ORIGINAL RESEARCH PAPER

Suicide an Alarming Need to Go Beyond Medication - An Exploration of Primary Care Scenario

Febna Moorkath[1], Mysore NarasimhaVranda[2]
[1]PhD Scholar, [2]Associate Professor,
Department of Psychiatric Social Work, National Institute of Mental Health & Neuro Sciences, Bengaluru, India

ABSTRACT

Background: In the current globalized, technologically advanced society, suicide is one of the serious public health issues. The health system has an important role in assessing and preventing the suicidal act. General practitioners are the first contact for the community to seek health care. The aim of the study is to explore knowledge of general practitioners' regarding suicide prevention and the extent of risk assessment and management in the primary health care setting. Methods: Twelve in-depth interviews were conducted among general practitioners working in the primary health care setup both the public and private sectors in Urban Bangalore, Karnataka. A qualitative research design was adopted. Data was analyzed using thematic analysis approach. Results: This study reveals the general practitioners who are working in the primary health care set up, had inadequate knowledge about the causation of suicide, warning signs, risk and protective factors of suicide and also lacked skills in risk assessment and prevention strategies in the primary health care set up. Conclusion: Viewing suicide as a public health issue, it is very important to relate to the primary health care set up –where; people directly coming, approaching and being in contact with the health care system. The study indicates to focus psycho-social aspect with the medical management of the suicidal behaviour and also highlights the importance of risk assessment of suicidal behaviour in the primary health care setup by enhancing the knowledge of general practitioners regarding suicide prevention in a bio-psycho-social framework.

Keywords: General practitioner, knowledge, suicide prevention

INTRODUCTION

Healthy manpower is considered to be the major asset of a nation, which fasten national development and contributes to the effective nation building process. Primary health care centres are the backbone of Indian health care system, where a majority of people coming in touch with the formal health care system. A well-equipped primary health care system in a community can make larger differences in the prevention, promotion and curative dimensions of mental health in addition to the efforts of protecting physical health. In the current scenario, suicide is one of the major public health issues worldwide. India is one of the countries with the highest number of completed suicide and

Access the article online

Website: http://www.pswjournal.org

Quick Response Code

DOI: 10.29120/IJPSW.2018.v9.i1.55

Address for the Correspondence : Ms. Febna Moorkath, Ph.D Scholar - SRF (UGC), Department of Psychiatric Social Work NIMHANS, Bengaluru – 560029 India
Email: febnamkt@gmail.com

How to Cite this article:
Moorkath F, Vranda MN. Suicide an alarming need to go beyond medication: An exploration of primary care scenario. Indian Journal of Psychiatric Social Work 2018 (9) (1)-12-17.

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Southern part constitutes the higher numbers in this regard.[1,2] The health system has a significant role in assessing and preventing the suicidal act in primary care set up since general practitioners are the first contact of community with the health care system, which has a major role in preventing suicide. [3]

The easy accessibility, convenient affordability and closer availability make people select primary health care services in their own local areas for meeting the healthcare needs. In primary care set up, people ome frequently with the general medical issues which always masked underline stressors. People who attempted suicidal act and succeeded with what they intended were very frequently in touch with general practitioners before their death.[4] Studies show that almost every tenth patient taking consultation from general practitioners has suicidal thoughts, depression or anxiety disorders.[5] The literature in Indian setting shows lacunae, and the role, knowledge and training of general practitioners in the primary health care setup to prevent suicidal acts are relatively unexplored from an evidence based research point of view. The current study aims to explore knowledge of general practitioners regarding suicide prevention and the extent of risk assessment and management in the primary care. It specifically aims at what extent a general practitioner able to identify stressors and suicidal ideation in a person who comes with medical issues and what intervention they are offering to tackle the suicidal behaviours among the general population.

METHODOLOGY

The study was carried out at primary health care centres, both in the public and private sectors in the Urban Bengaluru District of Karnataka State, India, Bengaluru which is one of the main focused Cities in India which regarded as the Silicon Valley. The centres were listed and selected by employing purposive sampling method, in which 3 centres in public sector and 6 centres in private sector co-operated and involved in the research process.

