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A STUDY ON FAMILY FUNCTIONING AND LIFE EVENTS AMONG SUICIDE ATTEMPTERS ATTENDING TERTIARY CARE SETTING

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ABSTRACT

INTRODUCTION: Suicide is defined as "death caused by self-directed injurious behavior with intent to die as a result of the behavior". A suicide attempt is "a non-failed, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt might not result in injury". Suicidal ideation refers to "thinking about, considering, or planning suicide NIMH. It is a global public health issue in the world. Deliberate self-harm is a major health issue over all the world. It includes the biological factor, socio-culture, and personality traits that may modify the individual behavior. **AIM OF THE STUDY:** This study implies that suicide attempter most of the patients had stressful life events in the family which affect the family functioning and may cause for attempt suicide. **MATERIALS & METHODS:** This study was descriptive and cross-sectional. A purposive sampling procedure was used for the study. This method need not be used when there are multipurpose objectives involved in the study. The study population is the attempted suicide patient initially who give informed consent and from the in-patient and out-patient departments and new case from suicide prevention clinic department of psychiatry

in SRM Medical College Hospital and Research Centre, Potheri. The sample size was 98. Inclusion of this study age group was 18 years and above and both male and female patients. Patients referred to suicide prevention clinic, department of psychiatry, OPD with history of suicidal attempt. Exclusion of this study age group less than 18 years of age and patients who do not give informed consent. then those who have a cognitive deficit. **RESULTS:** Female and majority of the 31 (49.21%) respondents were between the age group of 18 – 27years. The majority of the 22 (34.90%) respondents were studied up to 8th standard to 10th standard and occupation status shows that majority of the 25 (39.68%) respondents were housewives. majority of the 24 (38.10%) respondents' families were having 11000 -20000 Rs income per month. Then the majority of the 24 (38.10%) respondents were hailing from rural backgrounds. The majority of the 41 (65.08%) respondents were belonging to a middle-class background. It was found that the duration of suicidal ideas was found to be impulsive in almost 80.95% of attempters in our study. Whereas the remaining 10 % of attempters have suicidal ideas before the attempt. In this, attempters who has ideas 1-4 weeks before the attempt were 12.70%, between 1-6 months were 4.76% and more than 7 months was 1.59%. mode of attempt suicide most commonly used were tablet poisoning (26.98%, 17 cases), following that rat killer poisoning (17.46%, 11 cases), oleander seed poisoning (14.29%, 9 cases), OPC poisoning (12.70%, 8 cases), pesticide as killer poisoning (11.11%, 7 cases), other modes (11.11%, 7 cases), Partial hanging (3.17%, 2 cases), cutting (3.17%, 2 cases). Descriptive analysis of (PSlES) scale shows that majority of the **Mean ± SD (**112.87 ± 62.92), 95% confidence interval (97.03, 128.72) respondents were has family and social related stress, followed by Mean **± SD (**26.62 ± 46.11), 95% confidence interval (15.0, 38.23) of the respondents had work-related stress, Mean **± SD** (40.06 ± 38.64), 95% confidence interval (30.33, 49.80) of the respondents were has financial stress, Mean **± SD** (37.87 ± 57.28), 95% confidence interval (23.45, 52.30) of the respondents were has Marital And Sex-related stress, **Mean ± SD** (52.75 ± 27.74), 95% confidence interval (45.76, 59.73) of the respondents had Health-related stress. **CONCLUSION:** This study implies that suicide attempter most of the patients had stressful life events in the family which affect the family functioning and may cause for attempt suicide. Hence present study will use more and more in planning awareness in the community and it will be helpful in the prevention and planning of effective psychosocial intervention. It will help to the prevention of attempting suicide.

