



To Determine the Relation of Stressful Life Events and Suicidal Intent with Attempted Suicide in a Tertiary Care Hospital in Northern India

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Abstract

Suicide is a psychiatric emergency. Stressful life events and suicidal intent are one of the major predictors of attempted suicide. The aim of the study was to find out the relation of stressful life events and suicide intent in patients who attempted suicide. The present study was conducted in the Department of Psychiatry, Jawahar Lal Nehru Medical College and Hospital, Aligarh, Uttar Pradesh. Suicide attempters referred for psychiatric evaluation from various departments of the hospital during the period June 2021- May 2022 were evaluated. In the study, it was found that most patients had medium suicide intent with moderate stress and interpersonal conflicts were the major reason behind attempts. Thus, decreasing the stress and teaching healthy coping strategies is required to reduce self-harm/ suicide attempts.

Keywords: stressful life events, suicidal intent, attempted suicide

Suicide is death caused by injuring oneself with the intent to die (CDC) and however, there is a difference between contemplating suicide and really doing it. Suicidal intent is the irrational hope and wish that a self-destructive act would result in death. Intent in attempted suicide is considered as an indicator of subsequent suicide (Menon et al., 2013). Suicide attempt is self-harming behaviour with a nonfatal

consequence and either explicit or implicit indications that the person planned to take their life. Suicide attempt can lead to completed suicide if the person eventually dies.

Non-fatal suicidal behaviours can have a wide range of motivations, from the desire to die to a cry for rescue. These actions may be planned or impulsive, and they could result in a variety of physical consequences (Evans & Norman, 1988).

There are several life circumstances that influence and motivate individuals to attempt suicide. Finding out about the patient's family's history of suicide is also crucial (Shrivastava et al., 2004). To improve risk assessment and intervention approaches for dealing with this behaviour, it is essential to have a better knowledge of the components that contribute to risk for suicidal actions. Negative life experiences have gained significant empirical attention over the past 40 years, despite the fact that suicide conduct is multi-determined and reflects the convergence of several intrapersonal and external variables (Liu & Miller, 2014).

Objective life experiences that are likely to necessitate changes in order to readjust to daily living (Holmes & Rahe, 1967) and are free of any subjective appraisal are called stressful life events (Grant, 2003). The death of a loved one, losing a job, or becoming a victim of crime are examples of ordinary events that happen on an irregular basis (Holmes & Rahe, 1967; Sarason et al. 1978; Brugha & Cragg, 1990).

Findings from the World Health Organization's (WHO) Mental Health Surveys of 23 countries revealed that having a mother who had experienced intimate partner violence and having ever experienced non-partner physical violence, as well as having ever been separated, divorced, or widowed, were all strongly associated with attempted suicide (Devries et al., 2011). One of the most significant causes of suicide ideation is the loss of a loved one (Stein et al., 2010).

Over the last few decades, there has been a significant variability and change in how life events have been viewed and analysed. Any individual study's interpretation of its findings directly depends on how life occurrences have been operationalized. Additionally, individualised occurrences have received more attention than a variety of elements taken together. So, the present study aims to determine the relation of stressful life events and suicidal intent with attempted suicide in a tertiary care hospital in Northern India.

Material and methods

This study was a cross-sectional, descriptive and hospital-based study from June 2021- May 2022. All consecutive patients with attempted suicide who were referred from different departments of hospital to the Department of Psychiatry, Jawaharlal Nehru Medical College and Hospital, Aligarh, Uttar Pradesh for psychiatric evaluation were included in the study.

Study tool

The Presumptive Stressful Life Events Scale [PSLES] and Beck's Suicidal Intent Scale [BSIS] were used.

Presumptive Stressful Life Events Scale: This is a 51 items scale. The scale was standardized on 200 normal subjects and was found to be uninfluenced by age, education, and marital status. Each event is given a mean stress score, which varies from 95 to 20. The events may further be divided into (i) desirable, (ii) undesirable and (i) ambiguous (ii) personal and (iii) impersonal.

Beck's Suicide Intent Scale: BSI scale is a semi-structured, interviewer administered assessment scale consisting of 20 items, each scoring from 1-3 points. The scale consists of 2 sections, the first of which is objective, and in the second section, subjective characteristics of the suicide attempt are evaluated. Beck's suicide intent scale scores obtained are classified as: 15-19 points "low- intent", 20-28 points "medium-intent" and 29 or more points "high- intent" suicides.

Inclusion criteria

1. Patient's aged between 18-60 years.
2. Patients who gave informed consent for the study.
3. Suicide attempters referred for psychiatric evaluation from various departments of the hospital.

