Research Article Nepal Journal of Health Sciences
Submitted: 07/08/2025
Accepted: 12/09/2025
Published: 07/11/2025

Suicidal Ideation and Suicidal Attempts among the Patients Attending Outpatient Department at Provincial Hospital, Bagmati

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https://doi.org/10.3126/njhs.v5i1.86102

ABSTRACT

Introduction: Suicide is a critical public health issue with devastating impacts on individuals, families and communities. The consequences are often long-lasting for those left behind.

Objective: To assess the suicidal ideation and suicide attempts and its associated factors among the patient attending the Psychiatric Outpatient Department at Provincial Hospital of Bagmati Province.

Methods: A Hospital based descriptive cross-sectional research design was carried out among the 246 participants, aged 18 years and above from Psychiatric Outpatient Department of Madan Bhandari Academy of Health Sciences, Hetauda Hospital. Data was collected through structured interview schedule consisting of demographic, personal and family history of suicide and disability, public health questionnaire, Generalized Anxiety Disorder, Alcohol use identification questionnaire test. Data analysis was done by suing SPSS version 16. Descriptive findings were presented in table including frequency, percentage, mean and standard deviation.

Result: The mean age of the respondent was 37.5±15.014 years. Proportion of males (64.6%) was greater than female (42.7%). Among the total participants, 40.2% had suicidal ideation, 18.3% of the participants having a planned for suicide and 17.5% attempted suicide. Poisoning (48.3%) is the common method used for suicide by attempters. Family structure, family history of suicide, anxiety, depression was associated factors of suicidal ideation and suicidal attempt.

Conclusion: Suicidal ideation, planned and attempted were high among the patient attending in Psychiatric Outpatient Department. The common method used for suicide were poisoning, overdoes of medicine and self-hanging.

Key Words: Outpatient; poor mental health; suicidal attempt; suicidal ideation.

INTRODUCTION

Suicide is one of the major public health concerns that affects the individual, families, and communities which has long lasting effects on the people left behind.

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Citation
Bajracharya A, Kharel S, Paudyal L, Shakya S. Suicidal Ideation and Suicidal Attempts among the Patients Attending Outpatient Department at Provincial Hospital, Bagmati. Nepal J Health Sci. 2025 Jan-June; 5(1): 57-92.

It is the 4th leading cause of death in young people aged 15-29 years.[1] Global prevalence of suicide rate is 10.5% and more prevalent in male.[2] Globally it is estimated that 703,000 people die through suicide and 85% of the world's suicide rates occurs in low and middle-income countries.[1] Asia accounts for 60% of total suicide whereas China, India and Japan accounting for 40%. Suicide rates in Nepal have shown a rising trend, with an average annual increase of 7.2% to 14% in 2021.[3, 4] often indicate serious mental health issues or acute stress.[5, 6] Underlying stressor, disturbed mental health state and easy access of means of suicide precipitate suicidal phenomenon.[7] Interpersonal conflict, recent major life event, death of near ones, financial crisis, substances abuse are the major contributing factors that to commit suicide. Pesticide ingestion, charcoal burning, self-immolation, and hanging are the most common methods used for suicide.[8, 9] Age, sex, marital status, unemployment, educational status, financial problems were significantly associated with suicide attempts.[10, 11, 12] Families of those who committed suicide or attempted suicide faced lifelong physical and emotional pain, guilt, stress.[13] experience shock, self-blame for failing to prevent suicidal act.[14,15] Since health professional need to increase their awareness of the warning signs it will be easier to provide adequate care and create awareness to individual, family as well as society.

METHODS

A Descriptive cross sectional research design was adopted in the study to assess the prevalence of suicidal ideation, suicidal attempt and its associated factors among the patient attending in psychiatric OPD of Madan Bhandari Academy of Health Sciences, Hetauda Hospital. Ethical approval was obtained from Institutional Review Committee (IRC-54/ 080-081), Madan Bhandari Academy of Health Sciences. Informed

written consent was obtained from the respondents prior to data collection.

