



## SUICIDE ATTEMPTS AMONG PEOPLE WITH MENTAL AND BEHAVIORAL DISORDERS

### TENTATIVA DE SUICÍDIO ENTRE PESSOAS COM TRANSTORNOS MENTAIS E COMPORTAMENTAIS

#### INTENTO DE SUICIDIO ENTRE PERSONAS CON TRANSTORNOS MENTALES Y COMPORTAMENTALES

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#### ABSTRACT

**Objective:** to investigate the suicide attempt and sociodemographic and psychiatric characteristics relationship of patients with psychiatric disorders. **Method:** quantitative, cross-sectional study with 410 patients attended at a Psychosocial Care Center. Data was analyzed using descriptive and inferential statistics and tabulated in SPSS, version 21.0. **Results:** among the 410 medical records analyzed, 22.9% of the medical records with registered suicide attempts were found. The suicide attempt was more frequent in men, adults, between 19 and 59 years old, without a marital bond, with low educational levels and work inactivity. Association of suicide attempts with a psychiatric comorbidity and history of physical or sexual abuse, domestic accident or violence, violence, accidents, major losses, losses or separation of parents and family conflicts were also identified. **Conclusion:** patients undergoing treatment at the psychosocial care center with a psychiatric comorbidity and history of traumatic experience have a higher risk of suicidal behavior. **Descriptors:** Mental Disorders; Patients; Mental Health Services; Adult; Suicide, Attempted; Nursing.

#### RESUMO

**Objetivo:** investigar a relação tentativa de suicídio e características sociodemográficas e psiquiátricas de pacientes com transtornos psiquiátricos. **Método:** estudo quantitativo, transversal, com 410 pacientes atendidos em um Centro de Atenção Psicossocial. Os dados foram analisados por meio de estatística descritiva e inferencial e tabulados no SPSS, versão 21.0. **Resultados:** dentre os 410 prontuários analisados, foram encontrados 22,9% dos prontuários com registro de tentativa de suicídio. A tentativa de suicídio foi mais frequente em homens, adultos, entre 19 e 59 anos, sem vínculo matrimonial, com baixa escolaridade e inatividade laboral. Ainda se identificou associação de tentativa de suicídio com comorbidade psiquiátrica e história de abuso físico ou sexual, acidente ou violência doméstica, violências, acidentes, perdas importantes, perdas ou separação dos pais e conflitos familiares. **Conclusão:** pacientes em tratamento no centro de atenção psicossocial com comorbidade psiquiátrica e história de experiência traumática apresentam maior risco de comportamento suicida. **Descritores:** Transtornos Mentais; Pacientes; Serviços de Saúde Mental; Adulto; Tentativa de Suicídio; Enfermagem.

#### RESUMEN

**Objetivo:** investigar la relación entre el intento de suicidio y las características sociodemográficas y psiquiátricas de pacientes con trastornos psiquiátricos. **Método:** estudio cuantitativo, transversal, con 410 pacientes atendidos en un Centro de Atención Psicossocial. Los datos fueron analizados por medio de estadística descriptiva e inferencial y tabulados en el SPSS, versión 21.0. **Resultados:** entre los 410 prontuarios analizados, fueron encontrados el 22,9% de los prontuarios con registro de intento de suicidio. El intento de suicidio fue más frecuente en hombres, adultos, entre 19 y 59 años, sin vínculo matrimonial, con baja escolaridad e inactividad laboral. También se identificó asociación de intento de suicidio con comorbilidad psiquiátrica e historia de abuso físico o sexual, accidente o violencia doméstica, violencias, accidentes, pérdidas importantes, pérdidas o separación de los padres y conflictos familiares. **Conclusión:** pacientes en tratamiento en el centro de atención psicossocial con comorbilidad psiquiátrica e historia de experiencia traumática presentan mayor riesgo de comportamiento suicida. **Descritores:** Trastornos Mentales; Pacientes; Servicios de Salud Mental; Adulto; Intento de Suicidio; Enfermería.

