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St. Paul's Hospital Millennium Medical College

PREVALENCE OF DEPRESSION AND ASSOCIATED FACTORS AMONG PEOPLE WHO ATTEMPTED SUICIDE AT PUBLIC HOSPITALS IN ADDIS ABABA, ETHIOPIA

A Final Thesis Report for the Partial Fulfilment of the Requirements for Certificate of Specialty in Psychiatry

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LIST OF ACRONYMS/ABBREVIATIONS

DSM- Diagnostic and statistical manual of mental disorders

E.C- Ethiopian calendar

ETB-Ethiopian birr

G.C-Gregorian calendar

MDD-Major depressive disorder

OPD- Out patient department

EOPD-Emergency Out patient department

PHQ-9-Patient Health Quesstionnaire-9

SPHMMC-Saint Paul's Hospital Millennium Medical College

AaBET Hospital- AddisAbaba Burn ,Emergency and Trauma hospital

SPSS - Statistical Package for the Social Sciences

ABSTRACT

Background: Suicide is a major public problem and is commonly associated with various mental disorders among which depression is particularly important risk factor. Many patients who suffered from depression never had access to psychiatric care or proper treatment before committing suicide.

Objective: To assess the prevalence of depression and associated factors among people who attempted suicide and attended public hospitals in Addis Ababa, Ethiopia.

Methods: We conducted a Hospital based cross sectional study from June 10 –August 4 , 2019 G.C. A total of 37 suicide attempt cases were found during the study period. 31 of them fulfilled the inclusion criteria and were included. An informed written consent was obtained from all of them. Before data collection Ethics clearance was obtained from SPHMMC IRB.PHQ-9 for depression and a risk assessment form adapted from Beck's suicide intent scale was used. Pretested structured questionnaire was administered by trained nurses. Multiple logistic analysis was conducted to identify factors associated with depression.

Results: The prevalence of depression among people who attempted suicide was 38.7% in the study. Regarding severity of suicide attempt : 67.74% seriously attempted to end life and 16.13% had high risk for further suicide attempt.

Conclusion: Depression is common among people who attempted suicide. Early diagnosis of individuals with depression and intervention will reduce suicide attempt.

Keywords: *Depression Suicide Attempt Addis Ababa Ethiopia*

CHAPTER ONE

1. INTRODUCTION

1.1 Background of the Study

Suicide is usually a cause of great distress to victim, family, friends, and community and largely to the nation(1,2).Suicide is a huge but largely preventable health problem . The World Health Organization estimates that worldwide more than 800,000 people die each year as a result of suicide; it aims to reduce this number by 10% by 2020(3). The global suicide mortality rate amounts to 1.4%, ranging from 0.5% in African regions to 1.9% in the South East Asia region (4). Globally, suicides are the second leading cause of premature mortality in individuals aged 15 to29 years (preceded by traffic accidents), and number three in the age group 15–44 years (5).The global annual mortality rate has been estimated by the World Health Organization (WHO) to be 10.7 per 100,000 individuals, with variations across age groups and countries (6). The overall suicide rate of 10.7 per 100,000 population encompasses a male: female ratio of 1.7. Thus, men complete suicide almost twice as often as women (7).

The vast majority—namely 78% of suicides—were completed in low and middle income countries (LMIC) (WHO 2015). In sub-Saharan Africa, death from suicide is estimated to be 34,000 per year (8) .Among few studies conducted in Ethiopia, a review of police and hospital records from Addis Ababa, the rate of completed suicide was found to be 7.76/100,000 persons per year(9).The lifetime prevalence of suicidal ideation and attempted suicide was 64.8% and 19.2% among psychiatric out-patients at Gondar hospital psychiatry clinic(10) and , 2.7% and 0.9% for an urban community in Addis Ababa(11) ,respectively. Attempted suicide was 3.2% for a rural adult population in Butajira Ethiopia(12) and in 10 year cohort study among severe mental disorders in Butajira; 26.3% for major depression, 23.8% for bipolar I disorders, 13.1% for schizophrenia and the ratio of suicide attempters to suicide completed was 10.3:1(13).Family history of suicide was 3%(14).

There is a complex relationship between suicides and mental disorders because of biological, psychological, and social factors. Suicide rates are higher in psychiatric patients than the general population(15). Mood disorder is the single diagnosis with the greatest impact on suicide. In

reviews of psychological autopsies it was concluded that an average of around 43%- 50 % of all suicide victims had previously suffered from a depressive disorder (16-18). Attempted suicide has been shown to be more likely when there are a higher number of depressive episodes (19) or more time spent in depression (20). Among depressed patients, suicide attempt is known to be a strong predictor for suicide (21-25).

Suicide attempts are often a cry for help rather than a clear desire to die. So prevention of suicide lies in answering the individual's cry for help(26-28). Most patients who commit suicide have seen a physician in the weeks to months prior to their deaths(29). Individuals reporting suicidal ideation and previous attempts were more likely to make use of at least one type of service for mental health problems than non-suicidal individuals. Suicidal individuals are likely to make use of services, and a high proportion of suicide may be preventable through appropriate health care system response(29,30). Hence, this study will attempt to estimate the prevalence of depression and factors associated to suicide attempt among persons who attempted suicide at AaBET Hospital, SPHMMC and St. Peter's hospital, Addis Ababa, Ethiopia. AaBET Hospital is one of the emergency, trauma and burn centers in Ethiopia. It was established in 2015 as part of St. Paul millennium medical college. SPHMMC is a tertiary teaching hospital in the capital Addis Ababa. St. Peter's hospital was established in 1955 and served as a center for tuberculosis and leprosy until it was reestablished as a tertiary hospital in 2009.

1.2 Problem Statement

Various mental disorders are closely related to suicide, among which depression is particularly important. Many of the patients who suffer from depression never had access to psychiatric care or proper treatment before committing suicide. Although depressed mood, psychomotor retardation, anxiety, and autonomic symptoms may occur in depression, patients suffering from depression often visit a primary care physician rather than a psychiatrist, complaining of various somatic symptoms(31). Therefore, not only the psychiatrist but also the primary care physician has a critical role in preventing such patients from committing suicide.

Suicide attempt is a strong predictor for completed suicide among depressed patients.(21-25) So by identifying and providing further care for those individuals with high risk for suicide, high proportion of suicide may be preventable.(29,30) Despite scattered studies, the true extent of

the problem in Ethiopia is poorly understood, as there have been very few studies in the country and statistics on suicide. This study attempted to address this gap by identifying the prevalence of depression, associated factors and severity of suicide attempt among those individuals who attempted suicide.

1.3 Objectives of the Study

1.3.1 General Objective

- To assess the prevalence of depression and associated factors among people who attempted suicide and attended at the EOPD of SPHMMC, AaBET hospital, St. Peter's hospital and Toxicology center of St. Peter's hospital Addis Ababa, Ethiopia.

1.3.2 Specific Objectives

- To assess the prevalence of depression among people who attempted suicide
- To identify factors associated with suicide attempt
- To assess the severity of suicide attempt

1.4 Significance of the study

The aim of the study is to measure the prevalence of depression and to identify associated factors for suicide attempt among people who attempted suicide. This study tries to increase level of vigilance of health professionals in detecting and managing depression. Since early diagnosis and implementation of intensive treatment for depression provide a good chance of preventing suicide. It can also be used as stepping stone for future large scale and interventional studies.

1.5 Operational Definition

Depression - The patient must fulfill the defining criteria for depression according to PHQ-9 i.e. a score of 10 or greater. (70)

Suicide- The act of a person intentionally causing his or her own death. (32)

Suicidal attempt-Suicide attempt is a non habitual act with the nonfatal outcome that is deliberately initiated and performed by the individual involved that causes self-harm . (32-36)

Suicide Method-Data is available on the method of suicide under the following categories: asphyxia, ingested and/or injected illicit or prescription drugs, burns, jumping from heights, CO poisoning, ingested and/or injected other types of poison such as ethylene glycol, stabbed self, firearm use, and vehicular and unknown traumatic causes. Asphyxia was further subdivided into drowning, hanging, suffocation, strangulation, helium, plastic bag, oxygen replacement, other asphyxia and mechanical asphyxia. (32-36)

CHAPTER TWO

2.LITERATURE REVIEW

2.1Suicide

Suicide (from Latin *Sui caedere* to kill oneself or self-murder) means the act of a person intentionally causing his or her own death. It is death from poisoning, suffocation or injury where the person intended to kill himself/ herself and there should be evidence that the injury was self-inflicted. The suicide attempt is a nonhabitual act with the nonfatal outcome that is deliberately initiated and performed by the individual involved that causes self-harm or without intervention by others will do so or consists of ingesting a substance in excess of its generally recognized therapeutic dosage(32–36). Suicide ideation is any self-reported passive thought about wanting to be dead or active thoughts about killing oneself not accompanied by preparatory behaviour (32–35).

Globally, suicide represents 1.4% of the global burden of diseases.¹ It causes almost half of all the violent deaths and resulting in one million fatalities each year, as well as economic costs in billions of dollars. Estimates suggest that suicide could rise to 1.5 million by 2020 and 10 to 20 times more people will attempt suicide worldwide (37). Majority of the suicide attempters are below the age 30 years(38,39). Thus, suicide causes heavy morbidity and mortality in the most productive group of a community.

