

SUICIDALITY IN HEALTHS CRISIS - CASE REPORTS

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Abstract: Introduction: Suicide represent a major health problem of great importance for public health in Serbia. In the whole world in last decades, the number of committed suicides is constantly increasing. The most dramatic increase is the number of committed suicides among adolescents, but also among the elderly, over 65 years of age. Serbia ranks 13th in Europe in terms of the number of suicide (13.6/100.000 inhabitants) and Vojvodina is at the top place as region in Serbia (15.3/100.000 inhabitants). It is alarming that suicide attempts are 10-15 times more frequent, as well as that a large number of people who have committed suicide in the last month have reported in medical institutions with various problems. Situations and conditions that increase suicide risk are mental disorders and chronic physical illness, as well as life crises, which include pandemic. Also of great importance is positive heredity, as well as previous suicide attempts. Usually, during crisis, number of suicide attempts and committed suicides decline, but after crisis there is lot of evidence that symptoms of anxious and depressive disorders increase and number of suicide attempts and committed suicides is growing up.

Cases reports: In presented case reports the trigger for a suicide attempt was the current situation during the covid-19 epidemic. One of the leading reasons for the increase in number of attempted and committed suicides is the unrecognition and lack of treatment of mental disorder symptoms. Most frequently symptoms of depression and severe anxiety result in a suicide attempt. Early recognition and treatment either with psycho and/or pharmacotherapy in a significant percentage can reduce the number of attempted and committed suicides.

Conclusion: In currently pandemic and in next period, it is necessary for medical staff to look after various, but mostly depressive and anxious symptoms in patients, that frequently result in suicide attempt, if

stay unrecognized and untreated. That is the best way to prevent suicide and to improve mental health, as it is very important for national interests.

Keywords: suicidality, pandemic, prevention.

INTRODUCTION

The definition of suicidal behavior is numerous, but one of the most general claims: "suicide represents active or passive self-destructive act in which a person consciously and intentionally takes his own life because of various motives." (1, 2, 3). Certainly, these motives may be psychopathological genesis, which is the case with most patients who suffer from mental disorder. In addition to suicide, self-destructive behavior includes attempted suicide, planning or contemplating suicide, as well as a self-harm behaviour.

Parasuicide is a deliberate self-harm behavior that does not end up lethal, as opposed to suicidal intent. A parasuicidal break is by definition a procedure with no suicidal intention, for example, when a person takes a higher dose of sedatives or hypnotics, without suicidal intention at mind but with the intention of falling asleep. About 50-75% people who commit suicide have contact with medical services within a month before committing suicide (4, 5, 6).

Suicide is considered as multidimensional phenomena, while its genesis is interpreted by interplay of biological, psychological and socio-cultural factors. Numerous religions, primarily Christianity, condemn suicide and just until recently there was an explicit prohibition on suicides being buried in Christian rites (1, 3, 4).

As a phenomenon, suicide is disengaged from social, gender, cultural and age boundaries. It manifests itself in all climates, but records of the number of suicides executed and attempted vary significantly from country to country, thus making the existing statistics relatable (60 country in the world has statistics about sui-

cide). A particular problem is the high number of fatal accidents in which, retrospectively, the cause of the accident cannot be determined, as well as the number of casualties in occupational accidents (7, 8).

Each year, approximately 800.000 persons commit suicide, other wise, every 40 second someone on the planet die from suicide (2, 3, 9). Epidemiology data becomes alarming as during last decade suicide present leading cause of premature mortality in individuals between 15 to 29 years (2, 3, 10). In the reality, suicide attempts are 15-20 times more frequent than committed suicide. Statistical evidence indicate that 86% of all suicides are registered in underdeveloped and middle-developed countries, mainly in Eastern Europe. In elderly category (more than 65 years), suicide rate accounts for 14% of the world's total mortality. In world statistics the rate of suicide is 11.6 per 100,000 inhabitants. Sex ratio (male: female) is the largest in Europe, with the smallest difference in the Mediterranean region. The highest number of suicides perpetrated in the male population was recorded in Ukraine (61.1) and in the female population in South Korea, where the number of suicidal young women in the large population is growing (2, 3, 11, 12).

Due to WHO (World Health Organization) statistics, in 2016 suicidal rate in lot of community increased.

The highest rates of more than 15/100.000 inhabitants were recorded in Switzerland, Sierra Leone, Sweden, Republic of Korea, North, Bulgaria, Serbia, Belgian, Finland, Slovenia (Table 1).

In terms of the percentage of committed suicide, Lithuania, Russia and Belarus have reached the first place in recent decades. Compared to the countries of Western Europe, this data are inconsistent. It is interesting that suicide rate is very high in Switzerland and it is also surprising that Bhutan, in which the level of community satisfaction is extremely high, also has significance number of committed suicide (11 per 100,000 inhabitants). According to the suicide rate, Serbia is in the 13th place in Europe. The suicide rate is 13.6 per 100,000 inhabitants according to the latest statistics (2016), but within the Republic the rates are significantly different.

