Recognising Depression and Suicide Prevention

Dr Azizah Saie
Psychiatrist
Sarawak General Hospital
CONTENTS

- Depression in Malaysia. What is the trend?
- Depression in different age group & medically ill
- Depression and Suicide
- Suicide Prevention Strategies in Malaysia.
DEPRESSION

- One of the most common mood disorder, WORLDWIDE
- HIGHLY treatable BUT often goes undiagnosed & untreated
  - “Understandable” given current social circumstances/background
- Significant morbidity & mortality
- Stigma & misconception
DEPRESSION among THE FAMOUS

Harrison Ford

Ellen DeGeneres

Elton John

Halle Berry

Muzoon Almellehan
DEPRESSION IN MALAYSIA
Prevalence of depression, anxiety, and stress by state
State of Adolescents’ Mental Health in Malaysia
(Based on DASS-21 scoring)

1 in 5 depressed
17.7% 18.9%

2 in 5 anxious
42.3% 37.1%

1 in 10 stressed
10.3% 8.9%
DEPRESSION & ADOLESCENTS

Speedometer colour legend:  ■ Depression  □ Anxiety  ※ Stress
### DEPRESSION IN ADULTS

#### Prevalence of depression (Mukhtar et al 2011)

- Primary care: 6.7 to 14.4%
- Clinical group: 3.9 to 46%

#### Table 4.1: Prevalence (%) of adult and children mental health problems by states, National Health Morbidity Survey 2015

<table>
<thead>
<tr>
<th>Characteristics</th>
<th><em>Adult (≥ 16 years old)</em></th>
<th><em>Children (5-15 years old)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prevalence</td>
<td>Confidence Interval</td>
</tr>
<tr>
<td><strong>Malaysia</strong></td>
<td>29.2</td>
<td>27.9 - 30.5</td>
</tr>
<tr>
<td><strong>State</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perlis</td>
<td>24.0</td>
<td>19.8 - 28.8</td>
</tr>
<tr>
<td>Kedah</td>
<td>26.7</td>
<td>22.3 - 31.6</td>
</tr>
<tr>
<td>P.Pinang</td>
<td>19.1</td>
<td>14.6 - 24.7</td>
</tr>
<tr>
<td>Perak</td>
<td>17.0</td>
<td>13.1 - 21.8</td>
</tr>
<tr>
<td>Selangor</td>
<td>29.3</td>
<td>26.7 - 32.1</td>
</tr>
<tr>
<td>WP Kuala Lumpur</td>
<td>39.8</td>
<td>34.7 - 45.2</td>
</tr>
<tr>
<td>WP Putrajaya</td>
<td>20.7</td>
<td>16.0 - 26.5</td>
</tr>
<tr>
<td>N.Sembilan</td>
<td>24.0</td>
<td>19.6 - 29.0</td>
</tr>
<tr>
<td>Melaka</td>
<td>22.9</td>
<td>18.5 - 27.9</td>
</tr>
<tr>
<td>Johor</td>
<td>22.2</td>
<td>18.4 - 26.6</td>
</tr>
<tr>
<td>Pahang</td>
<td>27.8</td>
<td>21.5 - 35.1</td>
</tr>
<tr>
<td>Terengganu</td>
<td>26.0</td>
<td>19.8 - 33.4</td>
</tr>
<tr>
<td>Kelantan</td>
<td>30.1</td>
<td>35.1 - 43.2</td>
</tr>
<tr>
<td>Sabah &amp; WP Labuan</td>
<td>42.9</td>
<td>39.3 - 46.7</td>
</tr>
<tr>
<td>Sarawak</td>
<td>35.8</td>
<td>30.1 - 41.9</td>
</tr>
<tr>
<td><strong>Location</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>28.8</td>
<td>27.3 - 30.4</td>
</tr>
<tr>
<td>Rural</td>
<td>30.3</td>
<td>27.9 - 32.9</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>27.6</td>
<td>25.9 - 29.3</td>
</tr>
<tr>
<td>Female</td>
<td>30.8</td>
<td>29.2 - 32.5</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malays</td>
<td>28.2</td>
<td>26.6 - 29.7</td>
</tr>
<tr>
<td>Chinese</td>
<td>24.2</td>
<td>21.3 - 27.3</td>
</tr>
<tr>
<td>Indians</td>
<td>28.9</td>
<td>24.6 - 33.6</td>
</tr>
<tr>
<td>Other Bumiputeras</td>
<td>41.1</td>
<td>37.4 - 45.0</td>
</tr>
<tr>
<td>Others</td>
<td>33.2</td>
<td>27.8 - 39.2</td>
</tr>
</tbody>
</table>
DEPRESSION IN ELDERLY

