

Original Research Article

Socio-demographic profile and mode of attempt of suicide among suicide attempters in Kashmir: a hospital-based study

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ABSTRACT

Background: Suicide is an important and serious public health problem. It is one of the major emergencies in psychiatry. This study was carried out to assess the socio-demographic profile and mode of attempt of suicide among suicidal attempters attending emergency.

Methods: This study was a cross sectional, observational study conducted at Institute of Mental Health and Neurosciences-Kashmir, an associated hospital of Government Medical College Srinagar, among the suicide patients attending the outpatient service and inpatient services fulfilling inclusion and exclusion criteria over a period of one and a half year. Each patient was informed about the purpose of interview; his/her consent was obtained in a simple and easily understandable unambiguous language.

Results: A total of 221 cases who had been admitted following unsuccessful suicide attempts to the emergency and psychiatry department were taken up for the study. Out of which 161 (72.9%) were females and 60 (27.1%) were males, the mean age was 24.61±8.9 years. Lower middle and upper lower classes occupied an equal percentage of 34.4% of the suicide attempters, while 24% belonged to upper middle class and only 5.9% belonged to lower class. The least no. of cases (1.4%) were from the upper classes. The most common mode adopted was poisoning whereas the least common mode was self-immolation. Poisoning and self-mutilation were proportionally high in females as compared to males with a significant p value.

Conclusions: There should be a robust system in place which takes care of future management and follow up of this group of population.

Keywords: Clinical profile, Depression, Suicide, Suicidal attempt

INTRODUCTION

Attempted suicide is one of the major emergencies in psychiatry. Suicide attempts are considered to be the best predictors of an eventual completed suicide. Its prevention is still a challenging task to the public health authorities and other health care providers.¹ According to World Health Organization report, the highest suicide rate which is 44.2 per 100,000 persons per year (70.8

men, 22.1 women) was reported recently from Guyana, a country found in the north eastern edge of South America. North Korea (38.5 per 100,000 persons), South Korea (28.9 per 100,000 persons), Sri Lanka (28.8 per 100,000 persons), and Lithuania (28.2 per 100,000 persons) were the other countries where the highest suicide rates were documented. Among African countries, the highest suicide rates were reported from Mozambique (27.4 per 100,000 persons), Tanzania (24.9

per 100,000 persons), and Burundi (23.1 per 100,000 persons).²

Moreover, suicide is under-reported in various countries due to the high level of stigma, religious and cultural taboos linked to it.³⁻⁵ It is crucial to understand the predisposing factors behind the suicide attempts among the population for preventing it. Given that most people who choose to end their lives do so for complex reasons, psychiatric problems such as depression and other mood disorders play a central role. Study showed suicide attempt rates are 10-40 times higher than the rates for completed suicides.⁶ According to different studies conducted in the past, the prevalence of mental illness among patients present to the hospital following suicidal attempt, being unemployed and living in urban areas were found highly associated with suicide.^{1,7-9} Attempted suicide is very helpful to estimate future suicide, it is good to know factors that are associated with the suicidal attempt.

Aims and objectives of this study was to assess the socio-demographic profile and mode of attempt of suicide among suicidal attempters.

METHODS

This study was a cross sectional, observational study which was conducted among the suicide patients attending the outpatient service and inpatient services at the Community General Hospital Unit, Institute of Mental Health and Neurosciences-Kashmir an associated hospital of Government Medical College Srinagar, a specialized tertiary care psychiatric facility available in the valley catering to the whole of Kashmir along with Ladakh and some parts of Jammu. This facility runs round the clock with patients being referred from department of medicine, surgery, accident emergency, anaesthesia, triage and emergency, general psychiatry clinics and from other sources like social workers, psychologists, and teachers.

This study was conducted on patients of above-mentioned departments of the said hospital fulfilling inclusion and exclusion criteria over a period of one and a half year, from November 2017 to May 2019. Each patient was informed about the purpose of interview; his/her consent was obtained and strict confidentiality was ensured to the patient.

Written informed consent was obtained in a simple and easily understandable unambiguous language from each patient and those who were considered incapable of consenting or participating in the study with the consent of their closest family member or legal guardian.

The interview was conducted as soon as possible after the patient was satisfactorily resuscitated and regained normal consciousness. Those patients who were referred to psychiatric department were interviewed there and

others were interviewed in their respective wards of initial admission. Each patient was interviewed 3-4 times to gain necessary information which was discussed with a consultant of department of psychiatry.