85% of the world's suicides occur in low and middle income countries (LAMIC) according to data from WHO mortality database (48) . However most of the information regarding suicidal behaviours is obtained from high income countries. Our knowledge and understanding of suicidal behaviour is based on this information from high income countries which may not be applicable in different cultural contexts. Even less is known about attempted suicide across the African continent (41). Suicide attempt among youth between the ages 15 and 24 has also been found to be relatively common on the continent, ranging from 12% of the study respondents in Southwest Nigeria to 28.3% in Benin in the last one year (42-45). There is little information on the causes of suicide attempt among adolescents in low-income countries. A study done in China (46) revealed scolding by parents, the experience of punishment, and family gambling were

associated with suicide attempt. Loneliness, feeling depressed, tobacco use, and having no friends were associated with suicide attempt in Tanzania (47).

On a study done among adolescent high school students in Dangila town, northwest Ethiopia, the prevalence of lifetime suicide attempt was 16.2 %. Among them 64.52% had made one attempt, 20.43% had made two attempts, and 15.05% had made more than two attempts. Adolescent students who had been living alone had about twice the odds of attempting suicide compared to those who had been living with their family. As with ideation, school absenteeism, loneliness, and feelings of hopelessness and sadness were significantly positively associated with suicide attempt in bivariable and multivariable regression. The odds of suicide attempt were more than twice as high among students who had sleep disturbance in the last 12 months and four times greater among those who reported being physically hurt in the last 12 months. Those who had poor social support had 4.6 times the odds of attempting suicide compared to those who had strong social support (48).

2.2 Depression

WHO defined depression accordingly “Depression is a common mental disorder characterized by sadness, loss of interest in activities and decreased energy (49). Depression is different from non-pathological mood changes by the extent of its severity, the symptoms and the duration of the disorder” (50). It affects around 350 million people in the world and it is the second leading cause of disability. The mortality rate due to suicide is 20 times greater among depressed individuals than the general population (51).

The reported prevalence of depression which requires psychological treatment is 5-10% of the population at any given point of time (52). Risk of developing depression in female during a life time is 10-20% which is comparatively higher than males (52).

Among the risk factors associated with increased depressive episodes, old age, marital status, number of diagnosed chronic non communicable diseases and alcohol consumption have been found to be the most important ones. This has been even worsened by minimal health facility visit for depression episodes (53).

Studies performed in Ethiopia reported the 12 month's prevalence of depression to be: 4.4% among males(54) and 4.8%(55) among females. On another study the life time prevalence of depression in general population was reported 2.2 %(56),minor depressive disorder 20.5%(57),depressive episodes 2.7% and recurrent depressive episodes 0.2 %(58). Two large scale studies estimated the prevalence of mental distress using self-reporting questionnaire showed 11.7% in Addis Ababa(59), and 17% in Butajira (60,61) which is a comparable result with studies done elsewhere.

2.3 Prevalence of Depression in people who attempted suicide

Depression is a major psychiatric illness associated with suicidal ideations and attempts. Nearly 15-20% of people with depression attempt suicide. Bagadia et al 1976 claim that depression was the most common psychiatric diagnosis made in suicide attempters. Similar findings have been confirmed in other studies(62-64). Those who attempt are more likely to attempt suicide again.

Suicidal ideation is strongly associated with suicide attempts. In a study by Srivastava and Kumar 17% of patients with suicidal ideation attempted suicide(65). In a study among terminally ill cancer patients, conclude that suicidal ideation and desire for death appeared to be linked exclusively to the presence of a psychiatric disorder(66). Among depressed subject's suicidal ideation was present in about two-thirds of the individuals(67). About 16.6% of these subjects with suicidal ideation attempted suicide. Attempters also scored high in severity of suicidal ideation(68).

In a study done on 30 individuals who attempted suicide 5 out of 30 (16.66%) had severe depression, 1 out of 30 (3.33%) had moderate depression and 24 out of 30 (80%) had no depression, according to MDI.ICD-10 scale (69).On the same study many of the individuals who attempted suicide had subclinical depressive symptoms, Low mood 42%, Lost interest 17 %,Guilt 4%,Worthlessness 25%, Difficulty concentrating 21%,Restlessness 25%,Sleep disturbances 38% and Reduced appetite 29%(69).

CHAPTER THREE

3. METHODOLOGY

3.1 Study Area and Period

The study was conducted at the EOPD of Public Hospitals and Toxicology center of St. Peter's Hospital in Addis Ababa, Ethiopia. The study was held from June 10 –August 4 , 2019G.C.

3.2 Study Setting

The study was conducted in the following public hospitals: Saint Paul Hospital Millennium Medical college, AaBET Hospital and Saint Peter's Hospital. All the three hospitals provide emergency care in addition to this St. Peter's hospital has the only toxicology center in the city. Saint Paul Hospital Millennium Medical college is a teaching hospital that provide care to the residents of Addis Ababa and all over Ethiopia. It is located in Addis Ababa, the capital city of Ethiopia. The hospital has over 2,000 staff, serving a population of approximately more than 5 million. The hospital provides service for 500,000 patients a year. AaBET Hospital is one of the emergency, trauma and burn centers in Ethiopia. It was established in 2015 as part of St. Paul millennium medical college. AaBET currently provide health care service in several specialties namely; orthopedics, neurosurgery, plastic and reconstructive surgery and emergency and critical care. AaBET hospital has approximately 20-30,000 total visit per year to the hospital and provides a variety of outpatient services, including emergency service and provides elective and emergency surgeries of the respective departments. Saint Peter's hospital was established in 1955 in Addis Ababa and served as a center for tuberculosis and leprosy until reestablished as a tertiary hospital in 2009. Currently the hospital has 1056 staff and provide service for 120,000 patients per year. The toxicology center of St. Peter's hospital was established in 2007 and serves around 230 patients per year. The toxicology center has 10 staff: one internist, three general practitioners and 6 nurses.

3.3 Study Design

A hospital based Cross sectional study was conducted using a structured questionnaire.

3.4 Source Population and Study Population

The source population for the study were all people who attempted suicide and attended at the EOPD of SPHMMC, AaBET hospital, St. Peter's hospital and toxicology center of St. Peter's hospital during the study period. The study population were those people who attempted suicide and attended at the EOPD of SPHMMC, AaBET hospital, St. Peter's hospital and toxicology center of St. Peter's hospital during the study period and fulfilled the inclusion criteria.

3.5 Selection Criteria

Inclusion criteria:

- All suicidal attempt cases attending at the EOPD of the public Hospitals and toxicology center of St. Peter's hospital during the study period.
- Those 18 years of age and above
- Those who gave consent (who are willing to participate)

Exclusion criteria:

- Critically ill patients

3.6 Sampling Techniques

All consenting adults who attempted suicide and presented during the study period were consecutively included.

3.7 Sample Size

All the suicidal attempt cases attending at the EOPD of SPHMMC, AaBET hospital, St. Peter's hospital and toxicology center of St. Peter's hospital and recorded in the mentioned eight weeks period and met the inclusion criteria were included.

3.8 Study Variables

Dependent variables:

- Depression
- Severity of suicide attempt

Independent variables:

- Age
- Sex
- Marital status
- Level of education
- Monthly income
- Employment status
- Location of residency
- History of diagnosed mental illness
- Family history mental illness
- Substance abuse
- Previous suicide attempt
- Available lethal method

3.9 Data collection

Data was collected by six trained data collectors (nurses) after being trained for three days ahead of data collection. Data collection was done from June 10 to August 4, 2019. The study's criteria and purpose was explained in detail to all of them and to their relatives/caregivers. Written informed consent of patients to participate in study was obtained. Afterwards, the interviews of the patients (who fulfilled the inclusion criteria) was conducted using the questionnaire devised for this study.

3.10 Data Collection and Measurement

3.10.1 The Questionnaire

Structured questionnaire was prepared in English language, and was translated to Amharic language and Afaan Oromo for the respondents; the tool for screening depression in people who attempted suicide is the PHQ-9, Amharic and Afaan Oromo versions which have already been validated.

A PHQ-9 threshold score of 10 was found to give optimal discriminatory power with respect to diagnosis of MDD via the clinical interview (sensitivity=86% and specificity=67%)(70).Hence, those who scored 10 or greater were considered to have depression.

Risk assessment was done based on Suicide risk assessment form which was adapted from Beck's suicide intent scale. The risk assessment form consists of 15 items which can be used to evaluate the suicide attempt severity and further risk for suicide. The total score is 30.

3.10.2 Data Collection Method

The questionnaire was filled by trained individuals for the data collection; the questionnaire was pretested on patients who fulfilled the inclusion criteria (but who do not participate in the study), before the actual data collection period to check clarity of the questions, their sensitivity and completeness.

3.10.3 Data Quality Control

Training was given to the data collectors before actual data collection period, the questionnaire was prepared and organized as simple as possible so that it can easily be understood both by data collectors and respondents and it was presented before the data collection period, completeness and consistency was checked by the researcher.