A qualitative research methodology was adopted. The qualitative approach helps the respondents to express their views on their own words and allows the researcher to probe the responses including by asking how and why angles rather than forcing the respondents to choose fixed responses. The researcher used non-random, judgment sampling for the selection of respondents and recruited for the study after obtaining written informed consent from each respondent. An in-depth interview guide was designed to elicit the knowledge of general practitioners regarding suicide prevention. The interview guide was face validated by the researcher for initial representation of questions. Keeping in view of time bound study the tool was content validated by eight mental health professionals-from the Department of Psychiatry, Psychiatric Social Work, Clinical Psychology and Nursing at NIMHANS, Bengaluru. The interview guide predominately had open ended questions regarding knowledge about suicide prevention, myths about suicidal behaviours, and suicide prevention strategies in the primary health care set up.

In-depth Interviews were conducted with 12 general health practitioners (GPs), with duration of one and half hour determined by the data saturation wherein the researcher noted the instances of repetitions and similarities in the collected data, which were recorded and later transcribed for the analysis. Ethical clearance was obtained from Human Behavioural and Ethics Committee of the NIMHANS, Bangluru.

RESULTS

Data was analyzed using thematic analysis approach. Thematic analysis approach is a flexible qualitative method, which helps to organize the derived data.[6] For thematic analysis, the researchers followed a systematic process; the data is coded and organized, involving the identification of themes through careful reading and re-reading of the transcribed interviews. The researcher identified verbatim which coded and grouped as themes. Themes which were similar and overlapping with other themes were again condensed and re-grouped. Totally seven themes have emerged which were:

- Understanding Causation-Risk-Protection-Warning Signs of Suicide
- Suicide is Not Virus/Bacteria
- Ruling Myths and Falling Knowledge
- Threatening as a Weapon and Use of Common Sense Approach in Helping Process
- Packing to Psychiatry

- Medical Model Box
- Professional Barriers

Understanding Causation-Risk-Protection-Warning Signs of Suicide

In general, GPs reported causation of suicide as imbalances between personal, familial and social aspects. GPs responded in a way that personal, familial and social influences as major determinants of decision making process of people especially in answering live/death scenario. The GPs emphasized that suicidal risk, or having a risk of suicide is something beyond their control and the role of general practitioners in suicide prevention perceived to be very minimal and difficult task. Warning signs of suicide perceived by general practitioners' seem to be a very subjective phenomenon and unaware about the general warning sign scenario of suicide.

"I think most of the people commit suicide because of the unbearable suffering, maybe because of medical conditions, death of significant people, loss of income and stress and strain, they are fed up with the demands of life, when they can't meet this they will go for the suicidal act, life is all about balancing our personal life, familial relationships and social contacts"(Female, GP).

"If a person having very minimal support from the family, bounded with marital issues and so many other dynamics going on the background, if a person not receiving adequate support from the surrounding, the possibility of committing suicide is very high, but by sitting in a clinical setup, that too in a primary care, how much I can do is one question, dealing with the risk factors are not easy as we think" (Male, GP).

"I don't think so; you have a universal list of warning signs to predict the suicidal behaviour, and it all about understanding the underline issue of a person who comes in front of you with the suicidal ideas (Male, GP)".

Suicide is Not Virus/Bacteria

GPs expressed that suicide is not something caused by an external foreign body or infections; it is purely associated with one person's attitude towards the life and the issues related to the life situations. They highlighted the biological model which has its own limitations in treating people with suicidal ideas.

"I can take all the measures to prevent the suicide, but the ultimate decision maker is the person who is the owner of suicidal thoughts. From a healthcare point of view, suicide is not a disease which caused by bacteria or virus or some antibiotics we can give, and then everything will be OK, nothing like that (Male, GP)."

Ruling Myths and Falling Knowledge

The myth is a story of unknown authorship that people told long ago in an attempt to answer serious questions about how important things began and occurred. In the interview, it was found of the presence of a large number of myths holding by the GPs, which has a serious impact on the clinical point of view, overloaded myths seem to be interfering with the quality of care and identification of suicidal behaviour in the primary care set up.

"People who are very cowards and who can't manage the problems in life, they want to escape from the reality, they will finally end up in suicide (Male, GP)".

"People who are very demanding, they want to just threaten people for getting their things done, they will go to any extent to get the things done by threatening to commit suicide.., from a clinical point of view, unnecessary we have to waste our time (Male GP)".

"I feel people who attempted in the past never go again to attempt for the second time, it is a very rare condition, the first attempt only people will realize committing suicide is not an easy task and gradually they will not think about suicide further (Female, GP)".

