

Emergency Psychiatry in the General Hospital

The emergency room is the interface between community and health care institution. Whether through outreach or in-hospital service, the psychiatrist in the general hospital must have specialized skill and knowledge to attend the increased numbers of mentally ill, substance abusers, homeless individuals, and those with greater acuity and comorbidity than previously known. This Special Section will address those overlapping aspects of psychiatric, medicine, neurology, psychopharmacology, and psychology of essential interest to the psychiatrist who provides emergency consultation and treatment to the general hospital population.

Completed suicides and self-harm in Malaysia: a systematic review



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ABSTRACT

Objective: Most of the research into suicide and self-harm has been conducted in the United States and Europe, yet the volume of research does not reflect the distribution of suicide globally, with Asia accounting for up to 60% of all suicides. The present study systematically reviews the literature to assess the prevalence and correlates of suicidal acts in Malaysia in Southeast Asia.

Methods: Five relevant databases were searched from inception up to February 2014, and a narrative synthesis of the results from the included studies was performed. Studies were eligible for inclusion if they were correlational survey research and archival/observational research describing self-harm and suicide. Outcomes included completed suicides and self-harm including suicide attempts and self-poisoning, suicide plans and suicidal ideation. **Results:** In total, 39 studies met the inclusion criteria. The principal findings were that the prevalence of suicide in Malaysia is approximately 6–8 per 100,000 population per year and that there is an excess of suicide among men, people younger than 40 years and the Indian minority group. The past-month prevalence rates of suicidal ideation, plans and attempts are 1.7, 0.9% and 0.5%, respectively, whereas the past-year prevalence rates of suicidal ideation range between 6% and 8%.

Conclusions: The present research marks a first step towards understanding the prevalence and correlates of suicide and self-harm in Malaysia. However, the heterogeneity of the included studies was high. Further research into the antecedents, consequences and interventions for suicide and self-harm in the Malaysian context is required.

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1. Introduction

Most of the research into suicide and self-harm has been conducted in the United States and Europe, yet the volume of research does not reflect the distribution of suicide globally, with Asia accounting for up to 60% of all suicides [1–3]. In the last decade, the allocation of RM 900 million (US \$262 million) for the years 2006 to 2010 by the Malaysian government under the Ninth Plan has been an important step forward in improving services for mental health problems including suicide and self-harm in Malaysia [4]. As part of this, the National Suicide Registry Malaysia was established in 2007 to monitor suicides. As yet, a self-harm registry has

not been established, which is a potentially important omission given that self-harm is the most powerful predictor of suicide [5].

Despite these efforts by the Malaysian government, however, the research literature into suicide and self-harm in Malaysia has been fragmented because it has tended to focus on certain types of self-harm among specific ethnic groups. This means that the prevalence of suicide and self-harm in Malaysia can only be accurately assessed by cross-checking multiple sources. The first major aim of the present review was, therefore, to try to provide a more accurate estimate of the prevalence of suicide and self-harm in Malaysia by drawing together the published research literature systematically.

The second aim was to identify correlates of suicide and self-harm in Malaysia. In Western countries, one consistent finding is that suicides among men outnumber suicides among women [6–10]. However, in other respects, the pattern of suicide and self-harm appears to differ between developed and developing countries [11]. For example, in developed countries, the suicide rate is high in the age group of 15 to 24 years, but it is highest among the elderly, with the divorced/widowed/

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separated at increased risk of suicide. In contrast, in developing countries like Malaysia, the highest suicide rate is found among the young (below 30 years) [12], and married women are at higher risk [11]. Consistent with this pattern of findings, in Malaysia (Kuala Lumpur specifically), self-harm is highest among women, people aged 16–24 years and people with an Indian background [12,13]. However, further research is needed to elucidate the role of demographic correlates including gender and age on suicide rates in Malaysia.

Moreover, the means of suicide and self-harm have been found to differ between developed and developing countries. In developed countries, the drugs with which people choose to overdose are relatively nontoxic drugs such as analgesics, tranquilizers and antidepressants [14]. In contrast, toxic agricultural poisons are more widely available in developing countries and hence are widely employed in suicidal behaviors [15].

The present systematic review seeks to draw together the disparate literature in order to establish the prevalence and correlates of suicide and self-harm in Malaysia.

2. Method

The presentation of this systematic review conforms to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement [16].

2.1. Eligibility criteria

Studies were included if they fulfilled three criteria:

1. Data collected in Malaysia.
2. Paper written in English or Malay.
3. Described episodes of suicide and/or self-harm in Malaysia.

Editorials, reviews and gray literature were excluded.