Keywords: suicide attempter, financial stress, health stress, lack of interest in living

INTRODUCTION

Suicide attempt rates are higher among women than men, with issues such as divorce, domestic violence, dowry, love affairs, cancellation of the wedding or inability to find a husband, illegitimate pregnancy, and extra-marital affairs. In India, the suicide rate is increased every year, especially south India has one of the higher suicide rates in the world. Particularly hospital data showed a higher percentage of individuals admitted to the hospital for the history of attempted suicides including both genders.[1] Women are more seeking psychiatry help compared to men. In India major causes for psychological distress like financial problems, interpersonal problems, poor academics, death of a spouse and loved one. An impulsive personality trait is a second major cause of suicide in India. Risk factors must be distinguished from warning signs, later of which indicate an

immediate risk for suicide, the former point towards those who are at a heightened risk for potentially attempting suicide. [2]Protective factors characteristics that make it less likely that an individual will consider, attempt, or die by suicide. Both factors are found at levels that include: Individual (genetic predisposition, mental disorders, and personality traits). Family (cohesion, dysfunction).Community (availability of mental health services). These may be factors that can be unalterable (like family history of suicide) or those that can be changed (such as depression). "Predisposing factors – historical factors, e.g., History of depression, which increases vulnerability to suicide"."Vulnerability factors – historical or sudden, e.g., impulsivity or work problems, which exacerbate the existing risk of suicidal behavior".Suicidal attempts are 20 times higher than the completed suicides.[3] The estimated suicidal attempts per year were 9-36 million. There is one suicide attempt for every 3 seconds in the world. In India, the prevalence and incidence of suicide attempts are 0.8% and 5.36%. those who have tried to commit suicidal behaviors, this repeated behavior having within one year. For each suicide, there are 7-10 suicide attempts.[4] Attempted suicide is recognized as one of the important predictors of suicidal death. Psychosocial stressors in broader terms include interpersonal, social, familial, psychological factors that can be the cause or consequences of stress. [5]The complete burden of suicide attempters was highly underestimated because of the associated social stigma. According to Suicide Data (2016), suicide rates within India, the southern states that include Kerala, Karnataka, Tamil Nadu, and Andhra Pradesh have suicide rates of over 15%, with the northern states that include Punjab, Uttar Pradesh, and Jammu and Kashmir reporting relatively lower rates and Tamilnadu, Chennai district gets the dubious honor of having the highest suicide rate. Possible causes for this include higher literacy, a better reporting system, lower external aggression, higher socioeconomic status, and higher expectations.[6] Although the 16-20 age groups had the highest rates, there were more cases in the 21years – 30 years group than the 11- 20 age group. Suicide is a complex issue with the interplay of biological, social, psychological, cultural, and environmental factors. These stress factors vary from person to person and time to time. Suicide attempts are also viewed as unsuccessful lethal action and a possible factor for future completed suicide. The comparison of stressful life events, hopelessness, and suicidal intent. They found a majority of the participants (66%) had stressful life events score between 101 to 200, while 24% had scores less than or equal to 100, and 10 % of patients had scored more than 200. Most of the participants had mild (34%) and moderate (40%) degrees of hopelessness and few minimal (10%) or severe (16%) degrees of hopelessness. [7]As for as Suicidal intent was concerned, had low suicidal intent (4%). Most of the patient's attempts of suicide have a moderate degree of hopelessness and medium suicidal intent. Suicidal intent increases with the increasing hopelessness. The researcher studied the risk for suicide and the role of the family. Researchers found individual has suicidal behavior developed for the role of family psychosocial problems.[8] Previous studies focused on family structure, relationship composition, parenthood, family history suicide, the conflict between the family members, family interactions patterns, and treatment of suicide behavior.[9] Family members' involvement, support in the treatment process minimize the suicidal risk and make the protective environment for the individual the best hope for positive treatment outcome.[10]

MATERIALS & METHODS

This study was descriptive and cross-sectional. A purposive sampling procedure was used for the study. This method need not be used when there are multipurpose objectives involved in the study. The study population is the attempted suicide patient initially who give informed consent and from the in-patient and out-patient departments and new case from suicide prevention clinic department of psychiatry in SRM Medical College Hospital and Research Centre, Potheri. The Sample Size is 98, discusses with Bio-Statistician. Inclusion of this study age group was 18 years and above and both male and female patients. Patients referred to suicide prevention clinic, department of psychiatry, OPD with history of suicidal attempt.