"If people coming and telling us about suicide; as a clinician, we should not dig in the deep because it will act as a motivation to do, we should keep quiet (Female, GP)".

Threatening as a Weapon and Use of Common Sense Approach in Helping Process

In exploring the intervention aspects, GPs are using a lot of threatening and scary elements in their consultations with patients who earlier visited with underline suicidal thoughts. Reported, explanation about the legal and medical complications of suicide, and used to make the person scared about the suicidal act. Most of them felt that threatening work will act because people will be scared and they will not go for the suicidal act. In view of lack of guidelines regarding suicide prevention in primary care; GPs reported the use of common sense approach to deal with the suicidal people. From a

clinical point of view, most of them felt that it is inadequate and the use of common sense most of the time restricted to informing family members regarding suicidal thoughts of a person, close monitoring of the suicidal person, discussing with a person about the alternative solutions and make the person to convince continue living.

> *"Sometimes as a doctor by using that power I used to make them feel scared by explaining the serious medical conditions like brain death, coma stage and other serious conditions and I also used to explain legal aspect. From my experience, I understood that this threatening techniques works, because people are scared to go for the suicidal act by thinking about the serious consequences (Male, GP)".*

> *" I have been practising as GP since 40 years, I never ever seen a single manual or guidelines for general practitioners to address suicidal people from a clinical point of view. People will be directly coming to primary care setup to get rid of the problems, help to seek itself is a big thing in the suicide, a person took all efforts to consult a doctor and at the same time there is no protocol or guidelines it is very pathetic, people should not lose their life because of inadequate intervention of a health care provider. We can't wait for the guidelines or protocols, personally, I used to read about the suicidal behaviour and use common sense in dealing with suicidal people (Male, GP) ".*

Packing to Psychiatry

Most of the hospital management doesn't want to get the bad reputation to their hospital if there is any death due to suicide. The GPs reported that the tendency of referring to other psychiatric settings sometimes leads to block help seeking of the people due to the stigma attached with mental hospitals.

> *"Almost all general practitioners have a feeling inside the mind that suicide prevention or dealing with the stressors of people is not their job. I am working in a private setup, so management has very strict rules to hold their reputation because health is one of the great businesses today and there is a lot of competition also. We prefer to refer to psychiatrists and transfer our responsibility to others (Female GP)"*

Medical Model Box

In exploring the suicide prevention scenario, GPs accepted the reality that they are trained to be in a medical framework and most of the time practical difficulties to follow the outbox interventions in the primary care setup. Identification of suicidal risks remains to be a question in the primary care because a majority of the general practitioners gives more focus to the medical management rather than looking into the psycho-social aspects. Identification of stressors itself participants perceived as difficult task and many of the GPs holds the belief that most of the stressors of patients are out of their control.

> *"Frankly speaking we are trained in such a way that if a person having a headache, or if a person having loose stool we will focus on medical management ….Usually, in an ideal work setup, most of the general practitioners will be focusing on medical issues than enquiring about the other underline issues (Female, GP) ".*

Professional Barriers

When discussed the practical issues, most of the GPs emphasized that they are in a setup of overcrowded patients with more caseloads and lack of time which prevent them not to spend much time with each patient. Hence, GPs are forced to limit their interventions to a medical framework, which have a serious threat on a person who comes with the suicidal ideas.

> *"If I give one minute extra time for one person there will be another ten faces looking behind the door, clinics are so overcrowded … where I do not have time to ask anything except focusing on medical problems (Male, GP)"*

DISCUSSION

This study reveals multiple dimensions of suicide prevention in primary care from a general health care point of view and the extent and involvement of general practitioner' knowledge on the delivery of quality services for people with suicidal ideas.