Inclusion criteria

Patients having age ≥ 18 years those who gave consent were included in the study.

Exclusion criteria

Patients with accidental injuries, suffering from severe neurological disorders, severe medical illness were excluded from the study.

Instruments

Semi structured proforma

All the selected patients had to undergo a brief interview for socio-demographic details such as age, gender, employment, education, marital status.

Modified Kuppaswamy scale¹⁰

Socio-economic status was determined using the modified Kuppaswamy scale. This is an important tool in hospital and community-based research in India, used to measure SES in urban and peri urban communities. It was devised by Kuppaswamy in 1976 in India and has been recently revised in 2017. It is based on composite score considering the education and occupation of the head of the family along with monthly income of family which yield a score of 3-29. This scale classifies study population into high, middle and low SES, which further classified into five social classes upper, upper middle, lower middle, upper lower, lower socio-economic status.

International personality disorder examination (IPDE)¹¹

International personality disorder examination (IPDE) was used for diagnosing personality disorders. International personality disorder examination is semi structured clinical interview in accordance with both ICD-10 and DSM-IV criteria that provides a means of arriving at the diagnosis of major categories of personality disorders.

Becks suicide intent scale¹²

This scale was developed by Aaron T. Beck and his colleagues at the University of Pennsylvania for the patients who attempt suicide but survive. This scale is an attempt to redefine the meaning of attempted suicide, placing them on a scale based on intent. This scale has 20 items, first 15 items are used to assess severity by adding their score. The last 5 items are not included in the total score.

Statistical analysis

The data collected was entered in a Microsoft excel spreadsheet. Continuous variables were summarized as mean and standard deviation and categorical variables were summarized as percentages. Fischer exact test was used to analyse the relationship between categorical variables. Psychiatric disorders were analysed using appropriate statistical tools. A p value<0.05 was taken as statistically significant.

RESULTS

A total of 221 cases who had been admitted following unsuccessful suicide attempts to the emergency and psychiatry department were taken up for the study. Out of 221 cases, 161 (72.9%) were females and 60 (27.1%) were males, so females outnumbered males in our study. 85.1% of the cases fall under age group of 18-30 years, 11.3% under 31-45 years of age group and only 3.6% under 46-60 years. the youngest patient was 18 years of age and the oldest was 58years of age with a mean age of 24.61±8.9 years. 167 cases (75.6%) came from rural background and only 54 (24.4%) cases came from urban background. The majority of the cases in our study (99.5%) belonged to Muslim community and there was only one Hindu case (hailing from Jammu) who was a defense personnel. 144 cases (65.2%) were unmarried, 30.3% of the cases were married and only 4.5% were separated or divorced. 122 (55.2%) cases belonged to nuclear family type, 84 cases (38%) belonged to joint family type and only 15 cases (6.8%) belonged to extended family type. Most of the cases i.e., 123 cases (55.7%) of the sample were unemployed followed by students (n=48, 21.7%), and employed (n=19, 8.6%) and businessman (n=16, 7.2%). The least representation was of farmers i.e., 15 cases only (6.8%). level of educational achievement of our study population.

The maximum number of cases (29%) were educated upto high school level and the minimum representation was of professionals (0.9%). The other groups had a share of (14.9%), (16.3%), (21.7%) and (17.2%) for illiterates, primary school level, higher secondary level and graduates/ post graduates' levels respectively. Lower middle and upper lower classes occupied an equal percentage of 34.4% of the suicide attempters, while 24% belonged to upper middle class and only 5.9% belonged to lower class. The least number of cases (1.4%) were from the upper classes (Table 1). The most common mode adopted was poisoning whereas the least common mode was self- immolation. Poisoning and self-mutilation were proportionally high in females as compared to males with a significant p value<0.05 (Table 2). 71% of the cases had a low intent while 10% had a medium intent and 19% of the attempters had a high intent (Table 3).

51.6% of the attempters had an altercation with a family member as their reason, 21.7% cited relationship issues as a reason.16.7% of attempters had a psychiatric illness while 4.5% gave financial crisis as a reason and 2.7% gave stress due to exams as a reason (Figure 1).

Table 1: Socio-demographic characteristics of suicide attempters (n=221).