Exclusion of this study age group less than 18 years of age and patients who do not give informed consent. then those who have a cognitive deficit. The researcher used instrument in this study was socio-demographic details about the patient, Presumptive stressful life event scale (Gurmeet Singh, 1984), this scale consists of 51 life events commonly experienced by the normal Indian adult population in the last one year. One hundred was the highest stress score and zero no perceived stress. Scale items were further classified into (a) desirable, undesirable or ambiguous and (b) personal or impersonal (not dependent on the individual action). family assessment device (McMaster family Assessment device), is designed to measure family functioning as described in the model of family functioning. It is made up of seven scales, one measuring overall family functioning and one for each of the six dimensions of the Mc master model. Some items described healthy functioning while others describes unhealthy functioning. Indicate the items of each scale, classified according to whether they describe healthy or unhealthy functioning. The seven Items of (1) Problem Solving, (2) communication, (3) Roles, (4) effective responsiveness, (5) Affective Involvement, (6) Behaviour control, (7) General Functioning. Statistical test: To score the FAD, all responses are coded as follows: Strongly Agree [1], Agree [2], Disagree [3], and Strongly Disagree [4]. These scored responses to the item of each scale are averaged to provide seven scale scores each having a possible range from 1.00 (health) to 4.00 (unhealthy).

STATICAL DATA ANALYSIS: Descriptive analysis was carried out by mean and standard deviation for quantitative variables, frequency, and proportion for categorical variables. Non normally distributed quantitative variables were summarized by the median and interquartile range (IQR). 1. IBM Corp. Released 2013. IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp.

RESULTS:

TABLE NO: 1 SOCIO-DEMOGRAPHIC DETAILS IN THE STUDY POPULATION

S.No	Socio-demographic	Frequency	Percentage (%)
1	**Gender**		
	Male	23	41.27%
	Female	37	58.73%
	Total	**63**	**100.0**
2	**Age** 18-27	31	49.21%
	28-37	22	34.92%
	38-47	6	9.52%
	48-57	3	4.76%

	58 and above	1	1.59%
	Total	**63**	**100.0**
3	**Education**		
	Illiterate	3	4.76%
	Primary	1	1.59%
	Middle / high	22	34.90%
	Higher	16	25.40%
	Under Graduate	20	31.75%
	Post Graduate	1	1.59%
	Total	**63**	**100.0**
4	**Occupation**		
	Housewife	25	39.68%
	Semiskilled	16	25.40%
	Skilled	8	12.70%
	Professional	6	9.52%
	Unemployment	3	4.76%
	Student	5	7.94%
	Total	**63**	**100.0**

From above table: 1 shows that 37(58.73%) majority of the respondents are female and the majority of the 31 (49.21%) respondents were between the age group of 18 – 27years. The majority of the 22 (34.90%) respondents were studied up to 8th standard to 10th standard and occupation status shows that majority of the 25 (39.68%) respondents were housewives.

TABLE NO: 2 SOCIO-DEMOGRAPHIC DETAILS IN THE STUDY POPULATION

S.No	Socio-demographic	Frequency	Percentage (%)
5	**Religion:**	48	76.19%
	Hindu	8	12.70%
	Christian	7	11.11%
	Muslim		
	Total	**63**	**100.0**
6	**Marital Status**		
	Unmarried	24	38.10%
	Married	39	61.90%
	Total	**63**	**100.0**
7	**Family Type**		
	Nuclear	52	82.54%
	Joint	11	17.46%
	Total	**63**	**100.0**

Table: 2 shows that the majority of the 48 (76. 19 %) respondents belonged to the Hindu religion and the majority of the 39 (61.90%) respondents were married. Family type shows the majority of the 52 (82.54%) respondents were from a nuclear family.