- Prevalence of depressive symptoms among older adults in Malaysia is 16.5% (Divya V et al 2015)
  - Women 56.6%
  - Men 43.4%
- Abdul Rashid Khan et al 2010: 30.1% in general population
- NHMS 2015: 24% of older adults have depressive symptoms
## Normal Sadness vs Depression

<table>
<thead>
<tr>
<th>Normal Sadness</th>
<th>Depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction to identifiable stressor, short lived</td>
<td>May occurs without identifiable stressor</td>
</tr>
<tr>
<td>Sadness felt in lesser intensity, and usually reactive</td>
<td>Sadness felt most of the time in a day for 2 weeks</td>
</tr>
<tr>
<td>Does not affect function</td>
<td>Affect function significantly</td>
</tr>
<tr>
<td>Not associated with suicidal thought</td>
<td>Associated with suicidal thoughts</td>
</tr>
</tbody>
</table>
HOW TO RECOGNISE DEPRESSION?

- Low mood
- Anhedonia
- Suicidal ideation
- Thought of guilt/hopelessness/worthlessness
- Psychomotor retardation/agitation
- Reduced concentration
- Insomnia/hypersomnia
- Reduced energy
- Weight loss/weight gain (>5% in a month)

Psychological Sx

Physical Sx
HOW TO RECOGNISE DEPRESSION?

2 weeks of continuous depressive symptoms

Function affected
Depression in Elderly

- “Full’ depression less common
- Less complaints about sadness
- Higher level of somatic/physical complaints
  - Eg : unexplained -difficult to treat aches & pains, fatigue, change in appetite/ sleep
- Cognitive complaints
  - Poor concentration
  - Easily forgetful
Depression in Children/Adolescent

- Mood lability, irritability, temper tantrums (sad=grumpy)
- Somatic sx: headache, abdominal pain, musculoskeletal pain (Baji I et al 2009)
- May also express more “externalising” behaviours (NICE 2005, Weiss B et al 2003)
  - Conduct disorder, Oppositional Defiant disorder
- Hyperphagia, hypersomnia, weight gain (Korczak et al 2017)
- Failure to achieve expected weight gain
- Deteriorating academic performance/school refusal
- Anhedonia and social withdrawal (Goodyer et al 1996)
DEPRESSION IN CHRONIC MEDICAL ILLNESS

4 conceptual approaches to evaluate depression in medically ill

<table>
<thead>
<tr>
<th>Inclusive</th>
<th>Exclusive</th>
<th>Etiological</th>
<th>Substitution</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All symptoms of depression counted regardless of etiology</td>
<td>• Eliminate somatic symptoms from diagnostic criteria</td>
<td>• Include a symptom as a part of depression if it is clearly not a result of medical illness</td>
<td>• Replace somatic symptoms of depression with psychological symptoms</td>
</tr>
<tr>
<td>• High sensitivity</td>
<td>• High specificity</td>
<td>• Difficult to apply due to symptom overlap</td>
<td>• Little evidence for superiority</td>
</tr>
<tr>
<td>• Appropriate for diagnosis in clinical setting</td>
<td>• Valuable for research</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HOW TO RECOGNISE DEPRESSION?

- Low mood
- Anhedonia
- Suicidal ideation
- Thought of guilt/hopelessness/worthlessness
- Psychomotor retardation/agitation
- Reduced concentration
- Insomnia/hypersomnia
- Reduced energy
- Weight loss/weight gain (>5% in a month)

Psychological Sx

Physical Sx
DEPRESSION IN CHRONIC MEDICAL ILLNESS

* PSYCHOLOGICAL SYMPTOMS
  * Depressed mood
  * Decreased interest
  * Feelings of guilt, hopelessness
  * Suicidal thoughts
## DEPRESSION IN CHRONIC MEDICAL ILLNESS

