

Reasons for Staying Alive in Suicide Attempters Across Different Ethnic Groups Admitted to UMMC

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Previous studies showed different rate of suicide attempt in different ethnic groups in Malaysia. However, most studies were aimed at assessing the risk factors for the attempt rather than for the reasons suicide attempters chose to live after the attempt. Aim: The aim of this study was to describe the association between different ethnic groups, suicide ideation, hopelessness and the reasons for staying alive in suicide attempters admitted to University Malaya Medical Center, Kuala Lumpur. Methods: 40 suicide attempters were assessed on suicide histories, psychiatric diagnoses, Scale for Suicide Ideation (SSI), Hopelessness Scale (HS), and Reason for Living Inventory (RLI). Results: 16(40%) comprised of Malays, 14(35%) were Chinese, 8(20%) were Indians and 2(5%) were others. The RLI scores showed statistically significant inverse correlation with SSI and HS ($r=-0.5$, $p<0.05$ each). There was significant association between ethnic groups and SSI score ($F=3.3$, $p=0.03$). The Indians had significantly higher mean score in SSI compared to the Malays ($p=0.02$). There was also significant association between ethnic groups and RLI score ($F=3.0$, $p=0.04$). The Indians had significantly lower mean score of total RLI compared to the Malays ($p=0.03$). The Indians also had lower mean score for fear of social disapproval compared to the Chinese ($p=0.02$) and the Malays ($p=0.01$). Conclusion: Among suicide attempters who were admitted to UMMC, the Indian population scored highest in having suicide ideation and had lowest scores on their reasons for staying alive after the attempt. This was obvious in terms of less fear of social disapproval in their suicide attempt behaviour.

Key words : Suicide attempters, reasons for living, ethnic groups

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Introduction

Suicidal behaviour is an important issue of concern for professionals, administrators, mental health workers as well as laymen. Stengel and Cook (1) defined attempted suicide as the "very act of self injury consciously aiming at self destruction". As socio cultural factors have a tremendous impact on suicidal behaviour, in addition to various biological and psychological factors, the study of suicidal behaviour is important from different viewpoints. At the cultural level, the characteristic value systems, beliefs and attitudes, shared by a group of people and manifest as unique patterns of lifestyles, will affect

the suicidal behaviour in various ways. Several local studies (2,3,4) had been conducted on suicide attempts and the issues were focusing on the prevalence and age specific rates for the total population, sex ratio, methods of suicide attempt, motives and risk factors.

Few overseas studies have looked into reasons for continuing living for people who had thoughts of killing themselves (5) and who had attempted suicide (6,7). However, to date there are no Malaysian data available to look at reasons why depressed patients with suicide intent or suicide attempters would still have the desire to continue living more so in different ethnic groups. This is imperative in the management of suicide attempters.

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Malaysia is a multiracial society with a population

comprising of Malays, Chinese, Indians and others. The influence of religion on suicidal behaviour is evident where previous studies showed Malays who are Muslims had the lowest rates while the Indians had higher rates (8).

Aim of the study

To describe the association between the different ethnic groups, suicide ideation, hopelessness and reasons for staying alive in suicide attempters admitted to University Malaya Medical Center (UMMC), Kuala Lumpur.

Methods

Sample

All patients who had attempted suicide or parasuicide and were admitted to any wards in UMMC were approached. Those that were fully conscious, could communicate and read well in either English or Malay language and verbally consented for the study were included into the study. The collection of sample was within one month i.e. from 1st July 2001 until 1st August 2001 and 40 patients participated. Patients who did not consent and those who did not understand Malay or English were excluded.

Assessment

Each patient was assessed on socio-demographic details, suicide history, psychiatric diagnosis (SCID) (9), Scale for Suicide Ideation (10), Hopelessness Scale (11) and Reasons for Living Inventory (12).

Scale for Suicide Ideation (SSI)

It's a 19-item clinical research instrument designed to quantify and assess suicidal intention. It has a high internal consistency and moderately high correlations with clinical ratings of suicidal risk. It is also sensitive to changes in levels of depression and hopelessness over time (10). The investigators based on patient's answers in a semi-structured interview completed it.

Hopelessness Scale (HS)

It's a 20-item true—false scale designed to quantify

feeling of hopelessness. 9 items test the attitudes about the future and 11 items concern pessimistic statements. The scale has been validated and showed a relatively high correlation with the clinical ratings of hopelessness. It also has a high degree of internal consistency and high sensitivity to changes in the patient's state of depression over time (11). Patient had to rate each of them as True or False statement. The English version was translated into Malay and translated back into English separately.

Reasons for Living Inventory (RLI)

It's a self-report instrument developed to measure a range of beliefs potentially important as reasons that inhibit suicidal behaviour. In this study, it was used to assess the reasons for continuing living after failed suicide attempts. It is composed of six primary reasons for living: (i) Survival and Coping Beliefs; (ii) Responsibility to Family; (iii) Child-Related Concerns; (iv) Fear of Suicide; (v) Fear of Social Disapproval and (vi) Moral Objections to suicide. These factors are composites of true or false responses to statement such as "Life is all we have and is better than nothing", "I am afraid of the unknown", "My religious belief forbid it", which have apparent influences from culture, religion, and sociopolitical attitudes. The scale has been validated, and its reliability has been documented in Western (12) and Asian studies (7). For this study it was translated into Malay and translated back into English separately.