Table No: 3 Socio-demographic Details in the study population

S.No	Socio-demographic	Frequency	Percentage (%)
8	**Monthly family income**		
	None	1	1.59%
	5000 – 10000	8	12.70%
	11000 – 20000	24	38.10%
	20000 – 30000	18	28.57%
	30000 Above	12	19.05%
	Total	**63**	**100.0**
9	**RESIDENCE**		
	Rural	24	38.10%
	Urban	18	28.57%
	Semi-Urban	21	33.33%
	Total	**63**	**100.0**
10	**SOCIOECONOMIC STATUS**		
	Lower class	20	31.75%
	Middle class	41	65.08%
	High class	2	3.17%
	Total	**63**	**100.0**

From above table No.4 result shows that majority of the 24 (38.10%) respondents' families were having 11000 - 20000 Rs income per month. Then the majority of the 24 (38.10%) respondents were hailing from rural backgrounds. The majority of the 41 (65.08%) respondents were belonging to a middle-class background.

TABLE NO: .5 DURATION OF SUICIDAL IDEAS IN THE STUDY POPULATION

Duration of suicidal ideas	Frequency	Percentages
Sudden Impulse	51	80.95%
1-4 Weeks	8	12.70%
1-6 Months	3	4.76%
7 Months Above	1	1.59%
Total	**63**	**100.0**

Table:5 It was found that the duration of suicidal ideas was found to be impulsive in almost 80.95% of attempters in our study. Whereas the remaining 10 % of attempters have suicidal ideas before the attempt. In this, attempters who has ideas 1-4 weeks before the attempt were 12.70%, between 1-6 months were 4.76% and more than 7 months was 1.59%.

Table No 6: Descriptive analysis of PSLES in the study population

Parameter	Mean ± SD	Median	IQR	Minimum	Maximum	95% C.I	
						Lower	Upper
Family And Social	112.87 ±62.92	105.00	47 to143	0.00	303.00	97.03	128.72
Work	26.62 ±46.11	0.00	0 to 40	0.00	199.00	15.01	38.23
Financial	40.06 ±38.64	49.00	0 to 54	0.00	164.00	30.33	49.80
Marital And Sex	37.87 ± 57.28	0.00	0 to 64	0.00	273.00	23.45	52.30

Health	52.75 ± 27.74	60.00	33 to 60	0.00	168.00	45.76	59.73
Bereavement	6.19 ± 22.32	0.00	0 to 0	0.00	26.00	0.57	11.81
Education	4.33 ±14.28	0.00	0 to 0	0.00	79.00	0.74	7.93
Legal	1.14 ±9.07	0.00	0 to 0	0.00	72.00	-1.14	3.43
Courtship And Cohabitation	8.14 ±20.11	0.00	0 to 0	0.00	57.00	3.08	13.21

From the above table No:6 Descriptive analysis of (PSlES) scale shows that majority of the **Mean ± SD (**112.87 ± 62.92), 95% confidence interval (97.03, 128.72) respondents were has family and social related stress, followed by Mean **± SD (**26.62 ± 46.11), 95% confidence interval (15.0, 38.23) of the respondents were has work related stress, Mean **± SD** (40.06 ± 38.64) , 95% confidence interval (30.33, 49.80) of the respondents were has financial stress, Mean **± SD** (37.87 ± 57.28), 95% confidence interval (23.45, 52.30) of the respondents were has Marital And Sex related stress, **Mean ± SD** (52.75 ± 27.74), 95% confidence interval (45.76, 59.73) of the respondents were has Health related stress, **Mean ± SD** (6.19 ± 22.32), 95% confidence interval (0.57, 11.81) of the respondents were has Bereavement related stress, **Mean ± SD** (4.33 ± 14.28), 95% confidence interval (0.74, 7.93) of the respondents were has educational related stress, **Mean ± SD (**1.14 ± 9.07), 95% confidence interval (-1.14, 3.43) of the respondents were has suffered Legal related stress, **Mean ± SD** (8.14 ± 20.11), 95% confidence interval (3.08, 13.21) of the respondents were has suffered courtship and cohabitation related stress.