Vojvodina is still in the first place in the number of suicides, as in previous decades, with a rate of 15.3 In past few decades, the number of suicides in Serbia has increased significantly, with the largest increase being recorded in adolescence and late life.

This is alarming data indeed, giving that the number of attempted suicides is at least ten times higher. The largest number of suicides in the period 2010-2019 was carried out in the cities with the majority Hungarian population (Subotica), unlike the southern part, where the number of suicides is significantly reduced.

Table 1. Suicide rate in the world (2016, WHO)

Region	Total Suicide Rate per year	Male	Female
Lithuania 894	31.9	58.1	9.5
Russia 45178	31	55.9	9.4
Ukraine 9911	22.4	41.1	6.3
Belgium 2377	20.7	27.8	13.8
Hungary 1854	19.1	29.7	9.6
Slovenia 386	18.6	30.4	6.9
Japan 23532	18.5	26.0	11.4
France 11503	17.7	23.9	11.7
Switzerland 1466	17.2	22.0	12.4
Croatia 686	16.5	25.6	7.9
India 220481	16.3	17.8	14.7
Poland 6143	16.2	28.9	4.3
Finland 878	15.9	23.9	8.1
Serbia 1373	13.6	23.5	8.1
Germany 11305	13.6	19.7	7.7
Bulgaria 811	11.5	18.2	5.1
Bhutan 86	11.4	14.0	8.5

At greater risk for suicidal thoughts and behavior are patients with chronic somatic or psychiatric problems, personality disorders, especially if there occur life crisis or if they are in low socio-economic situation. At greater risk are persons with positive heredity, or persons who have already attempted suicide.

Environmental factors that enhance the occurrence of suicidal thoughts, attempts, suicide planning: broken home, loss of a close person or social support, loss of business or bankruptcy, easy availability of me-

ans of committing suicide (firearms, poisons), frequent suicides in the local community.

Socio-cultural factors that promote suicidal ideation / behavior: stigmatization of help-seeking services, unavailability of mental health and psycho-psychiatric services; cultural or religious prejudices that "call" for suicide; exposure to suicidal ideation (networks, groups).

Crisis of various type present frequently a trigger in predisposed people. One is up-to-date, health crisis in form of covid-19 pandemic. In desperate to save people's life, lot of rules were pronounced, like police hour, work from home, reducing social contacts. Therefore, life became worldwide harder, especially for people with mental disorders.

Here are presenting cases of patient with suicidal attempts during health crisis.

Case report No1

Patient, female, 60 years old, never came to see psychiatrist, single, no children. Patient came in urgent ambulance in last 4 months for her mother and her best friend has died. She was living alone and she was employed, but during pandemic she lost her job and from that period she felt lonely, she had insomnia, she could not eat, whole day she was just sitting, without energy and motivation, she could not concentrate and was frightening about disease and finally she decided to make a suicide. One evening patient went to the bridge, planning to jump and dive in the river. Some people saw her, called ambulance and police who took her in the hospital. During examination patient was depressive, bradypsychic, with ideas of less worth, hopeless, reluctant, failed, with strong suicidal ideation. She was admitted in hospital. Psychopharmacs (antidepressants and anxiolytics) were administered, in combination to cognitive-behavioral therapy. After 40 days patient was dismissed from hospital, in satisfied condition, euthymic and without symptoms of mental disorder. The plan was that in next few months she will be with two friends and she will work in family business one of the friends. In the next six months patient regularly came to psychiatric control examination, remission persist and she took psychopharmacs and came to visit psychologist too.

Case report No1

Patient, female, 20 years old, student. She was living in flat alone and her family lived in another city. During pandemic she decided not to go home, but in flat she felt lonely, frightened, anxious, all the time she was watching television and information about covid-19. Last three weeks, while police hour was dis-

missed, she was frightened to go out, feeling that something terrible will happen and she experienced 4-5 panic attacks every day. Patient felt exhausted, could not sleep or eat any more. Then she decided to make suicide as she didn't see another way out from this situation. She took 30 tablets (analgetics) with half bottle of liquor, then she changed her mind and called ambulance for help. After monitoring in urgent centre for 6 hours, patient was admitted at psychiatric Clinic. She was in satisfied condition but depressive and anxious, she was crying and calling for help. In next period, support and CBT was administered in combination with antidepressants. After three weeks patient was dismissed, she went home to live with her family during summer holiday. She had no longer anxiety or panic attacks, and became euthymic. Control examination was fixed in a week.

DISCUSSION

There are numerous interpretations trying to explain why the number of suicides in young people is rising. Among the most important is the breakup from the traditional family, the fast way of living, the lack of quality communication within family which should allow better recognition of problems in the young person (eg. depressive disorder, substance abuse), peer violence, changing value systems, excessive expectations of the environment from the child, etc.

