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Psychosocial stressors in suicidal attempt patients admitted at King Chulalongkorn Memorial Hospital

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Objective : *To study the characteristics of suicidal attempt on demographic, clinical diagnosis, method of self-harming, psychosocial problems and family history, and to determine factors associated with suicidal attempt in patients.*

Setting : *Consultation – liaison clinic, Department of Psychiatry, King Chulalongkorn Memorial Hospital.*

Design : *Cross – sectional descriptive study*

Subjects and Method : *A total of 120 patients with age above 15 years who presented with suicidal attempt and admitted in ward and received psychiatric consultation in July 2000 to June 2001, were conducted clinical diagnostic interview. Psychiatric diagnosis with DSM-IV criteria, details of self-harming, current and chronic psychosocial stress factors, past history and family history of psychiatric illness and suicide were assessed and recorded. Some data were confirmed by chart reviews and interviewing relatives or family members.*

Result : *Most cases of suicidal attempt were female (73.3 %); their age ranged between 15 to 35 years (80 %). The method employed for suicidal attempt was ingestion of drug or chemical agents*

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(94 %); the common drugs were, namely: paracetamol (30 %), anxiolytic (13 %), combined drug (16.8 %) and cleansing agents (22 %). One-third of the patients had made a previous attempt; usually they used the same method. Nearly - one - forth had alcohol drinking during their attempt. Feeling of hopelessness was found in 75 % of the patients. Most of them reported psychosocial problems, especially family and relationship problems. Precipitating factors for suicidal attempt was interpersonal stress (52.5 %), marital problems (30.8 %) and 18% due to financial problems. Psychiatric assessments revealed that 67.5 % had adjustment disorder and 15.9 % had major depressive disorder. About 16 % of those who attempted suicide had a history of psychiatric illness and 7.5 % had family history of suicide. Factors associated with those who had previous suicidal attempt were history of psychiatric illness, feeling of hopelessness and problems in their work.

Conclusion : *Suicidal attempt was most commonly found in younger female and 20 percent were students. Self-poisoning by paracetamol overdose or cleansing agents were the most common method for presenting suicidal attempt. Most of them had psychosocial problem about their family or interpersonal relationship. History of psychiatric illness, feeling of hopeless, and work problem were associated with patients who had previous suicidal attempt. Concerning about these finding factors may have some benefit for preventing suicidal attempt and completed suicide.*

Keywords : *Suicidal attempt, Psychosocial stressor.*

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ศิริลักษณ์ ศุภปีติพร. ปัจจัยเครียดทางจิตสังคมในผู้พยายามฆ่าตัวตายที่มารับการรักษาที่โรงพยาบาลจุฬาลงกรณ์. จุฬาลงกรณ์เวชสาร 2545 พ.ย; 46(11): 883 - 99

วัตถุประสงค์ : *เพื่อศึกษาลักษณะทางคลินิก วิธีการพยายามฆ่าตัวตาย ปัญหาปัจจัยเครียดทางจิตสังคม และประวัติการป่วยในครอบครัวของผู้ที่มีพฤติกรรมพยายามฆ่าตัวตาย ที่มารับการรักษาที่โรงพยาบาลจุฬาลงกรณ์ และเพื่อประเมินปัจจัยที่มีความสัมพันธ์ในผู้ที่เคยพยายามฆ่าตัวตายมาก่อน*