FIGURE NO.1: BAR CHART OF MODE OF ATTEMPT IN THE STUDY POPULATION

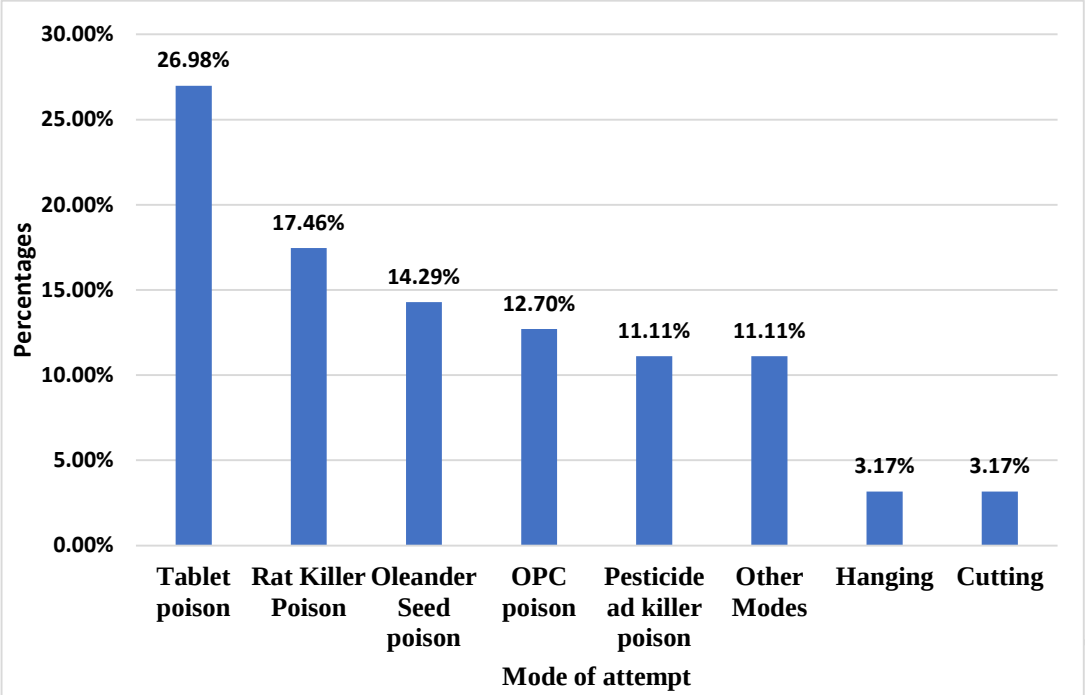
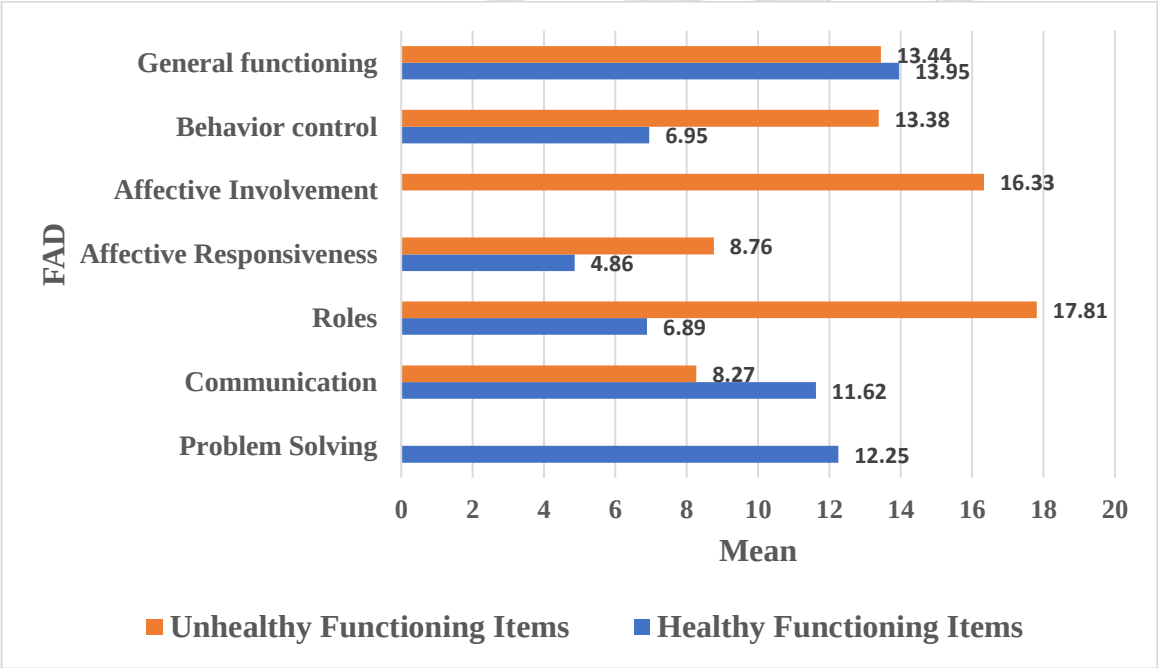


