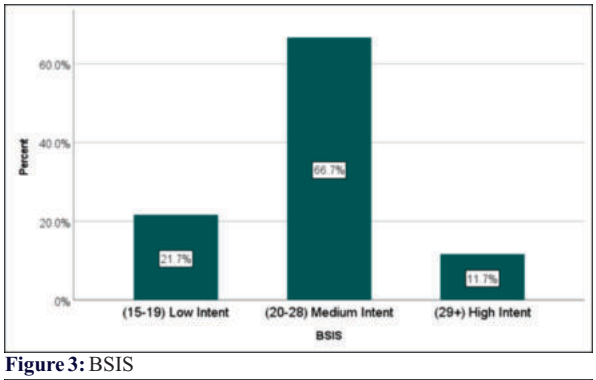

Figure 3: BSIS

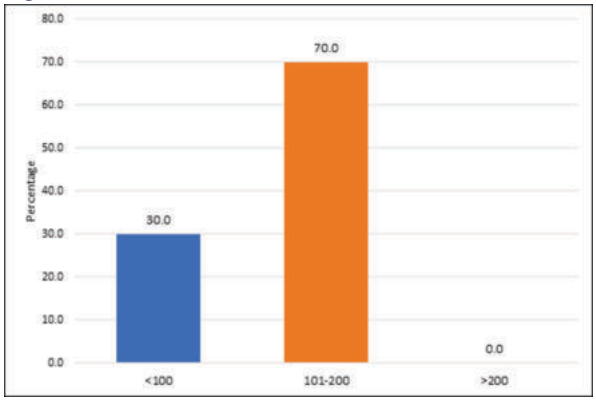

Figure 4: PSLES – 1 year

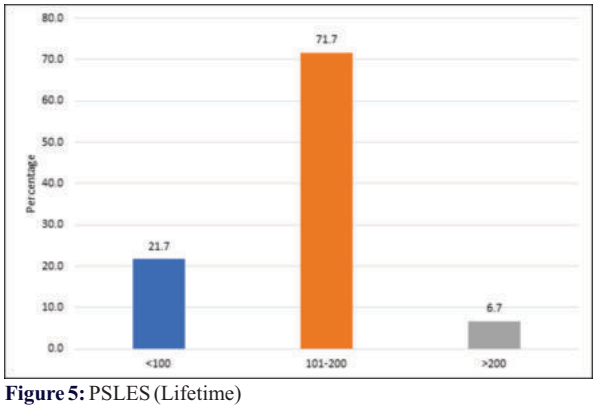

Figure 5: PSLES (Lifetime)

DISCUSSION :

Majority of the participants in this study were females. This finding supports the fact that females attempt suicide approximately three times as often as males.(8)

Maximum participants had stressful life event score between 101 and 200. It could be possibly because those with higher stress levels might have sought help and prevented the event or might have unfortunately adopted more lethal and planned measures leading to completed suicides, so that they never reached the hospital. Those with lesser stressful event score might have eventually coped with the situation rather than taking an extreme step.

The patients who believed they need psychiatric help had significantly higher mean stressful life event score. This finding supports those found in other studies,(9) that those with higher stressful event score may seek help to come out of it rather than attempt suicide.

Different coping mechanisms, support system, and several other factors of the individuals result in different response and level of stress for each individual. Literature suggests that recent adverse life events contribute to the increased risk of suicide(10) and vulnerability for suicidal behaviour.(11) Though stressful life events can't be directly correlated to the occurrence of suicide attempt or suicide; social and situational factors appear to play a significant role in self-harm behaviour and suicide.(12)

There were fewer patients with high suicidal intent when compared to those with moderate suicidal intent. High suicidal intent has been associated with high lethality.(13)(14) The patients harbouring suicidal intent and considering the reasons behind it as a major problem, had significantly higher mean suicidal intent score. This indicates that worse the perception of the situation at hand, disastrous can be the consequences.

CONCLUSION:

Stressful life events cannot predict suicide, but is associated with more help-seeking behaviour. This study implies that suicide attempters should be specifically looked for Suicidal intent and their coping styles so as to plan appropriate psychiatric therapy to prevent future suicide attempts.

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Nil.

Conflicts Of Interest
There are no conflicts of interest

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