In elderly, one of the leading causes of suicide is evidently the loss of social support, loneliness, very often the comorbidity of many chronic physical illnesses and worsening financial status. National Healthcare system should amplify efforts to help predisposed people, especially during actual health crisis, for better prevention of suicide.

During various crisis, number of suicidal attempts and committed suicide usually decline, but after crisis suicidality has trend of increase (2, 3, 7). During actual pandemic people spend lot of time with family but problems appear in singles or molested. It is very important to recognize those people on time and support them. Psychotherapy can be beneficial for clients in various type of crisis. Usually CBT (Cognitive-Behavior Therapy), REBT (Rational Emotive Behavior Therapy), TA (Transactional analysis) are used by therapist, accompanying with progressive muscle relaxation techniques, usually when depression or severe anxiety lies in the background of suicidal ideas (12, 13). Cognitive restructuring, social skills, checking negative thoughts, writing diary of daily activities are some of useful psychotherapeutic techniques. When it is indicated, psychopharmacs should be prescribed during and for some period after crisis, in combination with psy-

chotherapy. The best suicide prevention presents adequate and timely recognition and treatment of community mental disorders, the availability of medical, especially psychiatric-psychological services as well as education of healthcare professionals.

In all parts of the community persists necessity for continuous screening programs to reach as many members as possible (students, adolescents, the unemployed, employees of different qualifications).

CONCLUSION

The interpretation of the high percentage of suicide attempts and execution is based on the assumption that the main problem is the non-recognition of psychological problems which result in inappropriate treatment since most suicide is attempted and executed by patients who have mental disorders. In order to prevent

suicide it is necessary to activate and educate medical staff of all profiles with the aim of better and timely recognition of mental disorders at any age, neglect of children, insufficient social support, identification of problems and investing additional efforts and resources in overcoming them, but emphasizing also the education of family members, school staff and the wider community as well as organizing free psychological assistance (type "Heart").

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Sažetak

SUICIDALNOST TOKOM ZDRAVSTVENE KRIZE - PRIKAZI SLUČAJEVA

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Uvod: Samoubistvo predstavlja veliki zdravstveni problem od velikog značaja za javno zdravlje u Srbiji. U celom svetu poslednjih decenija broj izvršenih suicida je u stalnom porastu. Najdramatičniji je porast broja izvršenih suicida među adolescentima, ali i osobama starijeg životnog doba, iznad 65 godina starosti. Srbija zauzima 13-to mesto u Evropi prema broju izvršenih suicida (13,6/100.000 stanovnika), a od regiona u Srbiji, na prvom mestu je Vojvodina (15,3/100.000 stanovnika). Alarmantan je podatak da su pokušaji suicida 10-15 puta češći od izvršenih suicida, kao i da se veliki broj ljudi koji su izvršili suicide u poslednjih mesec dana javljao u zdravstvene ustanove sa različitim tegobama. Situacije i stanja koja povećavaju suicidalni rizik su mentalni poremećaji, hronična oboljenja, kao i životne krize u koje spadaju i epidemije. Takođe je značajan faktor rizika pozitivno hereditarno opterećenje, kao i prethodni pokušaji suicida. Obično, tokom trajanja krize, broj pokušanih i izvršenih suicida opada, međutim, postoji dosta dokaza da nakon njenog okončanja dolazi do pojačane pojave simptoma anksioznih i depresivnih poremećaja, kao i do porasta broja pokušanih i izvršenih suicida.

Prikaz slučaja: Kod prikazanih slučajeva je kada za pokušaj samoubistva bila aktuelna situacija tokom epidemije Covid-19. Jedan od vodećih razloga povećanja broja pokušanih i izvršenih suicida je neprepoznavanje i izostanak lečenja simptoma mentalnih poremećaja. Često simptomi depresije i intenzivne anksioznosti rezultiraju pokušajem samoubistva. U radu su opisani pacijenti kod kojih su se tokom perioda epidemije, ispoljili simptomi depresivnosti i izrazite anksioznosti, a rezultirali pokušajem suicida. Rano prepoznavanje kao i pravovremena primena psiho i farmakoterapijskih mera u značajnom procentu može da smanji broj pokušanih i izvršenih suicida.

Zaključak: Tokom aktuelne pandemije i u periodu nakon nje, neophodno je da medicinski stručnjaci prepoznaju i prate razne, posebno depresivne i anksiozne simptome kod pacijenata koji često rezultiraju pokušajem samoubistva ukoliko ostanu neprepoznati i nelečeni. To je najbolji način da se prevenira samoubistvo i unapredi mentalno zdravlje, što je od velikog nacionalnog značaja.

Cljučne reči: suicidalnost, pandemija, prevencija.

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