

Social, cultural and clinical dimensions of suicide and deliberate self-harm (DSH) in Basel, Switzerland

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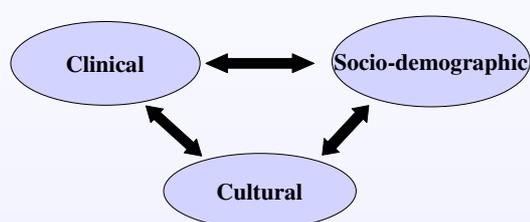
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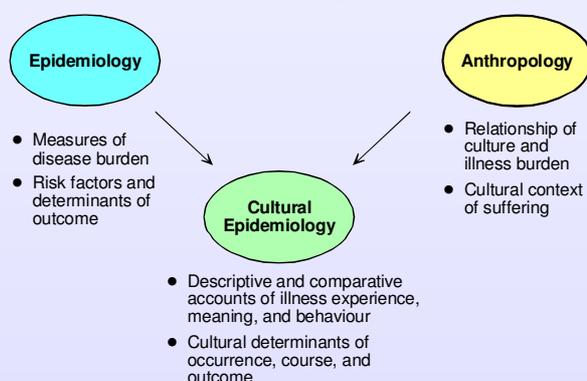
Background:

Research on suicidal behavior focuses almost exclusively on the influence of professional explanations coming from psychopathology and socio-demographic risk factors. Cross-cultural explanations emphasize psychiatric disorders in the West while in Asian countries it is more likely to be explained as a result of socio-cultural factors. Studies adding patient perceived explanations of their deliberate self-harm attempt (DSH) and cross – cultural comparison to clarify the relative role of psychopathology and social stressors are needed to consider the practical implications of findings for programs to reduce suicide.



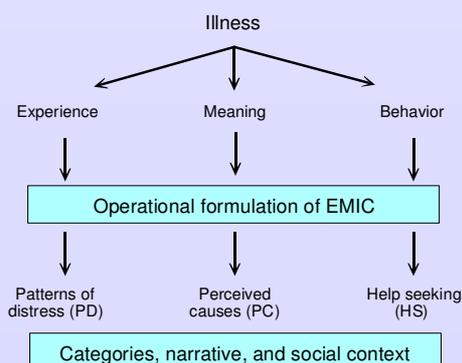
Introduction to Cultural Epidemiology:

Cultural epidemiology is the study of locally valid representations of illness-related experience, meaning, and behavior and how these representations are distributed in a population. The framework and methods of cultural epidemiology arose from efforts to achieve an effective interdisciplinary collaboration for health research by integrating the concepts and methods of anthropology and epidemiology.



Instrument:

Cultural epidemiological research employs locally adapted, semi-structured EMIC interviews to investigate relevant categories that constitute a respondent's experience of the illness, which is investigated as patterns of distress (PD), its meaning, investigated as perceived causes (PC), and related illness behaviors, which are investigated as choices in help seeking (HS).



Analysis:

An integrated analysis of the quantitative distribution and prominence of cultural epidemiological variables and of narrative data keyed to these variables involves describing findings individually and comparing them with respective quantitative or qualitative findings. Findings from one component are then used to clarify relationships found in the other.

Practical Significance:

This approach facilitates understanding of health issues that are of local priority and identifies the nature and magnitude of illness-related experiences, meanings, and behaviors, which often translate into specific actions (e.g., delayed or inappropriate help seeking, stigma, etc.) of practical public health significance. Programs, policies, interventions, and further research can thus be targeted accordingly.

Application:

PhD study: Social, cultural, and clinical dimensions of suicide and deliberate self-harm in Basel, Switzerland

Objectives

- 1) To understand the cultural setting of suicidal behavior in Switzerland.
- 2) To identify people's perceived problems, triggers, and time course to their DSH; and to clarify psychopathology.
- 3) To compare these clinical psychiatric and cultural epidemiological assessments of DSH in Basel with completed studies in India.



Picture1: Wall in Basel

Methods

- 1) Community based study (Ethnography):
 - In-depth interviews with concerned families; health care personnel; community activists; and others who are directly or indirectly impacted by suicidal behavior.
 - Participant observation of conferences, continuing education programs for health and education professionals on suicide.
 - Review of policy documents and media representations.
- (2) Clinic based study:
 - EMIC interviews of patients after DSH.
 - Psychiatric assessment of psychopathology (SCID I + II, HAM-D, SCL-90-R, MDI, RLCQ, SOFAS)
- (3) Comparison of findings from clinic studies in Basel and India.

Significance

The study will clarify the role of psychopathology and situational stressors locally and across cultures. By relating patients' and clinical perspectives it will enhance therapeutic relationships. Consequently, the study will inform clinical management and public health strategies to reduce suicidal risk. A better understanding of suicidal behavior helps to identify local patterns of serious social and emotional problems that mental health planning must take into consideration.