Purposive sampling technique was used. The sample size was calculated using the single population proportion formula, based on a 72% prevalence of suicidal ideation[16], with a 95% confidence level and 5% margin of error. After adjusting for a 10% non-response rate, the final sample size was 246 participants. Purposive sampling technique was used to select the respondents. Data was collected from 10th April to 30th May 2024. The response rate of the study was 99%. Both male and female patient aged ≥ 18 years who visited psychiatric OPD and who were willing to participate were included in this study and those respondents with language barrier, hearing problem and those who refused to participation were excluded from this study.

A structured interview schedule consisting of demographic, personal and family history of suicide and disability, Patient Health questionnaire-9 (PHQ-9)[17], Generalized Anxiety Disorder -7 (GAD-7)[18], and Alcohol Use Disorder Identification Test (AUDIT)[19] tools were used to collect data from selected respondents. PHQ-9 is a validated tool to assess for depression and its severity over the past 2 weeks. It has 9 questions i.e., symptoms of depression which is directly based on nine diagnostic criteria for major depressive disorder in the DSM IV. Each question has value from 0 to 3 (0= not at all, 1=several days, 2=more than half of days, 3= nearly every day) where (0-4= No depression, 5-9= mild depression, and 10-14= moderate depression and ≥15 severe depression). It is the standardized, reliable and valid research tool[17].

GAD-7 is the 7-item scale widely used to assess the severity of anxiety symptoms over past two weeks. Each of the 7-item scored on a 4-point Likert scale ranging from 0 (not at all) to 3 (nearly every day), yielding a total score between 0 to 21. Scores of 0–4 indicate minimal anxiety, 5–9 mild anxiety, 10–14 moderate anxiety, and 15–21 severe anxiety.[18]

AUDIT questionnaire is developed by WHO for screening for unhealthy alcohol use, defined as risky or hazardous consumption of alcohol use disorders. The AUDIT is a reliable and valid screening tool to identify individual with alcohol use disorders. This tool has total 10 questions. Scores for each question range from (0 to 4) and last 2 question have only 3 responses, the scoring is 0, 2 and 4 (from left to right).[19] Respondent that had a test score ≥9 will be classified as being alcohol dependent.

Pre-testing was done among 10% of total sample in similar setting to check accuracy prior to data collection. Confidentiality was maintained by not disclosing the information given by them. Anonymity was maintained by using coding system.

The collected data was checked, reviewed and organized for accuracy, completeness and consistency. All collected data were entered in Microsoft Excel and analyzed by using SPSS-23 version. Descriptive analysis was carried out to examine socio-demographic characteristics, disability history, family history of suicide, and suicidal ideation and attempts among the participants. Associations between independent and dependent variables were assessed by using chi-square tests and Fisher's exact tests, as appropriate. A *p*-value less than 0.05 was considered statistically significant.

RESULTS

Among the 246 participants, 57.7% were within the 18–39 years age group. The overall mean and standard deviation of age in years was 37.5±15.014, age range was 18 to 85 years. The majority of respondents were female (68.3%) and 71% of the participants were Hinduism. Additionally, 70% were married. Regarding educational status, 22% of respondents were illiterate. The most common occupation was agriculture, engaging 33.7% of the respondents. Furthermore, 63% of participants resided in nuclear family households (Table 1).

Table 1: Socio-demographic characteristics of the Respondents.

Variables	Frequency	Percent
Age in Years		
18-39	142	57.7
40-59	82	33.3
60 and above	22	9.0
Mean age±SD = 37.5±15.014		
Gender		
Male	78	31.7
Female	168	68.3
Religion		
Hindu	175	71.0
Buddhism	54	22.0
Christian	17	7.0
Marital Status		
Married	172	70.0
Unmarried	68	27.6
Widow/Widower	6	2.4
Educational Status		
Illiterate	54	22.0
Informal education	15	6.1
Primary level	37	15.0
Secondary level	60	24.4
Higher secondary	57	23.2
Bachelor and above	23	9.3
Occupational Status		
Agriculture	83	33.7
Business	32	13.0
Labor	12	5.0
Government Service	15	6.0
House maker	25	10.2
Students	53	21.5

Others	26	10.6
Family Structure		
Nuclear	155	63.0
Joint	86	35.0
Extended	5	2.0

Among the total respondents, 10.2% reported a family history of disability, with physical disabilities accounting for the majority (64%) of cases. Only 2% of respondents were identified as having a disability themselves. With regard to mortality, 11.4% of respondents had experienced the loss of a family member within the past 12 months. Furthermore, 13.4% reported a family history of suicide (Table 2).