สถานที่ที่ทำการศึกษา : *แผนกรับปรึกษา ภาควิชาจิตเวชศาสตร์ โรงพยาบาลจุฬาลงกรณ์*

รูปแบบการวิจัย : *การศึกษาเชิงพรรณนาแบบตัดขวาง*

วิธีการวิจัย : *ศึกษาผู้ป่วยอายุตั้งแต่ 15 ปีขึ้นไปทุกราย ที่มารับการรักษาด้วยเรื่องการพยายามฆ่าตัวตาย และรับไว้เป็นผู้ป่วยใน และส่งปรึกษาจิตเวชในช่วงกรกฎาคม 2543 ถึงมิถุนายน 2544 จำนวนทั้งหมด 120 ราย ผู้ป่วยได้รับการสัมภาษณ์ ประเมินสภาพจิต วินิจฉัยโรคทางจิตเวช โดยใช้เกณฑ์ตาม DSM-IV เก็บบันทึกข้อมูลเกี่ยวกับวิธีการพยายามฆ่าตัวตาย ปัญหาความเครียดต่าง ๆ ประวัติอดีต และครอบครัวเกี่ยวกับการป่วยทางจิตและการฆ่าตัวตาย ข้อมูลบางอย่างได้รับการตรวจประเมินเพิ่มเติมจากญาติหรือแฟ้มประวัติ*

ผลการศึกษา : *ผู้ที่มีพฤติกรรมพยายามฆ่าตัวตายส่วนใหญ่เป็นหญิง คิดเป็นร้อยละ 73.3 อายุอยู่ในช่วง 15 ถึง 35 ปี วิธีการที่ใช้บ่อยที่สุดคือ การกินยาหรือสาร คิดเป็นร้อยละ 94 ยาที่ใช้ส่วนใหญ่เป็นยาแก้ปวดลดไข้ พาราเซตามอล ร้อยละ 30 ยากล่อมประสาทร้อยละ 13 ยาหลายชนิดรวมกัน ร้อยละ16.8 น้ำยาซักผ้าหรือล้างห้องน้ำ ร้อยละ 22 หนึ่งในสามของผู้ป่วยเคยมีพฤติกรรมทำร้ายตนเอง มาก่อน และมักใช้วิธีการเดิมในการกระทำซ้ำ เกือบหนึ่งในสี่ดื่มสุราร่วมด้วยก่อนหรือขณะกระทำ สามในสี่มีความรู้สึกท้อแท้ สิ้นหวัง ผู้ป่วยเกือบทั้งหมดยอมรับว่ามีปัญหาความเครียด โดยเฉพาะปัญหาครอบครัว หรือความสัมพันธ์ระหว่างบุคคล ปัจจัยกระตุ้นให้มีพฤติกรรมฆ่าตัวตาย คือปัญหาความสัมพันธ์ ปัญหาชีวิตสมรส การทะเลาะกัน และร้อยละ18 เนื่องจากปัญหาการเงินหรือหนี้สิน ผู้ป่วยส่วนใหญ่ได้รับการวินิจฉัยว่าเป็นโรค Adjustment disorder (ร้อยละ 67.5) รองลงมาคือ Major depressive disorder (ร้อยละ15.9) ร้อยละ16.7 มีประวัติป่วยทางจิตเวชในอดีต และร้อยละ 7.5 มีประวัติฆ่าตัวตายในครอบครัว*

ปัจจัยที่มีความสัมพันธ์กับการพยายามฆ่าตัวตายในผู้ที่เคยกระทำมาก่อน ได้แก่ ประวัติป่วยทางจิตเวชในอดีต ความรู้สึกท้อแท้ สิ้นหวัง และปัจจัยเครียดเรื่องงาน

สรุปผลการศึกษา : การพยายามฆ่าตัวตาย ส่วนใหญ่พบในผู้หญิงที่มีอายุไม่มาก ตั้งแต่อายุ 15 ถึง 35 ปี และร้อยละ 20 เป็นนักศึกษา โดยส่วนใหญ่มักจะใช้วิธีกินยาฆ่าตัวตาย และยาที่ใช้ส่วนใหญ่ก็คือ ยาแก้ปวดลดไข้ (พาราเซตามอล) รองลงมาคือน้ำยาซักผ้าหรือล้างห้องน้ำ ผู้ป่วย เกือบทั้งหมดยอมรับว่ามีปัญหาความเครียด โดยเฉพาะปัญหาครอบครัว และความสัมพันธ์ระหว่างบุคคล นอกจากนี้ยังพบปัจจัยอื่นที่เกี่ยวข้องในผู้ที่เคยพยายามฆ่าตัวตายมาก่อน ได้แก่ ประวัติการป่วยทางจิตเวช ความรู้สึกท้อแท้ สิ้นหวัง ปัญหาในการทำงาน ถ้าหากมีการเฝ้าระวังปัจจัยต่าง ๆ เหล่านี้ คงจะมีส่วนช่วยป้องกัน มิให้เกิดการฆ่าตัวตาย หรือพยายามจะฆ่าตัวตาย