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INTRODUCTION

According to the World Health Organization, around 804,000 deaths occur worldwide as a result of suicide, one death every 40 seconds. Brazil is the eighth country with the highest number of suicides on the planet: 32 deaths per day or one death every 45 minutes related to suicide.<sup>1</sup> It is estimated that 90.0% of patients who commit suicide have diagnosable psychiatric disorders and therefore, mental health problems are the most important predictors of suicide attempts.<sup>1</sup> Suicide attempts are self-agressions that have not reached the lethal outcome, are often repeated and lead most patients to death after their occurrence. Therefore, they are an important predictor for consummated suicide.<sup>2</sup> For each consummated suicide, there are an estimated 20 to 30 attempts. Nevertheless, the records are scarce, in general, with incorrect diagnoses or underreporting, making investigations of suicide attempts more rare and difficult to carry out.<sup>2-3</sup> During the 12-month period, the prevalence of suicide attempts among individuals over 18 years of age in high, middle and low income countries, totaling a combined sample of 109,377 individuals who had one or more suicide attempts during the study period. In high-income countries, the prevalence was 0.3% per 1,000 individuals in both sexes. In middle-income countries, it was 0.3% per 1,000 men and 0.6% per 1,000 women and, in low-income countries, a prevalence rate of 0.4% per 1,000 individuals in both sexes. The annual prevalence of self-reported suicide attempts is approximately four in 1,000 adults.<sup>1</sup>

The majority of patients who commit suicide present psychiatric disorders, mainly unipolar depression, bipolar affective disorder, drug-induced disorder or schizophrenia.<sup>4</sup> A survey of 106 Turkish patients hospitalized after suicide attempts reveals that most attempts were impulsive and, emphasizes the importance of the presence of previous attempts, suicide history in the family, stressful life events in the last six months, low income, unemployment, sleep disorders and hopelessness.<sup>5</sup> In Chile, the prevalence of 41.7% history of attempted suicide at least once in a lifetime among patients undergoing treatment in public and private mental health services.<sup>6</sup>

A survey of 360 victims of suicide attempts, cared for at public health institutions in Northeastern Brazil, indicates that the majority are male, presenting a diagnosis of depression, a sense of rejection, a history of

intention in a psychiatric hospital and believed to have disappointed with someone else.<sup>7</sup> Case-control research with survivors of suicide attempts at poisoning in a public hospital emergency in a Brazilian Northeast capital identifies risk indicators as being in financial dependence on others, having been sexually abused in childhood, suicidal ideation, history of mental disorder in the family, having some psychiatric disorder and, mainly, psychiatric comorbidity (s).<sup>3</sup>

Nursing researchers show the need to perform greater integrality in the care of patients who attempt suicide by performing promotion and prevention actions, since this death can and should be avoided.<sup>8</sup>

OBJECTIVE

- To investigate the suicide attempt and sociodemographic and psychiatric characteristics relationship of patients with psychiatric disorders.

METHOD

A quantitative, cross-sectional study with 410 patients cared for at a Psychosocial Care Center (PCC). PCC is characterized as a public health service that provides daily care to people with severe and persistent mental disorders. The sample was calculated based on a population of approximately 16,000 users served in the service from its inauguration in 1997 until the year 2014.

The estimation error of 5% and the reliability and precision of the sample of 95% were considered, adopting the percentage of 50%, which provides the maximum sample size. With these parameters, the number of 384 medical records was obtained. For the draw, 7% were added to the number of medical records taking into account possible losses that could occur. Thus, the final sample size established was 410 adult patients and with severe and persistent mental disorder.

Data collection was done through the documentary analysis of the records of the service, filed in the unit itself, from April to December 2015. Data were extracted directly from the medical records and information was collected on the following variables: age; sex; marital status; school and work situation; psychiatric diagnosis and psychiatric comorbidity, according to the International Classification of Diseases (ICD 10); history of suicidal behavior (ideation, attempt or death); family and personal history. For the data collection, a form constructed specifically for the scientific investigation was

used in which the variables were defined based on the literature.<sup>1</sup>

The drawbooks were drawn for analysis. The selection was defined by means of a draw of 65 boxes of medical records, and the first ten medical records of patients treated at the service were removed from each box. For the quantitative analysis, descriptive statistics (absolute and relative frequency) and inferential statistics were used, and in the latter case, the  $\chi^2$  tests were used. When the expected frequency was less than five, Fischer's exact test and p-value <0.05 were used as the significance level. Statistical analysis was performed using the statistical package *Statistical Package for the Social Sciences*, version 21.0.

