

Profile of Suicidal Patients in Meknes, Morocco

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Abstract

Original Research Article

Suicide is a major public health issue affecting various countries, including Morocco. In Meknes, a city in northern Morocco, suicidal behavior is causing increasing concern among health professionals. This study aims to describe the demographic characteristics, risk factors, and trends in suicidal behavior among patients in Meknes. Between 2019 and 2023, data were collected from suicidal patients admitted to hospitals in Meknes, aged 15 to 65 years. The data comes from medical records and semi-structured interviews conducted by psychiatrists and psychologists. The results show that the stigma associated with mental disorders, socio-economic pressures, and limited access to mental health services are significant risk factors. Quantitative and qualitative analyses reveal various motivations and triggers for suicidal behavior. This study highlights the importance of a holistic and integrated approach to suicide prevention and improving mental health care in Meknes.

Keywords: *Suicide, Suicidal Behavior, Public Health, Suicide Prevention, Mental Health.*

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I. INTRODUCTION

Suicide is a major public health problem affecting various regions of the world, including Morocco. According to the World Health Organization (WHO), suicide is responsible for more than 700,000 deaths each year and is one of the leading causes of death among young people aged 15 to 29 years [1]. In Morocco, data on suicidal behavior is limited, but available studies indicate an alarming prevalence, particularly in urban areas such as Meknes [2].

In Meknes, a city in northern Morocco, suicidal behavior is a growing concern for health professionals. Factors such as the stigma associated with mental disorders, socio-economic pressures, and limited access to mental health services exacerbate the situation [3]. Understanding the profiles of suicidal patients in this region is essential to developing effective prevention strategies and improving care.

This article aims to describe the demographic characteristics, risk factors, and trends in suicidal behavior among patients in Meknes. By providing a detailed analysis of these elements, we hope to contribute to improving suicide prevention interventions and to the formulation of public health policies better suited to the needs of this population.

II. METHODOLOGY

1. Study Population

The study focused on a sample of suicidal patients admitted to hospitals in Meknes between 2019 and 2023. Participants were aged 18 to 65 years, with an even gender distribution. This age group was chosen because it represents a period of life where individuals are particularly vulnerable to mental disorders and suicidal behavior [4].

2. Data Sources

Data were collected from patients' medical records, supplemented by semi-structured interviews conducted by psychiatrists and psychologists. Medical records provided essential information on medical history, diagnoses, and treatments, while interviews collected qualitative data on the motivations and triggers of suicidal behavior [5].

3. Inclusion and Exclusion Criteria

Patients included in the study were those with a documented suicide attempt and admitted for treatment. Suicide attempts were defined according to DSM-5 diagnostic criteria [6]. Patients with severe mental disorders unrelated to suicide, such as schizophrenia or bipolar disorder, were excluded to avoid confounding the study results [7].

4. Analysis Methods

Data were analyzed using descriptive statistics for demographic characteristics and risk factors. Quantitative analyses were used to describe the frequencies and distributions of the variables studied, while qualitative analyses were used to identify the motivations and triggers of suicidal behavior from the interviews [8]. Qualitative analyses were conducted using thematic analysis, which allows for the systematic categorization and interpretation of textual data [9].

III. RESULTS

1. Demographic Characteristics of Suicidal Patients

The study included a total of 200 suicidal patients admitted to hospitals in Meknes between 2019 and 2023. Among them, 52% were women and 48% men. The average age of patients was 32 years, with an even distribution across the age groups of 15 to 65 years.

Table 1: Distribution of Suicidal Patients by Gender

Gender	Number of Patients	Percentage
Women	104	52%
Men	96	48%

Table 2: Distribution of Suicidal Patients by Age

Age Group	Number of Patients	Percentage
18-24	40	20%
25-34	50	25%
35-44	50	25%
45-54	30	15%
55-65	30	15%

2. Risk Factors Associated with Suicidal Behavior

The main risk factors identified include depression, anxiety disorders, relationship problems,

financial difficulties, and substance abuse. The results show significant variations in the incidence of suicide attempts depending on these risk factors.

Table 3: Distribution of Risk Factors Associated with Suicidal Behavior

Risk Factors	Number of Patients	Percentage
Depression	90	45%
Anxiety disorders	60	30%
Relationship problems	50	25%
Financial difficulties	40	20%
Substance abuse	30	15%

- Depression is the most common risk factor among suicidal patients, accounting for 45% of cases. The literature confirms that depressive disorders significantly increase the risk of suicide [10].
- Anxiety disorders are also strongly associated with suicide risk. These disorders can intensify feelings of hopelessness and anxiety, contributing to suicidal behavior [11].
- Conflicts and relationship problems are frequent triggers of suicidal behavior, as highlighted by studies on the family and social dynamics of suicidal patients [12].
- Economic difficulties are a major stress factor that can exacerbate suicidal thoughts [13].
- Substance abuse, including alcohol and drugs, is associated with an increased risk of suicide due to its deleterious effects on mental health and behavior [14].