Characteristics	Number	Percentage
Sex		
Male	60	27.10
Female	161	72.90
Age (in years)		
18-30	188	85.1
31-45	25	11.3
46-60	8	3.6
Residence		
Rural	167	75.6
Urban	54	24.4
Religion		
Hindu	1	0.5
Muslim	220	99.5
Marital status		
Unmarried	144	65.2
Married	67	30.3
Widowed	0	0
Separated/divorced	10	4.5
Family		
Nuclear	122	55.2
Extended	15	6.8
Joint	84	38
Occupation		
Employed	19	8.6
Unemployed	123	55.7
Farmer	15	6.8
Businessman	16	7.2
Student	48	21.7
Education		
Illiterate	33	14.9
Primary	36	16.3
High School	64	29
Hr. Sec. School	48	21.7
Graduate/postgraduate	38	17.2
Professional	2	0.9
Socioeconomic status		
Upper	3	1.4
Upper middle	53	24
Lower middle	76	34.4
Upper lower	76	34.4
Lower	13	5.9

Table 2: Methods adopted during suicidal attempt.

Method used	Male	Female	Frequency	Percentage
Poisoning				
Organo-phosphorus	35	89	124	56.1
Rodenticides	9	15	24	10.85
Corrosives	0	2	2	0.9
Anti-depressant drugs	0	2	2	0.9
Anti-psychotics drugs	1	2	3	1.35
Benzodiazepines	4	8	12	5.43
Over-the-counter drugs	3	11	14	6.33
Physical methods				
Cut wrist	2	30	32	14.47
Cut throat	3	1	4	1.8
Self-immolation	3	1	4	1.8
Total	60	161	221	100

Table 3: Intent of attempt (as per Beck Suicide Intent Scale).

Intent	Frequency	Percentage
Low	157	71
Medium	22	10
High	42	19
Total	221	100

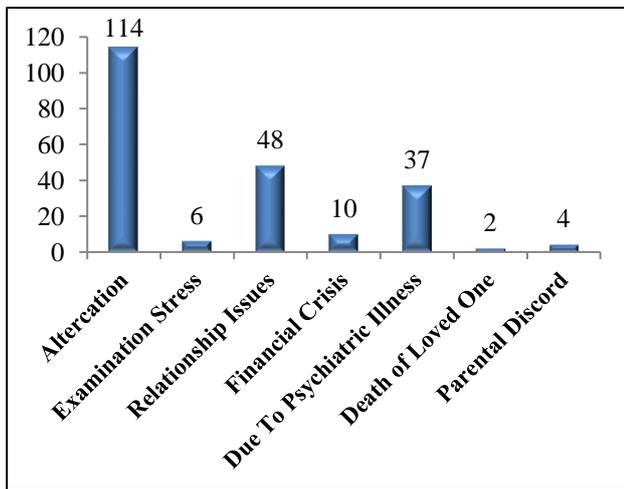


Figure 1: Reason for suicidal attempt

86.9% of the attempters had no history of a past attempt while 13.1% gave a history of past attempt. 77.4% of the attempters had no history of psychiatric illness in their family while 22.6% of patients did have family history of a psychiatric illness. 98.2% of attempters had no family history of suicide while 1.8% of the patients gave a family history of suicide. 7.2% of our study population gave a history of nicotine use while as (3.2%), (0.9%) and (0.9%) of our sample gave a history of cannabis use, alcohol use and opioid use respectively. It is worthwhile to mention that 87.8% of study population gave absolutely no history of any substance use. 81.9% of the

acts were impulsive in nature while 18.1% were planned in nature.

DISCUSSION

Suicide rates are rising more quickly in adolescents and young people than any other age group, both in developing and developed countries and it has been seen that emotional issues, exam failures, peer pressure, substance abuse, financial difficulties, high parental expectations, family conflicts etc., are the triggering factors.¹³ Moreover young people who are more impulsive and less experienced with critical life situations often opt to attempt suicide to tide over difficult life situations.¹⁴ Compared to completed suicides, attempted suicides are more common and it seems that the patients who attempt suicides are suffering from various psychiatric disorders.¹⁵ Kashmir is a conflict zone and has been constantly under stress for the past 20 years which has led to rise in mental illnesses in the valley as reported by many studies conducted by various researchers.¹⁶⁻¹⁸ The incidence of suicide-deaths in Jammu and Kashmir during the year 2014 was 258, which contributes a suicide rate of 2.1 (suicide rate means number of suicides per one lakh population).