Table 2: Information regarding Personal and family history disability and suicide of the Respondents.

Variables	Frequency	Percent
Disability among family members		
Yes	25	10.2
No	221	89.9
Types of disability (n=25)		
Physical disability	16	64.0
Mental impairment	4	16.0
Speech disability	3	12.0
Vision disability	2	8.0
Disability in Patient		
Yes	5	2.0
No	241	98.0
Types of disability in patient (n=5)		
Physical disability	2	40.0
Vision disability	3	60.0
Death of the family members in last 12 month		
Yes	28	11.4
No	218	88.6
Causes of deaths (n=28)		
Disease condition	12	42.9
Suicide	9	31.1
Natural death	7	25.0
Family history of suicide		
Yes	33	13.4
No	213	86.6

A total of 99 participants (40.2%) reported experiencing suicidal ideation at some point in their lifetime 45 individuals (18.3%) had formulated a suicide plan, and 43 individuals (17.5%) had attempted suicide (Figure 1) and regarding the means of suicide, 49% of respondents reported using poison, while 23% reported using a medication overdose in their suicide attempts (Figure 2)

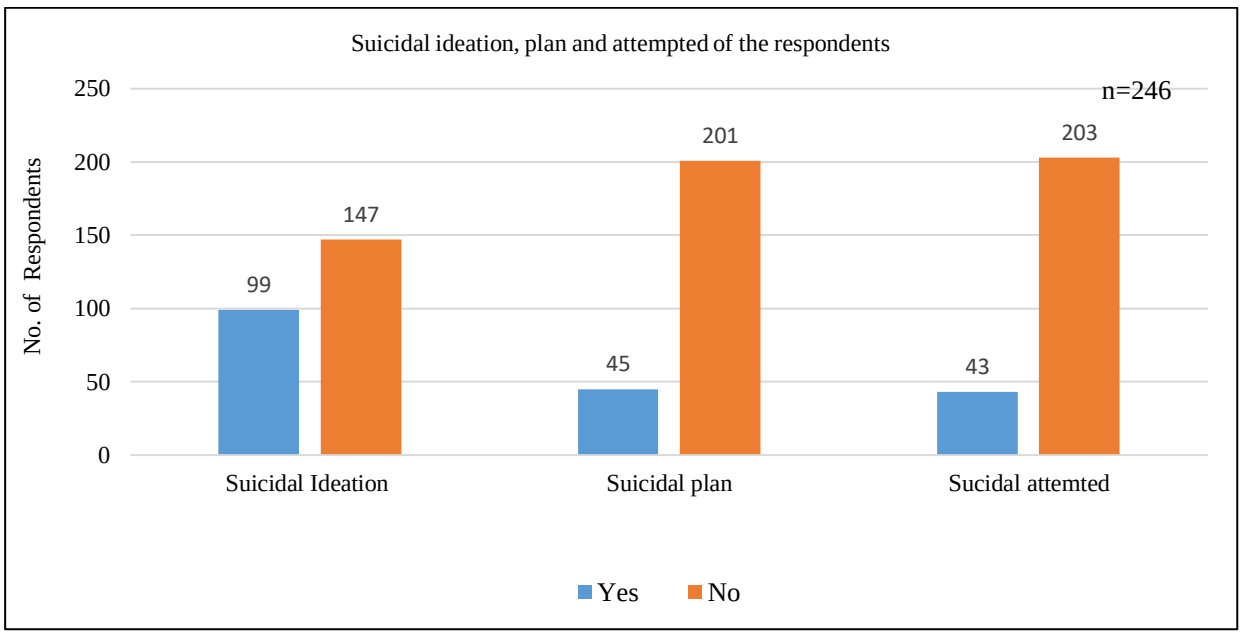

Figure 1: Suicidal ideation, plan and attempted of the respondents.