The study followed the assumptions of Resolution 466 of December 12, 2012, and was approved by the Ethics Committee in Research with Human Beings of the Federal University of São João del-Rei under opinion No. 994.684.

RESULTS

The sociodemographic data is related to those found on the patient's record sheet of the 410 patients undergoing psychiatric

treatment at the Center for Psychosocial Care III. As a characterization of the sample, the majority of males (51.5% / 211) were adults, aged between 19 and 59 years (87.3% / 90.5), without a marriage-single bond, (57.8% / 220), without children (54.1% / 222), with low schooling ( $\leq$  eight years of schooling), corresponding to 71.8% / 267, and in, 6% / 219).

Among the 410 medical records analyzed, 22.9% (94) had a suicide attempt record. Of the 94 patients with a history of attempted, it is verified that 20.2% (19) were the reason for admission to the specialized mental health service; 53.2% (50) also presented suicidal ideation and 3.2% (3) had death recorded by suicide. Considering that the same patient may present more than one attempt, they totaled 266, averaging and standard deviation of 2.8 (8.2) attempts per individual attempting to die. The mean age of the first suicide attempt was 38.9 years and it is noted that 44.7% (42) did not present a record in the medical record of the perpetrator, and that of the means recorded in the first suicide attempt, that the most used were the autointoxications, corresponding to 23.4% (22), according to table 1.

Table 1. Characteristics of the suicide attempt among patients in psychiatric treatment at the Center for Psychosocial Care III. Divinópolis (MG), Brazil, 2015.

Characteristics of suicide attempts	n	%
Suicide attempt		
Yes	94	22.9
No	316	77.1
Cause of admission		
Yes	19	20.2
No	75	79.8
Suicidal ideation		
Yes	50	53.2
No	44	46.8
Death by suicide		
Yes	3	3.2
No	91	96.8
Perpetrators Means (ICD 10) of the first suicide attempt		
X61 - Autotoxification by anticonvulsant, sedative, hypnotic, antiparkinsonian and psychotropic drugs	20	21.3
X64 - Autointoxication by other drugs, drugs and biological substances	1	1.1
X68 - Pesticide autointoxication	1	1.1
X70 - Self-injury by hanging, strangulation and suffocation	9	9.6
X71 - Drowning and submersion injury	3	3.2
X76 - Injury by smoke, fire and flames	5	5.3
X78 - Injury by sharp or penetrating object	6	6.4
X80 - High site precipitation injury	5	5.3
X81 - Injury by precipitation or permanence in front of a moving object	1	1.1
X82 - Motor Vehicle Impact Injury	1	1.1
Not specified	42	44.7

Of the 94 patients in the psychosocial care center at the Center for Psychosocial Care III, with a suicide attempt record, it is verified that the majority (53.2%) are adults, between 19 and 59 years (92.6%), (62.3%), with a low level of schooling ( $\leq$  eight years of schooling), corresponding to 68.5%, and in work-related inactivity (72.2%), with no marital bond - single, separated and widowed.

In relation to the psychiatric history, it was observed that the most frequent diagnosis were mood disorders (29.8% / 28), followed by

drug use disorders (26.6% / 25) and schizophrenia, schizotypal disorders and delusional disorders (25.5% / 24). With regard to comorbidities, the diagnosis of mood disorders (29.5% / 39), followed by schizophrenia, schizotypal disorders and delusional disorders (18.2% / 24) and disorders due to drug use (14.4% / 19), according to table 2.