The mean age of sample in our study was 24.61 years. This result is in concordance with the study conducted by Ghanate et al in 2013 in which majority of the patients (70%) belonged to 15-30 years of age group. Recent studies conducted by Manhas et al, Shoib et.al and by Kodali et al showed similar results.¹⁸⁻²¹ Females outnumbered males as out of 221 cases, 161 were females (72.9%) and 60 (27.1%) were males. This finding with regard to more suicidal attempts found in females in our study is in agreement with the study conducted by Purushothaman, et al in 2015 who found that 65% of suicide attempters were females.¹⁴ The studies conducted by Shoib et al and Manhas et al also had similar results.^{17,20} However, studies conducted by Ghanate et al and Kodali et al showed suicidal attempts to be more common in males than females.^{19,21} In our settings,

women are expected to be non-assertive, docile and submissive which results in difficulties in dealing with their negative feelings adequately. Being married, hostile family environment, uncooperativeness or loss of husband's sympathy and dowry demands are the most common stresses in women which increase their psychological pain, anguish and suffering.¹³ Moreover, depressive episodes are reported to occur more commonly in females than in males which can result in more suicidal ideations and thus more suicide attempt rates among females.^{22,23} Also, men are considered to be less likely to seek help or express their emotions compared to women.

Majority of the cases belonged to rural population i.e., 167 (75.6%) and only 54 (24.4%) belonged to urban areas. This result is in concordance with the study results of Shoib et al (59.92%), Manhas et al (56.8%) and Roy, et al (73%).^{18,20,24} This result may be explained by the fact that rural areas have low literacy rates and higher unemployment rates which is further complicated by financial difficulties and low socioeconomic status.

Most of the suicide attempters in our study were Muslims. This might be due to the reason that this study was conducted in Kashmir Valley, which is primarily a Muslim majority city with 95% people being Muslims and only 5% belonging to other religions.

In our study, maximum number of cases (55.2%) were from nuclear families. This is in consistence with the studies conducted by Ghanate et al in which they found that people from nuclear families constituted majority of their study population.¹⁹ Nuclear family is an autonomous unit on which the impact of stressors is more than the extended family. Furthermore, living in a joint family provides a strong and protective environment to deal with individuals' stressors. However, this is not in concordance with the study done by Shoib et al that found more suicide attempts in joint families.¹⁷ This difference may be due to the fact that Shoib et al conducted their study about 7 years back and at that time nuclear families were not as much in vogue as today.

Unemployed cases predominated in the attempted suicide group (55.7%) followed by students (21.7%), businessmen (7.2%) and then farmers (6.8%). Employed group constituted 8.6% of the suicide attempters. Results found by Ghanate et al in were similar to our results.¹⁹ However, the study conducted by Kodali et al in the same year²¹ found more suicidal attempts among the employed (61%), working in the agricultural sector. Being unemployed is a well-known stressor in the modern life, more so in Kashmir where chronic political conflict has rendered many youths unemployed. Hence, this may be the cause behind high prevalence of attempted suicide in the unemployed group in our study.

Besides, extremes of climate and farmer suicide is a major cause of concern in the rest of the country more

than it is in Kashmir which may be the reason why Kodali, et al reported more suicide attempt prevalence in persons working in agricultural sector in their study.²¹

Maximum number of the cases in our study were matriculates, forming 29% of the total population. 21.7% had studied upto higher secondary level, 17.2% were graduates and post-graduates, and 16.3% had studied upto the primary level. 14.9% were illiterate while only 0.9% belonged to the category of professionals. These results are similar to the results of the studies conducted by Ghanate et al and Manhas et al.^{19,20}

More than 50% of suicide attempters in our study belonged to the upper lower class (as per the modified Kuppuswamy scale). 40.3% of the suicide attempters were from the lower socio-economic status and only 1.4% attempters were from the upper class. Studies conducted by Shoib et al showed similar results.¹⁷

In our study, poisoning was the most common method adopted for attempting suicide. 150 out of 221 patients used this method for attempting suicide. Among poisoning, organophosphorus (OP) compounds were most commonly used substances. This is because most of the cases were reported from rural areas where these compounds are used for agricultural purposes and hence are easily available. Females consumed OP compounds more as compared to males. Rodenticides were consumed by 15 females and 9 males. Corrosives were consumed by 2 cases. Pesticide's ingestion is a common method of suicide, especially in rural areas as established by studies conducted in India and abroad.^{19,17,25} This is in turn confirmed by our study in which pesticide consumption was chosen by majority of the cases for attempting suicide.³¹ patients in our study attempted medicinal overdose, mostly with over-the counter drugs (14) of unknown nature. Other drugs used were benzodiazepines (12), anti-psychotics (3), anti-depressants (2).