<table>
<thead>
<tr>
<th>Disease</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease</td>
<td>11%</td>
</tr>
<tr>
<td>HIV</td>
<td>12%</td>
</tr>
<tr>
<td>CAD</td>
<td>17%</td>
</tr>
<tr>
<td>Stroke</td>
<td>23%</td>
</tr>
<tr>
<td>Myocardial Infarction</td>
<td>25%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>27%</td>
</tr>
<tr>
<td>Cancer</td>
<td>42%</td>
</tr>
<tr>
<td>Parkinson's Disease</td>
<td>51%</td>
</tr>
</tbody>
</table>

Risk factors of Depression

- Female twice as likely compared to men
- Genetic: heritability is 40% to 70%
- Childhood experiences: loss of parent, lack of parental care, parental alcoholism, childhood sexual abuse
- Personality traits: Anxiety/impulsivity/obsessional
- Social Circums:
  - high rates among divorcee/separated
  - Adverse life events (2-3 months after the event)
- Physical illness
MANAGEMENT OF DEPRESSION

Up to 80% of depression are treatable
* Risk of suicide among the depressed is **20x** higher than general population

* Up to 80% suicide cases were having mood disorders (major depressive disorder & bipolar dx)

* Previous suicide attempt increased likelihood of completed suicide
SUICIDE

- Suicide is the act of deliberately killing oneself (WHO, 2014).
- Suicide is a significant and preventable public health problem.
- Suicide is among the 10 leading causes of death for all ages worldwide.

WHO 2008

- 1 million deaths per year (1:40 sec)
- Attempt: 10-20 million per year
SUICIDE IN MALAYSIA

- Under-reporting
  - Only medically certified death will make up the statistics
  - Almost half of death were not medically certified
  - Many suspicious death reported as “sudden death”
- Drowning
- Self-accident
## SUICIDE IN MALAYSIA

<table>
<thead>
<tr>
<th></th>
<th>2007 (Jul-Dec)</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of cases</td>
<td>113</td>
<td>290</td>
<td>328</td>
</tr>
<tr>
<td><strong>DEMOGRAPHY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>82 (73%)</td>
<td>219 (75.5%)</td>
<td>244 (74.4%)</td>
</tr>
<tr>
<td>Females</td>
<td>31 (27%)</td>
<td>71 (24.5%)</td>
<td>84 (25.6%)</td>
</tr>
<tr>
<td><strong>Ethnic Group</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinese</td>
<td>47 (43%)</td>
<td>131 (53.5%)</td>
<td>156 (48%)</td>
</tr>
<tr>
<td>Malay</td>
<td>12 (11%)</td>
<td>34 (13.9%)</td>
<td>44 (13.5%)</td>
</tr>
<tr>
<td>Indian</td>
<td>31 (27%)</td>
<td>67 (27.3%)</td>
<td>70 (21.5%)</td>
</tr>
<tr>
<td>Bumis (Sabah, S’wak)</td>
<td>-</td>
<td>11 (4.5%)</td>
<td>11 (3.4%)</td>
</tr>
<tr>
<td><strong>Choices of suicide methods</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hanging</td>
<td>164 (56.6%)</td>
<td>176 (54%)</td>
<td></td>
</tr>
<tr>
<td>Exposure to pesticides</td>
<td>39 (13.4%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jumping from high places</td>
<td>33 (11.4%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Source: National Suicide Registry Malaysia*
Table 4.3: The incidence rate of suicide per 100,000 population, 2009