Exclusion criteria

1. Patient's aged below 18 years or above 60 years.
2. Patients who did not give informed consent for the study.

Results

Around 60 (75%) suicide attempters in the study had 2 stressful events in the past year, 12 (15%) had 1 stressful life event and 8 (10%) had 3 or more stressful life events as seen on presumptive stress life event scale in table 1.

Table 1.

Suicide Attempts Relation to Number of PSLE Scale

No of PSLE in past one year	Frequency (n=80)	Percentage (%)
1	12	15
2	60	75
3 or more	8	10

Table 2 depicts relation of PSLE scale score with suicide attempts. Out of total 80 subjects in our study, 68 (85%) of suicide attempters had PSLE score in the range of 40-200 (low/moderate stress), 7 (8.75%) had score >200 (severe stress) and 5 (6.25%) had score < 40 (no stress).

Table 2.

Relation of PSLE Scale Score with Suicide Attempts

PSLE score	Frequency (n=80)	Percentage (%)
<40 (no stress)	5	6.25
40-200 (moderate stress)	68	85
>200 (severe stress)	7	8.75

Most common psycho-social factor associated with suicide was interpersonal conflict in family (30%) followed by Interpersonal conflict with spouse (23.75%), broken love affairs (15%), taking a loan (7.5%), financial losses (6.25%), exam failure (6.25%), divorce (5%) and new job adjustments (2.5%). (Table 3)

Table 3.

Suicide Attempts and its Attribution to Various Causes

Cause of suicide	Frequency (n=80)	Percentage (%)
1. Financial losses	5	6.25
2. Interpersonal conflict in family	24	30
3. Interpersonal conflict with spouse	19	23.75
4. New job adjustment	2	2.5
5. Broken love affairs	12	15
6. Exam failure	5	6.25
7. Divorce	4	5
8. Taking a loan	6	7.5
9. Unidentified	3	3.75

The study showed that maximum suicide attempters i.e. 63 (77.5%) had the medium intent on Beck's suicide intent scale, 10 (12.5%) had high intent and 8 (10%) had low intent. (Table4)

Table 4.*Beck's Suicide Intent Scale Score n Suicide Attempters*

Beck's suicide intent scale	FREQUENCY (n=80)	PERCENTAGE (%)
1. 15-19 (low intent)	8	10
2. 20-28 (medium intent)	62	77.5
3. 29 or more (high intent)	10	12.5

Discussion

In our study most of the suicide attempters had 2 stressful life events overall and very few had 3 or more life stressors. Also, most of the patients had moderate stress as scored on presumptive stressful life events scale.

This was in line with the findings of a research conducted in 2016 by S.V. Jaiswal, in which the majority of individuals had stressful life event scores ranging between 101 to 200. The following is a potential explanation: People who were under high stress may have previously sought assistance and stopped the incident, or they may have taken more lethal and planned measures and came in hospital attention sooner. The people who experienced fewer traumatic events may have gradually learned to cope with their circumstances rather of trying to end their lives (Jaiswal et al., 2016).

Different coping strategies, support system, and other personal characteristics of each individual influence their response and amount of stress. Recent negative life events may raise one's risk of suicide (Pompili et al., 2011) and susceptibility to suicidal behaviour, according to the literature (Foster, 2011). Although stressful life events can't be linked directly to suicide attempts or actual suicide, social and environmental factors seem to have a big impact on self-harming behaviour and suicide (Parkar et al., 2008).

In our study Interpersonal conflict in family or spouse and broken love affairs were the major stressful events that lead to attempted suicide.

Our findings are similar to the study conducted by Sharma SD et al., (1978) who reported 22% of suicide attempters had prior domestic conflict (Sharma & Gopalakrishna, 1978). Hedge RS et al., (1980) also reported that marital and domestic problems accounted for major proportion of suicide attempts followed by stress related to incurable diseases (29%) and financial problems (10%) (Hedge, 1980).

Latha KS et al., (1994) in study found that life events were reported by 90% of suicide attempters. Interpersonal problems affected most of them, including marital difficulties, conflicts with key family members, health related problems, failed love affairs etc. In 2020 Selvaraj K et al., (2020) reported that highest suicide attempts were due to troubles in interpersonal relationship with spouse and family and financial conditions.