คำสำคัญ : การพยายามฆ่าตัวตาย, ปัจจัยเครียดทางจิตสังคม

Suicide is a major public health problem: approximately 0.9 percent of all deaths are the results of suicide.[1] Usually, it is most accurately viewed as multidetermined act. There are eight to ten times the number of suicide attempts as that of committed suicides.[2]

A suicide attempt is defined as a self-destructive act, carried out with at least some intent to end one's life. Although it is recognized that those who attempted suicide and those who committed suicide represent different populations, with some overlapping area. Approximately, 1 percent of the people who attempt suicide will commit suicide during the following year,[3] and 10 percent within 10 years.19 -24 % of suicide cases have a prior suicidal attempt.[4] Persons who attempt suicide also pose a major health problem. Suicide is an undesirable event and should be prevented if possible. However, there are several problems in research on completed cases of suicide. Among cases of suicide attempt, the characteristics and the medical severity of the attempt are measured in a number of ways that have been associated with both high suicidal intent [5-7] and subsequent completed suicide.[8] One measure of medical severity is the need for hospitalization and medical or surgical support to prevent the progression of attempt sequelae to proceed a more serious outcome. Some studies reported from their follow-up that a number of suicide attempts who were hospitalized progressed to complete suicide in 3 – 10 years. [9-10] Understanding the characteristics of this group of patients, especially after economic crisis in Thailand will be of some benefit for the prevention of suicide. The aims of the present research were to study the characteristics of people who had made previous attempt on demographic, clinical diagnosis, method of self-harming, psychosocial problems and family history, in order to determine factors associated with suicidal attempt in patients.

Method

The patients were recruited when they were following a hospitalization for suicidal attempt and received psychiatric consultation in July 2000 to June 2001. The total cases of one hundreds and twenty patients, aged over 15 years, were brought in for clinical diagnostic interview, after their admission or during their consultation when consciousness were regained. The psychiatrist built good rapport and completed DSM-IV criteria to determine axis I and II diagnosis. Data on suicidal behaviors were obtained from a semi-structured interview that provided information on method and details of their self-harming, number of attempts in their lives, as well as description of each attempt. Their current and important past experiences of psychosocial stressors were also asked and explored. Past psychiatric illnesses and family history were assessed. Some data, such as previous suicidal attempts were confirmed by asking relatives or their family members and through review of chart records.

The analyses were performed by using SPSS V.9.01 software. Descriptive statistics were reported. Pearson's chi-square analysis for categorical variables was employed to compare the group of patients, with and without their history of previous suicidal attempt, on demographic, past history, psychosocial problems and family data. Fisher's exact tests was used when the expected counts in some cells were not sufficiently

high. All statistical tests were two-tailed.

Results

Patient characteristics

Most of the 120 patients were female (n = 88, 73.3 %). Their mean age was 28.1 years (SD = 10.68, min = 15, max = 72). 47.5 % (n = 57) were in the age group of 15-25 years, 32.5 % (n = 39) in 26-35 years. Their marital status was nearly equal for single (n = 61, 50.8 %) or married (n = 56, 46.7 %). Most of the patients (n = 76, 63.3 %) had residence in Bangkok. About half of the subjects were employees with their income higher than 5,000 Bahts per month. 17.5 % of the patients had certain underlying physical illness such as peptic ulcer, allergy, cardiovascular disease; 16.7 % had history of psychiatric illness, commonly depression. 35 % of the patients were reported substance use, especially alcohol. More detailed data concerning their sociodemographic distribution are summarized in table 1.