Self-mutilatory behaviour was observed in about 36 patients, out of which wrist slitting was common among females (30) than males (02), and throat slitting among males (3) than females (1). The only case of deliberate cut-throat injury reported among females was of a 58 years old lady who was also the eldest in our study. She was later on put on ECT and improved significantly. Three males had sprinkled Kerosene oil over their body in an attempt to commit suicide. Out of them, one patient who was 52 years old had underlying history of depressive illness. In our study we used Beck's Suicide Intent Scale (BSIS) to assess the circumstances of the act, such as planning, taking precautions to prevent discovery, and any efforts to seek help during or after the attempt. Majority of the cases reported to us had low intent (71%) and had committed their act impulsively without any attempt to conceal it. After performing their act, they had felt ashamed and realized that they had done a foolish act. Only 42 patients out of 221 (19%) had high intentions of committing suicide, who expressed no regret for their act.

Majority of the patients (51.6%) in our study had attempted the act likely out of impulsivity after being scolded by their parents, or after having some altercation with their partners, parents or siblings, or experiencing trouble or quarrel in their families. Females were more amongst this group. The second most common reason for attempting suicide in our study was relationship issues (21.7%). This was followed by cases who had attempted suicide due to underlying psychiatric illness (16.7%). Other reasons included financial crisis (4.5%), examination stress (2.7%), parental discord (1.8%), and death of a loved one (0.9%). Spijke et al reported that impulsivity plays an important role in self-harming act, which is in agreement with our study. 29 (13.1%) patients out of 221 had prior history of suicide attempts in which again female outnumbered males.²⁶ Gould et al reported that the adolescents often with past histories of suicide attempts are more vulnerable to suicide behaviour.²⁷ Beghi et al found previous attempts are the strongest risk factors for further attempt.²⁸

In our study, only 4 (1.8%) patients had positive family history of suicide attempt. A similar study conducted in Kashmir valley by Shoib et al in 2012 also showed low percentage of family history of suicide among their study population. Further, only 50 patients (1.8%) had history of psychiatric illness in their families. Majority of the attempters did not give history of substance use. This might be due to the reason that our study had majority of females and any substance use history is less likely among females. Only 40 (18%) cases had made a mental plan before the attempt. However, they were not sure about the consequences and majority of them after recovery were glad that they had survived. Out of those who made serious attempt with the intent to die, 10 were initially admitted at ICU and were on mechanical ventilation. No patient in our study had died due to suicide attempt. As per the study conducted by Jan et al in Kashmir valley, none the patients in the study population had made any detailed plan, however 12% had left a suicide note before the attempt.¹⁸

This was a tertiary care hospital-based study so a major chunk of such cases from peripheral hospitals was not available and, in some cases, real facts were concealed to avoid any legal implications and the narratives of the family members were not consistent. Future evolution of any morbidity as well as proper follow up of the study group was not taken care of. We need to have more of such studies from different centres across the state to characterize this population fully and also to look at the casual factors in a detailed way.

CONCLUSION

There should be massive anti-suicide campaigns and anti-suicide initiatives run on large scale across the state. People should be psycho-educated in general about mitigating such incidents which precipitate suicides. Most importantly, the suicide attempters should be

looked with sympathy rather than with a grimace on face. Such people should not be stigmatized and we should not let their shoulders drop.