3.10.4 Data analysis

The data was entered using Epi info and analyzed by using SPSS version 20.0 software. The data was cleaned and rechecked for its consistency. The descriptive analysis was done by simple frequencies and proportions, and crosstabs the results were presented by tables, pie charts and graphs. Simple logistic regression analysis was performed to evaluate the strength of association between depression, socioeconomic, demographic and suicide attempt characteristics. Multiple logistic regression analysis of all statistically significant variables was also performed to control potential confounders. P-value less than 0.05 was considered statistically significant. Both simple and multiple regression analysis were expressed as odd ratios (OR) with 95% confidence interval (CI).

3.11 Ethical considerations

Ethical clearance for the study was obtained from the institutional review board of SPHMMC. Permission was sought from research and evidence generation directorate of St. Peter's hospital and AaBET hospital. Participants were informed about the right to withdraw from study. We ensured the privacy of the participants during data collection and ensured anonymity of the collected data.

Conflict Of Interest: There is no financial relationship between the researcher and SPHMMC. There are no situations in which financial or other personal considerations may compromise, or have the appearance of compromising the researcher's professional judgment in conducting or reporting research.

3.12 Data Dissimination

The result of this study will be presented as one of the partial fulfillments of residency program at the department of psychiatry . The manuscript will be sent to the emrgency departments at SPHMMC,AaBET hospital, St. Peter's hospital toxicology center and the college research directorate.

CHAPTER FOUR

4. RESULT

4.1. Sociodemographic Characteristics of the Respondents

The general demographic characteristics that respondents may be exposed to depression and suicide attempt vary from place to place and from one area to another area. In this study, the below demographic characteristics of the respondents were taken and summarized as follows. Among the 31 cases of attempted suicide who were interviewed, 18(58.1%) are males and 13(41.9 %) are females. Among the total patients 18 (58.1 %) were single, 12(38.7%) were married, while 1(3.2 %) fall under the category of widowed.

Table 1: Respondents Demographic Characteristics

Variable Name		Number (%)
Age	18 up to 25	18 (58.1 %)
	26 up to 30	7 (22.6%)
	31 up to 40	3 (9.7%)
	> 40	3 (9.7%)
Gender	Male	18 (58.1%)
	Female	13 (41.9%)
Marital status	Single	18(58.1%)
	Married	12(38.7%)
	Divorced	0(0%)
	Widowed	1(3.2%)
Residency status	Urban	21(67.7%)
	Rural	10(32.3%)
Educational status	Illiterate	2(6.5%)
	Read and write	3(9.7%)
	Primary school	7(22.6%)
	Secondary school	14(45.2%)
	College	5(16.1%)
Employment status	Employed	7(22.6%)
	Un-employed	24(77.4%)
Average monthly income (Ethiopian Birr)	≤500	17(54.8%)
	501-1000	2(6.5%)
	1001-2000	5(16.1%)
	2001-3000	3(9.7%)
	>3000	4(12.9%)

4.1.1 Age Factor

Among the 31 respondents who attempted suicide 18 (58.1 %) were between 18 and 25 years of age and 7 (22.6 %) were between 26 and 30 years of age. In total 25 cases (80.6 %) of attempted suicide belong to 18-30 years age group.

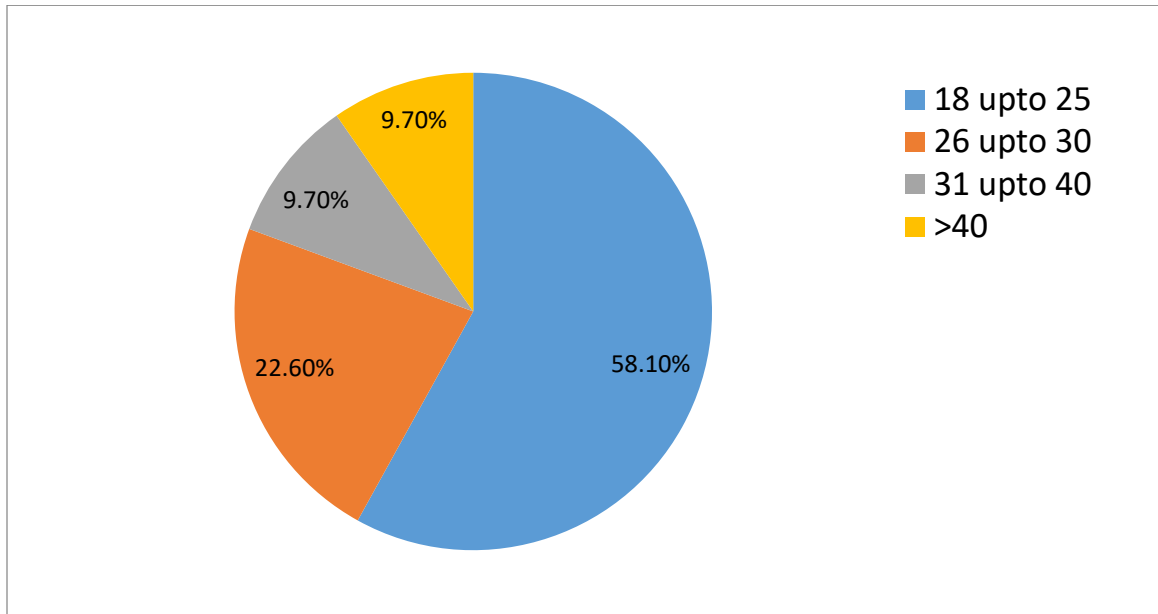


Figure 1. Age of Respondents

4.2 Suicide Attempt Characteristics

Given all the 31 respondents attempted suicide, the intention was to see further risks for suicide, identify methods for suicide attempt, to see the age and sex factors in suicide attempt and associated factors such as previous suicide attempt, family history and substance use.

4.2.1 Methods of Suicide Attempt

Table 2: Method of Suicide attempt

Method of Suicide	Frequency	Percent
Poisoning	20	64.5%
Medication Over Dose	9	29.0%
Others	2	6.5%
Total	31	100.0%

Regarding method chosen: Consumption of poison (Eg. insecticides/pesticides like organophosphorus compounds and corrosives /chemicals like kerosene, cetrimide etc.) and excess tablet intake (E.g. phenobarbitone, amitriptyline, etc.) are the common methods chosen.

Among the 9 patients who used medication overdose as a method 1 used amitriptyline, 1 used phenobarbitone, 1 used ART medication, 1 used Salbutamol, 1 used Ibuprofen+ Amoxycillin, 1 used HCT (Hydrochlorothiazide), 1 used PCM (para-acetyaminophenol) and 2 used combination of multiple medications.

4.2.1.1 Methods of Suicide Attempt and Sex of the Respondent

Among the 18 male respondents who attempted suicide : 12 (66.67 %) used poisoning as a method, 4 (22.22 %) used medication over dose and 2 (11.11 %) used other methods. The two other methods used were burn and alcohol intoxication.

Among the 13 female respondents who attempted suicide: 8 (61.54 %) used poisoning as a method and 5 (38.46 %) used medication overdose.

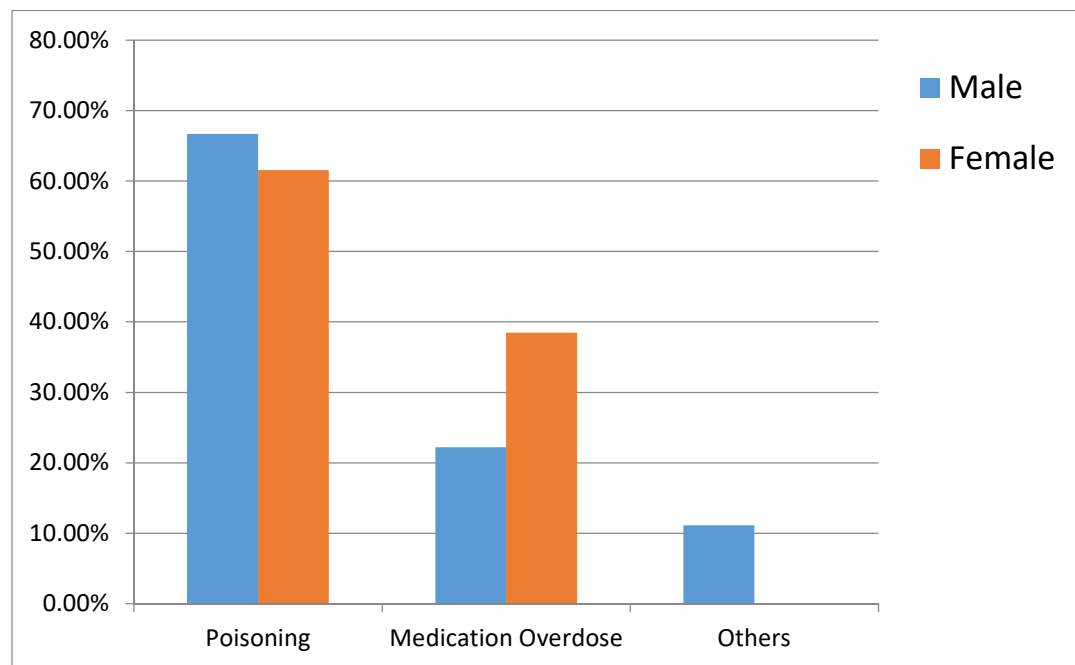


Figure 2: Sex of Respondent by Method of Suicide

4.2.1.2 Methods of Suicide Attempt and Educational Status of the Respondent

Among the 20 respondents who used poisoning as a method of suicide 2 (10 %) were illiterate, 3(15 %) can read and write,4 (20 %) had primary school education,8(40 %) had secondary school education and 3(15 %) had college and above education.