Table 1. Demographic and clinical characteristics of patients with suicidal attempt (N = 120).

Characteristics	Cases	Percent
Sex		
Male	32	26.7
Female	88	73.7
Age group		
15 – 25 years	57	47.5
26 – 35 years	39	32.5
Over 36 years	24	20
mean 28.1 S.D. 10.68 (min 15 max 72)		
Marital Status		
Single	61	50.8
Married	56	46.7
Widowed	1	0.8
Divorced	2	1.7
Religion		
Buddhism	117	97.5
Christ	1	0.8
Islam	2	1.7
Residence province		
Bangkok	76	63.3
Central	22	18.3
North – east	14	1.7
Other	8	6.7

Table 1. (Continuous)

Characteristics	Cases	Percent
Education		
No school	4	3.3
Primary school	39	32.5
Secondary school	45	37.5
College or graduated	32	26.7
Occupation		
Employee	56	46.7
Business	7	5.8
Student	25	20.8
Housewife	11	9.2
Unemployed	21	17.5
Income (Bahts / month)		
None	36	30
5,000 or lower	33	27.5
More than 5,000	51	42.5
History of physical illness	21	17.5
History of psychiatric illness	20	16.7
Substance use		
Heroin	2	1.7
Amphetamine	8	6.7
Alcohol	35	29.2
Current status of substance use		
Always	15	12.5
Seldom	20	16.7
No	85	70.8

Clinical diagnosis

As shown in table 2, psychiatric interviews and assessments revealed that 67.5% of the study group (n = 81) met the DSM-IV criteria for diagnosis of adjustment disorder, and 15.9 % (n = 19) for major depressive disorder. 12.5 % of suicidal attempt patients (n = 15) had co-morbidity with alcohol dependence, and 4 % with borderline personality disorder.

Suicidal behaviors

Characteristics of suicidal attempt are shown in table 3. Most of the patients (n = 113, 94.2 %) attempted suicide by ingestion of drugs or chemical agents. The type of drug used were, namely: paracetamol (n = 34, 30.%), combined drugs (n = 19, 16.8 %), anxiolytics (n = 15, 13.3 %). Cleansing agents, such as Vim, Vixol, Hiter, detergents

Table 2. Principal DSM-IV Axis I and II Diagnosis.

Diagnosis	Cases	Percent
Major depressive disorder	19	15.9
Depressive disorder not otherwised specified	13	10.8
Adjustment disorder	81	67.5
Mixed anxiety depression	3	2.5
Bipolar disorder	1	0.8
Schizophrenia	1	0.8
Other psychoses	2	1.7
Alcohol dependence *	15	12.5
Borderline personality disorder	5	4.1
Other Axis II disorder	3	2.5

* Co diagnosis

Table 3. Characteristics of suicidal attempts among patients (N = 120).

Characteristics	Cases	Percent	
Method of presenting attempt			
- Drug or agent ingestion	113	94.2	
- Stab wound	3	2.5	
- Jumping	2	1.7	
- Hanging	1	0.8	
- Oil injection	1	0.8	
Previous suicidal attempt	40	33.3	
Number of previous lifetime attempt			
- One time	26	21.7	
- Two times	6	5	
- More than two times	8	6.6	
Method of this presenting attempt			
- the same as previous	33	27.5	(=85.5 % of repeated group)
- difference	7	5.8	(=17.5 % of repeated group)
Have alcohol during suicidal attempt	28	23.3	
Feeling of hopelessness	90	75	
Presence of precipitating factor	117	97.5	

were reported by patients for suicidal attempt up to 22.2 % (table 4); one third of the subjects (n = 40, 33.3 %) had earlier episode of suicidal attempt. Eight of them had the experience more than twice. The methods of presenting suicidal attempt were found repeated in 33 cases (= 82.5 % of repeated suicidal attempt). Nearly one forth of the patients had alcohol drinks during their attempt. Feeling of hopelessness was found in 75 % (n = 90).