Results

A total of 40 patients who had attempted suicide, were recruited during the study period. The ethnic distribution of the suicide attempters was: Malays 16(40%), followed by Chinese 14(35%), Indians 8(20%) and other races 2(5%). The mean age of suicide attempters were 24.6 years for the Chinese, 24.4 years for the Indians, 23.4 years for the Malays and 42.0 years for the others.

The methods employed to attempt suicide were overdose of paracetamol, overdose of other medications such as antibiotics, antihypertensives and other tablets, ingestion of poisons such as coolants, pesticides and finally physical injury such as cutting wrists. The methods employed by the Malays were mainly by poisoning which is also the

case for the Chinese as well. As for the Indians, the most common method was by paracetamol overdose. 36.4% of the Chinese attempters had a previous history of suicide attempt and so did 45.5% of the Indians. None of the Malays had a previous attempt whereas the two others both had attempted previously. The most common current episode psychiatric diagnoses of the participants were Adjustment Disorder for all the different ethnic groups with other diagnoses such as Major Depression, Substance Induced Psychosis, Schizophrenia and a proportion had no psychiatric diagnosis.

Multiple comparisons of SSI, HS and RLI scores

between the ethnic groups are shown in Table I. The Indians scored highest in the SSI and HS scores and the lowest for RLI score. Comparison for each subscale of RLI between the ethnic groups is shown in Table 2. Only subscale for Fear of Social Disapproval showed statistical significant difference in between the ethnic groups where the Indians scored lowest.

Further analysis with Pearson Correlation test showed that the RLI scores was statistically significant and inversely correlated to SSI scores ($r=-0.50$, $p=0.001$) and to HS scores ($r=-0.47$, $p=0.002$).

Table 1: Comparison of the SSI, HS and Total RLI mean scores in different ethnic group of suicide attempters at UMMC

Ethnic groups	Chinese	Indian	Malay	Others
SSI (mean±sd)	9.6±7.9	17.0±7.7*	7.1±6.7*	7.5±10.0
HS (mean±sd)	3.0±1.6	7.1±6.5	4.0±4.1	5.0±1.4
RLI (mean±sd)	40.9±3.1	37.5±7.5*	42.9±3.0*	39.5±4.6

SSI = Scale for Suicide Ideation

HS = Hopelessness Scale

RLI = Reasons for Living Inventory

* $p<0.05$

Table 2 : Comparison of mean scores for each subscale of Reasons for Living Inventory in different ethnic groups of suicide attempters at UMMC

Ethnic groups	Chinese	Indian	Malay	Others
Survival and Coping Beliefs	22.7±2.4	19.0±5.7	22.5±1.8	22.0±1.4
Responsibility to Family	5.9±1.4	6.3±1.2	6.5±0.8	6.0±0.0
Child-related Concerns	2.7±0.6	3.0±0.0	3.0±0.0	3.0±0.0
Fear of Suicide	5.6±1.1	6.1±1.1	6.1±0.9	4.5±2.1
Fear of Social Disapproval	2.7±0.6*	1.8±1.20*	2.8±0.5°	2.5±0.7
Moral Objections	3.6±0.8	3.6±0.7	3.8±0.5	3.0±0.0

° $p<0.01$

• $p<0.05$

Discussion

The mean score for the Reason for Living Inventory (RLI) was highest in Malays and lowest among the Indian suicide attempters. The high RLI mean score after the attempt showed that some of the patients were more likely to continue living and might be less likely to repeat the attempt as they still had some deterrents or concerns over their families and children, social and religion. In fact, we could see that Malays suicide attempters found in the study were first timers compared to other ethnic groups that had at least an attempt in the past.

However, the Indians showed lowest RLI mean score in which it was obviously significant in less fear of social disapproval subscale. Perhaps the notion of suicide was still socially and culturally acceptable among the Indians. Suicide is often and easily depicted in the Indian media as an escape out of crisis or an honorable means of discharge from disgrace. Attempted suicide among Hindu Tamils is also seen as an avenue for making oneself heard. The self-immolation of a Hindu woman or the suicide of a monastic individual is sometimes condoned, lauded or even takes on a flavor of martyrdom.

Most studies have shown that religiosity is a protective factor against suicide in depressed people and in this study there was no difference in the scores of subscale for moral objections between the different ethnic groups.

Limitations

The sample size was small which could have affected the statistical power of the study. Results may differ among larger and more diverse groups. In addition, no comparisons were made with non-attempters. The self-report scales used were only translated to Malay and therefore the study excluded those patients who were not able to read English or Malay particularly the Indian parasuicides.

Conclusions

From the results obtained, we should look at the reasons why the suicide attempters wanted to continue living and focus on those reasons during supportive therapy or counseling prior to discharge

as those very reasons could be the protective factors that would serve as deterrents for future attempts.

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