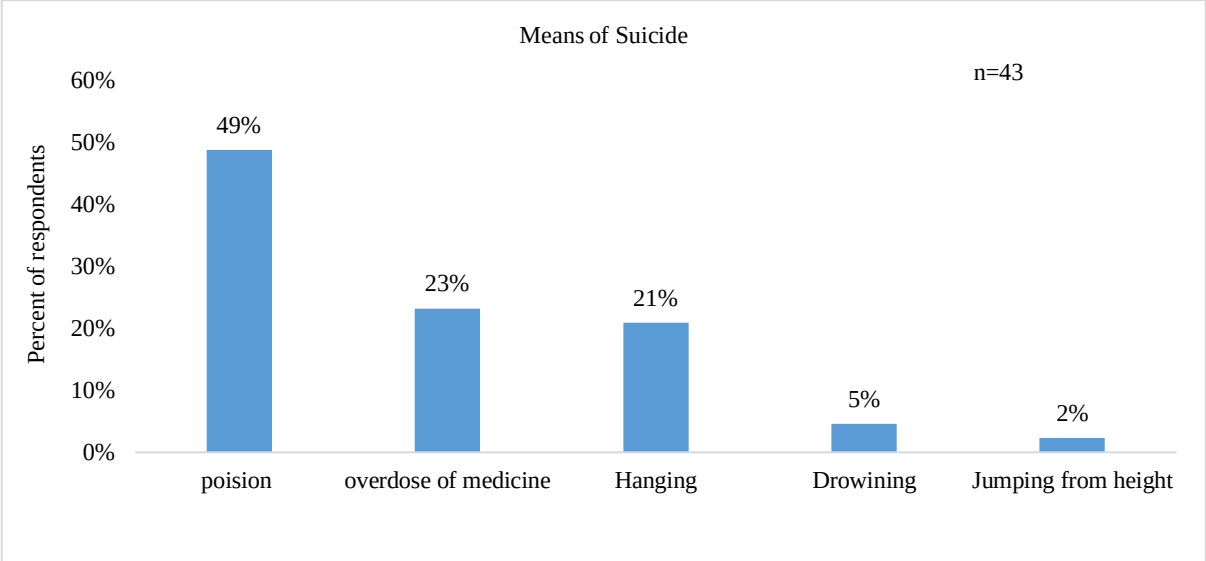

Figure 2: Methods of suicidal attempted reported by the Respondents.

Among the total participants, 71.5% were found to have symptoms of depression. Of those, 50.6% exhibited mild depression, while 18.2% experienced severe depression. In terms of anxiety levels, 76% of respondents reported anxiety. The majority of respondents were found to be alcohol-independent i.e., 87.8% (Table 3).

While examining the relationship between suicidal ideation and selected variables, significant relationships were identified. Suicidal ideation was significantly associated with family structure ($\chi^2 = 5.019$, $p = 0.024$), family history of suicide ($\chi^2 = 23.545$, $p = 0.001$), depression ($\chi^2 = 14.403$, $p = 0.001$), and anxiety disorder ($\chi^2 = 17.514$, $p = 0.001$) (Table-4).

Table 3: Mental health status of the respondents.