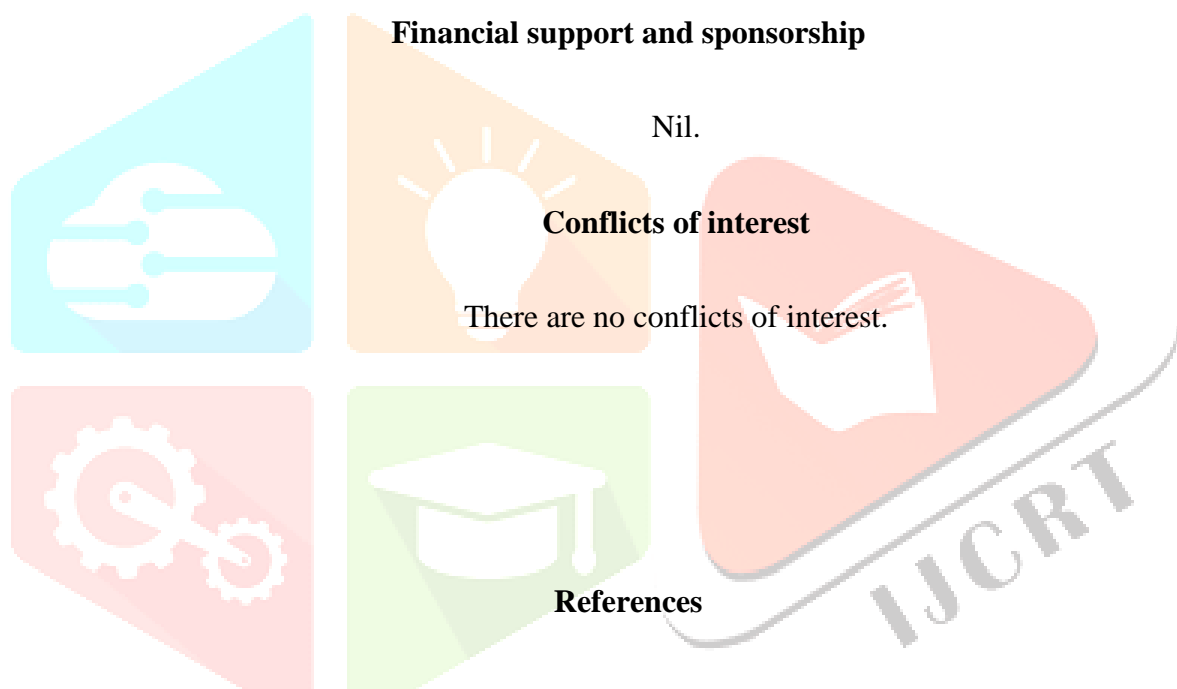
The suicidal intention scale was employed in our study to evaluate the situation surrounding the act, such as planning, taking precautions to avoid detection, and any attempts to look for help during or after the attempt. There were more patients having moderate suicide intent compared to low and high intent. There are chances of high lethality in high suicide intent Kumar et al., 2006; Unni et al., 1995). The mean suicidal intent score was considerably higher among patients who perceived a suicide attempt and the reasons underlying it as a serious concern. This shows that if the current situation is seen negatively, terrible results may follow (Jaiswal et al., 2016).

In a hospital-based study in West Bengal conducted by Bharati S et al., (2018), the reported data was somewhat similar to our findings. In the study 63.5% patients had medium suicidal intent score, 26.2% had high score and 10.3% had low score. They also noticed that high suicide intent predicts subsequent successful attempts.

In a recent study published in 2020 by Karthik Selvaraj and colleagues, the severity of suicide intent was assessed using beck suicide intent scale and it was found that 67% of the participants had low intent to die, while 30% had medium intent to die and only few (3%) had high intent.

Conclusion

In the study, we found that most patients had medium suicide intent with moderate stress and interpersonal conflicts were the major reason behind attempts. Finding the intent and its severity is crucial since high intent typically entails high lethality and frequently results in death after suicide attempt. Additionally, ignoring stressful life circumstances might result in recurrent suicide attempts and completed suicides. Therefore, it is important to address one's various life events that may be stressful for them, forcing them to take this step, and modifying interpersonal relationship issues in the family and improving coping mechanisms to deal with stress may help in preventing many suicide attempts/intentional self-harm.



Bharati, D. R., Kumari, S., Jaykar, K. C., Kumar, A., Choudhary, S. K., & Rajak, B. K. (2018). Prevalence and correlates of suicidal ideation with dermatological morbidities. *International Journal of Community Medicine and Public Health*, 5(2), 550.

Brugha, T. S., & Cragg, D. (1990). The list of threatening experiences The reliability and validity of a brief life events questionnaire. *Acta Psychiatrica Scandinavica*, 82, 77-81. Retrieved from <https://www.scirp.org/reference/ReferencesPapers.aspx?ReferenceID=690185>.

