ORIGINAL RESEARCH PAPER

Insights from Health Care Providers in Dealing with Suicide Attempters in Kashmir: A Preliminary Qualitative Analysis

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ABSTRACT

Background: The Valley of Kashmir has witnessed a growing number of suicides. It is often witnessed that whenever a person attempts or commits suicide, most of the times he/she is bought to the hospital to save his/her life. Thus, the role of health care providers in a hospital setting is very important, as this is the first point of contact with the suicide attempters. In this study, an attempt was made to assess the intervention of health care providers toward suicide attempters in Kashmir. **Methodology:** In-depth expert interviews were conducted with the 12 healthcare professionals (Psychiatrists, Clinical Psychologists and Primary Health Care Physicians) who were involved in the identification; assessment, management, and prevention of suicidal behaviour at an urban general hospital in Srinagar, Kashmir. Purposive sampling method was used based on the availability and willingness of the participants from August to November 2018. **Results:** The results revealed that the health care providers follow a systematic procedure i.e., prevention, intervention and postvention in dealing with suicide attempters. However, their main focus remains on the intervention within the walls of the hospital setting. **Conclusion:** The results of the study provides some broad understanding about the role of doctors in the treatment and management of suicide attempters that will go a long way in the management of people attempting suicide in Kashmir.

Keyword: Suicide, health care professionals, prevention, intervention

INTRODUCTION

Suicide is a leading cause of preventable deaths and it is among the top 20 leading causes of mortality for all age group of people globally.[1] Every year close to 8,00,000 people take their own life and even more people who attempt suicide. Suicide is a serious public health problem. It occurs throughout the lifespan and was the second leading cause of death among 15-29 years age group of people globally in 2015. It is estimated that after every 40 seconds a suicide is committed which is estimated to increase to 20 seconds in 2020. Suicide is not specific to a particular income group or country rather it is a global phenomenon in all the regions of the world. In fact, over 78% of global suicides occurred in low and middle-income countries in 2015.[2]

In the last 50 years, suicide rates have increased by 60% worldwide while in India, in the last three decades there is a 43% increase. Recent data suggest that South India as one of the regions with the highest suicide rates. The incidence of suicides has increased over the last few decades. As the official records of the National Crime Records Bureau,[3] The total number of suicides in India in the year 2015 was 1,33,623 which saw a decline from 1,31,666 in 2014. All India Rate of suicides was 10.6 during the year 2015, which means the incidence of suicides per 1,00,000 of the population.[3]

Dabla believes that the phenomenon of suicide was nearly absent in the traditional Kashmiri society. But at present, it has emerged as a disturbing social reality. A high rate of suicide has been experienced in the Kashmir Valley in

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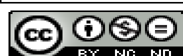

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the last decade. The incidence of suicide was almost nil or very low as the traditional Kashmiri society was very cohesive and the social bonding was also at its peak. But with the outbreak of armed conflict in Kashmir, the entire social setup underwent tremendous changes and it has had its resultant impact on the individuals and society as well.[4]

"The Sher-e-Kashmir Institute of Medical Sciences (SKIMS), Kashmir's premier medical institute, recorded 248 suicides in 2010". In 2011, over 1000 suicide cases were registered at SKIMS and the Shri Maharaja Hari Singh (SMHS) hospital, which clearly shows an increasing trend of suicide in Kashmir that has raised alarm bells among all the stakeholders.[5]

Nations Premier Institute Bangalore had surveyed in 1989 wherein it was found that rate of suicide was 0.5 per 1,00,000 people, however, using the same tools, the survey was repeated in 2010 and rate of suicide was found to be whopping 15-20 per 1,00,000. Prolonged conflict in the valley stands as a major factor as it creates a high level of depression in society.[5]

Another study pointed out that, 'majority of cases of suicides in Kashmir are from Muslim group (95.02%). Younger people of 15-25 years of age (52.7%) predominated the study and females (54.7%) outnumbered the males (45.27%)'.[6]

It is often seen that whenever a person commits/attempts suicide he/she is immediately taken to the nearest hospital to save his/her life. The family members/friends/bystanders are aware of the fact that the hospital is the appropriate institution to deal with such an emergency case. This study was thus carried to gain the insights from health care providers of a government hospital who were dealing with suicide attempters and highlight the measures undertaken by them to pave way for proper management of suicides in Kashmir.