Mental Health State	Frequency	Percent	95% CI
Depression			
Depression	176	71.5	0.68-0.77
No Depression	70	28.5	
Status of Depression (n= 176)			
Mild Depression	89	50.6	
Moderate Depression	55	31.2	
Severe Depression	32	18.2	
Anxiety Status			
Anxiety	187	76.0	0.70-0.81
No anxiety	59	24.0	
Alcohol Used Disorder			
Alcohol dependent	30	12.2	
Alcohol independent	216	87.8	

Table 4: Association between Suicidal ideation and selected variables.

variables	Suicidal ideation		χ^2	*p*-value
	Yes n (%)	No n (%)		
Age group in years				
18-39	60 (60.6)	82 (55.8)	2.377	0.305
40-59	28 (28.3)	54 (36.7)		
60 and above	11 (11.1)	11 (7.5)		
Sex				
Male	29 (29.3)	49 (33.3)	0.446	0.504
Female	70 (70.7)	98 (66.7)		
Marital Status				
Married	65 (65.7)	107 (72.8)	1.431	0.232
Widow/Widower	34 (34.3)	40 (27.2)		
Educational Status				
Illiterate	25 (25.3)	29 (19.7)	1.054	0.305
Literate	74 (74.7)	118 (80.3)		
Family structure				

Nuclear family	54 (54.5)	101 (68.7)	5.091	0.024*
Joint family	45 (45.4)	46 (31.3)		
Death of family member				
Yes	16 (16.2)	12 (8.2)	3.752	0.053
No	83 (83.2)	135 (91.8)		
Disability in family				
Yes	13 (13.1)	12 (8.2)	1.599	0.206
No	86 (86.9)	135(91.8)		
Suicidal history in family				
Yes	26(26.3)	7(4.8)	23.545	.000*
No	73(73.7)	140 (95.2)		
Depressive disorder				
Depression	84 (84.8)	92 (62.6)	14.403	.000*
No depression	15 (15.2)	55 (62.6)		
Anxiety disorder				
Anxiety	89 (89.9)	98 (66.7)	17.514	.000*
No anxiety	10 (10.1)	49 (33.3)		
Alcohol dependent status				
Alcohol dependent	83 (84.0)	133 (90.5)	2.434	0.119
Alcohol independent	16 (16.0)	14 (9.5)		

χ^2 Pearson Chi Square test. *P* value significant at <0.05.

Table 5 shows the association between suicidal attempt and selected variables. Age (χ^2 = 8.038, p=.018), Marital Status (χ^2 = 16.504, p = 0.000), death of the family member (χ^2 = 10.416, p = 0.001), family history of suicide (χ^2 = 23.545, p < 0.001), Disability in family (χ^2 = 6.617, p = 0.10), depression (χ^2 = 5.383, p= .020), and anxiety disorder (χ^2 = 17.514, p < 0.001) were all significantly associated with suicidal attempt (Table-5).

Table 5: Association between Suicidal Attempt and selected Variables.

variables	Suicidal attempt		χ^2	p value
	Yes n (%)	No n (%)		
Age group in years				
18-39	33 (76.7)	109 (53.7)	8.038	.018*
40-59	7 (16.3)	75 (36.9)		
60 and above	3(7.0)	19 (9.4)		
Sex				
Male	9 (20.9)	69 (34.0)	2.795	.095
Female	34 (79.1)	66 (54.5)		
Marital Status				
Married	19 (44.2)	153 (75.4)	16.504	.000*
Widow/Widower	24 (55.8)	50(24.6)		
Educational Status				
Illiterate	5 (11.6)	49 (24.1)	3.241	.072
Literate	38 (88.4)	154 (75.9)		
Family structure				
Nuclear family	24 (55.8)	131 (64.5)	1.157	.282
Joint family	19 (44.2)	72 (35.5)		
Death of family member				
Yes	11 (25.6)	17 (8.4)	10.416	.001*
No	32 (74.4)	186 (91.6)		
Disability in family				
Yes	9 (20.9)	16 (7.9)	6.617	.010*
No	34 (79.1)	187 (92.1)		
Suicidal history in family				
Yes	19 (44.2)	14 (8.9)	42.478	.000*
No	24 (55.8)	189 (93.1)		
Depressive disorder				
Depression	37 (86.0)	64 (31.5)	5.383	.020*
No depression	6 (14.0)	139 (68.5)		
Anxiety disorder				
Anxiety	41 (95.3)	146 (71.9)	17.514	.001*
No anxiety	2 (4.7)	57 (28.1)		
Alcohol dependent status				
Alcohol dependent	5 (11.6)	25 (12.3)	.016	.900
Alcohol independent	38 (88.4)	178 (87.7)		

χ^2 Pearson Chi Square test. P value significant at <0.05.