Among the 9 respondents who used medication overdose 2 (22.22 %) had primary school education, 5 (55.56 %)had secondaryschool education and 2 (22.22%) had college and above education.

Table 3: Educational Status By Method of Suicide

Educational Status	Method of Suicide		
	Poisoning	Medication Overdose	Others
Illiterate	2(10%)	0(0%)	0(0%)
Read and Write	3(15%)	0(0%)	0(0%)
Primary school	4(20%)	2(22.22%)	1(50%)
Secondary school	8(40%)	5(55.56%)	1(50%)
College and above	3(15%)	2(22.22%)	0(0%)
Total	20(100%)	9(100%)	2(100%)

4.2.1.3 Methods of Suicide Attempt and Residency of the Respondent

All of the 9 (100%) respondents who used medication overdose as a method were urban residents.Among the 20 respondents who used poisoning as a method of suicide attempt 11(55%) were urban residents and 9(45%) were rural residents.Among the 2 respondents who used other methods 1 was from rural area while the other was urban resident .

4.2.2 Risk Assessment

It is important to understand a patient's will to die in order to assess the severity of suicide attempt and further risk of subsequent attempt. Some of the attempted suicides are carried out with little to no intention of ending life, while others clearly intended to end life. So risk assessment was done among the 31 respondents of suicide attempt using suicide risk assessment form which was adapted from Beck's suicidal Intent Scale.

Among the 31 cases 5 (16.13%) had high risk , 19 (61.29%) had medium risk and 7 (22.58%) had low risk for further suicide attempt.

Table 4: Risk of suicide

Risk of Suicide	Frequency	Percent
High Risk	5	16.13%
Medium Risk	19	61.29%
Low Risk	7	22.58%

Among the 5 respondents with high risk 3 (60%) were male and 2 (40%) were female, 4 (80%) had depression and 4 (80%) used poisoning as a method while 1 (20%) used medication overdose.

Table 5: High risk for suicide By Sex, Depression and Method

Sex		Depression		Method	
Male	Female	Yes	No	Poisoning	Medication Overdose
3(60%)	2(40%)	4(80%)	1(20%)	4(80%)	1(20%)

4.2.3 Seriousness of Suicide Attempt, Degree of Premeditation , Precautions Against Discovery and Alleged Purpose of Intent for Suicide Attempt

4.2.3.1 Seriousness of Suicide Attempt

Among the 31 respondents 21 (67.74%) had seriously attempted to end life, while 10 (32.26%) were uncertain about seriousness to end life.

4.2.3.2 Degree of Premeditation

Among the 31 respondents 7 (22.58%) had contemplated for more than 3 hours and 6 (19.35%) had contemplated for 3 or less hours before the attempt. The other 18 (58.06%) had not contemplated for any amount of time and was impulsive.

4.2.3.3 Precautions Against Discovery

Among the 31 respondents 5 (16.13 %) had active precautions and 6 (19.36%) had passive precautions against discovery during the attempt. The other 20 (64.52 %) had no precautions against discovery during the attempt.

4.2.3.4 Alleged Purpose of Intent

Among the 31 respondents the alleged purpose of intent for the 14 (45.16%) was to escape or solve problem and for the other 13 (41.94 %) was to manipulate, get attention or revenge. For the remaining 4 (12.9 %) of the respondents the alleged purpose of intent included all those mentioned on the other two groups.

4.2.4 Suicide Attempt and Associated Factors

4.2.4.1 Previous attempt

Previous attempt of suicide was seen in 6 (19.4%) out of 31 cases. Among the 18 male respondents 3 (16.67%) and among the 13 female respondents 3 (23.08%) has previous suicide attempt. Among those who had previous suicide attempt 3 had one attempt, 1 had two attempts and 2 had three or more attempts.

Table 6: Sex of Respondent and History of Previous Suicide Attempt

Sex of Respondent	History of Previous Suicide Attempt	
	Yes	No
Male	3(16.67%)	15(83.33%%)
Female	3(23.08%)	10(76.92%)

4.2.4.2 History of Mental Illness, Family history of Suicide, Family History of Mental Illness, Substance use history and Available Lethal Means

Among the 31 cases 2 (6.5%) had positive family history of suicide, 5 (16.1 %) had a history of diagnosed mental illness, 1 (3.2 %) had a family history of mental illness, 8 (25.8 %) had a problematic substance use history and 25 (80.6 %) had access to lethal means for suicide at home or in their living area.

Table 7:Suicide attempt and associated factors

	Valid	Frequency	Percent
History of Mental Illness	YES	5	16.1%
	NO	26	83.9%
Family History of Mental Illness	YES	1	3.2%
	NO	30	96.8%
Substance Use History	YES	8	25.8%
	NO	23	74.2%
Available Lethal Method	YES	25	80.6%
	NO	6	19.4%
Family History of Suicide	YES	2	6.5%
	NO	29	93.5%

4.3 Depression Prevalence and Severity Level

In this section, the report tried to assess the depression prevalence and severity level of the respondents. With this, PHQ-9 model was used. All 31 cases were questioned about how they have been feeling over the last 2 weeks prior to attempt to assess the prevalence of depression among them. A PHQ-9 threshold score of 10 was found to give optimal discriminatory power with respect to diagnosis of MDD via the clinical interview (sensitivity=86% and specificity=67%)(70). Hence, those who scored 10 or greater were considered to have depression.

4.3.1 Depression Prevalence

Among the 31 respondents 12 (38.7 %) had depression. Of the 18 male respondents 7 (38.9 %) had depression and among the 13 female respondents 5 (38.5 %) had depression. The remaining 19 (61.3%) of the respondents had no depression.

4.3.2 Depression Severity

Among the 12 respondents who had depression 8 (66.7 %) had mild depression, 3 (25 %) had moderate depression and 1 (8.3 %) had severe depression.

Among the total of 12 depressed respondents, 8 (66.7 %) found performing daily activity to be very difficult, while 3 (25 %) had somewhat difficulty in performing daily activity. From the total depressed respondents only 1 (8.3 %) had no difficulty on performing daily activities.

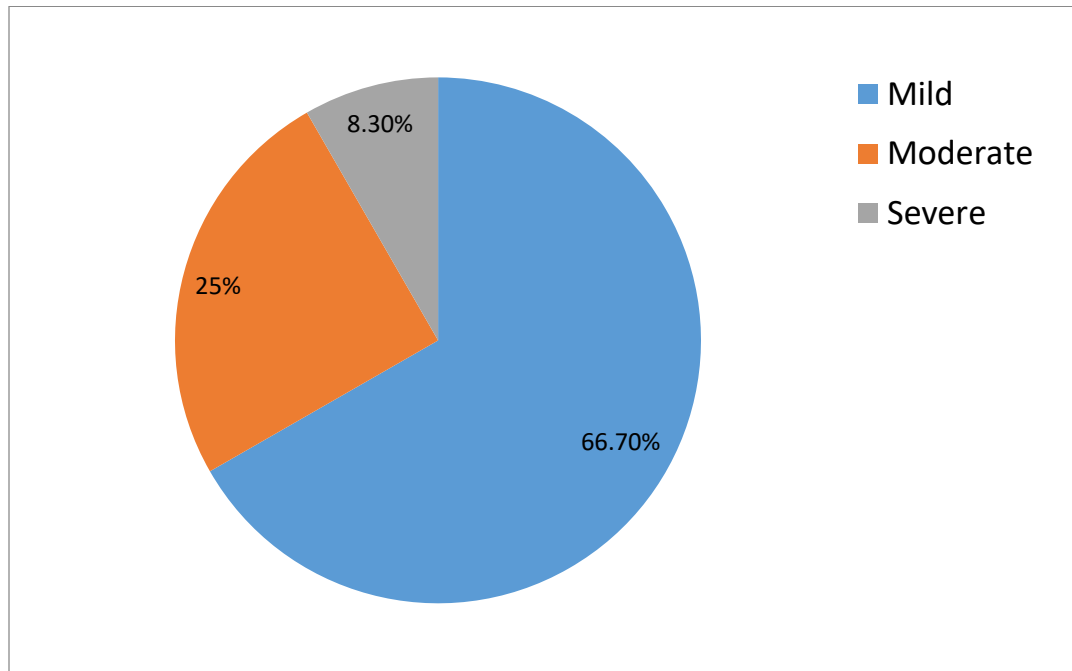


Figure 3: Depression Severity of Respondents

4.3.3 Subclinical Depressive Symptoms

Though 19 (61.3 %) of the respondents had no depression, for several days in the last two weeks prior to suicidal attempt, 53 % had lost interest, 74 % had low mood, 47 % had sleep disturbance, 32 % had fatigue or loss of energy, 26 % had change in appetite, 37 % had feeling of worthlessness or guilt, 42 % had difficulty concentrating, and 26 % had psychomotor agitation or retardation.