Psychosocial problems

Most of the patients reported psychosocial problems. It was found that nearly half of them had stressors about their families and personal relationships. However,some patients had problems in more than one areas. Their precipitating factors for decision to attempt suicide are presented in table 5.

Table 4. Type of drugs or agents used for this presenting suicidal attempt (N = 113).

Type	Cases	Percent
Paracetamol	34	30
Drug combination	19	16.8
Anxiolytics	15	13.3
Antidepressant	3	2.7
Other psychotropic drug	2	1.8
Other drugs	9	8
Cleansing agent (; Vim, Vixol, Hiter)	25	22.1
Insecticide	6	5.3

Table 5. Psychosocial problem and precipitating factor of patients.

Area	Cases	Percent
Psychosocial problem		
Family	56	46.7
Interpersonal relationship	51	42.5
Financial	18	15
Work	15	12.5
Health	4	3.3
Learning	3	2.5
Social	1	0.8
Other	2	1.7
Precipitating factor		
Interpersonal relationship	63	52.5
Marital problem	37	30.8
Financial	22	18.3
Family	19	15.8
Work	11	9.2
Health	3	2.5
Learning	3	2.5

Family issue

Table 6 contains data about family of suicidal attempt patients. About 20 % of the study group had problems in their families during childhood. Family history of psychiatric illness, alcohol or substance abuse and suicide were found in 15 %, 16.7 % and 7.5 %, respectively.

Characteristics of patients who had previous suicidal attempt

The data shown in table 7, are factors associated with those who had previous suicidal attempt were history of psychiatric illness (X^2= 23.52, df = 1, p = .0001) feeling of hopelessness (X^2= 7.2, df = 1, p = .007) and work problem (X^2= 8.5, df = 1, p = .002)

Discussion

Regarding demographic characteristics, 73.3 % of suicidal attempt patients in this study were female. The finding is consistent with other reports that women are 3-4 times more likely to attempt suicide than men.[11-12] A review of the world literature[1] showed that attempted suicide rates varied between 100 and 300 per 100,000; there was a preponderance of females in all countries; about 50 percent of attempts were under 30 years of age; there were an excess of divorced persons; the lower social classes were over represented. However, in this study most of patients were single or married, a small number were divorced, this may be due to the Thai cultural value that divorce is a big issue and often it is too difficult to make

Table 6. Data about family of suicidal attempt patients (N = 120).

Family issue	Cases	Percent
Family structure in childhood		
- father and mother lived together	95	79.2
- problem in family	25	20.8
- father and mother divorced or separated	10	8.3
- father or mother died	15	12.5
Family history of psychiatric illness		
- relation as parent	6	5
- relation as sibling	12	10
Family history of alcohol or substance use disorder	20	16.7
Family history of suicide		
- relation as parent	2	1.7
- relation as sibling	7	5.8

Table 7. Characteristics and clinical feature of suicidal attempt patients who did or did not have previous attempt.

Variable	Previous Suicidal attempt (N = 40)	No Previous Suicidal attempt (N = 80)	Analysis X^2	df	p (or Fisher's exact)
Sex			.021	1	.884
Male	11	21			
Female	29	59			
Age group			5.914	2	.052
15 – 25 years	13	44			
26 – 35 years	18	21			
Over 36 years	9	15			
Marital Status			.268	1	.605
Married	20	36			
Other	20	44			
Occupation			.260	1	.610
Unemployed	8	13			
Other	32	67			
History of physical illness	8	13	.260	1	.610
History of psychiatric illness	16	4	23.52	1	.0001*
History of substance use	18	24	2.637	1	.104
Method of suicidal attempt					
Drug ingestion	37	76	.303	1	.582
Other	3	4			
Psychosocial problem					
Family	23	33	2.829	1	.093
Interpersonal relationship	15	36	.614	1	.433
Work	0	15	8.5	1	.002*
Financial	5	13	.294	1	.588
Feeling of hopelessness	36	54	7.2	1	.007*
Family structure in childhood			.101	1	.751
Live together	31	64			
Die or divorced or separation	9	16			

* $p < .05$: statistically significant

decision. Additionally, we found that most of the patient did not seem to be in lower economic class. They were educated and employed. Interestingly, 20 % were students and 80 % were under 35 years of age. Trangkasombat *et al* [13] studied students in grade 7-9 and found 14 % of the subjects had suicidal attempt. So these characteristics should be considered more valuable for the prevention of suicide in general population in Thailand.

