

Mamun, M.A. & Griffiths, M.D. (2019). PTSD-related suicide six years after the Rana Plaza Collapse in Bangladesh. *Psychiatry Research* 10.1016/j.psychres.2019.112645

On April 24, 2013, a tragedy occurred in Savar (Bangladesh). The Rana Plaza (RP) building collapse was the world's deadliest industrial accident since the Bhopal gas leak in India in 1984. The collapse of the garment factory resulted in 1,134 reported deaths with an additional 200 unidentified bodies and 2,500 injuries. More recently, the charity *ActionAid* reported on the worst suffering consequences of the survivors. More specifically, it was reported that 20.5% of the survivors had experienced worse physical health, 51% were unemployed due to their physical injuries and/or poor mental health, and 10.5% were still suffering psychological trauma from the event that had occurred six years previously. Although many of the survivors were experiencing poor psychological and/or physical health, no suicides had been reported. However, recently, a 27-year-old man, who volunteered at the collapse and maintained in constant communication with the survivors committed suicide by setting himself on fire with kerosene on the sixth anniversary of the RP collapse. There was clear evidence that the reason for his suicide was post-traumatic stress disorder (PTSD; based on psychological autopsy [a method that collects all information concerning the individual utilizing structured interviews with friends and family as well as associated health care professionals]) (Dhaka Tribune, 2019).

Research has indicated that at least 90% of suicide cases have a mental disorders (including – but not restricted to – personality disorders, adjustment disorders, alcohol and drug related disorders, bipolar disorders, schizophrenia and other psychotic disorders, anxiety disorders, impulse control disorders, somatoform disorders, sleep disorders, eating disorders, and childhood psychiatric disorders (Arafat, 2019). As far as the present authors are aware, there has been no previous evidence of suicide due to PTSD in Bangladesh although PTSD has been implicated in other suicides around world (Gradus, 2018).

However, it was previously suggested that suicidal behaviors and rates increase if the disasters and/or traumatic events are largescale and affect many individuals (Guo et al., 2017) such as was the case with the RP building collapse. Consequently, the survivors along with people participating in the rescue mission are at high risk to suicide, although only one death has been reported to date in relation to the RP collapse. Because the RP collapse is arguably the most traumatic event ever to occur in Bangladesh, it gets lots of media attention (both online and offline), which can easily facilitate and stimulate PTSD features such as (i) recurrent, unwanted distressing memories of the collapse, (ii) flashbacks to the collapse as if it were happening repeatedly, (iii) upsetting dreams or nightmares about the collapse, and (iv) severe emotional distress and/or physical reactions to something that reminds individuals of the collapse (Yehuda, 2002). Furthermore, the victims often protest for their rights in relation to not being financially compensated for the loss their working ability. Such protests increase on days such as International Workers' Day, on the anniversary of the collapse, and other national remembrance days, etc., which can also can play role to PSTD by reminding survivors of the event. As a result, due to unbearable mental distress of the event, it is perhaps not surprising that the aforementioned man committed suicide on the sixth anniversary of the RP collapse given the media coverage devoted to it (Dhaka Tribune, 2019). Consequently, there may be an increased likelihood of other RP collapse survivors committing suicide based on the aftermath of what has happened after other related disasters (Guo et al., 2017).

However, Bangladesh has given less attention to other countries in relation to suicide risk reduction programs. Bangladesh needs (i) greater suicide surveillance (i.e., national medical record databases recording suicide attempts and self-harm cases presenting to general hospitals because these behaviors that best predict future suicide), (ii) increased use of psychological autopsies (i.e., psychological profiles to determine the mental state of individuals who have committed suicide), (iii) a national suicide database (i.e., a central repository that continually records the incidence, prevalence, risk factors, risky area of suicide, and demographic patterns and methods involved in cases of attempted suicide and self-harm), and (iv) national suicide prevention strategies. Such initiatives would minimize the potential risks for vulnerable groups at-risk of suicide (Arafat, 2019).

The most useful systematic research tool to determine the relationship of any specific risk factor and suicide is a psychological autopsy that audits psychological and contextual issues with information provided by those individuals who knew the suicide victim (e.g., family members, friends, health care professionals) (Arafat, 2019). Suicide cases reported by news can be passively helpful in building up data for psychological autopsies although a recent study reported that a quarter of suicide news stories in Bangladesh do not feature any information as to the reason for committing suicide. Therefore, we suggest the news reporters should have in mind such issues before reporting suicides, because such information is likely to be helpful for establishing national suicide prevention strategies.

Based on what is reported here, there is new anecdotal evidence of PTSD being a major factor in the suicide of a young man six years after the RP building collapse in Bangladesh. No previous cases in the country have ever been reported even though there is strong evidence that PTSD can be a comorbid feature in suicide. Potential suicide risk reduction programs are needed for vulnerable groups such as those who survived the RP collapse.

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Mohammed A. Mamun^{a,b} and Mark D. Griffiths^c

^a Founder & Director, Undergraduate Research Organization, Savar, Dhaka, Bangladesh

^b Department of Public Health & Informatics, Jahangirnagar University, Savar, Dhaka, Bangladesh

^c Psychology Department, Nottingham Trent University, 50 Shakespeare Street, Nottingham, NG1 4FQ, UK

Corresponding Author

M. A. Mamun

Director, Undergraduate Research Organization, H – 162, R – 1, Block – H/A, Gerua, Savar, Dhaka – 1342, Bangladesh. E-mail: mamunphi46@gmail.com, Mobile: +8801738592653.