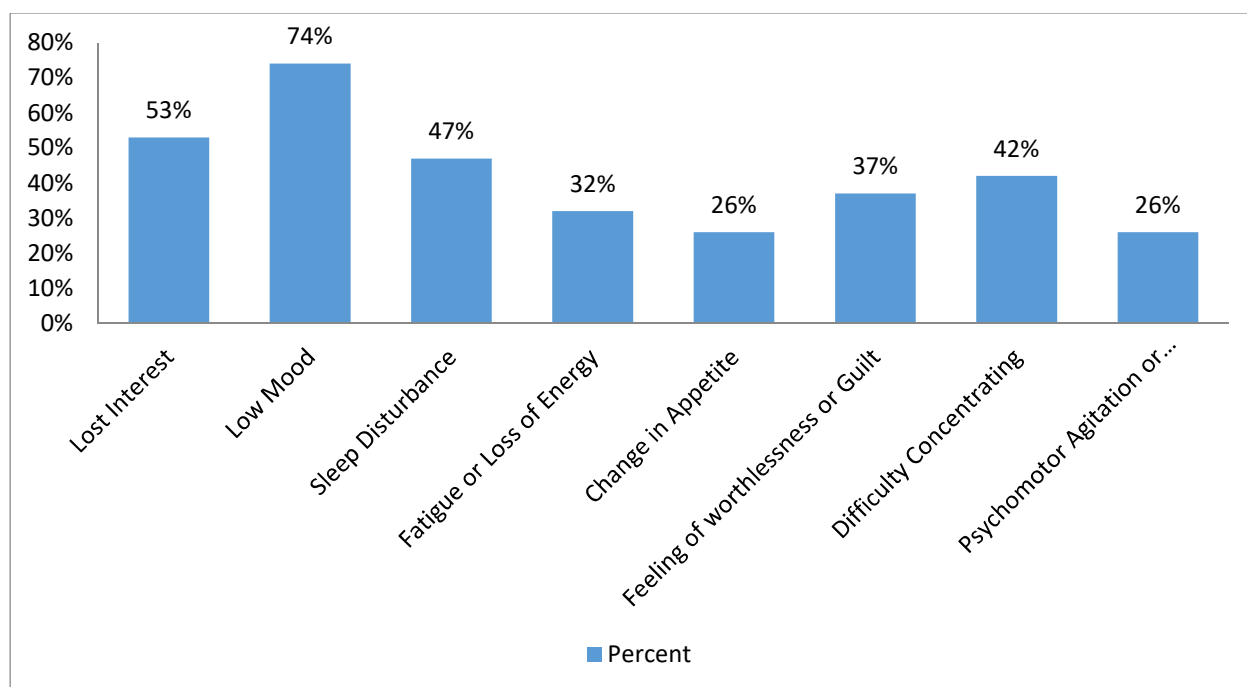


Figure 4: Subclinical Depressive Symptoms by Percent Proportion

Many of the respondents had subclinical depressive symptoms. Total percentage is more than 100 because some had more than one symptoms.

4.4 Depression and Associated Factors

4.4.1 Simple Logistic Regression Analysis

Simple logistic regression analysis was performed to see the effect of demographic, socio economic and suicide characteristic variables on depression. The simple logistic regression analysis showed that depression did not show any significant association with any of the independent variables. On the degree of premeditation impulsivity COR 0.09(0.1,0.67) was shown to be negatively related to depression.

Table 8: Univariate and Multi-variable analysis of factors associated with depression among people who attempted suicide

Variables		Depression N (%)		COR(95% CI)
		Yes	No	
Socio Demographic Variables		12	19	
Age	18 up to 25	7(58.33%)	11(57.89%)	1.27(0.96,16.8)
	26 up to 30	2(16.67%)	5(26.32%)	0.8(0.04,14.64)
	31 up to 40	2(16.67%)	1(5.26%)	4(0.13,119.23)
	> 40	1(8.33%)	2(10.52%)	1

Variables		Depression N (%)		COR(95% CI)
Gender	Male	7(58.33%)	11(57.89%)	1
	Female	5(41.67%)	8(42.1%)	0.98(0.23,4.25)
Residency status	Urban	9(75 %)	12(63.16%)	1.75(0.23,4.25)
	Rural	3(25%)	7(36.84%)	1
Marital status	Single	7(58.33%)	11(57.89%)	1.01(0.23,4.40)
	Married	4(33.33%)	8(42.1%)	1
Educational level	Illiterate	1(8.33%)	1(5.26%)	4(0.12,136.96)
	Read and write	1(8.33%)	2(10.52%)	2(0.08,51.59)
	Primary	3(25%)	4(21.05%)	3(0.21,42.62)
	Secondary	6(50%)	8(42.1%)	3(0.26,34.19)
	College and above	1(8.33%)	4(21.05%)	1
Employment status	Employed	2(16.67%)	5(26.31%)	.0.6(0.09,3.49)
	Un-employed	10(83.33%)	14(73.68%)	1
Method of suicide	Poisoning	5(41.67%)	15(78.95%)	3.3(1.6,6.81)
	Medication overdose	5(41.67%)	4(21.05%)	0.78(0.06,5.73)
	others	2(16.67%)	0	1
Previous suicide attempt	Yes	4(33.33%)	2(10.53%)	1
	No	8(66.67%)	17(89.47%)	0.24(0.04,1.56)
Degree of premeditation	Impulsive	3(25%)	15(78.95%)	0.09(0.1,0.67)
	< 3 hours	4(33.33%)	2(10.53%)	0.80(0.08,8.47)
	> 3 hours	5(41.67%)	2(10.53%)	1
Family history of suicide	Yes	1(8.33%)	1(5.26%)	1
	No	11(91.67%)	18(94.74%)	0.61(0.04,10.79)
History of mental illness	Yes	3(25%)	2(10.53%)	1
	No	9(75%)	17(89.47%)	0.35(0.05,2.52)
Family History of mental illness	Yes	0	1(5.26%)	1
	No	12(100%)	18(94.74%)	0.45(0.06,4.89)
Substance use history	Yes	4(33.33%)	4(21.05%)	0.88(0.37,9.57)
	No	8(66.67%)	15(78.95%)	1
Available lethal means	Yes	11(91.67%)	14(73.68%)	1
	No	1(8.33%)	5(26.332%)	0.26(0.03,2.51)

CHAPTER FIVE

5.DISSCUSION

In this section the report will discuss the findings regarding the prevalence of depression, factors associated to suicide attempt and severity of suicide attempt and compare these results with findings in other studies. To our knowledge although many studies have been conducted worldwide, this is the first study to evaluate the prevalence of depression and associated factors among people who attempted suicide in Ethiopia. The study involved 31 persons, 18 male and 13 female. It was done in three public hospitals in the capital city Addis Ababa.

5. 1 Suicide Attempt and Associated Factors

Evidence for sex differences in suicide attempts is less clear. Data are available for 11 countries, of which five studies report a clear female predominance, three studies find a clear male predominance and three studies report similar rates for males and females. In this study males outnumbered females in suicide attempt. The male female ratio is 1.4:1. Contrary to this a study done on individuals attending an adult psychiatry out-patient clinic in Gondar, Ethiopia showed female to male ratio of 1.3 :1. (12). This could be because of more women with depression seek help than men with depression. A study done in India showed a comparable result to this study a male to female ratio of 1.3:1. (69)

Majority of the suicide attempters (80.6%) were less than 30 years of age. This is similar to other Ethiopian study which found majority of the people who attempted suicide were between 21-30 years (35.7%). (12) A study done in India also found 63% of suicide attempters were below 30 years of age. (69) This finding highlights on the importance of suicide prevention strategies as more number of lives are lost in the most productive period of the lifetime.

Regarding the methods used in suicide attempts, the most common method of suicide attempt was poisoning followed by medication overdose. This result was in contrary to other studies showing hanging as the most common method followed by poisoning as the second most common method of suicide attempt. (12) The difference could be attributed to the fact that most of the data was collected from a toxicology center. But this finding was consistent with a study

done in India which also found poisoning as the most common method of suicide and WHO finding of poisoning the most common method of suicide worldwide.(69,71)

Among the 20 respondents who used poisoning as a method of suicide attempt 11(55%) were urban residents and 9(45%) were rural residents. While all of the 9 (100%) respondents who used medication overdose as a method were urban residents. This is most likely due to easy accesses to medications in urban areas and easy accesses to pesticides and insecticides in the rural areas. It is important to have legislations regarding quantities for over-the counter medications and access to most toxic pesticides to reduce overdose and suicide rates.(72)

Regarding sex and method of suicide attempt: poisoning was used by 12 (66.67%) and 8 (61.54%) of the 18 male and 13 female respondents respectively. Medication overdose was used by 4(22.22%) and 5(38.46%) of the 18 male and 13 female respondents respectively. The 2 other methods for suicide attempt burn and alcohol intoxication was used by males only. This may be explained by a propensity for men to use more lethal and violent methods.

Regarding educational status and method of suicide attempt: All of the 5(100%) respondents with below primary school education (Illiterate or who can read or write) used poisoning as a method. Of those with at least primary school education, 15 (57. 7%) used poisoning, 9 (34.6%) used medication overdose and 2 (7.7%) used other methods. This finding could be explained by absence of knowledge regarding medications lethality on cases of overdose by those below primary school education. But it could also be explained by the fact that all of those with below primary school education are from the rural area.