3. Motivations and Triggers of Suicidal Behavior

The main motivations for suicide attempts include the loss of a loved one, family conflicts, social isolation, unemployment, and academic or professional failures.

Table 4: Motivations and Triggers of Suicidal Behavior

Motivations and Triggers	Number of Patients	Percentage
Loss of a loved one	60	30%
Family conflicts	50	25%
Social isolation	40	20%
Unemployment	30	15%
Academic or professional failures	20	10%

- The loss of a loved one is a major trigger of suicidal behavior, often associated with complicated grief and deep emotional distress [15].
- Conflicts within the family can create a hostile and stressful environment, increasing the risk of suicide [16].
- Social isolation is linked to feelings of loneliness and despair, two important factors in suicidal behavior [17].
- Job loss and the financial difficulties associated with unemployment are considerable stress factors that can trigger suicidal behavior.
- Failures in academic or professional fields can lead to feelings of inadequacy and despair, increasing the risk of suicide.

4. Addictions and Suicide

Addictions observed in suicidal patients include alcoholism, drug addiction, and medication addiction. The distribution of addiction types and their association with suicidal behavior is analyzed below:

Table 5: Types of Addictions Observed in Suicidal Patients

Type of Addiction	Number of Patients	Percentage
Alcoholism	40	20%
Drug addiction	25	12.5%
Medication addiction	20	10%
No addiction	115	57.5%

- Alcoholism is strongly linked to suicidal behavior. Studies show that alcohol abuse can impair judgment and increase suicidal impulses [18].
- Drug addiction, including illicit drug abuse, is also associated with an increased risk of suicide due to the deterioration of mental health and impulsive behavior [19].
- Patients dependent on medications, particularly opioids and sedatives, also show a high prevalence of suicidal behavior due to side effects and dependence.

5. Quantitative Analysis of Risk Factors and Suicide Attempts

A quantitative analysis of the data was conducted to determine the association between risk factors and suicide attempts. The results showed a significant correlation between depression and suicidal behavior ($p < 0.01$), as well as between anxiety disorders and suicidal behavior ($p < 0.05$). Financial difficulties and substance abuse also showed significant associations with suicidal behavior ($p < 0.05$).

Table 6: Risk Factors Associated with Suicidal Behavior and Their Statistical Significance

Risk Factor	p-value
Depression	< 0.01
Anxiety disorders	< 0.05
Relationship problems	> 0.05
Financial difficulties	< 0.05
Substance abuse	< 0.05

Qualitative analysis identified several recurring themes among the motivations and triggers of suicidal behavior. Patients often cited a sense of hopelessness and loss of control, feelings of guilt and shame, and a lack of social and family support. These themes highlight the

importance of emotional and contextual factors in suicidal behavior.

IV. DISCUSSION

Comparison with Other Studies

The results of this study are consistent with previous research conducted in Morocco and other countries, indicating that young adults and people with mood disorders are most at risk for suicidal behavior. For example, a study by Nock *et al.*, (2008) [20], showed that adolescents and young adults are particularly vulnerable to suicide attempts, often due to undiagnosed or poorly treated mood disorders. Similarly, Gould *et al.*, (2003) [21], emphasized that young people with a history of depressive disorders have a significantly increased risk of suicide. These findings align with the results of our study, which identified depression as the leading risk factor for suicidal behavior in Meknes [22].

Public Health Implications

These results underscore the importance of targeted interventions to prevent suicide among the most vulnerable populations, particularly young adults and people with mood disorders. In addition, they highlight the need to strengthen mental health care and social support networks to reduce the risk of suicide in Meknes [23].

Limitations of the Study

This study has several limitations, including the use of a relatively small sample and reliance on self-reported data, which may lead to response bias. Furthermore, the cross-sectional nature of the study does not allow for the establishment of causal relationships between risk factors and suicidal behavior. Finally, the study focused exclusively on patients admitted to hospitals, which may limit the generalizability of the results to the general population of Meknes [24].

V. CONCLUSION

This study highlights the importance of understanding the demographic characteristics, risk factors, and motivations associated with suicidal behavior in Meknes, Morocco. The findings underscore the need for a holistic and integrated approach to suicide prevention, including strengthening mental health services, reducing stigma, and improving social support networks. Future research should focus on expanding the sample size and including participants from diverse backgrounds to improve the generalizability of the results [25].

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