The theme emerged with respect to the causation, risk and protective factors and warning signs of suicide clearly indicates the lacunae in the sensitization process and lack of convergence between general health care and mental health care facilities in the suicide prevention. Regarding causation of suicidal act in general, respondents have given minimal importance to mental health issues and related aspects and limited with the concept of imbalance. A study from the UK also collaborates with the finding that, lack of knowledge of

general practitioners regarding evaluating the causes and life situations of the people who come with suicidal ideas.[7] The interpretation of suicidal behaviours by health professionals is very important to determine their actions involving these individuals, concerning hospital care and forwarding.[8] In general majority of the general practitioners explained risk factor in terms of social isolation and introvert personality traits. Surprisingly some of the general practitioners reported previous suicide attempts as a protective factor for a person in terms preventing another attempt. Many of the respondents believed that warning signs are very much subjective and difficulties in the understanding risk-protection scenario from a healthcare point of view. A retrospective study from Manchester also found that frequency of GP consultation significantly increased before the commitment of suicide of people and none of the general practitioners detected any warning signs or risk factors.[9]

The informants hold a biological framework and medical model explanations for the incidents of the suicidal act and they acknowledged the practical difficulties and lack of information sharing/knowledge enhancement for the prevention aspect. The theme "suicide not a virus or bacteria" reflects the biological frame and the theme "medical model box" reveals the intervention aspects and medical management. The above mentioned two themes clearly indicate the lack of psycho-social involvement in the management of suicide.

Myths and misconceptions among health care providers about suicidal behaviour have been reported in different studies. The current study also indicates the presence of restricted thinking which has a larger impact on the quality care. The explanations and information about suicidal behaviour seem to be covered by the myths rather than evidence based facts about the suicide.

Suicide prevention in primary care reflects limited strategies in the form of threatening/ following common sense approach by the general practitioners. Another study carried out by De Leo et al to understand the contacts with general practitioners before the suicide and the identification of risk and assessment of suicidal risk in the primary care. The study identified lack of risk assessment in primary care due to inadequate knowledge and awareness about the suicide prevention.[10] The current study also reveals the lack of risk assessment and identification of suicidal risk in the primary health care set up. Studies already_reported relative lack of adequate knowledge of primary care physicians to go beyond the basic assessments. The GPs expressed feeling of inadequacy to deal with the suicidal people because of the absence of proper guidelines and protocols.

Many informants held the view of managing suicide in primary care as a very difficult task and minimal role in the prevention aspect. A study by Claudia Obando rightly point out the same theme and used the metaphor-avoiding the hot potato to describe this pattern of handing over the responsibility of the patient to another professional.[11] Professional and organizational barriers seem to be the major issues in identification and risk assessment.[12] General Practitioners in the current study also highlighted professional barrios in the identification of stressors and the suicidal ideas of the people who come with health concerns. Overcrowded clinics and time limitation reported being key barriers in providing quality care.

Limitations of the study

The study included general practitioners who were given written informed consent and excluded those who not given consent for audio recording of the interview. There are several factors and variables that were not controlled in the process of selection of participants, they were varied in terms of age, gender, experiences and working sector which may have an impact on the aspects explored in the study.

CONCLUSION AND IMPLICATIONS

The study helps to derive at a conclusion that suicide-being a multi-factorial phenomenon it demands multi-sectoral interventions for planning effective preventive measures. Viewing suicide as a public health issue it is very important to relate to the primary health care setup where, people directly coming, approaching and being in contact with the health care system. The study indicates the need for sharing focus to psycho-social aspect with the medical management of the suicidal behaviour and also highlights the importance of risk assessment of suicidal behaviour in the primary health care setup. The divergence and inadequate information flow between primary, secondary and tertiary health care settings also block the health care needs of the

community and the gap should be addressed through the convergence of healthcare settings.

Mental health professionals having a significant role in creating awareness, capacity building and promoting mental health in the communities. There is also a need for further research to explore the mode of referrals, follow-up and quality of care in terms of risk assessment and management of the suicidal behaviour. In the Indian context compared to western countries there is no hierarchy of health system where people have to meet a general practitioner before meeting specialists in the various streams. Further researchers also have to focus feasibility of brief training programmes for the general practitioners and efficacy of training programmes in terms of the positive outcomes in the suicide prevention. The current study reveals that in the primary health care set up there is no guidelines or protocols to address the suicidal person and none of the general practitioners ever trained in terms of prevention of suicide and the promotion of the positive mental health. The current study pointing lacunae in the policy level initiatives to save the life of people or address the people who are at the risk of suicidal act. There is a need to develop a national strategy and policies to prevent suicide in India using various stakeholders.

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Financial support and sponsorship: None

Conflicts of interest: None declared

Ethical clearance: Ethical clearance was obtained from Human Behavioural and Ethics Committee of the NIMHANS, Bengaluru