



Attempted Suicide Triggers in Thai Adolescent Perspectives



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ABSTRACT

The study goal was to describe attempted suicide triggers in Thai adolescents. A descriptive exploratory qualitative study approach was used utilizing in-depth interviews with twelve adolescents who had attempted suicide and six of their parents. Content analysis was conducted. Attempted suicide triggers were (1) severe verbal criticisms and expulsion to die by a significant family member, (2) disappointed and unwanted by boyfriend in first serious relationship, (3) unwanted pregnancy, and (4) mental illness leading to intense emotions and irresistible impulses. These attempted suicide triggers should be of concern and brought into suicide prevention management programs such as emotional management, effective communication for adolescents and family.

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Over 800,000 people die due to suicide every year and it is the second leading cause of death in 15–29 year-olds globally (World Health Organization, 2014). Each year, approximately 200,000 adolescents end their lives by suicide coinciding with over 4,000,000 suicide attempts (Greydanus, Bacopoulou, & Tsalamani, 2009). Global suicide rates among adolescents aged 15–19 were 7.4 per 100,000 (10.5 for males and 4.1 for females) (Wasserman, Cheng, & Jiang, 2005). Annual suicide attempt rates among adolescents are 1–3%. Lifetime estimates of suicide attempts among adolescents' ratio are from 1.3–3.8% in males and 1.5–10.1% in females (Bridge, Golstein, & Brent, 2006). Adolescent girls are the most suicide attempters worldwide (Herrera, Dahlblom, Dahlgren, & Kullgren, 2006).

In the past few years, there has been growing concern regarding the increasing rate of suicidal behaviors among Thai adolescents. Data from the World Health Organization suggest that suicide rates in the Thai population aged 15–24 years were 8.9 per 100,000 and were higher in males (13.8) than in females (3.8) (World Health Organization, 2002). The Department of Mental Health reported that suicide rate for ages 10–29 years in Thailand (879) comprised 22.3% of the total cases of committed suicide (3,940) for the year 2013, thus representing a higher percentage of total cases of committed suicide compared with those in other age groups (The National Suicide Prevention Project Thai Department of Mental Health, 2015). Suicide in adolescents are characteristically different from suicide in adults or the elderly. It involves inadequate maturity, impulsiveness, and interpersonal relationship problems. Once an attempted suicide occurred, the next reattempted

suicide were more frequent in adolescents than in adults (Steele & Doey, 2007). The overall rate of suicidality in general Thai population in the year 2008 was 7.3% while the suicidality rate in adolescents aged of 15–24 years old was 6.7% (Sreunthong et al., 2011). The Department of Mental Health reported that attempted suicide cases with age of 10–19 years in Thailand was 394 (female 271: male 123) comprised 8.25% of the total cases of attempted suicide (4,774) for the year 2014 and 422 (female 289 male 133) comprised 13.5% of the total cases of attempted suicide (3,109) for the first half year 2015 thus representing an increasing rate of attempted suicide in Thai adolescents (The National Suicide Prevention Project Thai Department of Mental Health, 2015). In order to effectively prevent attempted suicide in adolescent, It is necessary to understand the associated risk factors including triggered factors affecting the thoughts and decision making to attempted suicide. From the systematic review of population-based study in suicidal phenomena in adolescents encompassed that depression, alcohol abuse, use of illegal substances, mental health problems, friends' suicidal behavior, family discord (particularly in females), a few peers, poor interpersonal relationships, living apart from parents, antisocial behavior, sexual abuse, physical abuse and poor supportive parents (Evans, Hawton, & Rodham, 2004). Attempted suicide in adolescents is different in gender and presence of mood disorder (Beautrais, 2003). Previous studies concerning adolescents with attempted suicide in Japan reported that independent factors associated with attempted suicide in male adolescents included the experience of school bullying, being homosexual or bisexual, history of drug use, the experience of unwanted sex, history of a diagnosed sexually transmitted infection, and low self-esteem. For attempted suicide in females, independently associated factors included being younger, the experience of school bullying, history of drug use, and history of smoking (Hidaka et al., 2008). The attempters who show persistent suicidal ideation, particularly with a plan or high intent to commit suicide or both, are at increased risk to re-attempt. A prior suicide attempt is the single most

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potent risk factor for youth suicide, elevating the risk of a subsequent completion 10–60 fold. The risk for repetition is highest in the first 3 to 6 months after an attempted suicide but remains substantially elevated from the general population for at least 2 years (Bridge et al., 2012).