There was a previous suicide attempt in six (19.4%) persons. All of them had low mood and loss of interest. This highlights the importance of proper suicide prevention counselling with emphasis on monitoring early symptoms of depression and treatment.

Regarding risk of suicide , among the 31 cases 5 (16.13%) had high risk , 19 (61.29%) had medium risk and 7 (22.58%) had low risk . Of those who had high risk 80 % had depression. High risk is strongly associated with subsequent suicide attempt and completed suicide .Among the 31 respondents 21 (67.74%) had seriously attempted to end life, while 10 (32.26%) were uncertain about seriousness to end life. Of the 31 respondents 7 (22.58%) had contemplated for

more than 3 hours and 6 (19.35%) had contemplated for 3 or less hours before the attempt. Hence, high vigilance must be exercised in people who express suicide intention.

5.2 Depression Prevalence and Severity

Regarding depression 12 (38.7 %) had depression as per the PHQ-9. Of the 18 male respondents 7 (38.9 %) had depression and among the 13 female respondents 5 (38.5 %) had depression. Prevalence of depression among suicide attempters was almost similar in male and female. The prevalence of depression among suicide attempters found in this study is almost (20 times of what is found in a study done in India (20 %). (69)The 12 month's prevalence of depression among the general population in Ethiopia was reported to be : 4.4% among males (54) and 4.8% (55) among females. This findings highlight the fact that depression is commonly associated with suicide attempts. It is commonly under diagnosed.

Among the 12 respondents who had depression 8 (66.7 %) had mild depression, 3 (25 %) had moderate depression and 1 (8.3 %) had severe depression. Of the 12 depressed respondents, 8 (66.7 %) found performing daily activity to be very difficult. The discrepancy between severity of depression and level of functional impairment experienced by the 12 depressed patients could be explained by the fact that the PHQ-9 does not include functional impairment in the scoring.

In the remaining 19(61.3%)of the respondents who did not fulfil the criteria for depression, many of them had one, two or more symptoms of depression. Therefore , the need to screen for depression among people who attempted suicide is essential.

5.3 Depression and associated factors

Significant association was not observed with any of the independent variables. On the degree of premeditation, impulsivity COR 0.09(0.1,0.67) was shown to be negatively reated to depression.

5.4 . Limitations of the study

This study is not without its limitations. Because it is cross-sectional, the life time frequency of suicide ideation and attempt could not be collected due to recall bias. We used a screening tool (PHQ-9) which could exaggerate the prevalence of depression . And the second questionnaire we used for risk assessment was not validated. This study was institutional based and had small number of sample size. Even though it was conducted in three hospitals, there was one center dominance. The majority of cases were obtained from St. Peter's toxicology center, which might make the study biased in method of suicide attempt used, severity of suicide attempt and demographic characteristics of the respondents. Therefore it limits its generalizability to other settings. The fact that it is a self report is also a limitation. Despite its limitation the study also has strengths. The study being the first in kind provides valuable base line data on prevalence of depression among suicide attempters and contributes for reduction of suicide mortality through early identification and management of depression. The screening tool used (PHQ-9) is also validated in Ethiopia.

CHAPTER SIX

6. CONCLUSION AND RECOMMENDATION

In this study many of the individuals who attempt suicide has depression or subclinical symptoms of depression. Despite this depression is commonly under diagnosed.

We recommend that all people who express suicide ideation and attempt should be screened for underling depression. proper identification, follow up and treatment of depression among suicide attempters are highly essential for successful reduction in suicide mortality. We also believe that it is important to have legislations regarding quantities for over-the counter medications and access to most toxic pesticides to reduce overdose and suicide rates .

CHAPTER SEVEN

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ANNEXES

Annex-1: Consent Form

Patient's information document

Dear participants!

My name is -----, I am currently a member of data collectors for a research which is conducted by Dr. Bethelhem Erkeno the study intended to assess the Prevalence of depression and associated factors among people who attempted suicide at Public hospitals in Addis Ababa , Ethiopia which is expected to forward recommendations to solve the problem. You are invited to participate on this project. If you are willing to participate on this project, you need to understand and sign the agreement form. After then you will be interviewed by the data collector. You do not need to write your name or to tell your name to the data collector and all your response and the results obtained will be kept confidentially by using coding system.

Procedure:

We invite you to participate in this project. If you are willing to participate in this project, you need to understand and sign the agreement form. Then after, you will be interviewed by data collectors. You do not need to write your name or to tell your name to the data collector and all your responses and the results obtained will be kept confidentially by using coding system whereby no one will have access to your response.

Risk/Discomfort:

By participating in this research project, you may feel that it has some discomfort especially on wasting time about 20 minutes. We hope you will participate in the study for the sake of the benefit of the research result. There is no risk in participating in this research project.

Benefits:

If you participate in this research project, there may not be direct benefit to you but your participation is likely help us to meet the research objective. However, if you have scored high on the depression and anxiety scale you will have further assessment by psychiatry professionals, with your permission.

Incentives:

You will not be provided any incentives or payment to take part in this project.

Confidentiality and privacy

The information collected from this research project will be kept confidential. Information will be stored in a file, without your name, only code number is used. It will not be revealed to anyone except the principal investigator and it will be kept locked with key.

Right to refuse or withdraw:

You have full right to refuse from participating in this research. You can choose not to respond to some or all question if you do not want to give your response. You have also full right to withdraw from this study at any time you wish without losing any of your right.

Person to contact:

This research project was reviewed and approved by the IRB saint Paulo's hospital millennium medical college. If you have any question you can contact any of the following individuals and you may ask any time you want.

1. Contact address of principal investigator: -

Tell: Cellphone 0911378901

Email: bethelhemerkeno2008@yahoo.com

2. Co investigator

Tell; Co investigator 251118120023

(BSc)

Informed consent: I hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating voluntarily in the research project. I understand that I am at autonomy to withdraw from the project at any time.

Signature of participants_____ date _____

Name and signature of data collector_____ date _____

Annex-2 : Questionnaire

<u>I Identification</u>		Participant code: _____	
<u>II Socio-demographic</u>			
	Question	Response	Skip to/remarks
1	Age	-----yrs	
2	Sex	1.Male 2.Female	
3	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
4	Address	1.Urban 2. Rural	
5	Level of education	1. Illiterate 2. Read and write 3. Primary school 4. Secondary school 5. Collage and above 6. Other	
6	Employment status	1. Employed 2. Unemployed	
7	Average monthly income (ETB)	1.<500 2.501-1000 3.1001-2000 4.2001-3000 5.>3000	

<u>III suicide circumstance</u>		
Question	Response	Skip to/remarks
Method of suicide	1.Hanging 2.poisoning 3.Medication overdose 4.Electricity 5.Sharp Tools 6.Others	
History of previous suicide attempt	1.yes 2.No	
If yes	1.1 time	

	2.2 times 3. > 2 times	
Available lethal method	1.yes 2. No	
Family history of suicide	1. yes 2. No	
History of diagnosed mental illness	1.yes 2.No	
Family history of mental illness	1.yes 2.No	
Substance use history	1. yes 2.No	

IV. Assessment of level of depression

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3

9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
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For interpretation of total, add columns _____ + _____ + _____ =Total Score: _____
 If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ... Somewhat difficult ... Very difficult ... Extremely difficult

-----... ----- ----- -----

V. SUICIDE RISK ASSESSMENT FORM

(Adapted from Becks Suicidal Intent Scale)

1. Isolation:	Somebody present Somebody nearby, or in visual or vocal contact No-one nearby or in visual or vocal contact	• 1 • 2 • 3	
2. Timing:	Intervention probable Intervention unlikely Intervention highly unlikely	• 1 • 2 • 3	
3. Precautions against discovery/ intervention:	No precautions Passive precautions, e.g. avoiding others but doing nothing to prevent their intervention, alone in room with unlocked door Active precautions, e.g. locked door	• 1 • 2 • 3	
4. Acting to get help during/after attempt:	Notified potential helper regarding attempt Contacted but did not specifically notify potential helper regarding Attempt Did not contact or notify potential helper	• 1 • 2	

		• 3	
5. Final acts in anticipation of death (e.g., will, gifts, insurance):	None Thought about or made some arrangements Made definite plans or completed arrange	• 1 • 2 • 3	
6. Active preparation for attempt:	None Minimal to moderate Extensive	• 1 • 2 • 3	
7. Suicide note:	Absence of note Note written or torn up, or thought about Presence of note	• 1 • 2 • 3	
8. Overt communication of intent before attempt:	None Equivocal communication Unequivocal communication	• 1 • 2 • 3	
9. Alleged purpose or intent:	To manipulate environment, get attention, revenge Components of 0 and 2 To escape, solve problems	• 1 • 2 • 3	
10. Expectations of fatality:	Thought that death was unlikely Thought that death was possible, not probable Thought that death was probable or certain	• 1 • 2 • 3	
11. Conception of method's lethality:	Did less to self that thought would be lethal Was unsure if action would be lethal Equaled or exceeded what s/he thought would be lethal	• 1 • 2 • 3	
12. Seriousness of attempt:	Did not seriously attempt to end life Uncertain about seriousness to end life Seriously attempted to end life	• 1 • 2	