Medical illness plays an important role in 25 % of suicide. The percentage rises with age: from about 50 % in persons over 50 years old who committed suicide to over 70 % in persons older than 60 years of age who committed suicide.[14] Most suicidal attempt reflect a person's ambivalence about dying, but these patients usually find relief with treatment in their psychiatric illness, mostly depression.[15-16] However, Druss B and Pincus H[17] noted that a significant association between medical conditions (especially pulmonary disease and cancer) and suicidal attempt that persisted after adjusting for depressive disorder and alcohol abuse. In this study, 17.5 % of the patients had history of physical illness, but only 3.3 % reported it as psychosocial problem and only 2.5 % viewed it as a precipitating factor for suicidal attempt; two of them suffered from HIV and one from CNS disease.

Regarding psychiatric disorder, hospital studies[1] show that about 40 % of those who attempt suicide have a history of psychiatric treatment. In this study we found 16.7 % of patients had history of psychiatric illness. However, some studies[18] reported less than 40 % of persons with lifetime psychiatric disorder ever received professional treatment, and less than 20 % with a current diagnosis were in treatment. Thus, by raising the awareness and reducing the stigma of depression, the national screening program of the United States addresses the problems of under-diagnosis and the lack of treatment in persons suffering from depressive disorder.[19] Regarding clinical diagnosis after admission and consultation for psychiatric assessment, we found that adjustment disorder and depressive disorder were most common. Borderline personality disorder was diagnosed in a small number of patients. This may be due to the fact that this research recruited only cases of inpatients and self harm in borderline personality disorder, usually they are cases of self mutilation by cutting and burning[20-21] but without the real intent to die. However, approximately 55-85 % of self mutilators have made at least one suicide attempt.[22-23] Mann *et al.*[24] found that the subjective experiences of depression and hopelessness differentiated attempters from the non-attempter and Stanley *et al* [25] noted that suicidal attempters with cluster B personality disorders, who have a history of self mutilation, tend to be more depressed, anxious and impulsive and they also tend to underestimate the lethality of their suicide attempts. The finding that co-morbidity of alcohol dependence or alcohol drinking during suicidal attempt are consistent with previous studies.[26] Shohas and Lonngvist [27] have shown that increased alcohol use during an initial attempt predicts increased risk of suicide. This emphasizes the importance of alcohol and its effect on mood and impulse control for decision making. Therefore, for those with concurrent substance abuse/ dependence and mood disorder, the most important early

psychiatric intervention may be immediate recognition and appropriate treatment of both their affective and substance use disorder.

Ingestion of drug or chemical agents resulting in self poisoning was the most common method for suicidal attempt. The finding was similar to other studies.[1,13] Regarding type of drug used ; some studies report that insecticide and agents used in agriculture were common while as we found that paracetamol was the most common. It may be due to this study was conducted in urban area. Although it may count as nonviolent method, paracetamol overdose may cause hepatotoxicity and lead to other serious complications. Availability of paracetamol from over the counter should be paid more attention to prevent suicide. Cleansing agents such as Vim, Vixol, Hiter, detergents were the second most common. These also cause medical complication such as corrosive esophagitis which may be followed by stricture. Moreover, one third of the patients had previous history of suicidal attempt and most of them used the same method. In addition, one case who used intravenous oil injection was a nurse. Frank *et al.*[28] reported an estimated 1.5 % of US women physicians have attempted suicide and Lindeman *et al.*[29] found an estimated relative risk in men physician of 1.1-3.4, compared to that of the general male population and in women physician was 2.5-5.7, compared to that of the general female population.