METHODS AND MATERIALS

The study followed the qualitative research method.[7,8] At first, permission was taken from the hospital authorities upon permission, the professionals were approached and after initial introduction with them, they were made aware of the purpose of the study and requested participation. Those who had given their consent to participate were recruited for the study. In-depth expert interviews were conducted with the 12 healthcare professionals (Psychiatrists, Clinical Psychologists and Primary Health Care Physicians) who were involved in the identification; assessment, management, and prevention of suicidal behaviour at an urban general hospital in Srinagar, Kashmir. Purposive sampling method was used; based on availability and willingness of the participants. The sample was small because there were a limited number of professionals working in the Psychiatry Unit of the hospital. Each interview lasted for a minimum of 40 minutes to a maximum of 1 hour at mutually acceptable venues and at times within the hospital setting from August to November 2018. The average age of the participants was 37 (range 18-60) years and the average number of years of professional experience was 7 Years.

The description and understanding of the experiences, perspectives, opinions, and meanings expressed by the health care professionals that are in closest contact with suicide issues in terms of detection, management, and treatment of suicide-related behaviours were carried out using qualitative methods. This methodological experience grants access to reality without the need for the previous categorization. The interviews were written verbatim.[9,10] The transcripts were printed and data analysis was done following a manual generic qualitative content analysis.[11] The qualitative content analysis is defined as a "research method for the subjective interpretation of the content of text data through the systematic classification process of coding and identifying themes or patterns."

Based on analysis of transcript, three main Themes were developed consisting of several sub-Themes. These are discussed in the results section supported by narrative extracts.

RESULTS

In the year 2018, around 160 suicide attempters' (around 1.14% of the total patients) were received in the emergency/casualty ward of the hospital with the majority of them received in the months from June to October (source: register

emergency ward). Poisoning was the most frequently opted method of suicide attempts; the main reason as pointed out by one of the doctors posted in the emergency department is that the work of spraying insecticides and pesticides in the orchards and agricultural fields is done in these months thus making it easily available. Besides, poisonous chemicals such as phenyl, bathroom/toilet cleaners, rodenticides, excessive drugs or medicines etc. that are commonly found in homes are also used for suicide. The other methods of suicide are Wrist Cutting, Throat Slitting, Wounds, Drowning and Hanging etc. which has been shown below:

Table 1 Method Used for Suicide

Methods Used	Percentage
Poisoning	80
Wrist Cutting/ Wounds/Self Injury	15
Others (Burn injury)	5

Majority of the suicide attempters' are in the age group of 15-29 years. It has been seen that as far as sex of these is concerned, female suicide attempters' are received in the hospital more than the male suicide attempters. It was found that the majority of the suicide attempters come from rural areas in comparison to the urban areas. "We receive most of the suicide attempters from Baramulla, Budgam and Srinagar city along with its adjoining areas" said one of the doctors in Emergency ward.

The collected qualitative data was analyzed thoroughly and several issues emerged from the 12 expert interviews (Psychiatrist, Clinical Psychologist, Primary Care Physicians) that were classified into three broad themes and under each theme, various sub-themes were grouped.

Theme 1: Prevention
(before-coming to the hospital)

The department of Psychiatry has organized several awareness campaigns from time to time to reduce the risk and prevent the occurrence of suicide in society. It firmly believes in the proverb of "prevention is better than cure".

a. Community Sensitization through awareness programs: "*We mainly focus on the treatment within the four walls of the hospital and our main priority is to treat suicide attempters' here but we also create awareness about prevention and rehabilitation of these people.*"
b. Awareness is spread about the underlying psychiatric problems and how to deal with them without sensationalizing suicide: *"As far as prevention of suicide is concerned, we mainly focus on creating awareness about various psychiatric disorders such as depression, anxiety which are the reasons/causes of suicide and focus on clearing misconceptions and myths about psychiatric disorders."*

The department has conducted various programs at regular intervals in collaboration with media to prevent and reduce the incidence of suicide in the society: *"We have conducted several seminars from time to time with special emphasis on 'risk groups' such as youth, females, school students, prisoners, drug-addicts etc. who are more vulnerable towards attempting suicide."*

c. The focus of these awareness and prevention programs is to make people at large, aware about the risk factors and coping mechanisms: *"We mainly focus on avoidance of negative coping mechanism and identifying risk behaviours."*
d. The hospital works in collaboration with other institutions to spread awareness and highlight the facilities available for the treatment of suicide attempters: *"We have collaboration with different institutions such as Voluntary Medicare Society (Srinagar), Composite Regional Centre (Srinagar) and Central Jail (Srinagar) where we make periodic awareness programs and conduct assessment sessions in order to identify and treat at-risk suicide attempters."*

Thus, it is evident that the health care professionals are playing a very important role in creating awareness about causes, risk groups, prevention and treatment of suicide, though it can be stated that the efforts towards prevention and raising awareness need to be improved.