		• 3	
13. Attitude towards living/dying:	Did not want to die Components of 0 and 2 Wanted to die	• 1 • 2 • 3	
14. Conception of medical rescuability:	Thought death would be unlikely with medical attention Was uncertain whether death could be averted by medical attention Was certain of death even with medical attention	• 1 • 2 • 3	
15. Degree of premeditation:	None, impulsive Contemplated for 3 hours or less before attempt Contemplated for more than 3 hours before attempt	• 1 • 2 • 3	

Amharic version of the Questionnaire

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መግቢያ

እኔስሜ _____ ይባላል። በቅዱስጳውሎስሆስፒታልሚሴንዮምየህክምናኮሌጅየአዕምሮህክምና ክፍል ፊዝደንት ሐኪም በሆነችው በዶ/ር ቤተልሄም ኤርኬኖ ለሚሰራው ጥናት መረጃ በመሰብሰብ ላይ ነኝ። የጥናቱን ሁኔታ፣ አላማና ፋይዳ ካወቁና ከተገነዘቡ በኋላ በጥናቱ ላይ ለመሳተፍ ፈቃደኛ መሆን ወይም አለመሆንዎን እንዲገልፁልኝ እጠይቅዎታለሁ።

የጥናቱ ርዕስ፡ በአዲስ አበባ የቃጠሎ ፣ ድንገተኛ እና አደጋ ህክምና ሆስፒታል፣ በቅዱስ ፓውሎስ ድንገተኛህክምና ክፍል እና በቅዱስ ጴጥሮስሆስፒታልራስን የማጥፋት ሙከራ ባደረጉ ታካሚዎች ላይ የድብርት (ድባቱን) ስርጭት እና ተዛማጅ ሁኔታዎችን የሚለካጥናት ነው ።

የጥናቱ አላማ፡ ራስን የማጥፋት ሙከራ ባደረጉ ታካሚዎች ላይ የሚከሰተውን የድብርት ስርጭት መለካትና ተዛማጅ ሁኔታዎችን ማጥናት።

ጥቅምና ተጋላጭነት፡ በዚህ ጥናት በመሳተፍዎ የሚደርስብዎ ተጋላጭነትና ጉዳት እምብዛም ነው። ቃለመጠይቁን ለማካሄድ ከሚወስድብዎት ደቂቃዎች በቀር ይህ ነው የሚባል ተጋላጭነት ወይም ጉዳት አይኖረውም።

በዚህ ጥናት በመሳተፍዎ ከፍተኛ ድባቱ ወይም እራስን የማጥፋት ተጋላጭነት ቢኖርብዎ በቀጥታ ተገቢውን ህክምና የሚያገኙ ሲሆን ለሌሎች ታካሚዎች እና ለአጠቃላይ የአዕምሮ ጤና አገልግሎቱን የማሻሻል ሚና ይኖረዋል።

የስምምነት መስጫ ቅፅ

እርስዎ በዚህ ጥናት ላይ አንዱ እጩ ተሳታፊነዎት። በጥናቱ ላይ ለመሳተፍ ፈቃደኛ ካልሆኑ ያለመሳተፍ ሙሉ መብት አልዎት፤ ወይም በጥናቱ ሂደት ወቅት ሃሳብዎን ቢቀይሩ በየትኛውም የጥናቱ ደረጃ ላይ ሆነው ማቋረጥ ይችላሉ።

ለሚሰጡኝ መረጃ ሚስጥራዊነት ሲባል በመረጃ ስብሰባ ወቅት ስምዎን አልጠቀምም፤ ይልቁንም ለእርስዎ ብቸኛ መለያ የሚሆን ኮድ እጠቀማለሁ። ስም ላለመጥቀስ ሲባል በኮድ ስጠቀም ማንኛውንም አይነት ተሳታፊውን ከጥናቱ ጋር የሚያስተሳስር ወይም የሚያገናኝ የጽሁፍም ሆነ የቃል አመላካች ሪፖርት ወይም ዘገባ አይኖርም። በጥናቱ የሚገኘው ውጤት የጥናቱን ማሕበረሰብ እንደ አጠቃላይ የሚወስድ እንጂ በግል ስለ እያንዳንዱ ተሳታፊ ያለውን ውጤት አያንጸባርቅም።

ጥናቱ ላይ ለመሳተፍ ፈቃደኛነዎት?

1. አዎ 2. አይደለሁም
በጣም አመሰግናለሁ።

I. _____			
	II. _____	_____	_____
1	_____	-----	_____
2	_____	1. _____ 2. _____	
3	_____	1. _____ 2. _____ 3. _____ 4. _____	
4	_____	1. _____ 2. _____	
5	_____	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____	
6	_____	1. _____ 2. _____	
7	_____ (_____)	1. <500 2. 500-1000 3. 1001-2000 4. 2001-3000 5. >3000	

III. ራስን አማካኝነት ጋር የተገናኙ መለያዎች

1. ራስን ለማጥፋት የተሞከረበት መንገድ /ዘዴ	1. ስቅላት 2. መርዝ 3. ከተገቢው በላይ መዳኒት መውሰድ 4. ኤሌክትሪክ 5. ስለታም መሳርያዎች 6. ሌሎች	
2. ከዚህ የቀደመ ራስን የማጥፋት መከራ ነበር?	1. አዎ 2. የለም	
2.1 መልሱ አዎ ከሆነ ስንት ጊዜ	1. አንድ ጊዜ 2. ሁለት ጊዜ 3. ሶስት ጊዜና ከዚያ በላይ	

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V. ራስን የማጥፍት ተጋላጭነት መመዘኛ ቅፅ

(ከ"Becks Suicidal Intent Scale" የተወሰደ)

1. ለብቻ መሆን	• አጠገቤ ሰው ነበር • በቅርብ ርቀት ውስጥ ሰው ነበር(ሊታይ / ሊሰማ በሚችልበት ርቀት) • ማንም ሰው በአቅራቢያው /በቅርብ ርቀት አልነበረም (ሊታይ / ሊሰማ በሚችልበት ርቀት)	• 1 • 2 • 3	
2. ድርጊቱ የተፈፀመበት ጊዜ	• ድርጊቱን ለማስቆም የሚችልበት ሁኔታ/አጋጣሚ ነበር • ድርጊቱን ለማስቆም የሚችልበት	• 1 • 2	

	ሁኔታ/አጋጣሚ አነስተኛ ነበር ድርጊቱን ለማስቆም የሚቻልበት ሁኔታ/አጋጣሚ እጅግ አነስተኛ ነበር	3	
3. ድርጊቱ በሰዎች እንዳይታይ (እንዳይቋረጥ) የተደረገ ጥንቃቄ	- የተደረገ ጥንቃቄ አልነበረም - በግልፅ ያልታሰበባቸው ጥንቃቄዎች ነበሩ - ምሳሌ 1:- ከሰዎች ሽሽቶ ለብቻ መሆን ነገር ግን ሊያደርጉ ለሚችሉት የማስቆም ጥረት አለመዘጋጀት - ምሳሌ 2:- በር ሳይቆልፍ ለብቻ በአንድ ክፍል ውስጥ ሆኖ ድርጊቱን መፈፀም - በግልፅ የታሰበበት ጥንቃቄ ማድረግ - ምሳሌ :- በር መቆለፍ	1 2 3	
4. ራስን በማጥፋት መከራ ወቅት/በኋላ እርዳታ ለማግኘት መጣር	- ሊረዱ ለሚችሉ ሰዎች ስለድርጊቱ አሳውቁለሁኝ - ሊረዱ የሚችሉ ሰዎች አግኝቻለሁኝ/ አናግራያለሁኝ ነገር ግን ራስን ስለማጥፋት መከራው በግልፅ አላሳወኩም - ሊረዱ የሚችሉ ሰዎች አላናገርኩም (አላገኘሁም)/ አላሳወኩም	1 2 3	
5. እሞታለሁኝ ብሎ በማሰብ የተደረጉ የስንበት ተግባራት(ምሳሌ፡ - ስጦታ፣ ኑዛዜ)	- አልነበረም/ አላደረኩም - አስቤበት ነበር / የተወሰኑ ዝግጅቶች አድርጌያለሁኝ - እርግጠኛ የሆኑ እቅዶች ነበሩኝ/የተሟላ ዝግጅት አድርጌያለሁኝ	1 2 3	
6. እራስን ለማጥፋት	- አልነበረም - ከመለስተኛ - መካከለኛ የሆነ ዝግጅት	1 2	