Regardless, all of the studies were conducted abroad and the subjective experience of those directly involved in suicidal acts has not been sufficiently explored. It is important for mental health providers to make a connection with the youth and begin to understand the suicide behavior in the context of the adolescents' family, and their social and school experiences (Murray & Wright, 2006). Understanding the suicide triggers in adolescents will benefit the surveillance of adolescents at risk in addition to the prevention more directly and effectively. Although it is argued that an increased focus on understanding and hence the extended use of qualitative methodology is essential in bringing the suicidological field forward (Hjelmeland & Knizek, 2010), qualitative study in adolescents suicidology is rare. We found two qualitative studies relevant to describe the phenomenon of adolescent attempted suicide; the first one found that experiences of adolescent involved in attempted suicide are negative emotion toward the self, need to have some control over their lives, perceived impasse in an interpersonal relationship, communication, and revenge (Orri et al., 2014) and the other one found that the attempted suicide of teens was a form of communication and attempt for transforming the state (Holliday & Vandermause, 2015). However, the two of those studies were focused on describing and interpreting the phenomenon of the suicidal experiences not focus on the triggers points and based on western social and cultural context which are quite difference from Thai society. Thai adolescents are taught to inhibit overt expressions of their feelings, particularly when communicating with authority figures or those who are older than them. Thus, they may be reluctant to impose on others by overtly expressing personal feelings and wishes such as loneliness, shyness, and hopelessness that are cognitive variables associated with increased risk of suicide. This cultural norm is much different from the western culture that generally emphasizes open expression of feelings and thoughts (Page et al., 2006). To our knowledge, there is only one study about experiences of suicidal attempt in adults that found that the condition causing suicide was suffering from an abusive spouse in women and under pressure from being the leader of the family in men (Rungreangkulkij, Kotnara, Thamnoi, Yodkiang, & Anusak, 2013). No studies have been conducted on triggering factors associated with attempted suicide from the perspective of adolescents in a sufficient depth to describe clearly about the factors influencing the thinking of Thai adolescents to the decision of suicidal attempt. Therefore, the ultimate aim of this study was to understand and describe the triggering factors associated with suicidal attempt in adolescents from the perspective of adolescents who have had direct experience with suicidal attempt by employing an exploratory descriptive study via a qualitative approach.

This study is a part of research project "Development of scale for suicidality in Thai adolescents" in the first step of the project to explore and understand about triggering factors associated with the decision to suicidal attempt from perspectives of Thai adolescents. Findings from this study were useful for generating and judging measurement items in scale for Thai adolescents suicidality screening. In this article we will present only the descriptive finding to focus and understand suicide triggers in Thai adolescents based on their experiences.

METHOD

An exploratory descriptive study was conducted with qualitative data collection methods namely, face-to-face in-depth interviews to describe the adolescents' perspectives concerning the decision to suicidal attempt.

Participants

We used theoretical sampling because it insured thematic representation and helped integrate the concepts and clarify the relationship

between concepts. Twelve adolescent participants aged 15–18 years who had attempted suicide and six of their parents or close family members were recruited by purposive sampling. The inclusion criteria for adolescents included previously attempted suicide within 9 months before enrollment and for the parents we included their mother, father or close family members who helped them from their suicide attempts. Adolescent participants were identified from medical records who had been admitted in community hospital after their attempted suicide. The researcher invited and provided information to them for considering being a participant of a research at their home or primary care unit in the community. Participants who provided informed consent attending to in-depth interviews to gain understanding about attempted suicide until the researcher reached the point where no information is obtained from further data. Twelve participants who depended on saturation point indicated that adequate data have been collected for detailed analysis of attempted suicide triggers in adolescents.

The characteristics of participants are shown in Table 1.

Among the six parents or close family members, there were four mothers with a mean age of 51 years and working as farmers (3 persons), and a merchant; 1 grandmother aged 67 years and working as a farmer; and one sister aged 24 years and working as an employee in a factory.

Procedure

With the approval of five community hospitals in the north-eastern Thailand, participants were identified prospectively between January and July 2014 and retrospectively (previous 9 months) from medical records of the community hospitals. Purposive sampling was conducted to identify adolescents who had been admitted to hospital after suicidal attempt. Adolescent participants and their parents provided written informed consent for the research, and their anonymity was preserved. Individual face-to-face in-depth interviews by a first author was conducted in order to gain an understanding of their perspectives concerning triggering factors associated with attempted suicide. The questions for in-depth interview are presented in Table 2.

Interviews which lasted from 45–60 minutes were audio-recorded and transcribed verbatim. This study was certified by the Khon Kean University Ethics Committee for Human Research based on the Declaration of Helsinki and the ICH Good Clinical Practice Guidelines: code HE561316.

Data Analysis

Content analysis was conducted based on the conventional content analysis approach. This approach is generally used with a study design whose aim is to describe a phenomenology. The conventional content analysis approach looks to gain direct information from study participants without imposing preconceived categories or theoretical perspectives. The main goal of content analysis through the course of this study was to provide knowledge and understanding of the triggering factors involved in suicidal attempt according to adolescents' perspectives.

Data were coded and sorted by three researchers (a psychiatrist who had specialty in suicide, a psychiatric nurse who had specialty in qualitative research, and a psychiatric nurse who had trained in qualitative research). Researchers independently reviewed the revised transcripts to begin identifying unique and universal themes. We used the participant's own words. Connection with codes was mapped and synthesized. We then convened and discussed together to compare and enhance the credibility of the findings, the thematic meanings, and categories to reach a majority consensus on emerging themes. Every theme was supported by saturated data. The first theme was the most frequent coding from six participant's interviews.

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