Figure :1 show that the mode of attempt suicide most commonly used were tablet poisoning (26.98%, 17 cases), following that rat killer poisoning (17.46%, 11 cases), oleander seed poisoning (14.29%, 9 cases), OPC poisoning (12.70%, 8 cases), pesticide as killer poisoning (11.11%, 7 cases), other modes (11.11%, 7 cases), Partial hanging (3.17%, 2 cases), cutting (3.17%, 2 cases).

FIGURE NO: 2 CLUSTER BAR GRAPH FOR ASSIGNMENT OF FAD SCALES IN STUDY POPULATION



DISCUSSION

The study aims to assess the Family Functioning and Life events among suicide attempters and to study the relationship between these two variables and suicidal attempts. [10]The present study was a cross-sectional descriptive study and purposive sampling was used. Results showed Majority of the (58%) respondents are Female, (49%) respondents were between the age group of 18 – 27years old, (34%) respondents were Middle / High school level of education. (39%) respondents were housewives to reported suicide prevention clinics. The majority of the (76 %) respondents were belonging to the Hindu religion. (82.54%) respondents were from the nuclear family, (38%) respondents were earning a monthly family income of around 10000 – 20000. The majority (65%) of the patients belonged to middle socioeconomic status.[11] Patients had 1-4 weeks duration of suicidal ideas following which 80% of respondents had a sudden impulsive act for the current attempt and (20%) respondents' males' suicide attempters were found to be attempted suicide under alcohol intoxication. when the Mode of suicide attempt was analyzed, the result shows that the majority of the 26% respondents has using tablet poisoning, following that 17% of the patient used rat killer poisoning, 14% of the respondents were using oleander poisoning,[12] The present study found that risk factors for the current attempt suicide in the population. The present study found that risk factors for the current attempt suicide in the population. There is a preponderance of anger issues and impulse dyscontrol in this sample which promotes impulsive behavior.[13] The other factor such as psychosocial stressors, history of alcohol use which promotes impulse dyscontrol, and a history of suicidal attempts are all major factors in promoting suicidal attempts individually.[14] The purpose of the scale was to measure the structural, organizational, and transactional characteristics of families. 17% of the respondents had unhealthy functioning in the family Role parameter and 16% of the respondents had unhealthy functioning in the Affective involvement parameter. [15] Mentioning the unhealthy family functioning details indicates that the majority of the respondent's family functions were affected by their role and involvements of the family members.[16] The purpose of the stress full life event scale was to measure the life events stressors in the last year. Results showed that Most of the respondents have faced problems in family function and social problems which have affected individual health. [17]Psychological related life events stress like a change of sleep habit and change in eating habits, major illness in the family members, and death of loved one. [18]The present study suggested that stressful life events, for instance, family and social life events were positively correlated with communication unhealthy functioning, affective involvement, and general functioning. There is a significant relationship between FAD and financial stressful life events. Correlation results show that week positive correlation with financial life events with communication functioning, affective response.[19,20]

CONCLUSION:

This study implies that suicide attempter most of the patients had stressful life events in the family which affect the family functioning and may cause for attempt suicide. Hence present study will use more and more in planning awareness in the community and it will be helpful in the prevention and planning of effective psychosocial intervention. It will help to the prevention of attempting suicide. A social and public health response in suicide or attempt suicide should complement of mental health response. The social and public health approach acknowledges that attempting suicide is preventable, focused on multiple levels of intervention within society including individual level, family level, community level.

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