ሙከራው የተደረገ ቅድመ ዝግጅት	• በስፋት (በደንብ ተዘጋጅቼ ነበር)	• 3	
7. እራስን ስለማጥፋት የተሳፈ ማስታወሻ	• አልነበረም • አስቤበት ነበር/ ቀድሄዋለሁኝ • የተሳፈ ማስታወሻ ነበር	• 1 • 2 • 3	
8. እራስን ስለማጥፋት ሀሳብ/እቅድ በግልጽ ለሌሎች ማውራት	• አልነበረም • ግልጽ ባልሆነ መልኩ/ አውርቻለሁ • ግልጽ በሆነ መልኩ ሀሳቤን ገልጄ ነበር	• 1 • 2 • 3	
9. እራስን የማጥፋት ሀሳብ ምክንያት	• ለበቀል፣ የተሻለ አትኩሮት ወይም ጥቅም ለማግኘት • ከላይ እና ከታች (በ 1 እና 3) የተጠቀሱትን ምክንያቶች ያካትታል • ችግርን ለመፍታት ፤ ለማምለጥ	• 1 • 2 • 3	
10. እሞታለሁኝ ብሎ መገመት	• የመሞት ዕድሉ ዝቅተኛ ነው ብይ አስቤ ነበረ • የመሞት ዕድል አለ / ሊሆን የሚችል ነው ብዬ አስቤ ነበረ • የመሞት ዕድሉ ከፍተኛ ነው/የተረጋገጠ ነው ብይ አስቤ ነበረ	• 1 • 2 • 3	
11. እራስን ለማጥፋት የተሞከረበት መንገድ	• ገደይ ነው ብዬ ካሰብኩት ያነሰ ነው ያደረኩት • የተሞከረበት መንገድ ሊገደል እደሚችል እርገጠኛ አልነበርኩም • የተሞከረበት መንገድ ገደይ ነው ብዬ አስቤ ነበር	• 1 • 2 • 3	
12. ራስን የማጥፋት ሙከራው ክብደት/ አሳሳቢነት	• በክብደት/በቁርጠኝነት ራሴን ለማጥፋት አልሞከርኩም • ራሴን ለማጥፋት ስለነበረኝ ቁርጠኝነት እርገጠኛ አልነበርኩም	• 1 • 2	

	• ራሴን ለማጥፋት የሞከርኩት በቁርጠኝነት ነበር	• 3	
13. ስለመሞት /በህይወት ስለመኖር ያለ አመለካከት	• መሞት አልፈለኩም ነበር • ከላይ እና ከታች (1 እና 3) ላይ የተጠቀሰውን ሀሳብ ያካትታል • መሞት ፈልጌ ነበር	• 1 • 2 • 3	
14. በህክምና እርዳታ መዳን/ መትረፍ ስለመቻሉ የነበረ ግንዛቤ	• ህክምና እርዳታ ከተገኘ የመሞት እድሉ ዝቅተኛ ነው ብዬ አስቤ ነበር • በህክምና እርዳታ ሞትን ማስቀረት /መመለስ እንደሚቻል እርግጠኛ አልነበርኩም • ህክምና እርዳታ ቢሰጥ እንኳን ሞት እንደማይቀር እርግጠኛ ነበርኩ	• 1 • 2 • 3	
15. ራስን የማጥፋት ሙከራው የታቀደበት ደረጃ	• አልታቀደም፤ በስሜት በመገፋፋት ሳይመዘዘን የተፈፀመ ነው • ራስን ከማጥፋት ሙከራው በፊት ለ3 ወይም ላነሰ ሰዓት ታስቦበት ነበር • ራስን ከማጥፋት ሙከራው በፊት ለ3 ሰዓት በላይ ታስቦበት ነበር	• 1 • 2 • 3	

Unkaa Wallii Gaalte

Qorannoo kana irraatti hirmachuf isiin namoota fiilaman kessa tokkodha. Qoranno kana irrattii hirmachu dhiisun mirga kessan yeroo ta’u, yeroo itti hirmatannitti immo, giddu qorannon kun gaggessaamu kessatti yoo yaada kessan jijjirtan yeroo kamitti iyyu walli galte kana addan kuttun guttuumman mirga kessan ta’a. Iicittii odeeffannoo anaf kennittanii eguuf jecha maqaa kessan qoranno kana kessatti kanan hin ibsinne yeroo ta’u, mallatto dhokata dhan kanan fayyadamu ta’a. Kanaf iyyuu nama qoranno kana irratti hirmaatu kam iyyu qoraanno kana wallin kan walqabasisu jechiis ta’e gabaasii hin jiraatu. Argannoon qoraannoo kana hawaasa irratti hirmatan wallii galan bakka bu’a maalee kan nama tokko qofa qofan hin mul’isu.

Qorannoo kana irratti hirmachuf fedha qabdu?

1 Eyye

2 Lakkii

Bayye Galatoma

Qorannoo kana irratti hirmachun fedha kessan yoo ta'e, gaafii arman gaadii debisun na gargara

Guyya____/____/____

I Koodii addaa: _____			
	Gaffii	Deebii	Yaada
1	Umurii	Bara-----	
2	Saalaa	1. Dhiiraa 2. Dhalaa	
3	Haala fudhaafi herrumaa	5. Kan hin fuune 6. kan fuudhe 7. kan hiike 8. kan jalaa du'e	
4	Teessoo	1. Magaalaa 2. Badiiyaa	
5	Sadarkaa barnoota	7. Kan hin baranne 8. Dubbisuu fi barresuu 9. sadarkaa tokkoffaa 10. Sadarkaa lamaffaa 11. kollejii fi isaa ol 12. Kan biraa	
6	Haala hojii	3. Mindefamaa 4. kan hin qacaramne	
7	Galii giddugallessa ji'aan (qarshiidhaan)	4. <500 5. 500-1000 6. 1001-2000 4. 2001-3000 5. >3000	

Gaaffiilee Fayyaa Dhukubsataa (GFD)-9 fi yaalii

[Patient Health Questionnaire (PHQ)-9 and treatment]

guyyaa baayyeef (2-6days) guyyoota walakkaadhaa oliif (7-11days) guyyoota hundaa hanga jechuun danda'amutti (12-14days)			
Torban lamaan darban keessa, ammam rakkinoota armaan gaditti tarreeffamaniin dhiphatte?			*11 th item
1.	Torban lamaan darban keessa, Wantoota	Tasumaa/gonkuma	0

	hojjechuuf fedhii yookiin kaka'umsa atti qabdu gadi aanaa ta'uun ammam si mudatee turtee?	guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaafii lakkofsa 1 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
2	Torban lamaan darban keessa, gadi aantummaa, gammachuu dhabuu, yookiin abdi dhabuun ammam si mudatee turtee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaafii lakkofsa 2 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
3	Torban lamaan darban keessa, rakkoo hiribni si qabuu diiduu/giddu gidduudhaan daddamaquu yookiin hiribni sitti baayyachuun ammam si mudatee turee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaafii lakkofsa 3 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
4	Torban lamaan darbe keessa, miirri dadhabbi yookiin humna dhabuun ammam si mudatee turee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	

	Rakkoon gaafii lakkofsa 4 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
5	Torban lamaan darbe keessa, fedhii nyaataa dhabuu yookiin garmalee nyaachuun ammam si mudatee turee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaafii lakkofsa 5 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
6	Torban lamaan darban keessa, waa'ee keetiif miirri hin taane sitti dhaga'amuun- yookiin akka waan kufteetti yookiinimmoo ofiikee yookiin maatii kee akka wanta gadi aansiteetti yaaddee ammam dhiphachaa turtee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaafii lakkofsa 6 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
7	Torban lamaan darbe keessa, rakkoo wantootaa xiyyeeffachuu/duukaa bu'uu/ dadhabuu, kan akka haasaa/dubbii namootaa sirriitti qalbiidhaan dhaggeeffachuu ammam si mudatee turee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		Guyyoota walakkaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaafii lakkofsa 7 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu.	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	

	Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
8	Torban lamaan darban keessa, hanga namoonni biroon sirratti hubatanutti garmalee suuta jettee deemuun yookiin dubachuun yookiin immoo faallaa isaa- haala isa kanan duraa irraa adda ta'een boqonnaa malee garmalee asii fi achi deddemuun ammam si mudatee turee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		Guyyoota walakkaadhaa oliif	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaaffii lakkofsa 8 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
9	Torban lamaan darban keessa, du'uutu naaf wayya yookiin karadhuma ta'een ofii kee irraan miidhaa ga'uuf ammam yaaddee turtee?	Tasumaa/gonkuma	0	
		guyyaa baayyeef	1	
		guyyoota walakkaadhaa oliiff	2	
		guyyoota hundaa hanga jechuun danda'amuutti	3	
	Rakkoon gaaffii lakkofsa 9 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu. Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
	Waliigala gaaffii GFH1-GFD9	☐ _____		GFD Waligalaa
10	Torban lamaan kanaan alatti, ji'oota 12'n darban kana keessatti, yeroo mudannoon torbee lamaa fi sana oli ta'e kan gammachuu dhabuu yookiin wantoota baayyeef fedhii dhabuu fi rakkoollee asiin olitti dubbanne baayyeen isaanii si mudatanii turanii?	Lakki Eeyyee	0 1	
	Rakkoon gaaffii lakkofsa 10 irratti eerame yoo ishee mudateera ta'e, gaaffii itti aanu gaafadhu.	Tasuma/gonkuma hin rakkanne	0	
		hanga ta'e rakkadheen	1	

	Rakkoo kana irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galtee jiraachuun ammam rakkisaa sitti ta'ee ture?	ture		
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	
*11	Rakkoolee asiin olitti tuqaman keessaa tokkollee ta'u eyyee deebiin jedhu yoo kenname isa itti aanu gaafadhu. Rakkoowwan kanneen irraa kan ka'e hojii kee hojjechuun, itti gaafatamummaa manaa kee bahuun yookiin namoota wajiin walii galteen jiraachuun ammam rakkisaa sitti ta'ee ture?	tasuma hin rakkanne	0	
		hanga ta'e rakkadheen ture	1	
		baay'ee rakkadheen ture	2	
		baay'ee baay'een rakkadhee ture	3	