DISCUSSION

The current study revealed high burden of suicide among the participants. Specifically, 40.2% reported lifetime suicidal ideation, 18.3% had made suicidal plans, and 17.5% had attempted suicide. Our results are comparable to those of Arya et al., who reported 27.9% lifetime suicidal ideation and 8.4% suicide attempts. [20] In contrast, a study conducted in Ethiopia reported a much higher prevalence of suicidal ideation at 66.2%[21], while a study in Nepal found a lower prevalence of 24.5%. [22] These differences may be attributed to variations in study populations, settings, environmental and lifestyle factors, levels of social support, and the availability of mental health services across different countries.

The present study found that 49% of respondents used poisoning as a method of suicide attempt, followed by 23% who used medication overdose, and 21% who attempted suicide by self-hanging. These findings are consistent with a study conducted at TUTH Hospital in Kathmandu, where 65.5% of respondents used poisoning, followed by medication overdose (30.4%) and hanging (8.7%).[23] Similarly, Shakya 2014 reported that poisoning was the most common method of suicide attempt (75.7%), followed by hanging (8.7%).[9] In contrast, a study conducted among psychiatric patients in Ethiopia found that the most common method was hanging (45.6%), followed by poisoning (22.1%) and medication overdose (13.2%). [24]These variations may be attributed to differences in study populations, sample sizes, cultural contexts, accessibility of means, and lifestyle factors.

The present study revealed certain factors were significantly associated with suicidal ideation. Family structure (χ^2 = 5.091, P=.024), family history of suicidal attempt (χ^2 = 23.545, P=.000), depression (χ2= 14.403, P= .000), anxiety disorder (χ2= 17.514, P= .000), showed statistically significant associations. In contrast variables such as age, sex, educational status, marital status and loss of family members were not significantly associated with suicidal ideation. These finding are consistent with an outpatient hospital-based study conducted in India, which also reported family history of suicidal attempt, depression and anxiety disorder were significantly linked to suicidal ideation whereas age, sex, educational status, marital status, loss of family member were not. [25] Similarly, Saha et al also highlighted the significant role of depression, concluding moderate to severe depression increased the risk of suicidal ideation among patients attending outpatient departments in a tertiary care hospital in Kolkata. [26] The consistency of these findings may be because of similar study settings and populations, comparable research designs, and shared sociocultural factors.

In this study, certain factors were significantly associated with suicide attempts such as age (χ^2 = 8.038, P= .018), marital status (χ^2 = 16.504, P= .0000), death of the family members (χ^2 = 10.416, P= .001), disability in family (χ^2 = 6.617, P= .010), suicidal history in family member (χ^2 = 42.478, P= .0000), depressive disorder (χ^2 = 5.383, P= .020), anxiety disorder (χ^2 = 10.682, P= .0000) which is similar with the finding of the study conducted in India which shows strong statistically significant with family history of suicidal attempt, and mental health issues.[25]

The study was conducted at a single center, which restricts the generalizability of the findings to the broader population. Additional research across multiple setting is recommended to explore the other associated factors with suicidal ideation and attempt.

CONCLUSION

Based on the findings of this study, it can be concluded that the prevalence of suicidal ideation, suicide planning, and suicide attempts was high among participants attending the psychiatric OPD. The most commonly reported methods of suicide were poisoning, medication overdose, and self-hanging. The factors associated with suicidal ideation and suicide attempts included age, marital status, and disability in the family members, family history of suicide, and the presence of mental health conditions such as depression, anxiety. So, it is recommended that all health workers maintain a high level of vigilance in identifying individuals who are at risk of, or suspected of having, suicidal ideation, to facilitate timely prevention and early intervention. Furthermore, the availability and accessibility of counseling services, along with cognitive behavioral therapy (CBT) for suicide prevention, should be strengthened and expanded at Hetauda Hospital to address the needs of this vulnerable population.

Conflict of interest: None

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