

## ABSTRACT

Non-fatal suicidal behaviour is ubiquitous and constitutes a considerable drain on resources in both primary and secondary health care settings. It occurs on a continuum of severity that proceeds from less serious and more prevalent behaviours through to the increasingly severe and less prevalent. Presence of a psychiatric disorder is one of the most robust risk factors for attempted suicide in all age groups. Despite the documented discrepancy of suicidal behaviour between the general population and psychotic patients in the West, there is no one local study paying particular attention on non-fatal suicidal behaviour of patients with psychosis. This study set out to estimate rates of various types of non-fatal suicidal behaviour in Chinese psychotic patients admitted into gazetted psychiatric wards in Hong Kong and to determine the socio-demographic and clinical characteristics that distinguish Chinese psychotic patients with recent and post-psychosis-onset suicide attempt. The study also analyzed context, method & dangerousness of suicide attempts in Chinese psychotic patients and elucidated their relationships with diagnostic groups.

Two hundred and six Chinese males and 183 Chinese females consecutively admitted into New Territories East Psychiatric Observation Unit of Tai Po Hospital over a nine-month period were recruited. The Chinese version of Structured Clinical Interview for DSM-III-R was administered to establish psychiatric diagnosis. Socio-demographic data, past psychiatric health, family history and details of past suicidal behaviour were enquired about. The Lethality of Suicide Attempt Rating Scale, the Global Assessment of Functioning Scale, the Life Changes Scale, the Brief Psychiatric Rating Scale and the shortened version of the Scale to Assess Unawareness of Mental Disorder were completed. Besides, the participants also completed the Chinese version of Beck Depression Inventory and the Social Support Rating Scale.

Amongst the 389 participants, 24.7% had suicide attempts after the onset of first psychotic episode while 8.2% attempted suicide within the month before index admission. The rate of post-psychosis-onset aborted suicide attempt was 13.1%. Nearly a quarter had past suicide ideation only. Subjects with psychotic affective disorder had significantly

higher rate of post-psychosis-onset suicide attempt. Rates of recent and post-psychosis-onset suicide attempt were not significantly different between the two genders.

Diagnostic grouping and score on BPRS suicidality item were significant explanatory variables in the logistic regression model of post-psychosis-onset attempted suicide. GAF Scale score one year before index admission and score on BPRS suicidality item were the significant explanatory variables in the logistic regression model of recent attempted suicide.

Self-poisoning was the commonest method employed in attempting suicide, followed by laceration. Hypnotics or sedatives were the substances most commonly used for self-poisoning in both genders and accounted for about one fifth of all the attempts in our sample. Subjects of the schizophrenia broadly defined group tended to employ more dangerous method when compared with those of the psychotic affective disorder group. Methods used by male psychotic patients also tended to be more dangerous than those used by female. More than three quarters of the attempts took place at home. Nearly two thirds of the attempts were precipitated by psychotic symptoms. Interpersonal conflict was important in precipitating suicide attempt amongst psychotic patients.

To lessen the problem of suicidal behaviour in psychotic patients, the psychiatric profession needs to show particular concern and be sensitive to the various characteristics associated with non-fatal suicidal behaviour in patients with psychosis. Adequate treatment for depressed mood and psychotic symptoms is particularly important. The medical profession should be particularly careful with prescription of hypnotics and sedatives. More stringent control on the sale of these medications may limit their availability for suicide attempts. Caregivers or patients' relatives should be provided with adequate psycho-education with special focus on identification of high-risk situations and avoiding conflict with psychotic patients.

**Keywords:** psychosis, attempted suicide, aborted suicide attempt, suicide ideation, insight, method, dangerousness

**Word count: 13645**