Psychological autopsy study of suicide in Karachi

We congratulate Khan et al for their study on suicide,1 a topic that, to our knowledge, has not been formally studied in Pakistan. Their findings are very significant. First, 96% of suicide victims had a diagnosable psychiatric condition with a very high prevalence of depression. We know that depressive illnesses are steadily rising; in 2001, the World Health Organization warned that by 2020 depressive disorders are expected to rank as the second leading cause of disease and disability worldwide after coronary heart disease.2 Interestingly, none of the victims had been in contact with any health professional in the previous month,1 contrary to the pattern seen in the West.

Second, violent methods of suicide were used in the majority of cases, depicting the seriousness of the intent, a finding that has been replicated in a number of studies from Asia. Interestingly, the same finding was reported earlier by Patel & Gaw3 in their review of studies of suicide among immigrants from the Indian subcontinent (India, Pakistan, Bangladesh and Sri Lanka), who used violent methods such as hanging, burning and poisoning. None of the suicide victims took an overdose of medication, which is the most common method of attempted suicide/self-harm in the West. However, it should be noted that violent methods are becoming increasingly common in the West, with hanging as one of the common causes of completed suicide.4,5

Third, risk factors for suicide do not differ greatly from the rest of the world, as reported by earlier Taiwanese6 and Indian7 studies, apart from alcoholism. However, one striking finding reported by Khan et al is that 62% of suicide victims lived in joint/extended families, which is supposed to be a protective factor.

It will be useful if the authors could clarify a couple of points. First, the results show that 24% of suicide victims were married and 51% were single, but the status of the remaining 25% is not mentioned. Were they widowed, divorced? As bereavement and divorce are considered to be major life events, it would be useful to know if either occurred just before the suicide. Second, there does not seem to be any mention of age groups. It will be an important finding to know the age group that is at greatest risk and especially if the trend differs from the West.

It will be interesting to see if the findings of useful studies like this will motivate health commissioners in Pakistan to pay attention to the population’s mental health needs.