<table>
<thead>
<tr>
<th>State</th>
<th>Count</th>
<th>Population</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perlis</td>
<td>3</td>
<td>237,000</td>
<td>1.27</td>
</tr>
<tr>
<td>Kedah</td>
<td>30</td>
<td>1,942,600</td>
<td>1.54</td>
</tr>
<tr>
<td>P.Pinang</td>
<td>38</td>
<td>1,580,000</td>
<td>2.41</td>
</tr>
<tr>
<td>†Perak</td>
<td>47</td>
<td>2,427,600</td>
<td>1.94</td>
</tr>
<tr>
<td>Selangor</td>
<td>25</td>
<td>5,033,500</td>
<td>0.50</td>
</tr>
<tr>
<td>WP Kuala Lumpur</td>
<td>18</td>
<td>1,703,100</td>
<td>1.06</td>
</tr>
<tr>
<td>N. Sembilan</td>
<td>5</td>
<td>1,000,300</td>
<td>0.50</td>
</tr>
<tr>
<td>Melaka</td>
<td>17</td>
<td>761,600</td>
<td>2.23</td>
</tr>
<tr>
<td>†Johor</td>
<td>88</td>
<td>3,269,100</td>
<td>2.69</td>
</tr>
<tr>
<td>Pahang</td>
<td>20</td>
<td>1,516,700</td>
<td>1.32</td>
</tr>
<tr>
<td>Terengganu</td>
<td>4</td>
<td>1,035,800</td>
<td>0.39</td>
</tr>
<tr>
<td>Kelantan</td>
<td>3</td>
<td>1,639,000</td>
<td>0.18</td>
</tr>
<tr>
<td>†Sabah</td>
<td>24</td>
<td>3,278,200</td>
<td>0.73</td>
</tr>
<tr>
<td>†Sarawak</td>
<td>6</td>
<td>2,470,800</td>
<td>0.24</td>
</tr>
<tr>
<td><strong>Malaysia</strong></td>
<td><strong>328</strong></td>
<td><strong>27,895,300</strong></td>
<td><strong>1.18</strong></td>
</tr>
</tbody>
</table>

†States with specialised psychiatric hospitals
Source of data: National Suicide Registry 2009
SUICIDE IN MALAYSIA

* National Suicide Registry Malaysia, 2009
* Almost 50% (25-44 years old)

FIG. 1: Suicide cases recorded by NSRM for year 2009 based on age-group
Adolescent suicidal behaviour: A mounting crisis?

Suicidal behaviour encompasses suicidal ideation, plan and/or attempt

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicidal ideation</td>
<td>10.8%</td>
<td>9.1%</td>
</tr>
<tr>
<td>Suicidal plan</td>
<td>7.8%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Suicidal attempt</td>
<td>6.9%</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Suicidal behaviour 2012 & 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>(Ideation)</th>
<th>(Plan)</th>
<th>(Attempt)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>7.9%</td>
<td>6.8%</td>
<td>6.4%</td>
</tr>
<tr>
<td>2017</td>
<td>10.0%</td>
<td>7.3%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>
Suicidal behaviour was highest among Form 1 students

- Suicidal ideation: 11.2%
- Suicidal plan: 9.0%
- Suicidal attempt: 10.1%

Suicidal ideation highest in WP Kuala Lumpur
Suicidal plan highest in Selangor
Suicidal attempt highest in Perak
FEATURES ASSOCIATED WITH SUICIDE

Features associated with suicide

- Previous suicide: 52 (2008), 23 (2009)
- Life events prior to suicide: 135 (2008), 70 (2009)
- Substance abuse: 80 (2008), 72 (2009)
- Physical illness: 80 (2008), 72 (2009)
- Mental illness: 70 (2008), 72 (2009)
- Family Hx psychiatric illness: 23 (2008), 23 (2009)
Priority Area 1: Mental health Promotion

Priority Area 2: Early detection and Management of persons with suicidal behaviour

Priority Area 3: Intersectoral Collaboration

Priority Area 4: Capability & capacity building

Priority Area 5: Research

Priority Area 6: Monitoring & Surveillance

Priority Area 7: Work with the media to ensure appropriate reporting on mental health and suicide

Priority Area 8: Restricting access to lethal means of suicide
MENTAL HEALTH PROMOTION

- Objectives
  - Increase awareness and understanding on suicidal behaviour and suicide prevention
  - Provide access to information on suicidal behaviour & suicide prevention

- Activities
  - Mass media campaign in conjunction with World Suicide Prevention Day (10th Sept)
  - Publicize information in Portal MyHealth and link to various org (MMHA, Befrienders, MINDA)
  - Kuching : Mental Health Run, Forum and Seminar
**EARLY DETECTION**

- **Objectives**
  - To promote early detection of signs and symptoms of mental disorders and risk factors of suicide among gatekeepers

- **Activities**
  - Screening for mental health problems in community hospitals, primary health care.
  - Community Mental Health Centres
    - Petrajaya, Bintulu and Sibu
CMHC Petrajaya

