

Research strategies for suicide: Specific to South Asia

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Settings for research (and intervention)

- Emergency medicine department
- Clinical research groups
- Mental health professional
- Suicide prevention and patient advocates
- Suicide attempters/survivors
- Public and private mental health service providers
- Pharmaceutical industry
- Other interested group and individual (NGOs)

Suicidal burden assessment:

- Deaths
- Attempts
- Ideation
- Financial loss
- Family disruption

Risk factor identification

- Individual characteristics
 - Sex (male)
 - Age (juvenile, adult male)
 - Ethnicity
 - Religious values
 - Personality traits
 - Mental and physical illness (depression, anxiety disorder, substance abuse, schizophrenia)
 - Family history of suicide

Risk factor identification

- Situational characteristics
 - Living status (single)
 - Employment status (unemployed)
 - Life stresses
 - Childhood adversity and trauma

Risk factor identification

- Behavioral characteristics
 - Impulse control disorder
 - Drug abuse (alcoholism)
 - Possession of arms

Measuring availability of suicide prevention resources

- National health program:
 - Emergency services
 - Outreach services to potential suiciders
 - Screening, assessment and referral programs
 - Primary care setting resources and training
 - Medical care

Measuring availability of suicide prevention resources

- Mental health service
 - Providing professional services
 - Public sector resources
 - Private sector resources

Measuring availability of suicide prevention resources

- School health programs:
 - Education of gatekeepers to identify suicidal behavior
 - Referral to emergency care and mental health professionals

Measuring availability of suicide prevention resources

- Hospital care

Measuring availability of suicide prevention resources

- Social services
 - Service facility in senior centers
 - Community support group
 - Education of community about suicide problem and prevention strategies
 - Telephone hotline services
 - Online support group
 - Support programs

Measuring availability of suicide prevention resources in ED (emergency department)

- Are there existing reliable and valid screening instruments for ED providers (for use by ED nurses in particular) to assess suicide risk?
- What are the most appropriate approaches for further suicide risk evaluation to optimize appropriate discharge and referral efforts?
- What are the patterns of service utilization post discharge from the ED with regard to referral adherence and/or later attempt risk?
- What are promising and/or effective brief interventions that can take place in the ED to improve adherence to an appropriate referral after discharge (e.g., “patient navigators,” referral to mental health, substance abuse treatment, primary care)?
- What interventions (in person, printed materials, electronic resources) can facilitate continuity of care post discharge from the ED?
- What interventions can provide practical strategies to help community providers best serve high-risk individuals referred from the ED?