Table 2. Sociodemographic and psychiatric characteristics of patients with attempted suicide undergoing treatment at the Psychosocial Care Center III. Divinópolis (MG), Brazil, 2015.

Sociodemographic and psychiatric characteristics	n	%
Sex		
Female	44	46.8
Male	50	53.2
Age		
Teenager	2	2.1
Adult	87	92.6
Old	5	5.3
Marital status		
Not married	42	46.7
Married / Unemployed	34	37.8
Separated / Widowed	14	15.6
Schooling (years)		
$\leq$ eight	61	68.5
Eight	28	31.5
Work situation		
Active	20	27.8
Inactive	52	72.2
Primary psychiatric diagnosis		
F00-F09	6	6.4
F10-F19	25	26.6
F20-F29	24	25.5
F30-F39	28	29.8
F40-F48	8	8.5
F50-F59	1	1.1
F60-F69	1	1.1
F70-F79	1	1.1
F80-F89	0	0.0
Diagnosis of psychiatric comorbidity		
F00-F09	5	3.8
F10-F19	19	14.4
F20-F29	24	18.2
F30-F39	39	29.5
F40-F48	14	10.6
F50-F59	0	0.0
F60-F69	12	9.1
F70-F79	6	4.5
F80-F89	0	0.0
G40G47	13	9.8

When the results of the inference test were analyzed, it was observed that patients with a history of psychiatric comorbidity had an association with suicide attempt ( $p < 0.001$ ). It was also verified the association of suicide attempt with the presence of history of

traumatic experience as physical or sexual abuse, accident or domestic violence, violence, accidents, major losses, loss or separation of parents and family conflicts ( $p < 0.001$ ), according to table 3.



Table 3. Association between history of mental health and suicide attempt of patients undergoing treatment at the Center for Psychosocial Care III. Divinópolis (MG), Brazil, 2015.

Suicide attempt						
Mental health history	Yes		No		x <sup>2</sup>	p
	n	%	n	%		
Psychiatric Comorbidity						
Yes	70	74.5	143	45.3		
No	24	25.5	173	54.7	24.7	0.000
Family psychiatric history						
Yes	58	61.7	181	57.3		
No	36	38.3	135	42.7	0.6	0.445
History of traumatic experience						
Yes	75	79.8	206	65.2		
No	19	20.2	110	34.8	7.1	0.007

DISCUSSION

The studied sample presents risk factors for suicidal behavior when it is verified that the majority is composed of adults with low schooling and work inactivity. Among Korean adults, low schooling is associated with attempted suicide, which can be explained by the fact that, in general, these people have a lower chance of competing for jobs and, therefore, acquiring higher income and social status. 9 Swedish cohort study shows that patients with disability pension and diagnosis of depressive disorders, substance abuse or personality disorders are at higher risk for suicidal behavior.<sup>10</sup>

Regarding the results related to psychiatric disorders and the continuum of suicidal behavior (ideation, attempt and suicide), a literature review related to the risk factors for suicidal behavior in Brazil evidenced that suicidal behavior is closely related to previous psychosocial illness, the psychiatric disorder that is more related to the suicidal attempt. Bipolar disorder, posttraumatic stress, anxiety and personality disorders, schizophrenia and various psychoses are also identified.<sup>11</sup> The World Health Organization points out that serious mental disorders are associated with high rates of consumed suicide, and the suicide mortality rate is estimated to be more than 12 times higher among people with schizophrenia compared to the general population.<sup>1</sup> Among the risk factors for suicidal behavior, the Organization World Health Organization highlights diagnosis psychiatric treatment of depression or alcohol and/or other drug abuse, noncompliance with psychiatric treatment and the presence of a history of suicide attempts.<sup>1</sup> Therefore, the continuity of observation of the behavior of patients with a history of suicidal ideation or the discharge of the mental health service, is essential to prevent a recurrence.<sup>12</sup>