Theme 2: Intervention (during hospital stay)

The hospital receives the suicide attempters in the emergency ward and is provided with

immediate care where the priority of the doctors is to resuscitate and then stabilize his/her vital systems. In the emergency ward, if he/she has consumed poison then the doctors try to minimize the effect of the poison on the body. They detoxify the body and often perform 'stomach wash'. Similarly, if a person has attempted suicide by cutting his wrist or throat, or jumping in a river or by any other method, doctors in the emergency ward treat the patient accordingly and first try to save the life of a person. He is kept under observation for 24 hours and his vital body functions are closely monitored. When the patient stabilizes and regains consciousness then he/she is transferred to the general ward wherefrom he is transferred to the psychiatry ward for treatment of underlying psychiatric disorder/s if there is any. This is shown as below:

a. Detailed assessment and thorough investigation is done by the doctors at the Psychiatry department to trace out the underlying psychiatric illness: *"Once the patient is transferred to our ward we, first of all, make a detailed psychiatric assessment and evaluation of the patient only then the treatment or intervention starts."*

b. The assessment of the patient is done by a team of doctors which includes Psychiatrists, Primary Care Physicians along with Clinical Psychologists which includes the identification of the cause/s of suicide attempt, personality characteristics of the patient, future-risks, co-morbid psychiatric disorders, past history of suicide attempts and family history. Here the doctors make use of several scales both objective and subjective, to make a detailed and critical assessment of the patient.

c. Afterwards, the intervention plan is made for the suicide attempter and treatment starts: The intervention for the suicide attempter can be broadly divided into three main categories pharmacological, non-pharmacological and psychological. It depends on the individual case to decide which intervention strategy is to be adopted. Pharmacological Intervention includes medicines and other drugs for the treatment of psychiatric disorders, which were previously identified during the assessment stage. Non-pharmacological includes use of techniques such as Electro Convulsive Therapy (ECT) and Repetitive Trans Cranial Magnetic Stimulation (rTMS) and the psychological intervention includes counselling, cognitive behavioural therapies (CBT) etc. that aim at reducing the psychological problems and issues in the suicide attempter. It was found that some suicide attempters might need only pharmacological intervention while others may need all the three Intervention strategies together to treat him/her. Thus, it depends on the individual case to decide which intervention strategy to be adopted.

d. Once the suicide attempter is admitted in the psychiatry ward and a particular intervention plan is followed, his/her response is checked regularly on various tools. A doctor dealing with suicide attempters pointed out 'the first two weeks are high risks.' The suicide attempter is closely monitored and his response to the treatment is checked. His/her parents and relatives are also taken on board and counselled about the dos and don'ts.

Continuous review of the intervention strategy by the team of doctors: In case the previous intervention plan fails to improve the health conditions of the suicide attempter, we review and reformulate a new customized strategy.

e. Mental health professionals also value continuity of care and treatment, either through traditional methods such as community nursing, or through the use of new technologies, as a strategic goal to be achieved: *"We should focus on post-intervention as well otherwise the positive outcomes achieved within the hospital setting will be lost and here the role of Psychiatric Social Worker is of crucial importance."*

f. Similarly, health professionals believe that a good patient-therapist relationship is crucial for timely intervention: Patient-doctor relationship is important, but not only when treating physical problems, but it is also even more important when it comes to treating mental problems.

There is trust between us to create space for communication and speak about where we stand at the time, what's going on in their heads and how we see it. And if I detect highly structured self-destructive ideas, I know how to deal with it.

Thus, parent/family/friends of the suicide attempters' are an important part of the intervention strategy and their cooperation is very useful in the treatment and the recovery. Here the role of Clinical Psychologist becomes important.

g. The department has in its faculty a Clinical Psychologist who deals with such attempters' in a professional manner. He conducts counselling sessions with him/her and sometimes along with their families: The counselling session is of one-hour duration and is available throughout the week. These sessions aim to address their emotional and practical problems and restore their coping mechanism and enhance their tolerance level. The focus is on the motivation enhancement, treatment adherence, reduction of high-risk behaviour, relapse prevention and counselling for occupational rehabilitation. There are frequent follow-up sessions to check the progress of the patient.

"Considering the increasing flow of attempters in the OPD, I have to prioritize my schedule and give preference to high-risk suicide attempters."

h. Mental health professionals believe in the need for a common strategy to be followed by all those involved, and for the possibility to offer alternative ways: This is why the attempter, the family and we, as the three partners in contact, must be very well informed to be able to notice and manage it. However, it was found during the study that once the suicide attempter leaves the hospital, contact is lost with him/her. At the moment, there is no mechanism of maintaining contact with them and thus the good work done within the walls of the hospital is somewhat reduced.

