

Profile of suicide in rural Cameroon: are health systems doing enough?

Trop Med Int Health. 2013 Aug;18(8):985-92. doi: 10.1111/tmi.12140. Epub 2013 Jun 20.

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Source

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Abstract

OBJECTIVES:

To describe the characteristics of suicide and assess the capacity of health services at the district level in Cameroon to deliver quality mental health care.

METHODS:

The study covered the period between 1999 and 2008 and was carried out in Guidiguis health district which had a population of 145 700 inhabitants in 2008. Data collection was based on psychological autopsy methods. To collect data, we used documentary review of medical archives, semi-structured interviews of relatives of suicide completers, a focus group discussion of health committee members and a survey to consulting nurses working at the primary health care level.

RESULTS:

Forty-seven suicides were recorded from 1999 to 2008: 37 (78.7%) males and 10 (21.3%) females, yielding rates of reported suicides that ranged from 0.89 to 6.54 per 100 000 inhabitants. The most frequently used suicide method was the ingestion of toxic agricultural chemicals (in 76.6% of cases). According to the relatives, the suicides were due to an ongoing chronic illness (31.9%), sexual and marital conflicts (25.5%), witchcraft (14.9%), financial problems (8.5%) or unknown cause (25.5%). In 25 (53.2%) cases, suicide victims exhibited symptoms suggestive of a mental disorder but only six of the suicide committers who presented behavioural symptoms sought health care. Only two of the 15 consulting nurses were able to cite at least three symptoms of depression and were aware that depression can lead to suicide. All of the nurses acknowledged that they had never received any specific training or supervision in mental health care.

CONCLUSIONS:

Suicides are not a rare event in rural settings in Cameroon. The health district capacity to provide quality mental care is almost insignificant. The integration of minimal mental health care services at the community

and primary health care levels should be considered a priority in sub-Saharan Africa.

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KEYWORDS:

Cameroon, Sub-Saharan Africa, developing countries, health district, mental health, suicide

PMID: 23786446 [PubMed - indexed for MEDLINE]