Devries, K., Watts, C., Yoshihama, M., Kiss, L., Schraiber, L., & Deyessa, N. et al. (2011). Violence against women is strongly associated with suicide attempts: Evidence from the WHO multi-country study on women's health and domestic violence against women.

Foster, T. (2011). Adverse Life Events Proximal to Adult Suicide: A Synthesis of Findings from Psychological Autopsy Studies. *Arch Suicide Res.* 2011;15:1–15.

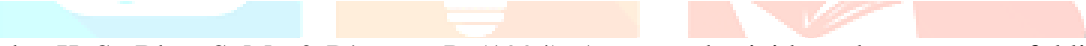
Grant, K., Compas, B., Stuhlmacher, A., Thurm, A., McMahon, S., & Halpert, J. (2003). Stressors and child and adolescent psychopathology: Moving from markers to mechanisms of risk. *Psychol Bull* 129 (3), 447.

Hedge, R. S. (1980). Suicide in rural community. *Indian journal of psychiatry*, 22(4), 368.

Holmes, T., & Rahe, R. (1967). The social readjustment rating scale.

Jaiswal, S., Faye, A., Gore, S., Shah, H., & Kamath, R. (2016). Stressful life events, hopelessness, and suicidal intent in patients admitted with attempted suicide in a tertiary care general hospital. *J Postgrad Med.* 2016 Apr-Jun;62(2):102-4. doi: 10.4103/0022-3859.180556. PMID: 27089109; PMCID: PMC4944339.

Kumar, C., Mohan, R., Ranjith, G., & Chandrasekaran, R. (2006). *Characteristics of high intent suicide attempters admitted to a general hospital.* *J Affect Disord.* 2006;91:77–81.



Latha, K. S., Bhat, S. M., & D'souza, P. (1994). Attempted suicide and recent stressful life events: a report from India. *The Journal of Crisis Intervention and Suicide Prevention.*

Liu, R., & Miller, I. (2014). Life events and suicidal ideation and behavior: A systematic review. *Volume 34*, Issue 3, April 2014, Pages 181-192.

Menon, V., Kattimani, S., Shrivastava, M., & Thazath, H. (2013). Clinical and Socio-Demographic Correlates of Suicidal Intent Among Young Adults: A Study from South India.

Parkar, S., Dawani, V., & Weiss, M. (2008). Gender, Suicide, and the Sociocultural Context of Deliberate Self-Harm in an Urban General Hospital in Mumbai, India. *Cult Med Psychiatry.* 2008;32:492–515.

Pompili, M., Innamorati, M., Szanto, K., Di Vittorio, C., Conwell, Y., & Lester, D. et al. (2011). Life events as precipitants of suicide attempts among first-time suicide attempters, repeaters, and non-attempters. *Psychiatry Res.* 2011;186:300–5.

Sarason, I.G., Johnson, J.H., Siegel, J.M., (1978). Assessing the impact of life changes: development of the Life Experiences Survey. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/701572/>.

Selvaraj, K., Bansal, P., Singh, A., Viswanathan, S., & Raghavan, S., et al. (2020). Socio-Demographic, Clinical Profile, Life Stress Events and Psychiatric Comorbidities in Patients with First Attempt Suicide. *J Psychiatry Behav Sci.* 2020; 3(1): 1037.

Sharma, S., & Gopalakrishna, R. (1978). Suicide—a Retrospective Study in a Culturally Distinct Community in India. *International journal of social psychiatry*, 24(1), 13-18.

Shrivastava, M.K., Sahoo, R.N., Ghotekar, L.H., Dutta, S., Danabalan, M., Dutta, T.K. and Das, A.K. (2004) Risk Factors Associated with Attempted Suicide A Case Control Study. *Indian Journal of Psychiatry*, 46, 33-38.

Stein, D., Chiu, W., Hwang, I., Kessler, R., Sampson, N., & Alonso, J. et al. (2010). Cross-National Analysis of the Associations between Traumatic Events and Suicidal Behavior: Findings from the WHO World Mental Health Surveys.

The encyclopedia of suicide / Glen Evans and Norman L. Farberow / *National Library of Australia*. Catalogue.nla.gov.au. (1988).

Unni, K. E., Rotti, S. B., & Chandrasekharan, R. (2022). An exploratory study of the motivation in suicide attempters. *Indian J Psychiatry*. 1995;37:169–75. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/21743744/>.