"Yes, we lose the patient once he leaves the hospital and can be seen again only when he/she visits the hospital next time", said a Psychiatrist when he was asked about the role of the doctors and the hospital after the said attempter leaves the hospital.

Unfortunately, we don't have any communication with them once they leave the hospital and the stressor/s continues to haunt them and thus becoming vulnerable to attempting suicide again. Thus, it can be said that the good work done in the hospital is reduced when the patient leaves.

Theme 3: Postvention:
(after-he/she leaves the hospital)

Postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved such as family, friends, professionals etc. Postvention is a term that was first coined by Shneidman,[12] which he used to describe "appropriate and helpful acts that come after a dire event". Postvention in this paper simply refers to the treatment of suicide attempters once they leave the hospital (after the discharge from the hospital).

In this regard, doctors had conducted outreach programs whereby the focus is on re-establishing contact with previous suicide attempters and at-risk people thus ensuring that they do not attempt again and identifying and assessing new risk people. Doctors have made efforts for 'caring-contacts' which includes brief communications to promote treatment adherence and feeling of connectedness although limited in number.

a. Limited role of the hospital in addressing the postvention needs of the suicide attempters: *"Post-intervention is missing and we know it is somewhat reducing our good work which we do in the hospital, so we have decided that we will have more outreach programs at district/block levels; establish satellite clinics; conduct home visits; establish social support; use letters, postcards, e-mails and telephonic conversations and set-up a dedicated helpline so that the attempters and the risk groups can be identified, treated and managed properly at their nearby places"*

Thus, it was seen that the doctors, have a limited role and performs limited functions as far as the postvention is concerned. But at the same time doctors accept the importance of post-intervention or postvention phase in reducing the suicide attempt in people.

DISCUSSION

The results of the present study found that prevention shape an important part of the intervention strategy and pointed out that difficulties faced in the intervention. It also highlighted that the primary and emergency care professionals lack training and time in dealing with suicide attempters. Similar findings on the need for arranging improved assistance and prevention for people at risk for suicide matched with another study.[13]

In the intervention phase, the psychological intervention by the health care providers was highlighted as an important component of the treatment plan of suicide attempters. Similar results were found in the research study which revealed that early engagement and therapeutic intervention based on psychological theories may be beneficial.[14]

All attempters are at risk for suicide after they are discharged from psychiatric facilities, not just attempters who were admitted for suicidal thoughts or behaviours. It was reported in the research study that the suicide rate of attempters in the first three months after their discharge was approximately 100 times the global rate of suicide of 11.4 per 1,00,000 attempters in the year 2012. It recommended home visits; social support and care coordinators to appointments can reduce the suicide risk.[15,16]

As far as postvention is concerned, findings of this paper can be related with the results of another study which highlighting that brief contact interventions show promising results in reducing the number of episodes of repeated self-harm and/or suicide attempts following discharge from the emergency or psychiatric department.[17]

LIMITATIONS

The study was conducted in one of the hospitals in Srinagar, with a small sample size, using qualitative method only, various other stakeholders perspective were not considered e.g. suicide survivors, their family members and psychiatric social work, researcher's own non-familiarity with the issues related to the study topic and pragmatic methodology to study the same were few limitations of the study and therefore the findings are not inclusive and thus cannot be generalized.

CONCLUSION

This paper highlights the role of health care professionals in prevention and awareness generation toward suicide in Kashmir. In this regard, doctors at different forums discuss and deliberate upon this issue to create awareness and remove misconceptions and stigma associated with suicide and suicidal behaviour. It was also found that they have close co-operation and collaboration with different stakeholders and institutions. It was seen that whenever a suicide attempter was received at the hospital it is treated as an emergency case and provided the best possible care and treatment by the doctors in the emergency department. After stabilization, the suicide attempter is assessed for possible underlying psychiatric disorders by a team of specialists consisting of Psychiatrists and Psychologists. This is followed by treatment of the patient based on the treatment plan devised for him/her. However, little attention is given on the after-treatment and on cares of the suicide attempters once he/she leaves the hospital. This study suggests a basis for the development of postvention strategies for the suicide attempters so that they are well taken care of which helps in reducing the probability of attempting or committing suicide again. It was seen that health care providers try their best and use their professional knowledge and skills in dealing with them. Besides, it was also seen that there is a lack of adequate and specialized health care professionals having experience in dealing with suicide in the hospitals, thus badly affecting the treatment and care of this target group.

This paper provides some broad understanding about the role of doctors in the management of suicide attempters which help in making a broad-based policy and a visionary plan can be developed which can help in prevention and management of suicides' in Kashmir. Need of the hour is close co-operation and collaboration of different stakeholders.

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