Poster Exhibition & Quiz

Screening of Mental Health
CMHC Petrajaya

Healthy diet preparation for patients

Support Group & Psychoeducation session
CMHC Petrajaya

• MEMBUAT PROMOSI KESIHATAN MENTAL KE KLINIK-KLINIK KESIHATAN SEKITAR PETRA JAYA
INTERSECTORAL COLLABORATION

* Objectives

* To foster strategic collaboration among various agencies to enhance suicide prevention

* Activities

* Increase number of voluntary bodies

* MHA, Befrienders
CAPABILITY & CAPACITY BUILDING

Objectives

- To promote human resources development and training for volunteers and health care providers

Activities

- Close collaboration with NGO like Befrienders, MPA, Mental Health Association
- IASP 2017 : Kuching
- Hospital Sentosa Kuching & UNIMAS
  - Befrienders started formally in Kuching 1st August 2018
  - Involved in the training of NGO
- Miri : Mental Health Association
  - Training of para counsellors to increase number of people who deal with psychologically affected individuals
RESEARCH

- Objectives
  - To promote more research for evidence based policy making process

- Activities
  - Conduct research on self harm
  - Review existing research findings
OBJECTIVES

To enhance accurate data collection and monitoring of data on suicide & deliberate self harm

ACTIVITIES

- Strengthen National Suicide Registry Malaysia
  - YBMK has stated to revive NSRM which has stopped in 2009
- Develop simple reporting mechanism of non-fatal intentional self harm
MEDIA REPORTING ON SUICIDE

- Objective
  - Promote responsible media reporting on suicide and suicidal behaviour by collaboration with the media

- Activities
  - Disseminate and operationalize the Guidelines on Media Reporting on Suicide
  - Conduct seminars for media professionals
  - 20th Feb 2019: Asian Landscape of Media and Self Reporting For Suicide Prevention
    - HK, Taiwan researchers on Suicide shared evidence with media professionals
  - MPA, MOH, UTAR and etc
Guidelines For Media Reporting On Suicide

The following points should be borne in mind the advent of reporting the suicide story:

i) **Avoid sensational coverage of suicide.** Never publish the suicide reports as front headlines. The coverage should be minimized to the extent possible. Any mental health problem of the deceased should be acknowledged. Every effort should be made to avoid over statement. Photographs of the deceased, of the methods used and of the scene of the suicide are to be avoided.

ii) As research have shown that media coverage of suicide has a greater impact on the method of suicide adopted, therefore detailed descriptions of the method used and how the method was procured should be avoided.

iii) Suicide is usually caused by a complex interaction of many factors such as mental and physical illness, substances abuse, interpersonal conflicts and family disturbances. It is helpful to acknowledge that variety of factors contributes to suicide and it should not be reported as unexplainable or in a simplistic way.

iv) Suicide should not be depicted as a method of coping with personal problems such as bankruptcy, examination failure or sexual abuse.

v) Take into account the impact of suicide on families in terms of stigma and psychological suffering.

vi) Emphasize on mourning the person’s death. Do not glorify suicide victims as objects of public adulation as this would suggest to susceptible persons that society honors suicidal behavior.

vii) Describe the physical consequences of non-fatal suicidal attempts (e.g. brain damage, paralysis) as this can act as a deterrent.

3.3 Providing Information On Help Available
RESTRICTING ACCESS TO LETHAL MEANS

* Objectives

* To advocate relevant agencies to increase efforts to reduce availability & accessibility to pesticides & herbicides eg: paraquat

* Activities

* To obtain involvement of respective agencies in advocating restriction to lethal means eg: paraquat, pesticides, charcoal

* Educate public about proper handling, storage, & use of pesticide & herbicides
New Taipei City: initiated a city-wide charcoal restriction program on May 2012. Charcoal removed from open shelves to locked container. Customers have to ask shop assistant who then have to retrieve it from the locked container. This resulted to 10-15 minutes delay.

Access more difficult for people in a state of heightened distress.

Findings:
- 30% reduction of charcoal burning suicide
- No compensatory rise in non-charcoal burning suicide
- 91 lives saved during 20 months intervention
TAKE HOME MESSAGE

* Depression is common, and treatable.

* Causes significant morbidity & mortality.

* Suicide is a public health problem

* Everyone of us can play a role in suicide prevention

* Start with awareness
THANK YOU FOR YOUR ATTENTION
References


- National Health & Morbidity Report 2015

- National suicide Registry 2009

- Adolescent mental Health, NHMS 2017