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REFERENCES

1. Singh V, Gupta DK, Desai NG. Sociodemographic and clinical profile of patients with attempted suicide attending emergency services at the Mental Health Institute in Northern India. *J Mental Health Hum Behav.* 2014;19(2):69-73.
2. Fleischmann A, Malik A, Brunier A. Suicides in the world: Global Health Estimates. *World Health Organization.* 2012;7:5-9.
3. Alem A, Jacobsson L, Kebede D. Awareness and attitudes of a rural Ethiopian community toward suicidal behaviour a key informant study in Butajira, Ethiopia. *Acta Psychiatr Scand Suppl.* 1999;397:65-9.
4. Lester D. Suicide and islam. *Arch Suicide Res.* 2006;10(1):77-97.
5. Vijayakumar L, Nagaraj K, Pirkis J. Suicide in developing countries: frequency, distribution, and association with socioeconomic indicators. *Crisis.* 2005;26:104-11.
6. Schmidtke A, Brahe U, Deleo D. Attempted suicide in Europe: rates, trends and sociodemographic characteristics of suicide attempters during the period 1989-1992. Results of the WHO/EURO multicentre study on parasuicide. *Acta Psychiatr Scand.* 1996;93(5):327-38.
7. Schlebush L. Suicidal behavior in South Africa. 1st edn. Pietermaritzburg University of KwaZulu Natal Press. 2005.
8. Schlebush L, Vawda NB, Bosch BA. Suicidal behavior in black South Africans. *Crisis.* 2003;24(1):24-8.
9. Singh K, Jindwani K, Sahu RN. Demographic profile of patients with attempted suicide. *Biomed Res.* 2012;23(2):234-6.
10. Singh T, Sharma S, Nagesh S. Socio-economic status scales updated for 2017. *Int J Res Med Sci.* 2017;5(7):3264-7.
11. Loranger AW, Janca A, Sartorius N. Assessment and diagnosis of personality disorders: The ICD-10 international personality disorder examination (IPDE). Cambridge University Press. 1997;4:17.
12. Besk AT. The prediction of suicide. Pennsylvania, Charles Press. 1974:43-44.
13. Baby S, Haridas MP, Yesudas KF. Psychiatric diagnosis in attempted suicide. *Calicut Med J.* 2006;4(3):2.
14. Purushothaman P, Premarajan KC, Sahu SK. Risk factors and reporting status for attempted suicide: a

- hospital based study. *Int J Med Pub Health.* 2015;5(1):45-9.
15. Galgali RB, Rao S, Ashok MV. Psychiatric diagnosis of self poisoning cases:a general hospital study. *Indian J Psychiat.* 1998;40(3):254-9.
 16. Margoob MA, Firdosi MM, Banal R. Community prevalence of trauma in South Asia-experience from Kashmir. *JK Practitioner.* 2006:14-17.
 17. Shoib S, Dar MM, Bashir H. Psychiatric morbidity and the sociodemographic determinants of patients attempting suicide in Kashmir valley: a cross-sectional study. *IJHSR.* 2012;2(7):45-53.
 18. Jan MM, Rather YH, Majeed N. Psychosocial risk factors and clinical profile associated with attempted suicide in young adult and adolescent patients in conflict zone-Kashmir. *ANN Trop Med Public Health.* 2017;10:154-9.
 19. Ghanate A, Deepak RS, Patil V. Socio-demographic profile in suicide attempters. *Int J Curr Microbiol App Sci.* 2013;2(3)85-91.
 20. Manhas RS, Manhas A, Manhas GS. Psychiatric Morbidity among patients of suicide. *JMSCR.* 2019;7(6):331-6.
 21. Kodali M, Kilaru K. Psychiatric morbidity of attempted suicide patients admitted to a general hospital in rural area of South India. *IOSR J Dental Med Sci.* 2013;4(3):46-50.
 22. Sadock BJ, Sadock VA. Brain stimulation methods in: Kaplan and Sadocks synopsis of psychiatry: Behavioural sciences/clinical psychiatry.10th ed. Lippincott Williams and Wilkins. 2007:527-561.
 23. Qusar MM. Psychiatric morbidity among suicide attempters who needed ICU intervention. *BSMMU J.* 2009;2(2):73-7.
 24. Roy J, Adiluzzaman AF, Hassan T. Sociodemographic profile and psychiatric morbidities of suicide attempters : a cross sectional observation in a tertiary care hospital of Bangladesh. *Bang J Psychiatry.* 2018;30(2):36-40.
 25. Lin C, Yen TH, Juang YY. Psychiatric comorbidity and its impact on mortality in patients who attempted suicide by paraquat poisoning during 2000-2010. *PLoS ONE.* 2014;9(11):112160.
 26. Spijker BAJ, Graafsma T, Dullaart HIA. Impulsive but fatal self poisoning with pesticides among South Asians in Nickerie, suriname: an exploratory autopsy study crisis. *J Crisis Interven Suicide Prevention.* 2009;30(2):102-5.
 27. Gould RA, Apter A. The epidemiology of youth. *Suicide In: Suicide in children and adolescent.* Cambridge University. 2003;63:85.
 28. Beghi M, Jerrold F, Rosenbaum. Risk factors for fatal and nonfatal repetition of suicide attempt: a critical appraisal. *Curr Opin Psychiatry.* 2010;23(4):349-55.

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