Persons who attempt suicide tend to have chronic problems within their families, i.e., marriage, interpersonal relationship and work. Acute problems that precipitated attempt suicide involved recent life change, particularly interpersonal stress. Suicidal attempters reported marital problems which resulted in serious argument with the spouses; 18.3 % reported financial difficulties. These results are consistent with other studies.[30,31] Lotraku *et al* [32] studied the nature of stressors in twenty adults who attempted suicide and found that female subject's stressors mostly resulted from extramarital affairs of their husbands while a majority of the male subjects faced with conflicts or dispute with their spouse or dose relatives. Nilchaikovit *et al* [33] found that one month prevalence of suicidal ideation was 5.3 % and factors correlated with increased suicidal ideation were negative life events in the past years and current life stress such as marital conflict, conflict with others. Honkanen *et al.*[34] noted that life dissatisfaction has a long-term effect in the risk of suicide and this seems to be partly mediated through poor health behavior. Nevertheless, legal problems and stress about physical illness were found less common in this study.

Feeling of hopelessness was found in 75 % percent of the attempters and associated with patients who had previous suicidal attempt. The finding is consistent with other studies and supported the central role of hopelessness in the development of suicidal ideation.[35 - 45] Negative expectation or hopelessness is among the psychological variables that have shown promises in the prediction of suicide. According to Beck,[46-47] the suicidal preoccupation seems related to the patient's conceptualization of his situation as untenable or hopeless. The feeling of hopelessness leads the suicidal patients to believe that suicidal was the only feasible strategy for dealing with their seemingly insoluble problems.

A family history of suicide has been noted

to be associated with suicidal behavior at all stages of the cycle. Clinical studies documenting this association in adolescents, adults, and the elderly have been extensively reviewed.[43-50] In this study, 7.5 % of patients had family history of suicide and predominately relation as sibling. Family history of psychiatric illness was found 15 % and also predominate in sibling. These may reflect some genetic factors or child raring pattern in family. A number of studies[51-53] have shown a significantly increased incidence of childhood separation in persons who attempted or completed suicide and incidence varies from 10 % to 77 %. In this study we found 20.8 % of the patients had experiences of parental death or divorced. Adam *et al.*[52] found that parental loss was significantly more common in the attempted suicides than in the controls, especially death of father and divorce or separation of parents, reaching peaks during the age periods of 0 to 5 years and 17 to 20 years. McDermut *et al* [53] noted patients with a prior suicidal attempt perceived their families as more dysfunctional than did their respective family members.

It is interesting that this study found association between work problem and patients who had no previous suicidal attempt but did not find statistically significant on other psychosocial problems. It may be explained by this study group were unemployed in a small number and economic crisis in Thailand since 1997 may have some impact on their work.

This study was conducted at hospital in Bangkok and most of patients had residence in Bangkok. The social factors about urbanization such as activities in daily living, working style, nuclear family, lesser supporting system may have some influences on pattern of life, coping skill, stress and also on characteristics of patients who attempted suicide. Improving recognition of mental problems and providing education about intervention for people with recent psychosocial stressor as well as strengthening the supporting system may be helpful for reducing suicidal risk.

These findings must be interpreted in the context of an inpatient setting that consulted for psychiatric evaluation in which the severity of illness may limit generalization to experience with outpatients. Patients with borderline personality disorder who have made less serious suicidal attempts may be denied admission to hospitals because their suicidal behaviors do not reflect high degree of lethal intent or objective planning or do not result in medical damage. The second limitation: psychosocial problem or stressor in this study was measured in the view of patients so it may depend on self reporting, character, perception or frustration tolerance of patients. However, the subjective feeling is important because it has psychological meaning that influences behaviors including suicidal attempt. In conclusion, our results showed some important characteristics of suicidal attempts patients and related psychosocial stressors. More concerning about these findings may have some beneficial for preventing suicidal attempt and completed suicide.

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