Planned trials are more common among older, separated or widowed patients with

depression, drug use disorders, and medical comorbidities. On the other hand, interpersonal conflicts are more frequent among patients with impulsive suicide attempts. Patients with planned suicide attempts have fewer previous suicide attempts, however, they are more serious attempts. The presence of hope of dying, written will, and repeated, intense, and continuous suicidal ideation are predictive of a planned suicide attempt.<sup>13</sup> A Brazilian survey conducted in a capital of the South of the country with people attempting suicide shows that the totality presented suicidal ideation before carrying out the act.<sup>12</sup>

The scientific literature shows that people with severe mental disorders are at higher risk for suicide. Thus, in this study, there was agreement of the results with previous studies regarding the occurrence of suicide attempt in relation to mood and psychotic disorders, and due to drug use.<sup>15-7</sup> Attempts to commit suicide among psychiatric patients can be understood from presence of maladaptive behavior. In this sense, patients with a history of attempts, in general, have an idea that they are different from others and that they are not part of society, that they are not able to deal with everyday responsibilities and that they have difficulties in linking the rules of reciprocity that guide social interaction.<sup>18</sup>

The inference test shows that patients with attempted suicide have a history of traumatic experience as physical or sexual abuse, accident or domestic violence, violence, accidents, major losses, loss or separation of parents and family conflicts. Such association can be understood by considering that, *a priori*, all human experience is integrated and, therefore, negative experiences continue to have influence in the life of the person. Studies that explore the relationship between exposure to adverse and / or traumatic experiences occurring in childhood and / or adolescence and health status in adult life show that this exposure is associated with

negative consequences for the person in various dimensions such as physical, psychological, cognitive, behavioral, social, and emotional problems.<sup>19</sup> Since traumatic experiences are directly related to suicidal ideation and attempted suicide, it would be important to develop resilience among patients with the help of health professionals, friends, family, and the community in which they are inserted.<sup>20</sup>

This study presented limitations related to the information contained in the medical records. Possible limitations include incomplete or superficial records that do not guarantee a thorough understanding of the course of suicidal behavior in patients. This limitation is also important for the practice, as it does not subsidize an adequate follow-up of the client. Another possible limitation is that some verbal communication by users of the mental health service and health professionals about suicidal behavior may have occurred without being recorded. Finally, the form of organization of medical records may be characterized as a limitation of the study, since these documents have often been stored in an inadequate and disorganized way, stored in boxes in the service, and may aggravate their access and conservation.

Despite these limitations, it is believed that the study presents important contributions to Nursing and other health professionals, such as the knowledge of the situation (sociodemographic and psychiatric) in which patients with suicidal attempts are found. The possibility of an expanded perception of this situation can thus subsidize a more responsible practice and with a view to preventing suicidal behavior. In this sense, Nursing plays an important role in suicide prevention, since, in comparison with other health professionals, it is the nurse who spends more time with the patients in the health services, as it is also the largest professional contingent, besides having a strategic placement in communities in primary care services. However, it requires training to evaluate, treat and / or refer patients with suicidal behavior.

CONCLUSION

Among the 410 medical records analyzed, 22.9% had a suicide attempt record. Of the 94 patients in the psychosocial care center at the Center for Psychosocial Care III, who presented a history of attempted suicide, it is verified that, in the majority, they are men, adults, between 19 and 59 years old, without marriage bond (single, separated and

widowed), with low educational level and work inactivity. In relation to the psychiatric history, it is observed that the main most frequent diagnosis were the mood disorders. There is still an association of suicide attempt with history of psychiatric comorbidity and traumatic experience such as physical or sexual abuse, accident or domestic violence, violence, accidents, major losses, loss or separation of parents and family conflicts.

It is important to carry out the evaluation of the risk of suicidal behavior of patients undergoing treatment at the psychosocial care center with psychiatric comorbidity and history of traumatic experience for better management and prevention of suicide.

FUNDING

Work funded by the Minas Gerais Research Support Foundation - FAPEMIG (litigation APQ-01641-14).

ACKNOWLEDGEMENTS

To the Psychosocial Care Center team for providing access to information and clarifications about the charts that led to the study participants and data collection.

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Submission: 2017/10/29

Accepted: 2018/03/23

Publishing: 2018/05/01

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