<http://grants.nih.gov/grants/guide/notice-files/NOT-MH-08-013.html>

Approaches suitable in our settings

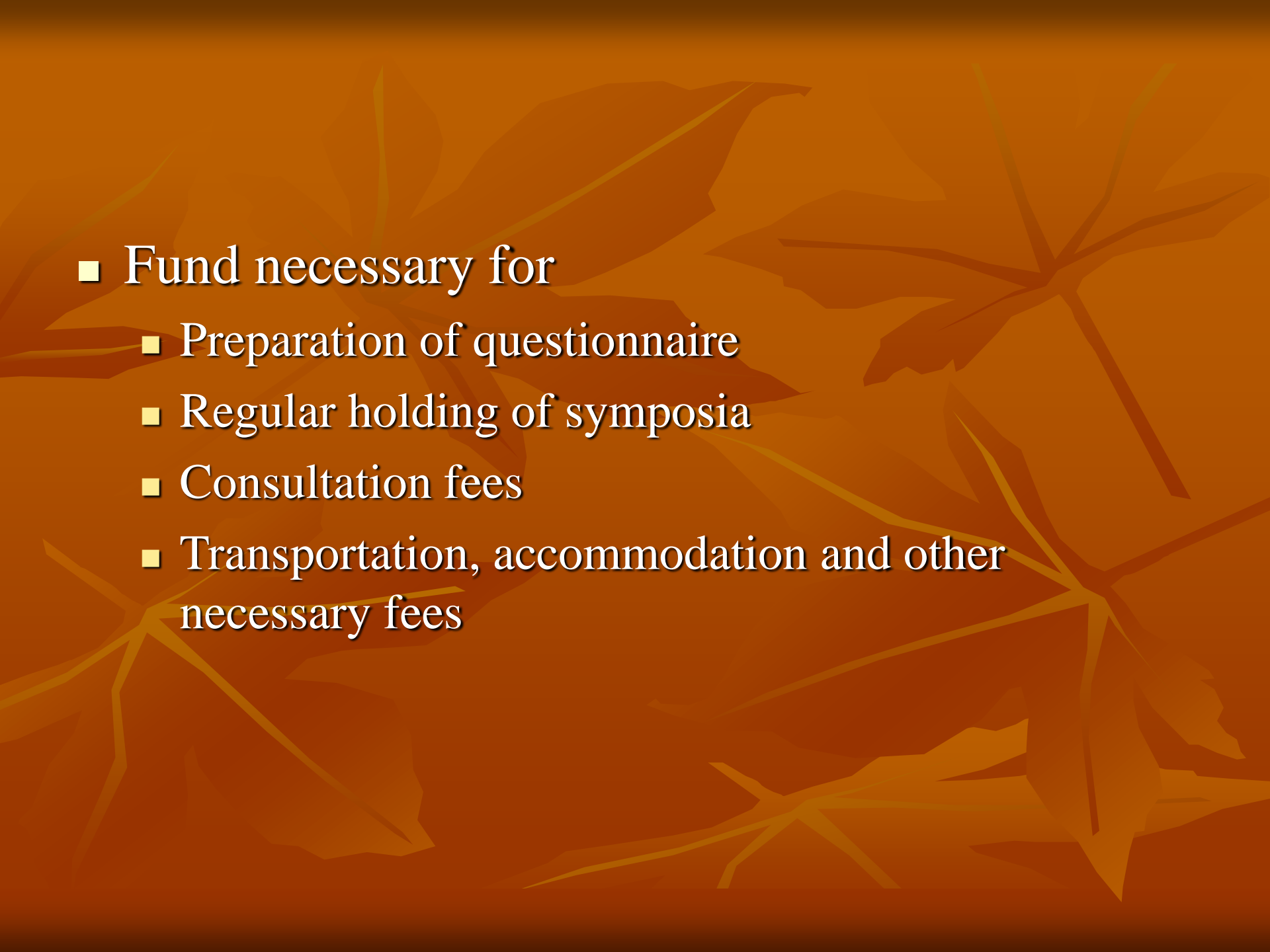
- Individual case study
- Emergency room demographic profile
- Follow up studies
- Educational institution centered study
- Social support group centered study
- Population based epidemiological study
- Newspaper based study

Data sources suitable for research in our settings

- Newspaper based information
- Govt and non-govt disease prevalence data
- Emergency room (primary, secondary and tertiary level centers) data
- Data from vulnerable groups (suicide prone area, rape/disaster/war victims)
- Coroner's data

Possible research funding

- Government
- International NGOs working in the field
- WHO, SEARO,
- WPA
- Individual research funding

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- Fund necessary for
 - Preparation of questionnaire
 - Regular holding of symposia
 - Consultation fees
 - Transportation, accommodation and other necessary fees

Scope of collaborative research in South Asia

- Scope for use of similar research questionnaire which will reduce manpower cost and increase comparability
- Scope of selecting a working group headed by a group of leading psychiatrists of the region who will appoint some young psychiatrists as research assistants

- Scope of exchange of skilled manpower among countries
- One center can lead the data analysis to facilitate uniformity and comparability
- Researchers/ young psychiatrists working in this project can be awarded by young psychiatrist fellowships to regional or international seminars

- In case of shortage of skilled manpower the same research team can work in different countries according to need
- Comparison of socio-demographic and psychiatric morbidity data among different South Asian countries will yield valuable information

- Working in similar research pattern will facilitate to adopt similar action plan in all nations of the region
- Uniform follow up study can be done following the uniform initial study



**We hope to lead a suicide
free world in South Asia**



Thank you all