2.2. Data sources and search strategy

Studies on suicide and self-harm in Malaysia were identified after a comprehensive search of five electronic databases: PsycINFO (1806–February 2013), MEDLINE (1966–October 2014), CINAHL (1982–October 2014), SCOPUS (1966–October 2014) and Web of Knowledge (1900–October 2014). Key words used in the search were performed in the format: (suicid* OR self-harm* OR parasuicid* OR attempted suicid* OR self-poison* OR self-injur*) AND (Malaysia). The use of generic key words was performed in order to capture as many published papers as possible.

2.3. Study selection and data extraction

The screening of articles was conducted in two stages. The first stage of screening involved reviewing the titles and abstracts of all articles identified from the electronic databases. From these, a list was drawn up of papers for potential inclusion. The second stage of screening involved retrieving the full text of articles that were selected after the first stage of screening. The data from these were extracted directly into tables in four categories: prevalence rates, associated factors, methods of suicide and the reason for the act.

2.4. Appraisal of methodological quality

Methodological quality of the included studies was assessed using criteria adapted from guidance on the assessment of observational studies [17] and the Quality Assessment Tool for Quantitative Studies [18]. Four criteria were deemed essential for assessing the quality of the review. Each study was awarded one point for each criterion met. We did not exclude studies on the basis of their methodological quality [19,20]. These four key criteria were: (a) methodological design (prospective/case control = 1 retrospective/cross-sectional = 0), (b) response rate (70% and over = 1, <70% or not reported = 0), (c) screening tool for self-harm

(psychometrically validated clinical records/clinical interview/self-report = 1; other/not reported = 0) and (4) control for confounding factors in the analysis (controlled = 1, not controlled/not reported = 0).

2.5. Data synthesis

The large heterogeneity of the studies included in this review precluded the use of formal meta-analysis to pool the results of different studies. Therefore, a narrative synthesis was performed. The primary outcome of this review was the prevalence of completed suicides and self-harm in Malaysia. Moreover, in order to obtain a better understanding of the problem of suicide and self-harm in Malaysia, we explored the role of demographic characteristics, risk and protective factors for suicide and self-harm, and methods and motives for suicide and self-harm.

3. Results

3.1. Description of the study selection

The initial searches identified 258 studies (see PRISMA flow diagram in Fig. 1). These studies were assessed based on the abstract alone, and of these, 242 articles were excluded because of the duplication of papers and the setting being other than Malaysia. Of 53 papers retrieved for full-text review, 14 full-text papers were excluded because the results did not describe prevalence rates or the predictors and types of suicide and self-harm. This process left 39 studies that fulfilled the eligibility criteria, and it was from these that data were extracted.

3.2. Study characteristics

Fourteen studies had retrospective designs, 8/39 were prospective, 3/39 were case-control, and 14/39 were cross-sectional studies. The majority of studies were based in hospitals, of which 27/39 used

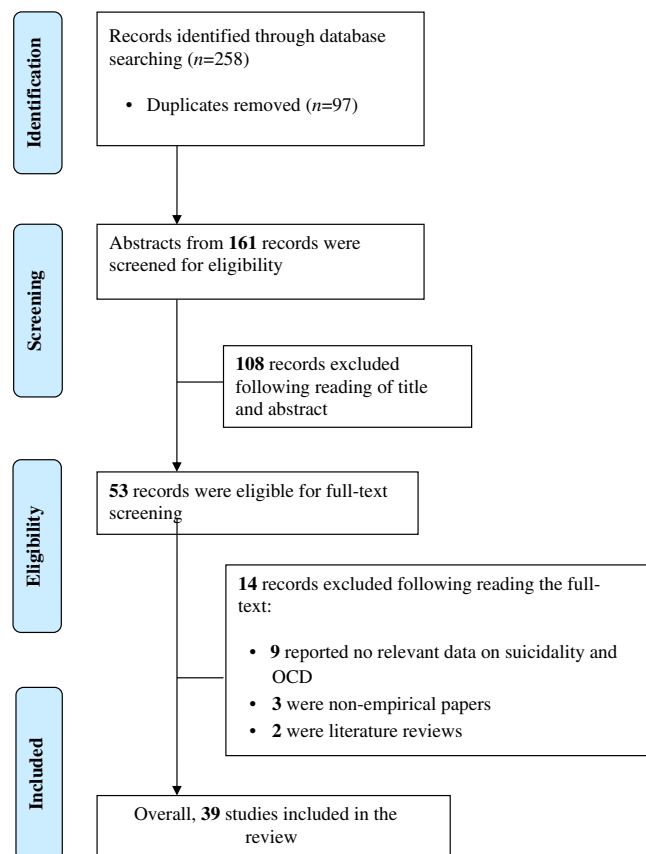


Fig. 1. Flow diagram of the studies in the review.

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